JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Vital Strategies

STUDY REPORT

Understanding Barriers and Facilitators to Female Death Registration in Kilimanjaro and Katavi, Tanzania: A Mixed-Methods Descriptive and Analytical Study.

Submitted by:

CREMES International
Empowering Research Excellence

For:

GENDER
EQUITY UNIT

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CREMES International[1]; Johns Hopkins Bloomberg School of Public Health[2]; Ministry of Health Tanzania[3]; National Bureau of Statistics Tanzania[4]; President's Office Regional Administration and Local Government (PORALG)[5], Tanzania; Registration Insolvency and Trusteeship Agency (RITA)[6], Vital Strategies[7].

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LIST OF ACRONYMS

CRVS	Civil Registration and Vital Statistics
eRITA	Electronic Registration Insolvency and Trusteeship Agency
FGD	Focus Group Discussion
ICR	Intercoder Reliability
IDI	In-Depth Interview
JHU	Johns Hopkins University
KII	Key Informant Interview
MOH	Ministry of Health
NBS	National Bureau of Statistics
NIDA	National Identification Authority
NGO	Non-Governmental Organization
PORALG	President’s Office – Regional Administration and Local Government
RITA	Registration Insolvency and Trusteeship Agency
SEM	Social-Ecological Model
VEO	Village Executive Officer
WEO	Ward Executive Officer

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EXECUTIVE SUMMARY

Despite Tanzania's legal mandate requiring all deaths to be registered within 30 days, both national statistics and community-level evidence indicate that death registration, particularly for female deaths, remains low, delayed, and inconsistent. This study, conducted in partnership with the Registration Insolvency and Trusteeship Agency (RITA), National Bureau of Statistics (NBS), Ministry of Health (MoH), President's Office – Regional Administration and Local Government (PORALG), Johns Hopkins University, Vital Strategies and CREMES International, examined the processes, barriers, and facilitators of death registration in two regions, Kilimanjaro and Katavi, to identify strategies for improving completeness (defined as the proportion of deaths registered within the national CRVS system within the year of occurrence relative to estimated total deaths), timeliness, and gender equity in civil registration. The mixed-methods study drew on analysis of 2013–2024 civil registration data and qualitative insights from 80 participants, including household members, key informants, and local officials across both urban and rural communities.

Key Findings

National Death Registration Trends (Disaggregated Data)

Tanzania's death registration completeness is very low – between 4.4% and 6.7% of deaths were registered in recent years (2020–2023). Most deaths in the country are thus never officially counted. Male deaths are registered more frequently and promptly than female deaths. In 2022–2024, the registration completeness for females was ~2.5%, about half the rate for males (4.5–4.7%). This indicates a significant gender disparity in coverage.

Registration rates vary greatly by region. For example, Kilimanjaro (a more urbanized region) had about a 6.4% death registration rate, versus only 0.9% in rural Katavi. This gap illustrates the urban–rural divide in access to civil registration services.

Nearly two-thirds of registered deaths in Tanzania are registered over a year after the death occurred. Only 46.7% of 2024's recorded deaths were registered within the same year, meaning the majority are late registrations. Families often postpone registering a death until documentation is needed for legal or financial reasons (such as inheritance claims, pension access, or a child's education loan). On a positive note, late registrations have been increasingly used to record older, previously unregistered deaths, suggesting the system's reach is gradually extending to historical cases.

Barriers to Death Registration (Overall)

The study identified several overarching barriers that impede timely and complete death registration for all populations in Tanzania:

- **Low Public Awareness:** Lack of awareness is the most pervasive barrier. The majority of families who failed to register a death (about 85%) did not know that registration was legally required or how to undertake the process. Many assume that obtaining a burial permit is the final step, and even some local officials are not fully informed of the registration procedures, leading to a general information gap across communities.
- **Accessibility and Cost:** Practical challenges discourage registrations, especially in rural areas. Families often must travel long distances to district offices and incur expenses for transportation,

internet/printing fees, and time off work to register a death. These indirect costs, combined with poverty, cause registration to "fall off the list of priorities" for many households. Even in urban settings, if a family is poor, the process can be seen as unaffordable or too time-consuming.

- **Administrative and Procedural Hurdles:** The registration process is often perceived as complex and burdensome. Multiple steps, numerous form requirements, and a largely paper-based system—where most deaths receive only a burial permit (D1 at the facility level and D2 at the community level)—make the process seem daunting and "out of reach" for many. Limited decentralization, with few community-level registration points, further restricts accessibility, particularly for rural populations.
- **Lack of Active Enforcement or Incentives:** While the law mandates registration, there is little government enforcement or proactive promotion of compliance. Unlike more visible public health campaigns, death registration has not been strongly prioritized by authorities. Consequently, families do not feel an urgent obligation to register deaths until it becomes absolutely necessary. This lack of institutional emphasis fails to signal to the public that registration is important, contributing to apathy and delays.

Gender-Specific Barriers to Female Death Registration

In addition to the above general issues, women face particular gender-related barriers in death registration. Key gender-specific barriers identified include:

- **Lower Perceived Benefit for Registering Women's Deaths:** Families are less likely to expend the effort and cost to register a woman's death if there is no obvious material benefit. Because women often may not hold property or formal claims, a death certificate for a mother or wife is seen as offering little immediate return. In contrast, male deaths (e.g. of a husband or father) are more often registered because they are tied to inheritance, land, or pension matters that compel action. This dynamic leads to female deaths being de-prioritized and frequently left unregistered.
- **Socio-cultural Norms and Attitudes:** In many communities, traditional views undervalue the importance of officially recording a woman's death. When a man dies, inheritance claims often create a need for a certificate because relatives want to claim inheritance. However, when a woman dies, even if she owns property, assets are usually transferred to her spouse without formal claims. This, combined with the belief in some communities that a woman's death only needs registration for specific purposes, reduces the urgency to register. As a result, women's deaths are often handled informally through family or religious rites, without obtaining a certificate, reinforcing the gender gap in registration.

(Notably, general barriers like low awareness apply to ***all*** *deaths regardless of gender; however, their impacts are often more pronounced for women because there are fewer external triggers to drive registration of female deaths.)*

Enabling Factors for Successful Registration

Despite the obstacles, the research highlighted several enabling factors that have helped families overcome barriers and complete death registration. Understanding these facilitators is crucial for crafting effective solutions. Key factors include:

- **Practical Needs as Motivators:** Families are far more likely to register a death when a tangible necessity makes it urgent. For example, requiring a death certificate to support a surviving child's education loan application or to process an inheritance or pension claim prompted many families to take action. In such cases, “necessity is the mother of action”; the immediate need for documentation pushes the family to navigate the system.

- **Prior Knowledge and Exposure:** Awareness of the process, often stemming from education or seeing someone else register a death, greatly facilitates success. Families who had a member with prior bureaucratic experience or who had heard of registration were more confident and proactive. In interviews, those who completed registration often understood its importance or had seen the procedure done before, making it seem manageable rather than intimidating.
- **Family and Community Support:** Supportive family dynamics and encouragement from others can significantly boost the likelihood of registration. When family members work together and agree on the importance of obtaining a death certificate, they are more persistent in overcoming hurdles. Some families described how a relative’s encouragement or assistance (e.g. accompanying them to the office) gave them the confidence to proceed. Likewise, community leaders and local officials can serve as allies; for instance, a village executive or religious leader who reminds families about registration can prompt action and guide them through steps.
- **Improved Accessibility through System Reforms:** Ongoing improvements in the civil registration system have begun to reduce access barriers. The introduction of the online eRITA system and decentralization initiatives now allow more deaths to be registered remotely or at local levels. Even in remote areas, families can seek help at local internet cafés or community offices to submit an online application. These developments, along with faster processing times and the removal of certain bureaucratic steps, have started to make registration more user-friendly. Such changes demonstrate that when the process is simpler and closer to home, more people will take advantage of it.

In summary, while timely death registration remains a challenge, these enabling factors demonstrate that change is possible. By leveraging practical triggers, strengthening awareness, fostering supportive networks, and expanding access through system improvements, Tanzania can increase both the timeliness and completeness of registrations. The growing number of late registrations—though not ideal—signals increasing public engagement and a foundation for further progress in building a more inclusive civil registration and vital statistics (CRVS) system.

Recommendations

A. General Recommendations

- **Raise Public Awareness:** Conduct sustained, nationwide campaigns to inform the public, especially rural communities, about the legal requirement to register all deaths promptly, why it matters, and the steps involved. Use multiple channels, including community leaders and health workers, to deliver the message.
- **Bring Services Closer:** Expand registration points to ward/village offices and health facilities. Integrate death registration into related processes such as issuing burial permits or hospital discharge procedures to make it routine and convenient.
- **Remove Cost Barriers:** Eliminate fees for registration and the first certificate. Simplify paperwork, especially for late registrations, to reduce travel, time, and cost burdens.
- **Boost Local Capacity:** Train and equip local officials, health workers, and other frontline staff to assist families effectively. Include death registration in their performance indicators, and track progress using gender- and location-disaggregated data.

B. Gender-Specific Recommendations

- **Highlight Women's Deaths in Campaigns:** Ensure awareness initiatives explicitly emphasize that female deaths must be registered, challenging the misconception that women's deaths hold less legal or social importance.
- **Gender-Sensitive Training:** Provide targeted training to frontline staff to address cultural norms and biases that reduce the likelihood of registering female deaths.
- **Create Incentives:** Link registration of female deaths to access to certain benefits or administrative processes, encouraging families to act even without direct financial necessity.
- **Proactive Follow-Up:** Establish a system for local officials to follow up directly with families after a woman's death, offering guidance and support to complete registration promptly.
- **Leverage Existing Women's Health Interventions:** Integrate female death registration into ongoing maternal health follow-up systems, such as *Maternal and Perinatal Death Surveillance and Response (MPDSR)* or *Maternal Verbal Death Review (MVDR)*. This ensures that any maternal death automatically triggers both the health investigation and the formal civil registration process, reducing missed registrations of women.

1. INTRODUCTION

Tanzania's death registration system, governed by the Births and Deaths Registration Act of 2002 and administered by the Registration Insolvency and Trusteeship Agency (RITA), mandates compulsory registration within 30 days of death.[1,2]. In recent years, the country has implemented several initiatives to improve its Civil Registration and Vital Statistics (CRVS) system.[3] These efforts include the introduction of mobile registration units, digitalization of records, and public awareness campaigns.[4] In 2013, Tanzania participated in a business process modeling approach initiated to implement decentralization, digitization and operations of the system towards improving coverage.[1] These efforts have aimed to streamline the registration process and increase accessibility, particularly in rural and remote areas.[4]

Despite these advancements, Tanzania continues to face significant challenges in achieving comprehensive death registration. Between 2020 and 2023, the completeness rate; defined as the proportion of deaths that were both registered and certified within the same year they occurred was between 4.4 and 6.7. In contrast, the registration rate, which counts all deaths registered in a given year regardless of when they occurred or whether a certificate was issued, was closer to 20%[5,6] However, in reality Tanzania's true completeness rate remains unknown, as the civil registration system is still almost entirely paper based. With a population of 66.6 million, the sheer volume of events creates backlogs and bottlenecks before paper records are entered into the central database. Although there has been improvement, most of the population is not counted. Factors affecting completeness include poor coverage, a lack of accessibility to registration points, limitations in the CRVS legal framework, and a complex CRVS process for families.[6] Like many African countries, Tanzania struggles with poor data quality in death registration, affecting research and evidence-based policymaking.[7]

Furthermore, while the current system includes a sex indicator in death registration information, there is a lack of clear data on disparities in registration rates and attitudes towards death; this hinders programming and policymaking. The Mainland Tanzania Annual Vital Statistics Report between 2020 – 2023 showed that females more than 40 years of age had significantly lower mortality rates than males across all years.[5] Although this disparity reduced in 2023, there was still a notable gap.[5] It is therefore important to critically explore barriers and facilitators for death

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[1] Registration, Insolvency and Trusteeship Agency (RITA). (n.d.) *Aim and Historical Background*. Accessed August 5, 2024. https://www.rita.go.tz/page.php?pg=82&lang=en

[2] Zewoldi, Y., Centre of Excellence for Civil Registration and Vital Statistics (CRVS) Systems & United Nations Economic Commission for Africa (UNECA). *2019. Snapshot of civil registration and vital statistics systems of Tanzania Mainland*. Accessed August 5, 2024. https://www.CRVSsystems.ca

[3] Registration, Insolvency and Trusteeship Agency (RITA). (n.d.) *Registration of deaths*. Accessed August 4, 2024. https://www.rita.go.tz/page.php?pg=645&lang=en

[4] UNICEF Office of Innovation. 2016. Advancing the birth registration system in Tanzania. Accessed August 8, 2024.

[5] The United Republic of Tanzania Ministry of Constitutional and Legal Affairs Registration, Insolvency and Trusteeship Agency (RITA). 2024. Mainland Tanzania Annua Vital Statistics Report 2020-2023. https://www.rita.go.tz/files/news/Tanzania%20Vital%20Statistics%20report_June%202024_2.pdf

[6] Vital Strategies. 2021. Civil Registration and Vital Statistics Country Overview: Tanzania. In Vital Strategies [Report]. 2021. Accessed Aug 9,2024

[7] United Nations. Economic Commission for Africa. 2017. Practical guide on the improvement of death registration and causes of death processes within a civil registration and vital statistics system. https://repository.uneca.org/handle/10855/24034

registration as well as understand mechanisms to improve female death registration. This is required and necessary to protect the rights of women and girls, prevent early mortality and inform country level policies and programs.[8]

Conducting this research aides in identifying unique cultural, geographical, and socioeconomic factors that influence gender disparities in death registration rates and completeness, allowing for tailored interventions and programming. Addressing gender disparities in death registration is critical for understanding and addressing female health concerns, ensuring equitable resource allocation, and promoting gender equity in health outcomes[8]. Therefore, the objectives of this research were to:

1. Assess trends and factors of death registration nationally while taking an intersectional lens
2. Understand barriers and facilitators to female death registration
3. Consider potential mechanisms for improving female death registration in Tanzania

2. STUDY METHODOLOGY

2.1. Study Design and Context

This study employed a mixed-methods, cross-sectional design combining quantitative analysis of existing registration data with qualitative inquiry. The research study was conducted through a strategic collaboration among the Gender Equity Unit of Johns Hopkins University, Vital Strategies, the National Bureau of Statistics (NBS), the Ministry of Health (MoH), the President's Office – Regional Administration and Local Government (PORALG), and CREMES International (CREMES). This partnership was formed under the broader framework of the Data for Health Initiative, with the shared objective of generating actionable evidence to inform policy, strengthen systems, and advance gender equity in health data collection and use.

For the qualitative methodology, a total of 40 in-depth interviews (IDIs) were conducted with primary caretakers or household members of a deceased female; 31 key informant interviews (KIIs) with stakeholders at national, regional, district, and community levels and 8 focus group discussions (FGDs) were held with Village Executive Officers (VEOs). The household IDI participants were stratified by registration status (households that had registered the female death vs. those that had not), as well as by the age of the deceased female (whether the death was of a minor under 18, or an adult). This qualitative sample was purposively designed to capture a range of perspectives, from family members who directly experienced the aftermath of a female death, to local officials responsible for implementing registration, up to higher-level officials familiar with policy and system issues.

For the quantitative methodology, secondary data on death registration from RITA (covering the period from 2013 to 2024) was used to calculate the completeness rate and examine trends over time.

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[8] Malambo, N., & Dincu, I. 2019. How death registration supports the rights of women and girls. IDRC - International Development Research Centre. https://idrc-crdi.ca/en/perspectives/how-death-registration-supports-rights-women-and-girls#:~:text=Just%20like%20birth%20and%20marriage,women%20and%20girls%20are%20dying

The two study regions, Kilimanjaro and Katavi, were selected intentionally to reflect contrasting scenarios in death registration rates (Kilimanjaro representing a relatively higher-performing region (with a completeness rate of 6.4%) and Katavi a lower-performing one (with a completeness rate of 0.9% as of 2024)) and to ensure representation of both urban and rural settings. By comparing findings across these differing contexts, the study aimed to distinguish which barriers and facilitators are more universal and which are context specific.

2.2. Eligibility Criteria

Participants were recruited based on specific inclusion and exclusion criteria to ensure relevance to the research questions:

- **In-Depth Interviews – Household Members:** Eligible participants were adults (18 years or older) who lived in the selected study sites and were the head of household, spouse, adult child, close relative, or primary caretaker of a female family member who had died in the past five years. We included both those whose deceased family member's death had been registered and those whose death had not been registered, to compare experiences. We excluded individuals under 18, those not residing or working in the study areas, anyone unable or unwilling to provide informed consent, and individuals who had already participated in another interview for this study (to avoid duplication). Participants also needed to be comfortable with the language of the interview (Swahili or a local dialect as appropriate) and consent to audio recording of the interview.

- **Key Informant Interviews:** Key informants were selected among professionals and leaders with insight into the death registration process. This included representatives of national, regional, or local government agencies, community organizations, and NGOs involved in civil registration or related services. All KII participants were adults (18 or older) and known (through partner networks or public directories) to be engaged in efforts to improve vital event registration or to have substantial knowledge of the death registration system (particularly as it pertains to female deaths). Willingness and ability to provide informed consent were required. Similar to IDIs, anyone who had already participated in another component of the study was not sampled again.

- **Focus Group Discussions– Village Executive Officers:** FGD participants were VEOs from the study regions. VEOs oversee administrative activities at the village level and are typically the frontline officials involved when deaths occur in communities. Eligibility for VEOs included being 18 or older, having had at least one female death in their village/ward in the last 5 years (to ensure relevance of experience), and being knowledgeable about the death registration process. They also needed to speak the common language used in the FGD (Swahili) and consent to participate. The ward executive officers (WEOs) in each area helped identify eligible VEOs, ensuring a mix from different localities.

2.3. Recruitment and Sampling

2.3.1. Household IDI Recruitment

Participants for the household interviews were identified through three main approaches:

1. **Community Networks and Local Referrals:** The research team collaborated with local leaders (such as village chairpersons, ten-cell leaders, and ward executives), community health workers, and healthcare facilities to find households that had experienced a female death. Once a potential household was identified, a local contact introduced the study to a family member. The team then followed up by phone or visit to explain the study purpose, confirm eligibility (e.g. relationship to the deceased, registration status), and obtain consent. If the household member agreed, an interview was scheduled at a time and place of their convenience.

2. **Review of RITA District Records:** For deaths that were registered, researchers reviewed records at RITA district offices (where accessible) to obtain leads. With permission from RITA, the team obtained lists of recent death registrations and the contacts of the individuals who had submitted those registrations (often the property executors). These contacts were then approached through local leaders or phone calls to introduce the study. If interested and eligible, they were invited to participate in an IDI to discuss their experience with the registration process.

3. **Stationery-Based Referrals (Katavi Region):** In Katavi region, an innovative recruitment avenue emerged via local stationery and internet café vendors. These vendors often assist community members in scanning documents and submitting online applications for death certificates. The research team informed several such vendors about the study, and the vendors, in turn, referred clients who had recently attempted to register a death (or were inquiring about it). Contact information for these individuals was passed to the study team, who then reached out to gauge interest and eligibility.

Using these approaches, we aimed to capture both “registrants” (families who completed the process) and “non-registrants” (families who did not), as well as a mix of scenarios (recent vs. older deaths, varying ages of the deceased). Snowball techniques were also employed: participants occasionally referred to other families they knew in similar circumstances.

2.3.2. Key Informants and FGD Recruitment

Key informants (such as religious leaders, healthcare providers, local government officers) were reached out to through direct contact by the CREMES research team or via introductions by local authorities. The study objectives were explained, and if the individual’s role fits the study criteria and they consented, an interview was arranged. For FGDs with VEOs, coordination was done through WEOs. WEOs in the study wards were provided the FGD eligibility criteria and asked to identify VEOs in their jurisdiction who fit the profile. A list of VEOs was compiled, ensuring representation from different wards, and those VEOs were then invited to a group discussion at a central location. Each FGD was conducted with 6–8 VEOs, facilitated by a moderator using a semi-structured guide.

2.4. Ethics Approval

All sites obtained local ethics board approval prior to the start of data collection including approval from Johns Hopkins University Institutional Review Board, National Institute of Medical Research and Commission of Science and Technology. Informed consent was ascertained from all participants.

2.5. Data Collection

All qualitative data were collected using semi-structured interview guides (for IDIs and KIIs) and a discussion guide (for FGDs) developed in English, then translated into Swahili. These guides covered topics such as participants' knowledge of the death registration process, personal or observed experiences with attempting registration, barriers faced or anticipated, factors that helped in successful cases, and suggestions for improving the system. Interviews and discussions were conducted in Swahili (or a local dialect as needed) by trained researchers from CREMES who are fluent in the local language and culture. Each interview/FGD began with obtaining written informed consent, including consent for audio recording. Privacy was ensured by conducting conversations in a setting chosen by the participant (often their home or office, or a community space for FGDs) away from others. Interviews lasted approximately 45–90 minutes, while FGDs lasted around 2 hours. Audio recordings were transcribed verbatim and translated into English for analysis.

On the quantitative side, the study analyzed secondary data from Tanzania's CRVS death registration database for the years 2013–2024. This dataset included the number of deaths registered each year, and where available, breakdowns by sex and region. We also obtained population death projections from the National Bureau of Statistics (NBS) for the corresponding years to serve as denominators for calculating registration completeness rates.

2.6. Data Analysis

2.6.1. Qualitative Data Analysis

All interview and FGD transcripts were analyzed thematically using a combination of deductive and inductive coding. A coding framework (codebook) was developed prior to analysis based on the study objectives and key domains of interest (e.g., "knowledge/awareness," "barriers – individual level," "facilitators – community level," "gender norms," "recommendations"). This codebook followed the Social-Ecological Model (SEM) structure, with top-level (parent) codes for each level of influence (individual, interpersonal, community, institutional, policy), and sub-codes (child and grandchild codes) capturing specific themes under each level. For example, under individual-level barriers, sub-codes included "financial cost," "lack of information," and "cultural stigma."

The research team (analysts from both CREMES and JHU) first pilot-tested the codebook by jointly coding a subset of transcripts (at least one from each type of respondent) to ensure consistency in code application and to refine code definitions. An intercoder reliability (ICR) check was performed on roughly 20% of the transcripts. Using Atlas.ti software, three analysts independently coded the transcripts. Each coder independently coded a selected sample of transcripts, and their results were compared against a predetermined gold standard. All coders achieved or exceeded the established reliability threshold of 0.90, indicating a high level of agreement with the gold standard and ensuring the credibility of the coded data.

Discrepancies were discussed and the codebook was adjusted as needed before full analysis. After establishing reliability, the remaining transcripts were divided among the coding team for full coding.

Coded data were then analyzed using thematic analysis techniques. We used queries and matrix comparisons in Atlas.ti to explore patterns across different groups (e.g., comparing barriers mentioned in Kilimanjaro vs. Katavi, or among those who did vs. did not register the death). We paid special attention to gender-related patterns, looking at whether certain barriers or facilitators were mentioned more often in the context of female deaths. The qualitative findings were then organized according to the key thematic categories and SEM levels, which structure the Results section of this report.

2.6.2. Quantitative Data Analysis

Quantitative data analysis was conducted using Stata 15. Descriptive statistics were generated to summarize key variables, including place of death, age, gender, and geographic location (council and region). Annual proportions of registered deaths, referred to as *completeness rates,* were calculated using the formula:

$$\textbf{Completeness rate} = \frac{Number\ of\ deaths\ registered\ and\ issued\ with\ a\ certificate\ within\ the\ year\ of\ occurrence}{Expected\ number\ of\ deaths\ within\ a\ year} * 100$$

The expected number of deaths was estimated using projections from the National Bureau of Statistics (NBS), derived from the 2012 Tanzania Population and Housing Census for the years 2013 to 2021, and from the 2022 Census for the years 2022 to 2024. For the latter period, where sex-disaggregated projections were available, gender-specific completeness rates were also computed. For 2013–2021, only overall rates were analyzed due to the unavailability of sex-disaggregated estimates.

The completeness rate is the indicator used by the Registration Insolvency and Trusteeship Agency (RITA) to monitor trends in death registration nationally. Trends over time and regional variations in death registration were examined using both tabular and graphical presentations.

3. Participants' Demographic Profiles

3.1. Demographic Profile of In-Depth Interview (IDI) Participants

This study involved 40 in-depth interviews with household members (aged 18 years and above) across Katavi (a low registration region) and Kilimanjaro (a high registration region), ensuring a balanced representation across regions, districts, and urban/rural contexts. Half of the households interviewed had registered a female death, while the other half had not. The selection was also balanced by the type of ward (urban vs. rural), enabling comparative insights.

Table 1: Demographic Information of Household Members Who Participated in In-Depth Interviews

	Frequency (n=40)	Percent
Region		
Katavi (Low Registration region)	20	50.0%
Kilimanjaro (High Registration Region)	20	50.0%
District		
Mpanda TC (Urban district)	10	25.0%
Tanganyika DC (Rural district)	10	25.0%
Moshi TC (Urban district)	10	25.0%
Rombo DC (Rural district)	10	25.0%
Type of Ward		
Urban ward	20	50.0%
Rural ward	20	50.0%
Female death registration status		
Household registered Female Death	20	50.0%
Household did not register Female Death	20	50.0%
Sex of respondent		
Female	17	42.5%
Male	23	57.5%
Education level of respondent		
No schooling	3	7.5%
Primary	20	50.0%
Secondary	8	20.0%
Higher/University	8	20.0%
Other	1	2.5%

3.2. Demographic Profile of Deceased Females

Table 2 presents the demographic characteristics of the deceased, as reported by the respondents.

Table 2: Demographic Characteristics of Deceased Female of the Households Included in this study

	Frequency (n=40)	Percent
Age of female death		
Below 18 years	6	15.0%
18 years and above	34	85.0%
Cause of death[9]		
Related to some acute or chronic disease	27	67.5%
Accidental	5	12.5%
Unknown	4	10.0%
Infectious disease	3	7.5%
Other	1	2.5%

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[9] "Cause of death" was not medically certified but reported by a household member of the deceased.

	Frequency (n=40)	Percent
Place of death		
Healthcare facility	21	52.5%
Home	14	35.0%
Community[10]	5	12.5%
Educational level of deceased		
Did not start school	3	7.5%
No schooling	4	10.0%
Primary	23	57.5%
Secondary	4	10.0%
Higher/University	3	7.5%
Other	3	7.5%

3.3. Demographic Profile of Key Informant Interview (KII) Participants

A total of 31 individuals (with a mean age of 41.97 years (SD = 9.29)) participated in KIIs, selected from relevant stakeholder groups involved in civil registration, community leadership, health, and religious affairs. Participants were drawn from both study regions and represented diverse districts and roles.

Table 3: Demographic Information of the KII Participants

	Frequency (n=31)	Percent
Region		
Katavi	16	51.6%
Kilimanjaro	15	48.4%
District		
Mpanda TC	10	32.3%
Tanganyika DC	6	19.4%
Moshi TC	8	25.8%
Rombo DC	7	22.6%
Type of Participant		
Health Worker	13	41.9%
Local government	14	45.2%
Religious leader	4	12.9%
Sex		
Female	15	48.4%
Male	16	51.6%
Age group		
18 -35 years	7	22.6%
36 - 45 years	13	41.9%
46 - 55 years	8	25.8%

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[10] “Home" refers to deaths that occurred in the person's residence, while "Community" refers to deaths in public or informal places outside both the home and healthcare facilities—such as on the streets, during travel, at the markets, or at workplaces.

	Frequency (n=31)	Percent
56 - 65 years	3	9.7%
Education level		
Primary	3	9.7%
Secondary	9	29.0%
Higher/University	18	58.1%
Other	1	3.2%

4. Understanding the Landscape of Death Registration in Tanzania: Processes, Barriers, and Enablers

Drawing on both the qualitative data (from 40 IDIs, 31 KIIs, and 8 FGDs in Kilimanjaro and Katavi) and the quantitative analysis of national CRVS records (2013–2024), this section presents an integrated view of the factors influencing death registration in Tanzania. The findings are organized thematically, moving from the formal registration process itself to the barriers that hinder registration and the facilitators that enable it. Throughout, we pay special attention to how these issues affect the registration of female deaths and any differences observed by region (high vs. low registration areas) or setting (urban vs. rural).

Overall, our findings reveal a complex interplay between legal/procedural factors and social context. Whereas there is a clearly defined process and legal requirement for death registration, we find that people's ability and willingness to follow that process are heavily influenced by awareness, cultural norms, family dynamics, and practical constraints. Importantly, gender norms emerge as a cross-cutting factor, not in the procedure itself (which is the same for male and female deaths), but in how families and communities value those deaths in terms of pursuing registration. ~~documentation.~~

Below, we first outline the official death registration process in Tanzania as a reference point. We then delve into the barriers to registration at multiple levels (from individual challenges to policy gaps) and subsequently discuss the facilitators that have helped some families successfully register deaths. Quotations from participants are incorporated to illustrate and humanize these findings, attributed by their role (e.g., Household member, Government Official, etc.) and region for context.

4.1. Overview of Death Registration Process in Tanzania

4.1.1. Legal and Institutional Framework

Tanzania's death registration system is governed by the Births and Deaths Registration Act (2002), which mandates that all deaths be registered within 30 days. The process is administered by the Registration, Insolvency and Trusteeship Agency (RITA) through a network of regional and district offices. At the district level, a District Registrar (usually in the District Commissioner's office) reviews and approves applications. The system relies on collaboration with local government authorities – specifically WEOs and VEOs – who verify deaths in their communities and provide the necessary documentation. In essence, local officials confirm the facts on the ground (issuing preliminary letters or forms), and RITA's district offices finalize the registration and issue the official death certificate. Recent years have seen reforms to improve this Civil Registration and Vital Statistics (CRVS) system, including pilot decentralization efforts (issuing death certificates at ward level in select regions) and digitalization (the introduction of an online registration platform called eRITA). These initiatives aim to increase accessibility, especially in rural areas According to RITA, the decentralization pilot was implemented in four regions: Songwe, Mbeya, Njombe, and Iringa. In contrast, the digitalization initiative has been rolled out nationwide.

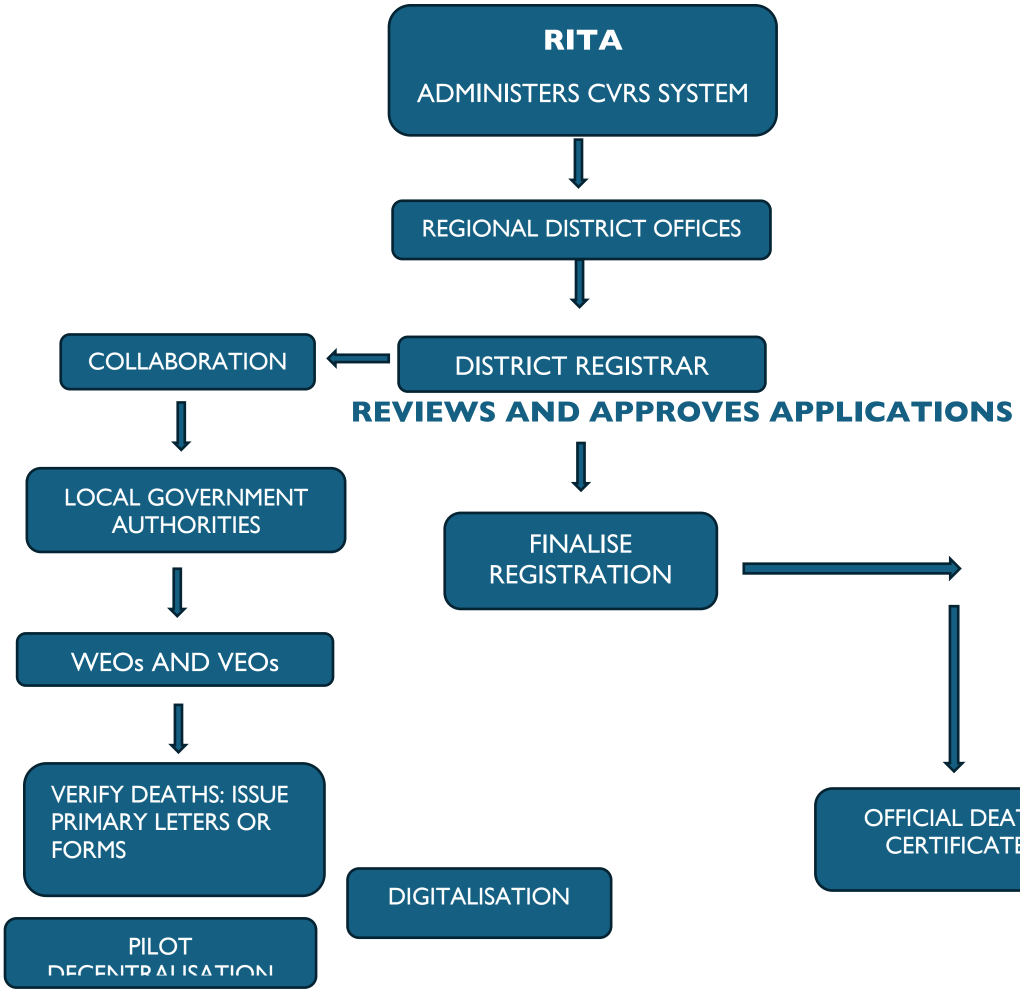

Figure 1: The legal and institutional Framework of Death Registration

4.1.2. Steps for Registering Recent Deaths (Within 10 Years)

The registration process typically begins immediately after a death and involves several sequential steps. If the death occurs in a health facility, the first step is issuance of a burial permit (D1 form) by the attending health provider, which documents the death (including date and cause) and serves as initial proof. For deaths occurring at home or in the community, family members must report the death to the local WEO/VEO, who then issues a Death Confirmation Letter (or D2 form) confirming that the death occurred (often after the officer consults a ten-cell leader, hamlet chair, or neighbors as witnesses). Once this official confirmation is obtained, the deceased's relatives convene a family meeting to appoint a trusted family member as the executor of the estate and the person responsible for the registration process. The meeting's decisions are recorded in written minutes signed by all in attendance, naming the chosen executor. The executor then compiles the required supporting documents for the application, which include:

- **IDs of the deceased and the executor:** e.g. National ID card (NIDA) or voter ID for both parties. Proof of relationship: if not evident from the IDs (for instance, a marriage certificate if the executor is a spouse, or a birth certificate if the executor is a child of the deceased).
- **Family meeting minutes:** the signed record naming the executor and attendees.
- **Burial permit or death confirmation letter:** the document obtained from the health facility or WEO/VEO in the first step.

Equipped with these documents, the executor proceeds to submit the death registration application electronically. Using the eRITA online platform, the executor (or a helper) creates an account and fills out a digital death registration form, entering key details of the deceased and uploading scanned PDFs of all supporting documents. As part of the online application, the executor selects a certificate collection location (typically the district RITA office or a designated local government office) and pays the required government fee via mobile money or bank transfer.

After the online submission, the application enters a queue for review by the District Registrar. The registrar examines the form and uploaded documents to ensure everything is in order. If information is missing or inconsistent, the application may be flagged for correction; otherwise, the registrar approves it in the system. The death certificate is then printed at the district office (or sent to the selected local collection point). Before the certificate is handed over, the executor must present all original documents in person to the issuing office. This in-person verification step serves as a safeguard: officials cross-check the original IDs, family meeting minutes, and other papers against the electronic submission. Once this final verification is complete, the official death certificate is issued to the executor, at which point the death is legally registered. In straightforward cases, families report that the certificate can be obtained within a few days of a correct application. However, any errors in paperwork or difficulties in obtaining documents can prolong the process.

4.1.3. Process for Deaths that Occurred Over 10 Years Ago

When a death was not registered within ten years of its occurrence, the family must undergo additional steps to account for the long delay. Beyond the standard steps above, a ward-level committee verification is required. The Ward Executive Officer convenes a session of the Ward Development or Defense Committee (sometimes described by participants as a local “council of elders” or similar body of respected community members) who knew the deceased. This committee reviews the case and collectively attests that the person indeed died and had never been registered. The committee then issues an endorsed letter or report confirming the death, signed by members present, with copies of each member’s ID (and sometimes photographs) attached to bolster credibility. The applicant (executor) is additionally required to write a brief affidavit explaining the reason for the delayed registration – common explanations include lack of awareness of the law, inability to afford the process at the time, or simply never getting around to it. These extra layers of verification are intended to ensure the legitimacy of very late registrations and to prevent potential abuses (such as people trying to register non-existent deaths for fraudulent claims). Once these are completed, the rest of the steps proceed as normal, but the overall processing time may be longer given the committee's involvement. Families in our study noted that registering an old death can be arduous, though the recent introduction of ward-level pilots (issuing certificates at the time of death) aims to reduce the occurrence of such protracted cases in the future.

4.1.4. Cost and Processing Time

Fees for registration vary depending on the timeliness of the application. According to RITA's official guidelines, deaths registered within thirty days cost TZS 7,000 (about $3); registrations submitted after thirty days but within ten years cost TZS 8,000 (about $3.5); and those for deaths over ten years old cost TZS 20,000 (about $8). These graduated fees provide a small incentive to register earlier (since it is less expensive if people register on time) and compensate for the extra verification work for older cases. It is worth noting that these fees, on paper, are relatively modest; however, later in the Barriers section we discuss how even these modest amounts, coupled with other expenses, can be burdensome for some families.

In terms of processing time, under ideal circumstances the review and approval of a death registration application is expected to take about one to seven days. Many participants and officials confirmed that if documents are in order, you can get the certificate in a matter of days (sometimes even the next-day). However, if there are incomplete submissions or errors, this can introduce delays – the system might reject an application until missing documents are added, or a registrar might put it on hold pending verification of certain details. In practice, delays of a few weeks are not uncommon, and some accounts (especially for older cases with complications) suggest that it stretched to months. The "six years" horror story cited later under barriers is an extreme outlier, but it underscores the potential for severe delays when things go wrong.

4.1.5. Support and Verification Mechanisms

The death registration system has built-in checks to ensure accuracy and prevent disputes. The requirement for a family meeting and written minutes with multiple signatures is one such mechanism: it forces the family to reach consensus on who will handle the death registration and estate matters, thereby reducing the chance of later disagreement. (For example, it helps prevent one family member from unilaterally obtaining a death certificate to claim property without others' knowledge). Similarly, the involvement of local officials (WEOs/VEOs) in issuing confirmation letters serves as a community verification – these officials often personally know the families and can vouch that the death occurred and that the information provided (identity of the deceased, date of death, etc.) is correct. In cases of deaths at home, the consultation with hyper-local leaders (ten-cell leaders or hamlet chairs) further roots the verification in the community. These steps, while sometimes seen as cumbersome, are intended to uphold the legitimacy of the registration by ensuring the reported death is real and agreed upon by those closest to the deceased.

4.1.6. Community-Level Registration and Roles

At the village and ward level, leaders play an essential facilitative role in the registration process. The Village Executive Officer is often the family's first point of contact after a death: the VEO not only issues the death confirmation letter but may also guide the family on next steps (e.g. advising them to hold a family meeting and prepare the necessary documents). Ward Executive Officers, for their part, coordinate between the community and the district. For example, a WEO might collect completed application forms or supporting documents from families and forward them to the district office or organize periodic outreach where district officials visit the ward to accept registrations. In some areas, local governments have designated certain days for mobile registration services or have stationed a RITA assistant at ward offices, which brings services closer to the community. Such practices, however, are not yet nationwide. Participants in Kilimanjaro (a region with higher registration coverage) reported more active involvement of WEOs and ward offices in facilitating registrations, whereas in Katavi (a lower coverage region) families often had to initiate and navigate the process largely on their own. This points to regional variations in implementation: in some districts, local authorities are proactive and well-informed, while in others the process remains very centralized and citizens receive little hands-on support. Discussions with the RITA team also confirmed that WEOs and VEOs in Kilimanjaro had received D2 forms and were trained on how to complete them, resulting in stronger community-level support.

4.1.7. District level and Regional Variations

The core legal process for death registration is uniform across Tanzania, but in practice there are variations in service quality and uptake between regions (and between urban vs. rural districts). For instance, Kilimanjaro region historically has higher death registration rates and better timeliness than many other regions with completeness rates ranging from 6.4 to 13.4 between 2020 and 2024 – a fact participants attributed to stronger enforcement and awareness in that area. By contrast, Katavi region has much lower coverage and with much lower completeness rates, ranging from just 0.5 to 1.1 between 2020 and 2024, which interviewees linked to its remote geography and limited outreach. Urban districts (like Moshi in Kilimanjaro) tend to have more resources: they often have more staff at the registration office, better internet connectivity for eRITA, and populations who are relatively more educated about administrative processes. Rural districts (like Tanganyika in Katavi) face greater challenges with distance and communication. Our qualitative findings highlighted that who is in charge locally matters: some District Registrars and Council leadership have made death registration a priority (resulting in community campaigns and faster processing), whereas others have not. Thus, families' experiences can differ depending on local leadership efficacy. These disparities underscore that achieving universal death registration will require tailored strategies that address local context – one size may not fit all.

4.1.8. Ensuring Legitimacy and Reducing Disputes

Finally, the process has features aimed at preventing fraud and family conflicts. By requiring multiple documents and endorsements (from health officials, local government, family members, and sometimes ward committees), the system creates a paper trail that would be difficult to fabricate. This is important not only for statistical accuracy but also because a death certificate can confer significant legal benefits (insurance claims, inheritance, etc.). Officials emphasized that the stringent requirements (like the family meeting minutes and affidavits for late cases) are in place to ensure that only rightful claims are processed. If a dispute arises (for example, two different relatives attempt to claim the role of executor), the registration will typically not proceed until the family resolves it or a court intervenes – another measure that safeguards against issuing a certificate that could be misused. These precautions can slow the process, but they help maintain the integrity of the civil registration system.

In summary, Tanzania's death registration process involves meticulous documentation and community verification, all grounded in the goal of producing a trusted legal record of death that all parties (family, government, and interested third parties) can rely on.

4.2. Experiences of Death Registration as Compared to Actual Process

Most families who successfully registered a death followed the official steps closely, whereas those who failed to register often dropped out early in the process. In our study, the experiences recounted by participants largely mirrored the formal procedure described above – in fact, 18 of the 20 interviewees who had registered a female death said they completed *all* the stipulated stages: they convened the family meeting, obtained the necessary letter from the VEO/WEO (burial permit or death confirmation), submitted the application via eRITA (often at an internet café), and eventually picked up the certificate from the district office. This consistency suggests that when registration does occur, citizens are generally adhering to the expected workflow rather than finding alternate shortcuts. Deviations were rare and minor; for example, a few individuals mentioned they happened to know someone at the district office who helped expedite the printing of the certificate, but even in those cases, the family still had to submit all documents properly through the system. Overall, a successfully registered case typically meant the family understood and navigated each step of the process as designed.

By contrast, participants who did not complete a death registration described their experiences as *halting at early stages*. Many such families never moved past the initial requirements. Some never convened the family meeting, In a few instances because relatives could not agree on an executor, but more often because the family lacked information or urgency and thus did not take that first organizational step (Quote: "*...when someone brings the required attachments, like the family meeting minutes, but not all family members have agreed on who should handle the process. For example, out of seven members, five or six may agree, but one refuses to sign, rejecting the appointment of that person as the inheritance executor. Without full agreement, the process can't move forward*" (Government official, Kilimanjaro). Others stopped after obtaining the burial permit or WEO's confirmation letter, unsure of how to proceed to the next phase. A common theme was that without a clear immediate need or guidance, families would "pause" after one or two steps and then abandon the effort. For instance, several people recalled getting the requisite letter from the VEO but then not making the trip to the district office for the online submission, often due to confusion about the process or inability to afford travel. Like one participant said, "... *You're supposed to get a document and submit it to the VEO, who then gives you an introduction letter confirming that you and the deceased lived in that area. After that, you take the letter to the municipal office. But it was all confusing for us because it was our first time dealing with it. No one explained the steps clearly; I was just told I needed the certificate. That's all. I didn't understand what to do next. It seemed like there were too many steps, so I gave up*" (Household member, Kilimanjaro)

These accounts highlight specific drop-off points: points at which the process stalled for many non-registrants. The most fragile points appeared to be (1) right after the death, when families would either initiate the paperwork (or not), and (2) after obtaining the initial documents, when the hurdle of traveling to the district or navigating the online form arose. Identifying where and why people disengage is crucial for designing interventions, as those are the moments when additional support or motivation could make the difference.

In summary, families who complete the death registration tend to follow the formal process step by step – suggesting that the official system is workable for those who try. Those who fall short often do so due to lack of knowledge, motivation, or resources at critical early junctures. These real-world experiences set the stage for the next sections, which first examine national trends in registration outcomes and then delve into the specific barriers that impede completion of the process.

4.3. Low Coverage and Gender Disparities in Death Registration in Tanzania

National death registration coverage remains very low, though it improved modestly from 2013 to 2021 before stalling; only about half of registered deaths are recorded within the year of death, and women's deaths are registered at roughly half the rate of men's. This section analyzes civil registration data from 2013–2024 to understand how many deaths are being registered (coverage), how quickly they are registered (timeliness), and how these indicators vary by sex and region. The key findings demonstrate that despite some progress, most deaths in Tanzania still go unregistered in the official system, and significant delays are common even among those that are eventually registered. Furthermore, a consistent gender gap exists, with female deaths less likely to be registered than male deaths, and there are stark regional disparities, with some regions far outpacing others in registration rates.

4.3.1. Overall Trends in Completeness of Death Registration

Between 2013 and 2024, Tanzania saw a gradual increase in the proportion of deaths that get registered at all (regardless of timing). In 2013, the number of deaths registered within the same year represented only about 0.1 of the deaths expected that year. This rate remained under 1 through 2016. Starting around 2017–2018, there was an uptick: completeness rose to 1.6 in 2018, then accelerated in 2019–2021, peaking at about 5.9 in 2021. This improvement coincided with intensified CRVS efforts (e.g. digitization and decentralization pilots) and possibly greater public awareness in those years. However, the positive trend did not sustain its momentum. From 2022 onward, completeness declined slightly, fluctuating around 3.5–3.7 in 2022–2024. In other words, by 2024 fewer than 4 out of 100 deaths were being registered within the year they occurred – indicating a stagnation and even backsliding after the 2021 peak (*Appendix 1a shows how these completeness rate on Figure 1 were obtained*). While any increase from the 0.1 baseline is an improvement, these figures highlight that over 95% of deaths nationwide still go unregistered in their year of occurrence. Tanzania's completeness rate remains very low by global standards, suggesting that major barriers persist despite recent efforts.

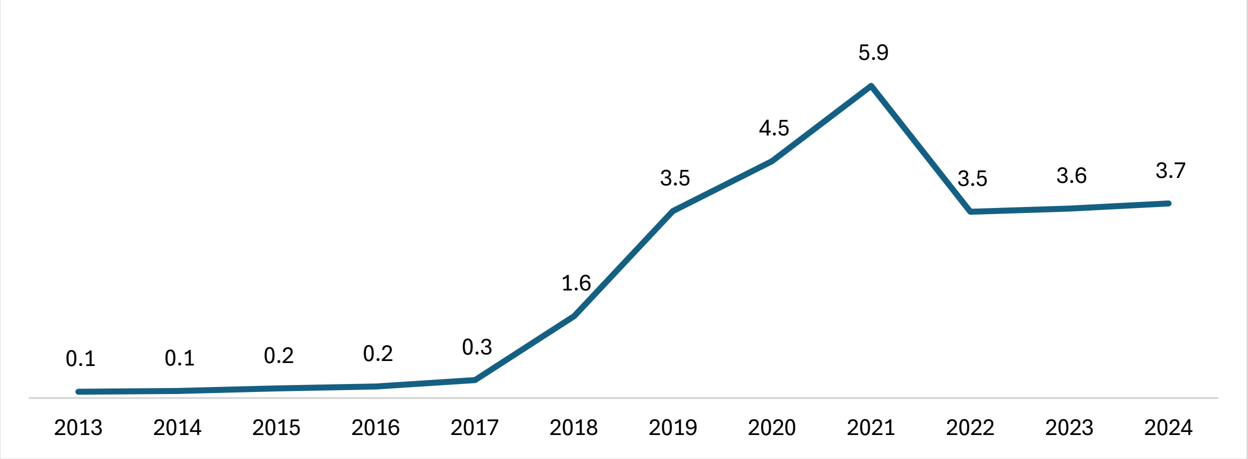

Figure 2: Trends in Completeness rate, 2013–2024 (Source: CRVS system 2025)

It is important to note that the above completeness metric focuses on registration *within the year of death* (a strict timeliness criterion). Some deaths get registered later (years after the fact); if we consider all deaths eventually registered regardless of delay, the cumulative registration rate is a bit higher – one government report estimated it at “close to 20%” in recent years. For our purposes, the completeness rate (within-year registration) is a critical indicator, as it reflects timely capture of mortality for vital statistics.

4.3.2. Gender Disparities in Death Registration

Officially, the death registration procedure is the same for males and females, but in practice far fewer female deaths are registered due to socio-economic and cultural factors. The study explored whether there are any differences by sex in either the steps required or the likelihood of completing registration. The findings indicate that while the legal process itself makes no distinction between registering a male versus a female death, there are pronounced gender disparities in outcomes. Participants widely reported that, families are more likely to register the death of a male relative than a female relative, a disparity rooted in inheritance and property ownership norms. Culturally, men are more commonly the property owners or formal asset holders in a household. Thus, when a man dies, there are often tangible assets (land, houses, pensions, etc.) that need to be transferred or claimed – and obtaining a death certificate becomes a necessary step for the family to secure those assets. In contrast, many women (especially in the older generation or in rural areas) may not have owned property or held formal jobs; when they pass away, families may perceive “no urgent business” that requires a death certificate. As one government official in Kilimanjaro observed, *“The reason for having more male deaths registered is due to inheritance issues. For instance, if the man was a civil servant and had some property left behind, the family will need them… given that they are the heads of the family and are the property owners, once they die there is a process of dividing inheritance… hence [the family is] in need of a death certificate.”*

A critical gendered pattern also emerged in marital contexts. When a married man dies, family members typically pursue a death certificate to initiate asset division. However, when a married woman dies, even if she owned property or held pensionable employment, her assets are often informally transferred to the surviving husband without initiating legal inheritance procedures. Several respondents noted that even in cases where a woman had tangible assets in her own name, families did not see the need for a death certificate, particularly if the property would remain within the marital household.

In line with the qualitative findings above, analysis of death registration data also revealed a persistent gender gap. Over the last several years (e.g. 2018–2024), the completeness rate for female deaths has stagnated around 2.5, roughly half the rate for male deaths (about 4.5–5) in the same period. In other words, even among the small fraction of deaths being registered, men’s deaths are represented at double the frequency of women’s. Notably, this gap has not substantially narrowed in recent years; despite increased awareness efforts broadly, the proportion of female deaths registered remains about half that of males. Addressing this will require targeted messaging and possibly policy adjustments (as will be discussed in the recommendations) to emphasize the importance of registering women’s deaths and to remove any practical disadvantages families face in doing so.

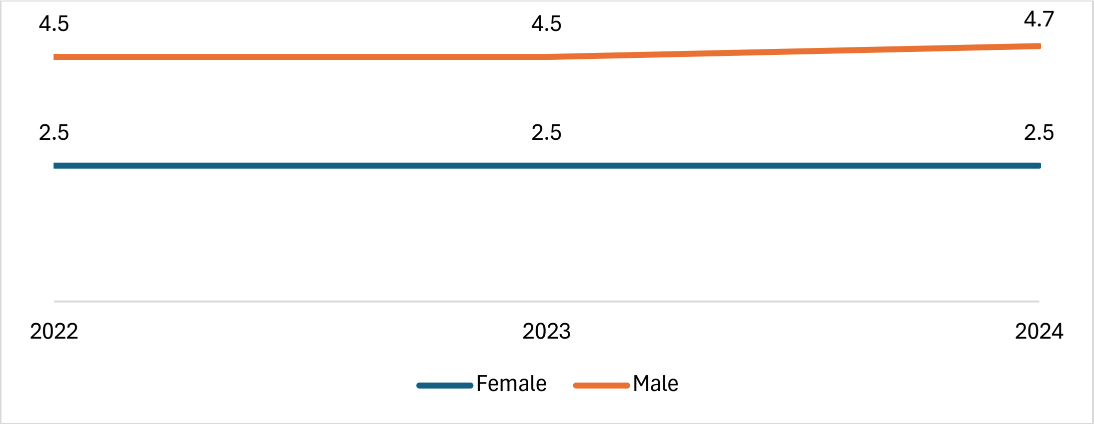

Figure 3: Trend in Completeness rate by sex from 2022–2024 (Source: CRVS system 2025)

4.3.3. Regional Disparities in Completeness Rate

Regional analysis further highlights significant disparities in death registration completeness across Tanzania, as presented in Appendix 2a–2c. Overall, Dar es Salaam consistently demonstrates the highest completeness rates rising from below 1 in earlier years to over 15 in 2021 indicating relatively stronger performance in capturing timely death registrations. Arusha and Kilimanjaro also show steady improvements, with recent completeness rates exceeding 6 likely supported by better infrastructure, public awareness, and access to registration services. In contrast, regions such as Simiyu, Geita, Mbeya, Njombe, Katavi, and Songwe consistently report very low completeness rates, ranging between 0.0 and 1.9, reflecting significant challenges in timely death registration. These regional differences underscore the need for targeted strategies to strengthen civil registration systems in underserved areas, ensuring all deaths are captured accurately and promptly to inform effective policy and uphold civil rights.

4.3.4. Gender and Residence Intersectionality

The gender gap was more pronounced in urban areas. Urban families, who are often more exposed to formal legal processes, frequently cited inheritance and legal claims as drivers for registration (skewing toward male cases, since men had formal assets). Rural participants also acknowledged the pattern but with slightly fewer direct instances (e.g. fewer women in rural settings have formal titles or jobs, but then fewer men do either). Across the board, however, the trend was clear: families prioritize registering male deaths when there are estates to settle or official benefits to claim, whereas female deaths are more easily "forgotten" in the legal sense. A few participants added that many women, especially single mothers, leave behind children but no property – in those cases, families focused on caring for the children and did not pursue the mother's death certificate at all.

"*The higher number of male death registrations is largely linked to inheritance matters. For example, when a man who was a civil servant or owned property passes away, the family needs to initiate inheritance procedures. Since men are often considered the heads of households and primary property owners, their deaths typically trigger formal processes for asset distribution, processes that require a death certificate*." (Household member, Kilimanjaro)

While the national picture points to large regional disparities, death registration data from Kilimanjaro (treated as predominantly urban) and Katavi (treated as predominantly rural) offer additional nuance and help to illustrate the intersection of geography and gender. In both regions, completeness rates remain very low, well under 10%, but Kilimanjaro consistently outperforms Katavi, indicating better performance in urban settings.

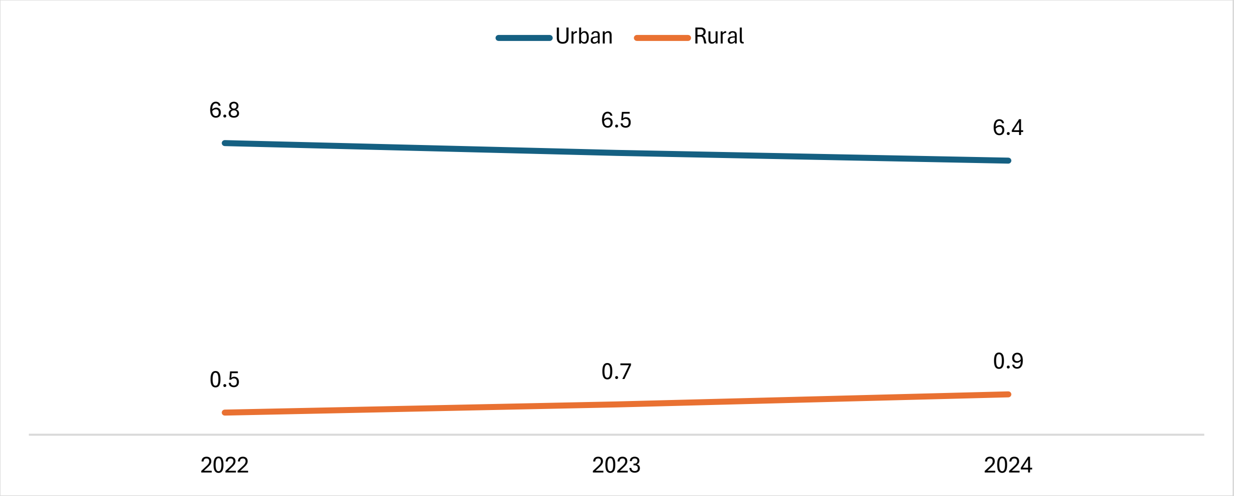

Figure 4: Trends in Completeness rate by Residence Type (Kilimanjaro is treated as predominantly Urban and Katavi as predominantly Rural).

When disaggregated by sex, the data reveals that gender disparities intersect with location to compound exclusion. In Kilimanjaro, male deaths were consistently more likely to be registered than female deaths. Between 2022 and 2024, completeness for male deaths declined slightly from 9.3% to 8.5%, while female completeness remained flat at 4.3% throughout (see Figure 5). This persistent gap illustrates that even in relatively well-performing regions, the structural and cultural undervaluation of women continues to limit their visibility in civil registration systems.

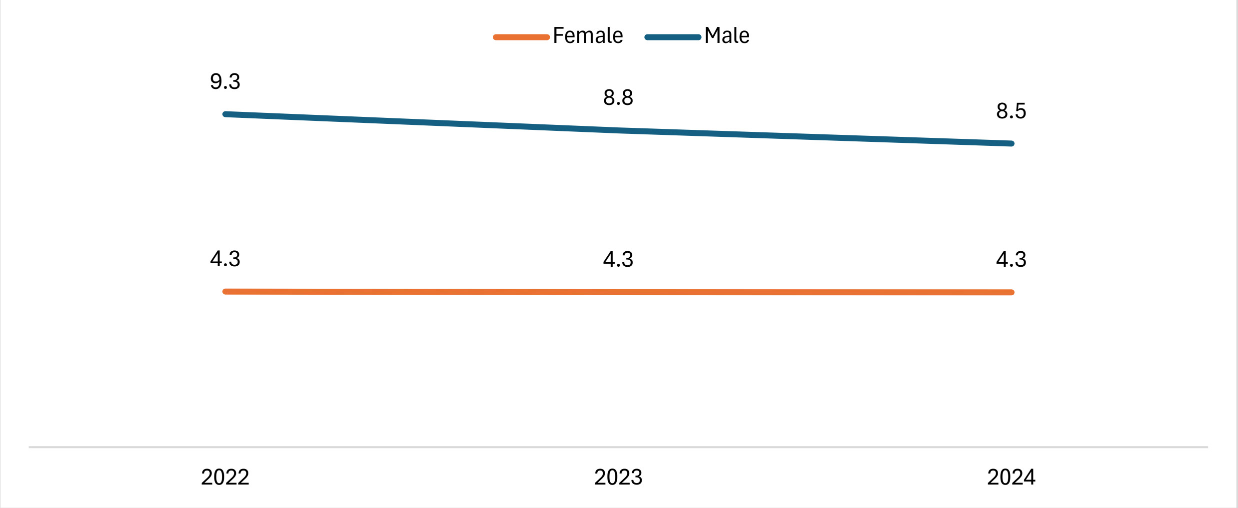

Figure 5: Trends in Completeness rate for the Kilimanjaro (Predominantly Urban) region by Sex

In Katavi, the overall completeness is markedly lower, and the gender gap is even more pronounced. From 2022 to 2024, completeness for male deaths increased from 0.7% to 1.2%, while female completeness rose only from 0.2% to 0.6% (see Figure 6). Despite modest progress, these extremely low figures reflect a combination of geographic and gendered disadvantages. Rural areas face barriers such as limited proximity to registration offices, lack of information, and weaker enforcement of civil registration mandates. For women in these areas, such barriers are compounded by lower economic power, fewer property holdings, and deeply entrenched gender norms that deprioritize formal registration of their deaths.

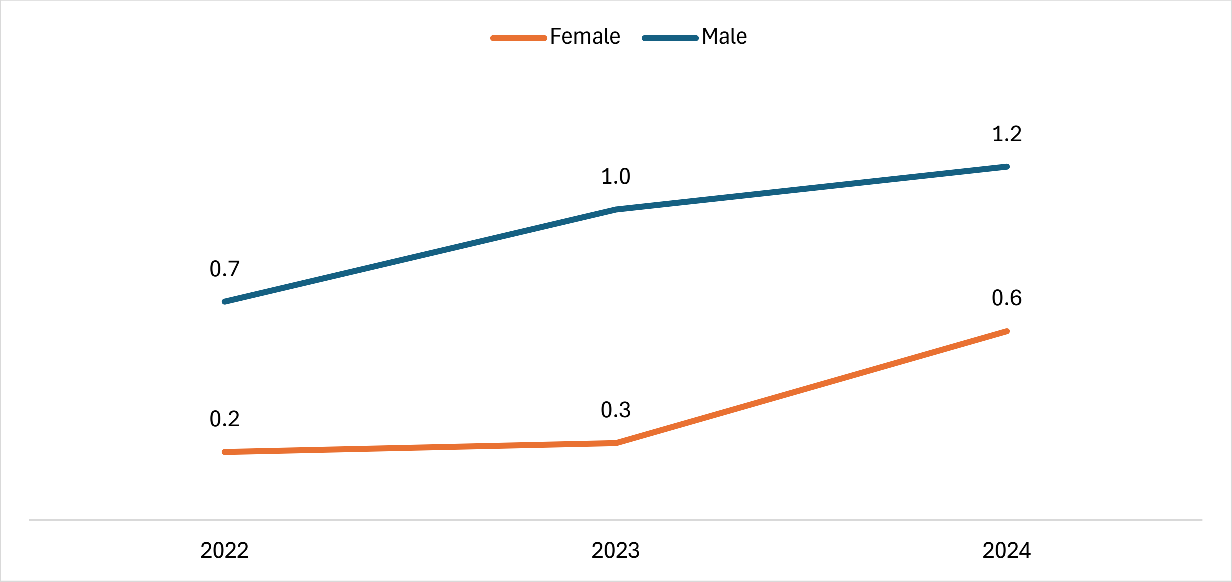

Figure 6: Trends in Completeness rate for the Katavi (Predominantly Rural) region by Sex

These findings underscore the need for intersectional, equity-focused strategies that address both geographic and gender-related barriers in Tanzania's civil registration system.

4.4. Trends in Timeliness

Complementing the completeness trend is an analysis of timeliness among deaths that are registered. According to the Birth and Registration Act (Cap. 108 R.E 2002), death registration must be completed within 30 days of occurrence. Timeliness is calculated as the proportion of deaths registered within 30 days out of the total number of deaths registered within the year of occurrence, excluding delayed registrations. However, data from 2013 to 2024 indicate a notable decline in timeliness. In 2013, 99.0 percent of deaths registered within the year were recorded within the required 30-day period, but this figure steadily declined to 48.1 percent by 2024 (Figure 7). Although the total number of deaths registered annually increased significantly reflecting improved coverage timely registration did not keep pace. This trend points to growing challenges in ensuring prompt registration, potentially due to administrative delays, limited system capacity, or barriers in accessing registration services. Addressing these systemic issues will be essential to improve timeliness and ensure compliance with legal requirements. (*Appendix 1b shows how these timeliness rates on Figure 6 were obtained*).

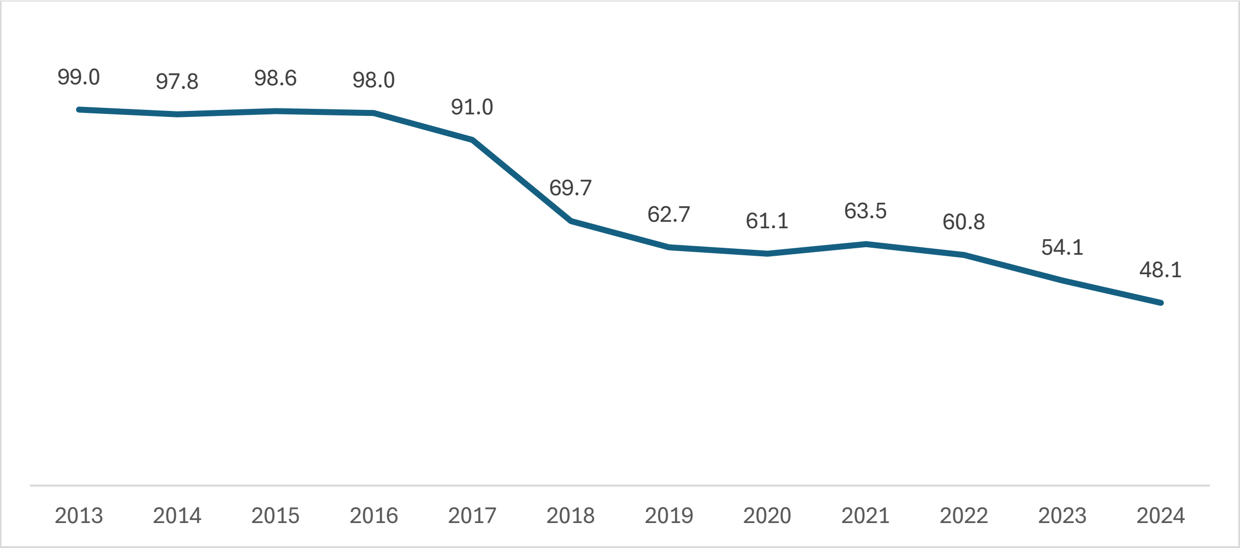

Figure 7: Trend in Timeliness of death registration and certification within 30 days, 2013 to 2024

Further analysis comparing deaths registered within the year of occurrence versus those registered later reveals a shifting pattern over time. In the early years (2013–2017), although the total number of registered deaths was low, the majority were registered promptly: an estimated 95–98% were recorded within the same year the death occurred (Figure 8). As the number of registered deaths increased after 2018, this trend shifted. By 2018, only 72.3% of registered deaths occurred in the same year, meaning nearly 28% were late registrations. This proportion declined further to 45.0% in 2023, before a modest increase to 46.7% in 2024. This pattern suggests that while more families are registering deaths, a larger share are doing so only when prompted by later needs—such as claims for inheritance or pensions. This finding is supported by qualitative interviews, where respondents frequently cited such reasons for delayed registration. While improving registration coverage is a positive development, the trade-off appears to be reduced timeliness—highlighting the tendency of families to postpone registration until it becomes necessary. Addressing these delays will be a critical challenge going forward, as late registration diminishes the utility of the data for real-time public health and administrative purposes.

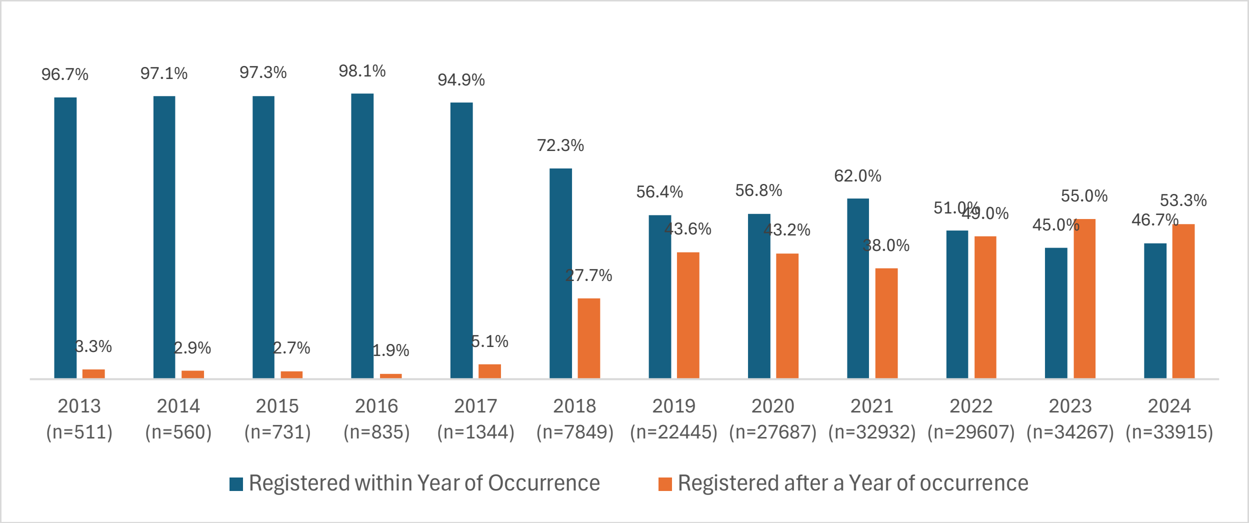

Figure 8: Trends in Death Registration in Tanzania: Percentage Registered Within and After One Year of Occurrence, 2013–2024 (Source: CRVS System 2025)

A closer look at how long registration was delayed shows a clear increase in the length of delays over time (Figure 9). From 2013 to 2016, delays were rare, only small proportions were registered 1–5 years late, and almost none after 5 years. However, from 2018 onward, longer delays became more common. By 2024, 21.4% of deaths were registered more than 10 years after occurrence, 13.8% were delayed by 5–10 years, and 18.1% by 1–5 years. This shift indicates that many families are registering deaths long after the fact, often a decade later, suggesting a catch-up in previously unregistered deaths rather than improvement in timely reporting.

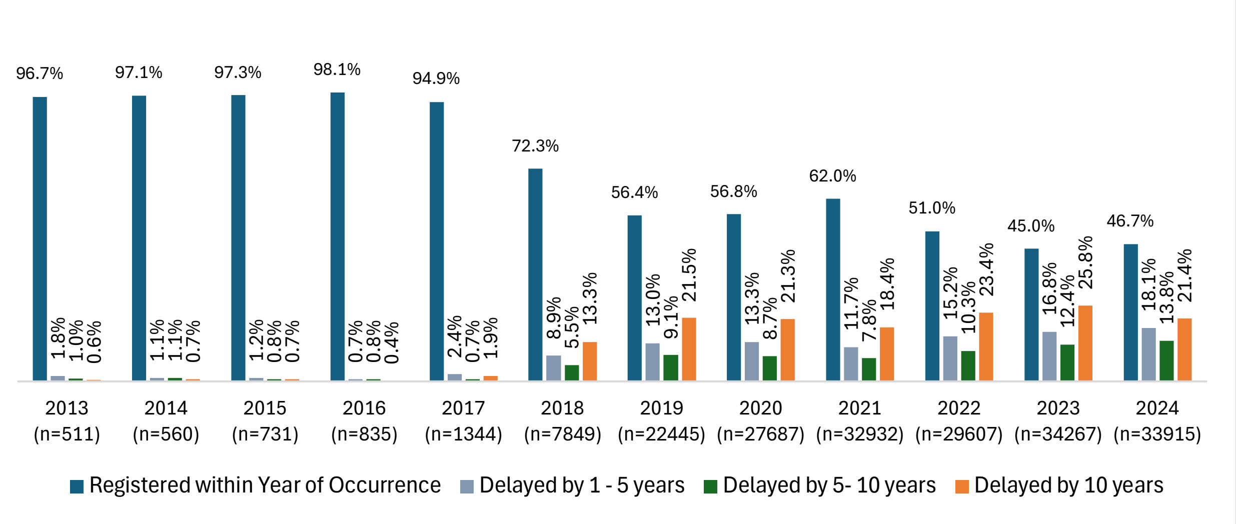

Figure 9: Trends in Timeliness of Death Registration in Tanzania by Year of Occurrence (2013–2024)

Together, these figures reflect both an ongoing challenge and a significant achievement. On the one hand, the persistence of late registration limits the real-time utility of death data for timely policy, health, and planning decisions. On the other hand, the sharp rise in retrospective registrations signals that Tanzania's civil registration reforms are bearing fruit. Families who were previously excluded, due to lack of access, awareness, or perceived need, are now engaging with the system.

This progress illustrates how increased awareness, legal requirements, and greater access, particularly through digital platforms and community-level support, are helping families take steps to correct historical under-registration. The growing number of long-delayed deaths now being recorded shows that the CRVS system is reaching deeper into communities that had previously been out of reach.

4.5. Barriers to Female Death Registration

Female death registration in Tanzania is hindered by multifaceted barriers at the individual, interpersonal, community, institutional, and policy levels. While many obstacles, such as high costs or complex procedures, affect all deaths, certain barriers disproportionately impact women's death registration due to cultural norms and gender inequalities. These challenges often compound one another, creating a web of financial, informational, and social deterrents that particularly discourage the registration of women's deaths. This section explores those barriers in detail, structured across five levels of influence (from individual families up to policy systems). Notably, most barriers are not unique to one gender, but their cumulative impact falls harder on women's deaths because of women's typically lower economic resources and societal status in decision making. Understanding these barriers is crucial to designing interventions; as we will see, they range from practical problems like fees and distance to deeper issues like lack of awareness and stigma.

4.5.1 Individual-Level Barriers

Participants identified three primary categories of individual-level challenges: financial constraints, limited awareness, and socio-cultural stigma. These often intersect to create powerful disincentives, especially for low-income and rural families.

Financial constraints were the most cited hurdle. Direct costs (the government fee) may appear modest, but the indirect costs – paying for transport to the district office, for internet/printing services, etc. – can be prohibitive for poor families. In rural areas, distances are greater and travel costs higher; several respondents admitted they abandoned the registration simply because they could not afford multiple trips. One household member from Kilimanjaro explained that to get the certificate, *"You arrive in the district and pay 10,000/–... but I do not have the 10,000/–. I do not have the fare to go there... that is why I just didn't do it [registration]."* (Household member, Kilimanjaro). Urban families likewise mentioned money as a limiting factor, although in towns the emphasis was more on the fee itself or printing costs rather than transportation. As a woman in Katavi put it, *"It's all about you with your money... if your financial situation is not good, that's when most people choose not to go through with the process, thinking what's the point."* (Household member, Katavi). In short, when household finances are tight, death registration, for all genders, falls low on the priority list – it is seen as an extra expense that can be skipped, particularly if the family perceives no immediate benefit from the certificate. The impact is greater for women, whose deaths are more likely to go unregistered during financial strain, as their registration is often deemed non-essential based on the assumption that, without assets to their name, the certificate holds little practical value.

Closely linked to financial barriers is the pervasive lack of awareness about the importance, requirements, and even the legal obligation of death registration. Many participants simply did not know the process or why it mattered. People frequently expressed confusion about where to begin, what documents were needed, or what value the death certificate would serve. One household member candidly admitted, *"I did not understand and still do not understand what the benefit is, that is why I haven't gone through with it [registration]."* (Household member, Kilimanjaro). This informational gap was evident in all communities we studied – even some well-intentioned families failed to register because they did not realize they were supposed to, or they mistakenly thought other documents (like the burial permit) were sufficient. Another participant observed, *"The biggest challenge that people face is understanding the registration of births and deaths. Someone might want a death certificate but doesn't know where to go or how to start."* (Household member, Kilimanjaro). Such lack of knowledge is a foundational barrier: if people are unaware that a process exists or why it is needed, they are unlikely to pursue it. This applies equally to both male and female death registration, as limited awareness reportedly affects all cases regardless of gender, with neither being prioritized over the other in the absence of understanding and awareness.

A less common but noteworthy barrier at the individual level involves stigma or fear surrounding certain types of death. In a few cases, families hesitated to register a woman's death specifically, because the circumstances were sensitive, shameful, or potentially implicating. This came up particularly with some female deaths, for example, deaths resulting from unsafe abortions, maternal deaths under controversial circumstances, or deaths due to gender-based violence. In Katavi, government officials recounted that families sometimes avoid registration to dodge scrutiny or judgment. *"There are some shameful deaths. You find that a girl has been raped to death or been thrown in the cemetery... So, the registration process will depend on what the cause of death is... as such, the family becomes reluctant [to register],"* explained one official (Government Official, Katavi). Another posed the rhetorical question, *"For example, if a pregnant woman went to a traditional healer and died, will you have the guts to follow up [and register]?"* (Government Official, Katavi). These examples illustrate that when a death is associated with taboo or blame (as unfortunately may be more likely to happen with female cases), families might choose not to formalize it, preferring to keep the death "quiet." Although these cases were not the norm, they underscore how cultural stigma can directly discourage registration for some female deaths.

4.5.2 Interpersonal-Level Barriers

Within the family, a lack of support or unity can derail the registration process – especially if relatives see no benefit in pursuing a death certificate. Many participants highlighted that whether a family works together or not is a critical determinant of registration. In families with internal conflicts, estrangement, or simply poor communication, the process was often stalled or never started. One household member described the situation in her family: *"It is difficult because there is no unity in the family... If there was, the deceased's siblings would know the importance and tell us, 'Follow up for a certificate.' ...There was no family support."* (Household member). Without someone in the family encouraging or assisting with the paperwork, the task tends to be neglected.

Family disputes over property or general mistrust among relatives can further complicate matters. In some instances, ironically, it is exactly the presence of property that caused rifts – siblings arguing over inheritance may each wait for the other to take responsibility or actively block the process if they fear it could favor another party. Interestingly, while lack of unity is a barrier, our findings also suggest that sometimes a dispute can spur action – if one fraction of a divided family wants to secure their claim on property, they might obtain the death certificate as a form of resistance. However, such scenarios still frame the certificate as a means to an end (inheritance), rather than a routine duty. In such cases, obtaining a death certificate becomes an equal opportunity pursuit, whichever party secures it first can access the deceased's estate or funds, regardless of the deceased's gender. In this regard, the gender of the deceased holds little relevance, and what matters is who acts first.

In general, the absence of positive family consensus or support proved to be a significant interpersonal barrier for the registration of deaths of both men and women: no one takes ownership of the task, and it falls through the cracks.

4.5.3 Community-Level Barriers

At the community level, widespread ignorance and misinformation about death registration undermines people's motivation to even try. Across all study sites, respondents reported a notable lack of *community awareness* – there have been few to no public education campaigns in their areas about the need to register deaths. *"No, [we haven't registered] because where we live... this seminar on registering a death has never happened... We don't understand,"* admitted one participant, referring to the absence of any awareness outreach in the village (Household member, Kilimanjaro).

Indeed, most people we spoke with had never seen or heard a public message about death registration in their community. As a result, they did not realize it was something expected of them. One person said, *"Most of us don't have that knowledge that we are supposed to register. Whenever someone dies, it remains like that."* (Household member, Mpanda). This illustrates a passive status quo: in the community's mind, handling a death ends with the burial, and anything further (like obtaining a certificate) simply "remains undone" because no one has conveyed that it is important.

In this vacuum of official information, misinformation circulates freely, which further discourages families. Especially in the urban areas of Kilimanjaro, participants mentioned hearing rumors that the registration process is tedious, expensive, or corrupt. For example, neighbors warned them that *"it is not as easy as you think; it takes many processes to obtain the certificate, unless you have something important for which the death certificate is required."* (Household member). Others recounted, *"I heard a lot of people saying that you will really get frustrated... that it's really hard, that you will be sent to RITA and then sent back, until you give them some money."* (Household member). Such stories, of endless bureaucratic loops or the need to pay bribes, understandably scare people off from even initiating the process. In communities where no one has successfully registered a death in living memory, these myths go unchallenged, reinforcing a cycle of inaction. Without awareness campaigns or success stories, death registration is viewed as an esoteric administrative hassle irrelevant to ordinary people's lives. This community-wide indifference sets a very low baseline of demand for the service. Importantly, these perceptions and barriers are not unique to either male or female death registration, they cut across both. Regardless of the deceased's gender, the absence of clear information and the spread of discouraging narratives equally undermine families' motivation to register deaths.

4.5.4 Institutional-Level Barriers

On the institutional side, bureaucratic complexity and limited accessibility of services pose major obstacles to completing a death registration. Participants frequently described the registration process as overly bureaucratic, involving many steps, forms, and offices, which can overwhelm families dealing with a recent bereavement. The procedure can diverge into different pathways (for example, one process if the death was in hospital, another if at home, plus extra steps for delayed cases), which many found confusing. Multiple in-person visits are often required (to get forms, to submit them, to follow up or correct issues, and to retrieve the certificate), and each visit might involve long queues or specific office hours. All of this complexity contributed to frustration and attrition. One household member shared the story of a young woman she knew who *"took 6 years to get the certificate, every time she goes, she is told this or that... she said she was frustrated for 6 years till she felt like leaving it."* (Household member). Such anecdotes were extreme but not isolated - they reflect a system that can be painfully slow and procedural, especially if any detail is amiss. Errors or omissions in paperwork lead to repeated trips, and the lack of clear guidance means families sometimes bounce between offices (e.g., being sent from the ward office to the RITA office and back). This red tape can defeat even determined individuals. Notably, participants reported no difference in the registration process based on the deceased's gender. The steps, requirements and challenges remain the same whether registering the death of a man or a woman.

Locations of Registration Offices. Another institutional barrier is the physical inaccessibility of registration offices. In most cases, one must travel to the district capital to interact with the registration authority (at least for the final steps). For those living further away , this distance is a significant hurdle. As one participant noted, *"The only challenge was the distance... we had to go all the way to the district office."* (Household member). Another said, *"Someone must travel from Malamba up to here to get the services. That is far."* (Household member). If a family cannot afford transport or spare the time, the process halts because the service is simply too far out of reach. While the eRITA system theoretically allows online submission from anywhere, in practice families still have to come in person at least once (to present originals and collect the certificate), and many still need in-person help to navigate the online form. For remote communities, lacking public transit or funds for fuel, the trip to the district office is a major expedition. This was repeatedly cited as a reason for not registering: several people said, "*we wanted to, but the office is too far and expensive to get to, so we left it*." In sum, even if the will exists, the means may not, due to institutional centralization of services. All in all, the combination of a complicated process and distant service points cultivates a sense that registration is "out of reach" for ordinary people.

These barriers apply to both male and female death registration; however, the impact is greater for women. Families are less likely to endure the effort and cost to register a woman's death, especially if there is no perceived material benefit. In contrast, for male deaths—particularly where inheritance or property is involved—families may still make the effort despite the challenges. For women, the process is more readily abandoned, as the certificate is seen as offering little or no return.

4.5.5 Policy-Level Barriers

At the policy level, insufficient government outreach and unclear accountability contribute to low death registration rates, particularly for female deaths. Participants across regions observed that there has been little government initiative to educate or motivate the public about death registration. In other words, the policy mandate exists (the law says register within 30 days), but the state's efforts to enforce or promote that mandate are weak. *"On the part of the government... [they are] not providing seminars regularly to make people aware of this,"* one Kilimanjaro resident remarked, referring to the absence of sustained awareness programs (Household member, Kilimanjaro). This lack of sensitization campaigns is a policy-level gap: people **will not** comply with a law they do not know about. Moreover, the importance of death registration has not been emphasized by leaders, as another official in Katavi noted, *"there is no push from the government at any point... even the authorities do not consider it [a priority]."* (Government Official, Katavi). Such comments reflect a perception that, unlike say vaccination campaigns or national ID drives, death registration has not received high-level visibility or resources.

Compounding this, even some local government officials, the very people responsible for implementing registration, have limited knowledge of the full process. Several WEOs admitted that beyond issuing the initial letter, *"we don't know much about it."* (Government Official, Kilimanjaro). They carry out their narrow task (e.g., giving the confirmation letter) but are not trained or instructed to ensure the family completes subsequent steps. This indicates a weakness in policy implementation: front-line workers are not fully integrated into the CRVS system's objectives. If WEOs and VEOs themselves are uncertain about procedures or do not see registration as part of their core duties, they are unlikely to proactively encourage families. The policy dissemination and training seem inadequate – a point highlighted by the fact that even implementers expressed gaps in their understanding.

Our study's findings quantify these awareness and policy failures. Out of 40 household respondents we interviewed, 17 (all from the subgroup that had not registered the death) were entirely unaware that death registration was required by law or even an available service. That is 85% of the families who failed to register had no knowledge of the process or its necessity. Many of them believed that the process effectively "ended" with the burial permit. One woman confessed, *"I didn't know anything regarding registration. I knew that after taking a certificate [burial permit] from the hospital... I thought the game ends there."* (Household member, Kilimanjaro).

Another policy-level challenge is the lack of integration of death registration into other systems – currently, it is treated as a stand-alone task rather than a routine part of other official processes. Families pointed out that no one at hospitals, funeral services, or local government offices (aside from RITA) actively reminds or compels them to register the death. This is a missed opportunity at the policy level to incorporate death registration into healthcare protocols or local administrative checklists.

In summary, the policy environment has been hands-off; the law is on the books, but enforcement and public education are minimal. This creates a cycle where the public remains unaware or unmotivated, and officials at various levels do not prioritize the issue, leading to persistently low uptake. This notably applies to both male and female death registration, as there have been no targeted efforts to raise awareness or enforce either. The lack of sensitization and enforcement is broad and affects all deaths equally.

4.5.6 Strategies for Addressing Barriers

Despite the numerous challenges outlined above, our study also uncovered several promising strategies and ideas, both current efforts and suggested solutions, that could help overcome barriers to death registration. It's important to note that most existing initiatives have focused on improving overall registration rates and infrastructure, without specifically targeting the female registration gap; nonetheless, they provide a foundation that can be built upon with a gender lens.

One encouraging sign is that RITA and some local authorities have started awareness and outreach activities. For instance, RITA officials in some regions use radio programs to disseminate information about death registration. *"The Regional Coordinator always plans... and visits the radio stations to mobilize registration and educate on the importance of registration of deaths,"* shared one government official in Katavi. Additionally, some local leaders reported using community gatherings opportunistically to mention death registration. One District official noted that during land dispute resolution meetings – which often attract community members – they *"stress the importance of death certificates, [because] they help settle many of these issues."* (Government Official, Katavi). By tying the message to something immediately relevant (land inheritance disputes), this approach reinforces why having a death certificate matters. These messages could also emphasize that registering female deaths is equally important, not only for resolving future issues for children and dependents, but also as a matter of rights and recognition. Highlighting that women's deaths deserve the same official acknowledgment would reinforce both gender equality and public trust in government systems. Such integration of registration awareness into everyday local forums is a creative way to reach people who might not attend a dedicated "death registration seminar."

Another strategy emerging from the data is leveraging existing ceremonies and structures: for example, religious gatherings (church services, mosque announcements) have been used in a few instances to promote civil registration. While discussing facilitators, some participants mentioned hearing pastors or imams remind congregants about official documentation. This strategy aligns with suggestions we will detail in the facilitators and recommendations sections – essentially using trusted community voices to normalize registration. This is a promising avenue for opening discussions on female death registration, especially in women-centered spaces. Midwives, community health workers, and leaders of local women's groups, who often engage closely with women, can be a source of information and highlight its importance and benefits. These spaces can encourage reflection on the value of registering female deaths, especially among women who often act as caregivers and informal decision-makers in the aftermath of a death. When equipped with this knowledge, they are more likely to advocate for the registration of future female deaths within their families.

On the service delivery front, a significant innovative step has been the piloting of ward-level death certificate issuance. One respondent described a RITA pilot initiative in regions like Iringa, Njombe, Mbeya, and Songwe, where instead of issuing a burial permit and stopping there, local authorities actually issue the death certificate on the spot at the ward (for all deaths, whether at home or hospital). In these pilot areas, families are given a death certificate at the time of death (free of charge), effectively bypassing the usual process – the idea is to remove barriers of cost and distance by bringing the service directly to the community at the critical moment. This approach, if successful and expanded, could revolutionize access: it ensures every death is registered immediately by default. However, at the time of our study, these pilots were limited geographically and had not been scaled to Kilimanjaro or Katavi. Participants who heard of them were optimistic, as it tackles multiple barriers (cost, travel, follow-up) in one go.

Beyond these, some administrative improvements have been attempted: for example, certain districts have tried to simplify forms or provide translations of instructions into Swahili (the forms are in English, which not everyone reads comfortably). Also, the expansion of eRITA and training of cybercafé operators (informally) to assist has been a de facto strategy that many families relied on.

Crucially, while these efforts help everyone, none have specifically targeted female death under-registration. There have been no campaigns addressing the mindset that "women's deaths don't need registering," nor policy tweaks like fee waivers for female deaths (an idea some participants proposed, reasoning that if a family sees no financial benefit in registering a woman's death, perhaps removing the financial cost might help). In short, the strategies so far have been general improvements in the system. To close the gender gap, stakeholders may need to incorporate gender-focused measures into these strategies.

4.5.7. Burial and Funeral Practices as Entry Points

One particularly resonant suggestion from participants was to leverage burial and funeral practices as an opportunity to promote death registration. In both Kilimanjaro and Katavi, many interviewees (community members and officials alike) independently floated this idea: since virtually everyone participates in funerals and related rites, these gatherings could serve as ideal platforms for spreading awareness and even initiating the registration process.

Religious and community leaders were identified as key allies in this approach. They are often present and leading funeral ceremonies, and they command respect and attention at those emotionally significant moments. A religious leader from Katavi urged this partnership, saying, *"We, religious leaders, should partner with the government – not just on spiritual matters, but to help families understand their rights and promote death certificate registration."* (Religious leader, Katavi). The notion here is that a priest, pastor, or imam could gently remind the bereaved family (and the community attending the funeral) about the importance of legally registering the death, perhaps framing it as honoring the deceased's memory or fulfilling a civic responsibility. Because this message would come at a time when people are directly dealing with a death, it might be more impactful than a generic announcement at another time.

A government official in Katavi also noted the strategic advantage of such gatherings: *"In urban areas, people may skip meetings, but they'll always attend functions, burials, and religious gatherings — those are the best times to reach them."* (Government Official, Katavi). This highlights that funerals have guaranteed attendance – unlike community meetings or workshops which people may opt out of attending. By integrating death registration messaging into funerals, information would be delivered to where the people already are. (Some gender differences were evident in funeral practices, particularly among Muslim communities, where religious norms dictate that male bodies are prepared by men and female bodies by women. Additionally, only men are permitted to attend burial ceremonies, regardless of the deceased's gender. These restrictions may contribute to lower visibility and formality of female funerals, as women are excluded from key rituals. In contrast, Christian funerals tend to involve both genders, are more public, and often include church services led by religious leaders, potentially offering a more structured and communal farewell.)

Some participants even suggested that religious leaders could be empowered to play a direct role in the registration process, not just in awareness. For example, similar to how clergy in Tanzania are authorized to officiate marriages and sign marriage certificates, perhaps they could be trained and authorized to assist with death registrations. A religious leader from Kilimanjaro proposed, *"Just like we were trained on marriage certificates, we should be educated on death certificates to encourage registration before burial."* (Religious leader, Kilimanjaro). The idea would be for religious officiants to maybe help families fill out preliminary forms or at least ensure they get the confirmation letter from the VEO while the funeral arrangements are underway. This could normalize the act of beginning the registration process as a standard part of funeral preparation.

Community leaders and local government representatives also play a role at funerals. One household member suggested, *"Perhaps our leaders representing or gracing a burial event – as well as councilors and street chairpersons who are present at these burials – should be able to talk about* *it so that people can leave with the information."* (Household member). Often, local officials are given a few minutes to speak during funeral services (to give condolences, etc.); incorporating a brief message like "remember to register this death with the authorities" could plant a seed right when it is most relevant.

In essence, funerals and mourning gatherings are seen as culturally appropriate entry points because talking about the legal follow-up of a death in that context makes sense to people. However, an effort needs to be made to ensure that these gatherings are an entry point for males and females.

These community-driven ideas highlight how existing social practices can be harnessed to improve death registration uptake. Using funerals as touchpoints is a culturally resonant and practical strategy to cut through the lack of awareness and motivate timely registration. Having explored both the barriers and potential entry points, we now turn to the factors that facilitate female death registration – essentially the flipside of barriers – to understand what has worked well for those families who succeeded in registering deaths.

4.6. Facilitators of Female Death Registration

Despite the obstacles, various enabling factors at the individual, interpersonal, community, and institutional levels help families overcome barriers and successfully register deaths (including women's deaths). These facilitators range from strong personal motivations and supportive family dynamics to helpful community networks and user-friendly system improvements. In many cases, the same dimensions where barriers exist (lack of money, lack of knowledge, etc.) have a "flipside" that facilitates registration when conditions are favorable (e.g. having the funds, having the information). While our focus is on female death registration, most facilitators identified apply to death registration in general for both sexes. We will note where a facilitator is uniquely pertinent to women's deaths. By examining these positive factors, we can glean insights into what triggers or supports successful registration. Essentially, these facilitators are the ingredients present when families do manage to navigate the process – understanding them is key to replicating success more broadly.

4.6.1. Individual level facilitators

At the individual/family level, death registration is far more likely to happen when there is a clear practical need for the certificate (such as accessing education loans, inheritance, or benefits), when the family has the knowledge and means to carry out the process, or when someone has a strong personal conviction to see it through. In our interviews, families who registered a death often cited one or more specific motivators that "pushed" them to do it. The phrase "necessity is the mother of action" truly applies here: if a death certificate was needed to unlock something important, families found a way to obtain it. Additionally, having prior awareness of the process or being in a better economic position made the task much more feasible. Less commonly, a deep personal belief in doing the right thing spurred some individuals to persist even without external pressures.

A leading motivator was the need for educational support for surviving children. For instance, higher education loan applications require the death certificate of a deceased parent, prompting families to register long-past deaths. As one community health worker in Mpanda shared: *"Education-related matters, especially for children pursuing higher education… these certificates are often required to justify the death of parents, helping the children prove that they need financial support."* (Community Health Worker, Mpanda). Since the death of a parent often triggers access to benefits such as education loans or inheritance rights, such requirements are a key driver in prompting families to register mothers' deaths that might otherwise go undocumented.

Inheritance and access to benefits were similarly strong incentives. A government official in Kilimanjaro explained, "*If I need to inherit a certain property or become the inheritance executor, I must have a confirmation that this person has truly passed away*." (Government Official, Kilimanjaro). When assets or legal claims are involved, families move swiftly to obtain the necessary documentation. Prior awareness of the process also made a significant difference. Individuals with education or bureaucratic experience viewed registration as a routine task rather than a burden. As one health worker noted, "*Those who register are usually the ones who have attended school and understand the importance of the certificate*." (Community Health Worker, Kilimanjaro). These individuals often served as catalysts for their families. Financial stability further enabled registration. As a government official in Katavi observed, *"If someone has good economic status, it is easy… to register a death because the economic status allows doing so."* (Government Official, Katavi). Families with some disposable income could more easily cover transport, internet, and time costs.

Beyond necessity and resources, a few individuals were driven by a sense of personal conviction. One woman in Kilimanjaro recalled, "*I thought registering was the right thing to do… Although some people criticized me… I told them no, I will go and see how this process works*." (Household member, Kilimanjaro). These cases, though less common, reflect how moral commitment can also prompt action. Other facilitators included opportunistic timing. A man from Katavi shared that while seeking a birth certificate for his child, he was informed he could also obtain a relative's death certificate: *"I was looking for the birth certificate and was told that the death certificate can also be obtained… So, I followed up on both*." (Household member, Katavi).

In summary, individual success in death registration often arises from a combination of need, awareness, capacity, and occasionally, personal determination. These insights point to concrete levers that programs can reinforce to increase timely and inclusive registration.

4.6.2. Interpersonal level facilitators

Strong family support and cooperation can significantly boost the likelihood of death registration – essentially the opposite of the family-level barriers. In families where members work together, encourage each other, or even apply a bit of positive pressure, the process tends to move forward. This finding is essentially the flip side of the earlier interpersonal barrier: instead of family disunity causing a stall, here we have family unity and collective resolve propelling the effort to completion.

One potent facilitator is when a family agrees on the legal need to formalize a death. If the deceased left behind assets or dependents, relatives are usually quick to act. As one participant from Kilimanjaro put it, "*The person who leaves a lot of things causes a lot of problems, hence making* *family members run around seeking the certificate*." (Household member, Kilimanjaro). In some cases, even disputes push the process forward, with one side registering the death to gain legal standing in estate matters.

Beyond conflict-driven action, simple cooperation and encouragement matter greatly. Families that share the emotional and logistical burden tend to get through the process more easily. One woman recalled, "*When my brother said he would come with me and help, that's when I felt confident to go.*" (Household member, Kilimanjaro). Another shared, *"They [my family] said, yes, go ahead and do it. It's important."* (Household member, Kilimanjaro). These examples highlight how practical help, and emotional support can turn uncertainty into action.

This kind of unity is especially vital in registering women's deaths. When there is no legal incentive, such as property transfer, internal resolve becomes the key motivator. In several cases, families registered a mother or wife's death simply because they valued her memory and wanted to do the right thing.

In summary, family cohesion, encouragement, and shared understanding of a certificate's value play a crucial role. When the task becomes a collective effort rather than one person's struggle, the likelihood of registration rises significantly.

4.6.3. Community level facilitators

Active involvement of community leaders and local support networks greatly assists families in completing death registration. When respected figures, like ward officers, village leaders, or religious authorities, guide and encourage families, it builds trust in the process and demystifies the steps, making people more likely to follow through. Essentially, a supportive social environment can compensate for individual shortcomings: even if a family lacks knowledge or confidence, a helpful community can bridge that gap.

One major community-level facilitator is the presence of proactive local leaders who take initiative on death registration. In some wards we studied, WEOs or VEOs did not just passively wait for people to show up with requests; they actively educated the community whenever opportunities arose. For example, a Village Executive Officer might announce in a village meeting, *"If anyone has a death at home, come to us for the letter and make sure you follow through with RITA."* (Government Official, Katavi). Such small acts of public messaging reportedly had a positive effect. In one focus group, a VEO from Kilimanjaro mentioned he always tries to *"preach by example"* – when his own mother passed away, he went through the full registration process and then showed his community the death certificate, which sparked interest among neighbors. This example-setting may be especially important in cases where no property is involved, such as is the case for many female deaths.

Religious leaders and community gatherings (weddings, funerals, church/mosque services) also provide facilitative platforms. Participants recounted that when a trusted religious figure says something like, *"make sure to take care of all necessary legal documents when someone dies,"* people listen and take it to heart in a way they might not if a government bureaucrat said the same thing. Trusted voices in communal settings make a difference. In most areas, these religious leaders are men, but participants did not describe them as being insensitive to gender considerations. In the context of female death registration, such reminders can be particularly influential because they carry moral authority in spaces where women's participation may otherwise be limited. This narrative highlights how these trusted voices are encouraging women's deaths to be registered, a process that, in some settings, might have been overlooked in the past.

Another subtle but important facilitator is the emotional and moral support provided by local leaders. One participant from Kilimanjaro described how the ward officer came to offer condolences and *"gently reminded them about registration, even offering to guide them through it."* (Household member, Kilimanjaro). This personal touch helped the family feel the task was manageable and important.

Communities sometimes have informal support networks or intermediaries that facilitate the process. Internet café operators or "stationery shop guys" often help families create eRITA accounts, scan and upload documents, and submit forms online. One respondent from Katavi said they *"wouldn't even know how to begin"* without the help of a local shop owner. These individuals bridge the digital divide and make the process more accessible at the grassroots level.

Finally, communities where registration has become more common may experience a positive feedback loop. In some urban neighborhoods, people said, *"these days many people are getting death certificates because they saw how it helped so-and-so's family."* (Household member, Kilimanjaro). Each success story adds to public knowledge and builds momentum. Over time, as one participant put it, getting a death certificate can shift from a rare oddity to a *"shared community practice."* (Household member, Katavi).

4.6.4. Institutional level facilitators

Improvements in the civil registration system, especially digital innovations and more accessible services, have begun to reduce barriers and facilitate higher death registration completion. Moreover, when registration officials are courteous and helpful, families who have lost a mother, sister or daughter are encouraged to persevere through the process. In essence, the easier and more user-friendly the system becomes, the more people succeed in using it.

One of the most significant changes has been the digitization of the process through RITA's eRITA platform. Officials and community members alike described this as a major step forward. Instead of making several trips to the district office, for forms, submissions, corrections, and final collection, families can now handle most steps online and only travel once to collect the certificate. One VEO explained, *"In the past, people from my village had to travel even just to get the form and then again to submit. Now we can do those steps online at the ward office or a café, which has really helped."* (Government Official, Katavi). In remote areas, participants appreciated not having to spend money on repeated travel or face being turned away due to paperwork errors. The eRITA system also notifies applicants when documents are missing, helping to improve application quality and reduce delays.

Closely linked to this is the role of local digital access points. Internet cafés and ward offices effectively serve as extensions of the formal system, especially in places like Katavi, where home internet is rare. These services make digital registration accessible to low-connectivity areas.

Another critical facilitator is the quality of service from RITA and district staff. Several individuals reported being treated with respect and receiving clear guidance, which encouraged them to continue. One woman explained, *"They didn't ask for a bribe, they just told me what to correct and [to] come back. It made me trust that it was doable."* (Household member, Kilimanjaro). In contexts where government services are often seen as unfriendly or corrupt, this kind of treatment builds trust. Our findings suggest that where clerks are patient and supportive, families are far more likely to complete the process successfully.

Finally, structural changes such as expanded service points and simplified procedures are also making a difference. The ward-level pilot, where death certificates are issued at the time of the burial permit, shows potential to remove key access barriers. In some cases, the removal of associated fees has further reduced barriers, especially for low-income households, and has been welcomed as an important step in making female death registration more accessible. Though still limited in scale, such initiatives are seen as highly promising. As one participant put it, this kind of local service would *"solve our problems with one stroke."*

In summary, institutional facilitators revolve around ease of access, supportive staff, and simplified procedures. When technology, decentralization, and positive service culture align, families are more confident and better equipped to complete registration.

4.6.5. Policy-level facilitators

Existing laws and policies that tie death registration to access to entitlements (such as education loans or inheritance) act as motivators for families to comply. Moreover, Tanzania's strong legal mandate for universal death registration provides a framework that, if better enforced and promoted, can support near-complete registration. At the policy level, facilitators are somewhat twofold: there are policies currently in place that help drive registration, and there are aspects of the policy framework that have the potential to facilitate registration if leveraged properly.

One current policy-driven facilitator, as touched on, is the requirement of death certificates for claiming certain benefits or services. This is effectively policy creating a need. For example, the education loan scenario is a direct result of a policy decision: the government decided that proof of death (via certificate) is needed for an orphan to qualify for a loan exception. By doing so, they made it in the clear interest of families to register deaths of parents when children reach college age. Similarly, national policies that require death certificates for processing government pensions, insurance payouts, or land succession have a facilitating effect. We saw cases where families that might otherwise never register a grandmother's death did so because they needed to transfer her land title – a requirement embedded in land administration policy. These kinds of linkages essentially convert death registration from a stand-alone task into a necessary step within other valued tasks (like getting money or property).

Our findings suggest that a notable share of death registrations happen only when they become necessary for accessing a tangible benefit or service. While this indicates a reactive pattern, it is nonetheless a facilitator – the policy environment creates these triggers that push people to register a death that occurred perhaps long ago. One could say this is a compensatory mechanism for low routine awareness: the system "catches" some portion of unregistered deaths when people bump into situations where the certificate is demanded.

Another facilitator at the policy level is simply the fact that Tanzania has a legal mandate and infrastructure for death registration. Not all countries have a functional nationwide system. The existence of RITA, the legal requirement (even if not enforced with penalties), and standardized procedures mean that when people are motivated, there is a clear pathway to follow. Participants in our study who were aware of the law often referenced it as justification: "*We know it's required by law to register within 30 days,*" they would say, which gave them a sense of obligation or at least legitimacy in pursuing it. If there was no law in place, they may have believed they had no right to demand a certificate. Participants could advocate for themselves if they faced obstacles, by highlighting their legal right to get pursue and obtain death registration and related documents.

Furthermore, the policy-level commitment (at least on paper) opens doors for collaboration and improvement. For instance, Tanzania's involvement in global initiatives, its inclusion of CRVS improvement in national plans, etc., mean that resources can be allocated and reforms implemented. This is not a direct facilitator that families feel on the ground, but it is a macro facilitator that sets the stage for many of the positive changes (like digitization or outreach programs). In practice, the current key policy facilitators are the integrations of death registration into other systems and the overarching legal endorsement of its importance. If a future policy were to, for instance, require a death certificate for burial or for any social benefits, that would dramatically increase compliance (though it would need to be carefully implemented to avoid burdening grieving families at the wrong time). In addition to these direct policy measures, there are also indirect public health benefits, particularly for women, that deserve emphasis. More complete death registration can improve the accuracy of maternal mortality data, help identify patterns of disease and causes of death affecting women, and guide targeted health interventions, ultimately supporting better allocation of resources and improved health services for women and their families.

To summarize, policy-level facilitators can be seen as levers that create demand for registration and the presence of a supportive legal framework. While our study found that lack of enforcement and promotion is a barrier, the flip side is that where policy does intersect with people's real needs, it significantly boosts registration. Therefore, strengthening these linkages and loudly championing the policy (through awareness campaigns) would likely yield further improvements.

5. CONCLUSIONS AND RECOMMENDATIONS

5.3. Recommendations

Building on the study's findings, these recommendations aim to improve completeness, timeliness, and equity in death registration in Tanzania. Actions span policy reform, system improvements, and community engagement, with a dedicated focus on closing the gender gap and reducing delays. Implementation will require coordination among RITA, PORALG, MoH, local leaders, and development partners.

A. General Recommendations

1. **Launch a National Awareness Campaign:** Implement sustained public education on the mandatory nature and benefits of death registration, targeting rural and underserved areas. Use multiple channels such as radio, social media, posters, and partner with trusted messengers such as local leaders, health workers, and religious figures.

2. **Decentralize and Expand Access:** Empower ward- and village-level offices to register deaths and issue certificates on-site. Expand mobile registration services and integrate death registration into related services (e.g., hospital discharges, burial permits, pension claims).
3. **Simplify Procedures and Remove Financial Barriers:** Streamline forms, reduce steps, and relax affidavit requirements for older cases. Waive or eliminate fees for the first certificate to reduce financial hesitation.
4. **Strengthen Frontline Capacity:** Train WEOs, VEOs, health workers, and CHWs to actively promote and facilitate registrations, with gender-sensitive engagement. Include registration in performance metrics and ensure regular monitoring.
5. **Leverage Digital Tools:** Improve the eRITA system for mobile access, develop a mobile app, and authorize internet cafés as registration points. Provide assisted digital services at ward level.
6. **Embed Messages in Existing Gatherings:** Use funerals, village meetings, and other community events to remind families to register deaths promptly. Provide officials with short talking points.
7. **Mobile Registration Drives:** Conduct periodic drives in low-registration areas, registering both recent and older deaths. Coordinate drives with awareness activities.
8. **Use Data for Continuous Improvement:** Establish a real-time dashboard tracking registration rates by sex, location, and timeliness. Share success stories and target support to lagging areas.
9. **Close the Certification Gap:** Strengthen processes to ensure deaths recorded on D1/D2 forms are consistently converted into certified registrations.

B. Gender-Specific Recommendations

1. **Address the Female Registration Gap:** Ensure all awareness messages explicitly emphasize that women's deaths matter equally. Use slogans such as "Kila kifo kihesabike – cha mwanamume au mwanamke" ("Every death should be counted – whether man or woman").
2. **Challenge Socio-Cultural Norms:** Facilitate community dialogues with women's groups, elders, and religious leaders to counter beliefs that female deaths do not require registration. Draw parallels with the importance of birth registration for girls.
3. **Integrate with Women-Focused Platforms:** Use existing women-focused platforms such as savings groups, maternal health programs, and midwife networks to promote female death registration. Leverage the Maternal and Perinatal Death Surveillance and Response (MPDSR) system as a direct avenue to integrate registration, ensuring that all maternal deaths identified through MPDSR are promptly registered.
4. **Tailored Messaging and Role Models:** Use testimonials, such as daughters registering mothers' deaths, to normalize and highlight the importance of registering female deaths.

5. **Gender-Sensitive Training:** Include modules for frontline staff to recognize and counter gender bias, ensuring they actively encourage and support families to register female deaths.

5.4 Conclusions

This study set out to assess the state of female death registration in Tanzania, combining quantitative coverage data with qualitative insights into barriers and facilitators. The findings show that while Tanzania's civil registration system has a sound legal foundation, implementation remains weak, particularly for underserved groups and female deaths. Registration completeness is very low: in 2024, only 3.7% of deaths were registered within a year. Moreover, most registered deaths are delayed; just 46.7% were registered within the year of death (see Table 4). Families often delay registration until required for legal or financial reasons, limiting the value of these records for public health and administration.

This study assessed female death registration in Tanzania using both quantitative data and qualitative insights. While the civil registration system is underpinned by a strong legal framework, there remain areas for strengthening, particularly in reaching underserved communities and ensuring equitable registration of women's deaths.

In 2024, only 3.7% of deaths were registered within a year, with just 46.7% registered in the same year they occurred. Many registrations take place years later, most often prompted by legal or financial needs. The most persistent barrier identified was low public awareness; 17 of 20 families who had not registered a death were unaware of the requirement. In some cases, local officials also lacked complete information, limiting their ability to promote registration. Other challenges include financial costs, travel distances, complex procedures, and socio-cultural norms that can reduce the priority given to registering women's deaths.

At the same time, the study identified several enabling factors. These include urgent legal or financial needs, prior familiarity with the registration process, support from family or community members, and improved access through digital tools. Internet cafés, community leaders, and supportive officials were often critical in helping families navigate the process.

In summary, Tanzania's Civil Registration and Vital Statistics (CRVS) system has both the legal foundation and digital infrastructure to achieve full and timely registration. Strengthening awareness campaigns, simplifying procedures, decentralizing services, and addressing gender-related norms are key priorities. Ultimately, death registration is about visibility, dignity, and rights. By acting on the recommendations outlined in this report, Tanzania can close the registration gap and ensure that every life, male or female, is officially counted.

6. Study Limitations

In interpreting the results of this study, a few limitations should be kept in mind. First, in the qualitative component, the study team was only able to identify and recruit six households involving a female death under 18 years of age. This means perspectives on child death registration, particularly any unique barriers or facilitators related to minors, may not be fully represented.

Second, for the quantitative analysis of registration trends, we intended to examine sex-disaggregated registration rates for the entire 2013–2024 period, but this was only partly achieved. Detailed projection data broken down by sex were unavailable for the years 2013–2021 (as they were based on the 2012 census and not retrospectively sex-disaggregated). Consequently, we could only calculate gender-specific completeness rates for the years 2022–2024 using projections from the 2022 census. For earlier years, our analysis of trends had to rely on overall registration rates. This gap limits our ability to definitively chart the evolution of the gender gap in registration over the whole study period. We have, however, supplemented this with more recent data and qualitative evidence to infer gendered patterns.

Lastly, as with all interview-based research, the qualitative findings may be influenced by recall bias or social desirability bias. Participants' accounts of their experiences (or lack thereof) with death registration are self-reported and could be affected by memory errors or the desire to present oneself in a certain light. We mitigated this by cross-checking certain factual details (e.g., asking what documents were obtained or needed, which can be objectively compared to the official process) and by assuring confidentiality so participants could speak freely about negative experiences or shortcomings in the system.

Despite these limitations, the mixed-methods design, combining robust national data with rich personal narratives, provides a comprehensive picture of the state of death registration in the targeted regions. The convergence of evidence from different sources increases confidence in the key findings and the relevance of the recommendations proposed.

ANNEXES

Appendix 1a: Completeness rate for years 2013 to 2024

Registration year	Expected number of deaths	Deaths Registered within Year of Occurrence	Completeness rate
2013	415,809	494	0.1
2014	402,850	544	0.1
2015	391,631	711	0.2
2016	381,776	819	0.2
2017	372,881	1,276	0.3
2018	364,662	5,674	1.6
2019	357,484	12,654	3.5
2020	351,092	15,727	4.5
2021	345,642	20,421	5.9
2022	428,474	15,104	3.5
2023	429,630	15,431	3.6
2024	429,833	15,837	3.7

Appendix 1b: Timeliness of death registration and certification within 30 days, 2013 to 2024

Registration year	Deaths Registered within Year of Occurrence	Deaths Registered within 30 days	Timeliness of registered death (within 30days)
2013	494	489	99.0
2014	544	532	97.8
2015	711	701	98.6
2016	819	803	98.0
2017	1,276	1,161	91.0
2018	5,674	3,953	69.7
2019	12,654	7,939	62.7
2020	15,727	9,607	61.1
2021	20,421	12,977	63.5
2022	15,104	9,183	60.8
2023	15,431	8,342	54.1
2024	15,837	7,620	48.1

Appendix 2a: Death registration by region of residence Tanzania Mainland (2013-2016)

Region	**2013**			**2014**			**2015**			**2016**		
	Expected number of deaths	Deaths Registered within Year of Occurrence	Completeness rate	Expected number of deaths	Deaths Registered within Year of Occurrence	Completeness rate	Expected number of deaths	Deaths Registered within Year of Occurrence	Completeness rate	Expected number of deaths	Deaths Registered within Year of Occurrence	Completeness rate
Tanzania Mainland	**415,809**	**494**	**0.1**	**402,850**	**544**	**0.1**	**391,631**	**711**	**0.2**	**381,776**	**819**	**0.2**
Dar es Salaam	39,861	271	0.7	39,966	313	0.8	40,036	415	1.0	40,088	492	1.2
Arusha	10,046	38	0.4	9,384	44	0.5	8,798	55	0.6	8,280	71	0.9
Kilimanjaro	17,046	49	0.3	16,146	58	0.4	15,348	57	0.4	14,645	74	0.5
Tanga	19,083	16	0.1	18,214	8	0.0	17,416	20	0.1	16,697	26	0.2
Pwani	13,148	18	0.1	12,340	25	0.2	11,607	28	0.2	10,958	20	0.2
Dodoma	18,212	7	0.0	16,604	5	0.0	15,249	11	0.1	14,131	6	0.0
Mwanza	22,791	14	0.1	22,143	17	0.1	21,538	21	0.1	20,978	25	0.1
Morogoro	19,083	28	0.1	18,214	24	0.1	17,416	39	0.2	16,697	50	0.3
Iringa	11,562	8	0.1	11,229	9	0.1	10,953	8	0.1	10,694	10	0.1
Shinyanga	13,821	14	0.1	13,060	11	0.1	12,374	16	0.1	11,744	16	0.1
Lindi	10,099	4	0.0	9,531	0	0.0	8,993	2	0.0	8,510	1	0.0
Mtwara	13,378	1	0.0	12,730	0	0.0	12,136	1	0.0	11,595	0	0.0
Ruvuma	13,170	0	0.0	12,659	0	0.0	12,199	3	0.0	11,765	1	0.0
Singida	11,290	5	0.0	10,979	7	0.1	10,720	10	0.1	10,489	3	0.0
Mara	19,319	4	0.0	18,347	5	0.0	17,586	6	0.0	16,946	7	0.0
Manyara	10,288	0	0.0	10,310	0	0.0	10,289	0	0.0	10,264	0	0.0
Kigoma	20,067	1	0.0	19,350	7	0.0	18,953	6	0.0	18,665	5	0.0
Tabora	22,210	5	0.0	21,555	3	0.0	21,146	7	0.0	20,856	4	0.0
Kagera	27,908	1	0.0	27,316	3	0.0	26,926	1	0.0	26,666	4	0.0
Rukwa	9,575	0	0.0	9,434	1	0.0	9,300	1	0.0	9,180	1	0.0
Simiyu	13,835	1	0.0	13,784	0	0.0	13,657	0	0.0	13,516	0	0.0
Geita	16,686	1	0.0	16,907	2	0.0	17,027	1	0.0	17,091	2	0.0
Mbeya	16,515	5	0.0	16,329	2	0.0	16,170	3	0.0	16,026	1	0.0
Njombe	10,222	3	0.0	9,798	0	0.0	9,385	0	0.0	8,984	0	0.0
Katavi	6,830	0	0.0	7,040	0	0.0	7,194	0	0.0	7,326	0	0.0
Songwe	9,764	0	0.0	9,481	0	0.0	9,215	0	0.0	8,985	0	0.0

Appendix 2b: Death registration by region of residence Tanzania Mainland (2017-2020)

Region	2017			2018			2019			2020		
	Expected number of deaths	Deaths Registered within Year of Occurrence	Completeness rate	Expected number of deaths	Deaths Registered within Year of Occurrence	Completeness rate	Expected number of deaths	Deaths Registered within Year of Occurrence	Completeness rate	Expected number of deaths	Deaths Registered within Year of Occurrence	Completeness rate
Tanzania Mainland	**372,881**	**1276**	**0.3**	**364,662**	**5674**	**1.6**	**357,484**	**12654**	**3.5**	**351,092**	**15727**	**4.5**
Dar es Salaam	40,117	824	2.1	40,132	3,361	8.4	40,186	4,867	12.1	40,231	5,297	13.2
Arusha	7,826	97	1.2	7,437	220	3.0	7,096	695	9.8	6,806	929	13.6
Kilimanjaro	14,013	93	0.7	13,207	236	1.8	12,516	737	5.9	11,917	987	8.3
Tanga	16,036	31	0.2	15,432	75	0.5	14,908	737	4.9	14,445	843	5.8
Pwani	10,367	40	0.4	9,835	116	1.2	9,361	365	3.9	8,941	596	6.7
Dodoma	13,535	13	0.1	13,367	276	2.1	13,296	528	4.0	13,247	726	5.5
Mwanza	20,453	21	0.1	19,985	24	0.1	19,547	714	3.7	19,142	1,014	5.3
Morogoro	16,036	47	0.3	15,432	110	0.7	14,908	476	3.2	14,445	832	5.8
Iringa	10,466	14	0.1	10,270	15	0.1	10,114	28	0.3	9,985	83	0.8
Shinyanga	11,171	24	0.2	10,645	289	2.7	10,190	305	3.0	9,765	326	3.3
Lindi	8,081	1	0.0	7,678	14	0.2	7,329	274	3.7	7,020	254	3.6
Mtwara	11,112	5	0.0	10,659	50	0.5	10,260	385	3.8	9,918	418	4.2
Ruvuma	11,380	0	0.0	11,021	23	0.2	10,713	386	3.6	10,431	409	3.9
Singida	10,279	6	0.1	10,110	74	0.7	9,965	242	2.4	9,842	282	2.9
Mara	16,374	12	0.1	15,922	105	0.7	15,532	354	2.3	15,172	424	2.8
Manyara	10,221	1	0.0	10,179	71	0.7	10,142	240	2.4	10,119	256	2.5
Kigoma	18,298	14	0.1	17,916	19	0.1	17,563	117	0.7	17,226	444	2.6
Tabora	20,485	7	0.0	20,147	166	0.8	19,822	365	1.8	19,509	399	2.0
Kagera	26,387	6	0.0	25,947	213	0.8	25,516	449	1.8	25,247	538	2.1
Rukwa	9,067	1	0.0	8,947	2	0.0	8,811	49	0.6	8,700	164	1.9
Simiyu	13,360	2	0.0	13,182	9	0.1	13,030	131	1.0	12,869	173	1.3
Geita	17,112	16	0.1	17,102	198	1.2	17,069	164	1.0	17,027	198	1.2
Mbeya	15,906	1	0.0	15,793	7	0.0	15,689	10	0.1	15,589	5	0.0
Njombe	8,607	0	0.0	8,254	0	0.0	7,951	23	0.3	7,649	63	0.8
Katavi	7,431	0	0.0	7,511	1	0.0	7,582	13	0.2	7,633	66	0.9
Songwe	8,761	0	0.0	8,552	0	0.0	8,388	0	0.0	8,217	1	0.0

Appendix 2c: Death registration by region of residence Tanzania Mainland (2021-2024)

Region	2021			2022			2023			2024		
	Expected number of deaths	Deaths Registered within Year of Occurrence	Completeness rate	Expected number of deaths	Deaths Registered within Year of Occurrence	Completeness rate	Expected number of deaths	Deaths Registered within Year of Occurrence	Completeness rate	Expected number of deaths	Deaths Registered within Year of Occurrence	Completeness rate
Tanzania Mainland	**345,642**	**20421**	**5.9**	**428,474**	**15104**	**3.5**	**429,630**	**15431**	**3.6**	**429,833**	**15837**	**3.7**
Dar es Salaam	40,335	6,249	15.5	36,921	4,737	12.8	36,399	4,105	11.3	36,799	3,548	9.6
Arusha	6,558	1,031	15.7	10,297	662	6.4	10,347	622	6.0	10,424	693	6.6
Kilimanjaro	11,397	1,523	13.4	14,401	974	6.8	14,609	955	6.5	14,646	931	6.4
Tanga	14,044	1,078	7.7	18,792	907	4.8	19,038	763	4.0	19,014	860	4.5
Pwani	8,567	745	8.7	16,210	616	3.8	16,271	584	3.6	16,152	526	3.3
Dodoma	13,118	1,048	8.0	22,103	775	3.5	22,313	857	3.8	22,160	737	3.3
Mwanza	18,786	1,422	7.6	23,550	887	3.8	23,634	1,032	4.4	23,754	1,110	4.7
Morogoro	14,044	958	6.8	22,522	759	3.4	22,600	748	3.3	22,627	699	3.1
Iringa	9,888	254	2.6	11,609	229	2.0	11,627	951	8.2	11,534	1,035	9.0
Shinyanga	9,391	547	5.8	16,443	401	2.4	16,295	378	2.3	16,255	430	2.6
Lindi	6,742	321	4.8	9,507	284	3.0	9,586	286	3.0	9,559	332	3.5
Mtwara	9,601	506	5.3	13,815	425	3.1	13,956	341	2.4	14,006	353	2.5
Ruvuma	10,190	487	4.8	14,882	430	2.9	14,923	441	3.0	14,918	475	3.2
Singida	9,757	445	4.6	12,210	301	2.5	12,390	286	2.3	12,362	344	2.8
Mara	14,872	585	3.9	17,557	511	2.9	17,609	510	2.9	17,632	458	2.6
Manyara	10,111	324	3.2	9,992	276	2.8	10,142	217	2.1	10,118	274	2.7
Kigoma	16,943	604	3.6	16,658	371	2.2	16,843	425	2.5	16,778	556	3.3
Tabora	19,230	622	3.2	24,144	422	1.7	23,961	403	1.7	23,842	443	1.9
Kagera	25,055	518	2.1	25,157	181	0.7	25,331	500	2.0	25,359	665	2.6
Rukwa	8,586	203	2.4	11,825	183	1.5	11,846	146	1.2	11,961	206	1.7
Simiyu	12,736	252	2.0	12,951	187	1.4	13,045	190	1.5	13,135	246	1.9
Geita	17,008	244	1.4	17,333	258	1.5	17,344	253	1.5	17,484	242	1.4
Mbeya	15,520	203	1.3	19,866	148	0.7	19,815	239	1.2	19,674	374	1.9
Njombe	7,391	77	1.0	9,709	74	0.8	9,719	69	0.7	9,668	107	1.1
Katavi	7,682	88	1.1	8,960	46	0.5	8,930	63	0.7	8,970	84	0.9
e	8,090	87	1.1	11,060	60	0.5	11,057	67	0.6	11,002	109	1.0