USAID Investments in Civil Registration and Vital Statistics

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Overview

• USAID supports civil registration and vital statistics (CRVS) as essential for public health planning – allocation of resources and identification of effective programs

• Global leadership investment through HDC

• Major investments at country level are through the MEASURE Evaluation Program

• MEASURE Evaluation has worked in Bangladesh and a number of African countries over the past decade to improve CRVS

• Funding is a mix: USAID, PEPFAR, PMI
Through MEASURE Evaluation, USAID has invested in CRVS for more than a decade

• MEASURE Evaluation is a USAID-funded program implemented by a consortium of partners led by the University of North Carolina at Chapel Hill and housed at the Carolina Population Center. MEASURE Evaluation is USAID’s primary mechanism for strengthening health information systems, including CRVS.

• For CRVS, USAID focuses on investments in three main areas of work:
  – Cause of death classification
  – Cause of death estimation through sample vital registration with verbal autopsy (SAVVY)
  – Data triangulation

• CRVS is mainly mission-funded to strengthen CRVS and HIS; bureau-wide funds focused on global leadership and partnership.
Cause of Death Classification

• Enhancing the capacity to correctly code causes of death provides important information on health issues and disease trends within the population.

• MEASURE Evaluation has worked in Kenya, Zambia, Tanzania, Angola, Bangladesh, Mozambique, and Malawi to improve CRVS and cause-of-death certification—through training of health staff and the implementation of SAVVY.

• Work includes strengthening CRVS/HIS; tool development, adaptation, and implementation; training; implementation manuals; country-led capacity-building program planned or in place; and SAVVY scale-up strategies developed in areas the government selects.
Cause of Death Classification through SAVVY

• SAVVY is a method used in countries where CRVS is still weak:
  – It begins with a sample of sentinel locations representative of the country’s population as a whole. A baseline census is conducted to describe the sample population.
  – A trained key informant notifies a verbal autopsy interviewer of all deaths within the sample.
  – The trained SAVVY interviewer talks with relatives and caretakers of the deceased to gather information about symptoms and events that occurred before the death.
  – Trained physicians and coders use that information to estimate the likely cause of death, coded according to World Health Organization’s international disease classification (ICD-10).
MEASURE Evaluation CRVS Work in Select Countries

• **Kenya:** Training in the field implementation of standard SAVVY verbal autopsy tools, training on cause-of-death certification and ICD-10 coding principles and guidelines.

• **Malawi:** SAVVY training and field implementation, training in cause-of-death certification and ICD-10 coding, and capacity building in SAVVY data analysis and reporting.

• **Mozambique:** Post-census mortality follow up (INCAM) in 2007/8 and a second planned for 2018 following current pilot evaluation.

• **Tanzania:** Training and capacity building in field implementation, death certification, and ICD-10 coding principles and guidelines for more than two years of SAVVY implementation.

• **Zambia:** Two rounds of SAVVY training, tools adapted, and capacity building in data analysis and reports; SAVVY to align with and input into the CRVS system.
DATA TRIANGULATION

• Various methods can support countries to use existing data to estimate mortality rates in the absence of robust CRVS. Examples regarding maternal mortality:
  – Maternal mortality rates can be estimated by combining census data with facility-based information plus verbal autopsy for information on deaths outside facility settings.
  – Maternal mortality has been estimated in Zambia by combining data from (1) community-based maternal mortality surveillance; (2) health facility data; and (3) the 2007 Demographic and Health Survey
MEASURE Evaluation tools, methods, and approaches address health information challenges and gaps, contributing to stronger health information systems.

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