

Tanzania



The Challenge

The Civil Registration and Vital Statistics (CRVS) system in Tanzania is functional and improving, but the system is still facing low levels of registration completeness. Birth and death registration rates range from 20–40%, indicating that most of the population remains uncounted. The main factors affecting the completeness of registration include poor coverage, a lack of accessibility to registration points, limitations in the CRVS legal framework, and a complex CRVS process for families.

The Approach

Under the Bloomberg Philanthropies Data for Health Initiative, the Government of Tanzania has strengthened core aspects of the national CRVS system. The Registration Insolvency and Trusteeship Agency (RITA), which handles vital event registration, developed a strategy that includes legal and regulatory review, business process improvement (BPI), and stakeholder coordination. As a result, Tanzania has achieved improvements in timeliness and completeness of quality data on births and deaths occurring in both health facilities, and in the community.

Impact

CRVS Governance and Coordination, and Counting Every Birth and Death:

Since 2015, Tanzania has prioritized governmental collaboration to increase the registration capacity of both the Ministry of Health and the Presidents' Office – Regional Administration and Local Government (PO-RALG) to facilitate birth and death notifications at the ward level. As part of this effort, RITA and the Law Reform Commission conducted a comprehensive review of the birth and death law. Three key improvements were made:

- The new Birth and Death Act decentralized registration offices, which greatly increased access to registration services.
- Fees for first-time registrations were eliminated and certificate provision improved.
- Health facility workers now serve as registration assistants by reporting vital events to the civil registrar and ensuring that vital events data are integrated into the CRVS system.

Better Facility Cause of Death Data: The government has been working to improve the quality of cause of death (COD) data.

- A curriculum on the proper medical certification of cause of death (MCCD) in facilities and the use of verbal autopsy (VA) in the community was integrated into medical training schools. More than 10,000 students each year will graduate with proper COD certification and VA skills.
- Additionally, the Ministry of Health, through the Medical Council of Tanganyika (MCT), and in conjunction with the Ministry's Directorate of Policy and Planning, agreed to award continuing professional development credits to in-service physicians for a required MCCD course.
- Automated routine cause of death data quality checks have provided valuable feedback for addressing areas in need of improvement.

Understanding Community Mortality:

The Iringa region is demonstrating a new process for using verbal autopsy to report on cause of death that occur outside of health facilities which they are aiming to scale nationally. The new process integrates civil registry and health management information systems. To institutionalize these efforts, a training program was developed and integrated into the national community health workers' curriculum to ensure continuous skills development. This training will also help to maintain a cadre of front-line workers to carry out verbal autopsy activities. Birth and death notification as well as verbal autopsy activities have been formally integrated into the scheme of services for community health workers. A National Mortality and Cause of Death Task Force was formed to oversee the coordination, monitoring and implementation of the improvement strategy.

Producing and Using Vital Statistics: Since 2016, Tanzania has worked towards increasing capacity to produce national vital statistics data. Twenty-five staff members from the Civil Registration Authority and National Statistics Bureau have been trained on CRVS data analysis. Furthermore, Tanzania has identified the creation of a vital statistics report as a priority in the coming year.

Ongoing Work

Counting Every Birth and Death

As a result of the newly adopted law described above, birth and death registration are expected to increase significantly. Registration will now take place at the ward level and the quality of using this mechanism will be closely monitored to ensure registration processes continue smoothly.

Better Facility Cause of Death Data

In preparation for full implementation of the MCCD curriculum in medical schools, the Ministry of Health is working with the Medical Council of Tanganyika to incorporate requirements for continuous medical education on certification for in-service physicians. A training log for pre-service physicians taking the MCCD course during medical school will also be developed to ensure complete coverage.

Understanding Community Mortality

The government's information technology team continues to work on improving the quality and use of online tools and dashboards to manage verbal autopsy data. The team continues to monitor the performance of verbal autopsy interviewers in the field. The team also continues to work on integrating three systems—the CRVS birth and death notification system, VA Manager, and DHIS2 to streamline sources of vital event data.

Producing and Using Vital Statistics

As a result of the increased attention to vital statistics production, the government is focusing on enhancing capacity for data use and measurement using CRVS and mortality data. By training senior managers on data driven leadership, data use, and dissemination, it is expected that capacity to produce and use vital statistics will increase, and ultimately lead to the production of national vital statistics reports. Journalist trainings will also be held to prepare them to provide data-based analyses and stories using CRVS data.