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# CRVS analyses and evaluations

Report on the experiences of  
CRVS Fellows early in the  
COVID-19 pandemic: What  
resources are needed to better  
support CRVS personnel?

May 2020





## Resources available from the University of Melbourne, Bloomberg Philanthropies Data for Health Initiative

### *CRVS course prospectuses*

These resources outline the context, training approach, course content and course objectives for the suite of CRVS trainings delivered through the Bloomberg Philanthropies Data for Health Initiative. Each course focuses on a specific CRVS intervention or concept, and is designed to support countries to strengthen their CRVS systems and data.

### *CRVS Fellowship reports and profiles*

The CRVS Fellowship Program aims to build technical capacity in both individuals and institutions to enhance the quality, sustainability and health policy utility of CRVS systems in Fellows' home countries. Fellowship reports are written by Fellows as a component of the program, and document, in detail, the research outcomes of their Fellowship. Fellowship profiles provide a summary of Fellows' country context in relation to CRVS, an overview of the Fellowship experiences, the research topic and the projected impact of findings.

### *CRVS analyses and evaluations*

These analytical and evaluative resources, generated through the Initiative, form a concise and accessible knowledge-base of outcomes and lessons learnt from CRVS initiatives and interventions. They report on works in progress, particularly for large or complex technical initiatives, and on specific components of projects that may be of more immediate relevance to stakeholders. These resources have a strong empirical focus, and are intended to provide evidence to assist planning and monitoring of in-country CRVS technical initiatives and other projects.

### *CRVS best-practice and advocacy*

Generated through the Initiative, CRVS best-practice and advocacy resources are based on a combination of technical knowledge, country experiences and scientific literature. These resources are intended to stimulate debate and ideas for in-country CRVS policy, planning, and capacity building, and promote the adoption of best-practice to strengthen CRVS systems worldwide.

### *CRVS country reports*

CRVS country reports describe the capacity-building experiences and successes of strengthening CRVS systems in partner countries. These resources describe the state of CRVS systems-improvement and lessons learnt, and provide a baseline for comparison over time and between countries.

### *CRVS technical guides*

Specific, technical and instructive resources in the form of quick reference guides, user guides and action guides. These guides provide a succinct overview and/or instructions for the implementation or operation of a specific CRVS-related intervention or tool.

### *CRVS tools*

Interactive and practical resources designed to influence and align CRVS processes with established international or best-practice standards. These resources, which are used extensively in the Initiative's training courses, aim to change practice and ensure countries benefit from such changes by developing critical CRVS capacity among technical officers and ministries.

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Melbourne School of Population and Global Health  
Building 379  
207 Bouverie Street  
Carlton, VIC 3053  
Australia

CRVS-info@unimelb.edu.au  
[www.mspgh.unimelb.edu.au/dataforhealth](http://www.mspgh.unimelb.edu.au/dataforhealth)

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# Report on the experiences of CRVS Fellows early in the COVID-19 pandemic: What resources are needed to better support CRVS personnel?

## Introduction

In December 2019, an outbreak of a respiratory disease associated with a novel coronavirus was reported in the city of Wuhan, Hubei Province, Republic of China. The virus spread worldwide, and on March 11, 2020, the World Health Organisation (WHO) declared COVID-19 a pandemic.<sup>1</sup>

Recognised globally as public health emergency, the Bloomberg Philanthropies Data for Health (D4H) Initiative at the University of Melbourne (UoM) sought to understand the professional impact of COVID-19 on alumni of the Initiative's Civil Registration and Vital Statistics (CRVS) Fellowship Program. The Fellowship Program aims to build sustainable technical capacity in CRVS systems of low- and middle-income countries, with CRVS specialists receiving one-on-one training from technical experts during a six-week Fellowship at UoM. CRVS Fellows hold a diverse range of positions relating to CRVS across ministries of health, statistics organisations, and other government or non-government organisations, and this short evaluation was conducted to inform the production and distribution of relevant resources to assist past Fellows and their colleagues in responding to the pandemic.

Data were obtained from a short survey sent to 40 past participants in the CRVS Fellowship Program. Of the 40 Fellows contacted, 21 completed the survey between 16-29 April 2020. Participation was voluntary and participants were advised that their responses would be anonymous and possibly used for reporting purposes.

## Respondents

**21 Fellows from 13 countries responded to the survey.** 48 per cent work in their respective ministries of health, 24 per cent work at a national statistics organisation or equivalent, and nine per cent work in their country's Department of Home Affairs/Internal Affairs/Civil Registration (or similar). The remainder (19 per cent) hold positions at university, government or non-government organisations.

## Country situation

**All respondents reported COVID-19 infections within their country**, ranging from minimal to substantial at the time of survey completion. Respondents noted a range of public health (and economic) responses from governments, including social distancing, curfews, public education on good hygiene practices, thermal screening and establishment of temporary field hospitals among other measures.

One respondent reported:

*'[From the] seventh of March, already 200 infected but measures began in early January. Some measures include thermal screening, health declaration, social distancing, awareness, hand hygiene, school and work closure, no mass gatherings, no religious gatherings and lockdowns.'*

Another respondent mentioned the challenges presented by a shortage of available personal protective equipment (PPE) for frontline staff, among other issues:

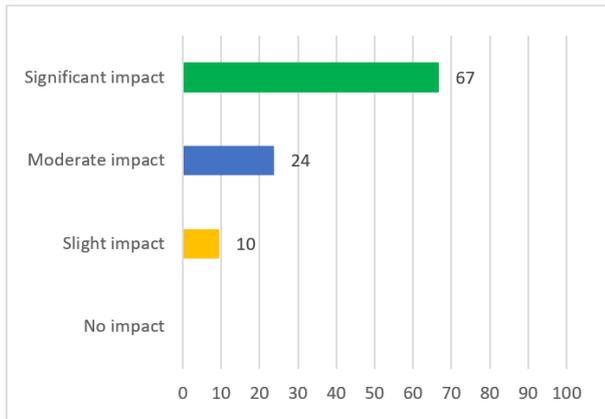
*'PPE is always a challenge. Even healthcare staff at front line were not supplied with proper PPE, and also the testing rate is very low compared to other regions of the same magnitude of the disease. Although proper education has been done to public, there are a lot of politically driven adverse efforts (such as planning to hold an election in midst of a lock down).'*

## Workplace changes and challenges

Respondents were asked to report on the extent to which their daily work had been impacted by COVID-19, ranging from no impact to a significant impact (**Figure 1**). **All respondents reported at least a slight impact to their normal work, with the majority (67 per cent) reporting a 'significant impact' to their work.**

<sup>1</sup> The World Health Organisation. *Coronavirus disease (COVID-19) outbreak*. The World Health Organisation, 2020. Available at: <https://www.who.int/westernpacific/emergencies/covid-19>

**Figure 1: Impact of COVID-19 on respondents' normal work**



Just over half of the 21 respondents reported that they shifted to working at home in some capacity. **Nearly one-quarter of respondents reported experiencing a higher workload**, whilst one respondent noted that working at home hindered productivity.

One respondent who works at a government agency described:

*'Restriction on movements, fear and panic on the part of the public. This has affected our workload since we are a service delivery agency - there is also a drastic decrease in requests for birth and death certificates.'*

Another respondent who works at a ministry of health reported:

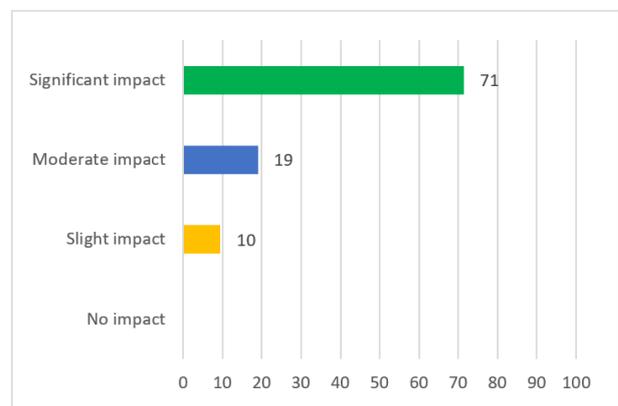
*'We are managing the self-quarantine activities as the Ministry of Health focal point, and we are only doing the COVID related work now.'*

A key theme that respondents discussed was the **difficulty conducting routine CRVS activities**, in some cases leading to postponed workplans. Three respondents mentioned that **routine civil registration activities were hindered**, one reported that informants were no longer reporting vital events for registration, and another stated that sector-level civil registration activities had essentially stopped altogether. 24 per cent of respondents stated that their workplans, regular trainings, programs, and meetings had all been postponed. Only two respondents reported that their daily duties had not changed very much, with one of these respondents able to continue their research activities from home.

Respondents were also asked to report on the extent to which the operations of the institution they work for had been impacted by COVID-19, ranging from no impact to a significant impact (**Figure 2**).

**All respondents reported at least a slight impact to the normal operations of their institution**, with 71 per cent reporting a significant impact to their institution. 19 per cent reported a 'moderate impact', and 10 per cent reported a 'slight impact'.

**Figure 2: Impact of COVID-19 on normal operations of respondents' institutions (%)**



When discussing how the pandemic affected the normal operations of the institutions they work for, **nearly 40 per cent of respondents mentioned that their institution had redirected the focus of activities towards COVID-19**. Of these respondents, two reported that their institutions' death surveillance teams had focused all activities on certifying and coding COVID-19 deaths, and one respondent said that their institution's routine information management duties were taken over by COVID-19 data management and planning. Two respondents from the Ministry of Health of their respective countries stated that all ministry activities were redirected to addressing COVID-19. Another respondent stated that attention had been diverted away from other emerging disease outbreaks:

*'COVID-19 has virtually taken attention away from other infectious diseases which are equally deadly.'*

Discussing the change in workplace operations, one respondent said:

*'Ministry of Health is operating 24x7 and we are doing extended working hours at the office.'*

Another reported:

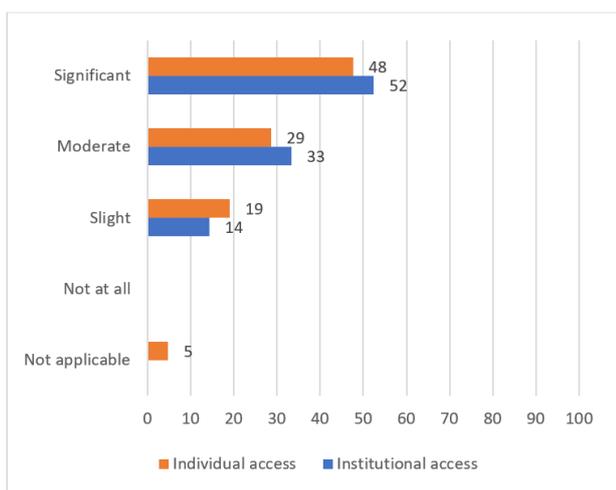
*'Release of important data will be expedited. Implementation of the National ID system was also expedited. The office is putting in measures on how to change the conduct of surveys and censuses.'*

## Availability of information or educational resources for CRVS system responses to COVID-19

When asked about the **extent to which they as individuals had access to enough information to appropriately respond to COVID-19** in their various roles (ranging from 'not at all', to 'a significant extent') **48 per cent of respondents reported to have access to a significant extent (Figure 3)**. 29 per cent reported access to a moderate extent, and 19 per cent reported to have access to only a slight extent. One respondent, whose scope of work had not changed as a result of the pandemic, replied 'not applicable'.

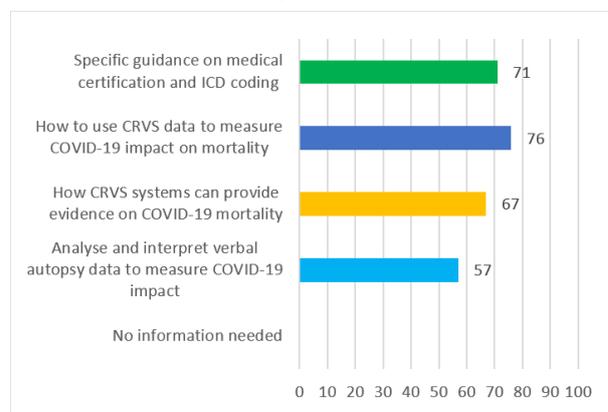
When discussing the extent to which they perceived their respective *institutions* to have access to sufficient information, **all respondents reported that their institution had access to necessary information to at least a slight extent**. 52 per cent of respondents reported their institution to have access to information to a significant extent, 33 per cent felt that their institution had access to a moderate extent, and 14 per cent felt their institution had access to only a slight extent.

**Figure 3: Perceptions of extent of individual and institutional access to information to respond to COVID-19 in workplace (%)**

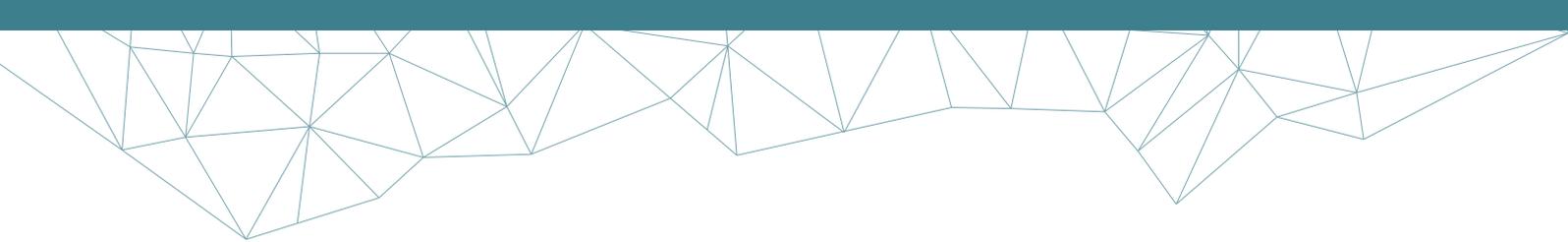


**All respondents stated that they and/or their colleagues would benefit from access to additional information or educational resources to respond to COVID-19 (Figure 4)**. 76 per cent of respondents stated that they would like more information on how to use CRVS data to measure the impact of COVID-19 and 71 per cent reported that they would benefit from specific guidance on medical certification and ICD coding. 67 per cent said that they would benefit from general information on how CRVS systems can help provide evidence on COVID-19 mortality, and 57 per cent said that they would benefit from information on how to analyse and interpret verbal autopsy data to measure the impact of COVID-19 on community (home) deaths. Other respondents stated the need for more information on COVID-19 ICU management and treatment; expediting the processing and release of COVID-19 mortality data; examples and guidance for the development of medicolegal standard operating procedures, and; facilitation of clinical discussions on COVID-19 (via video conferencing) between physicians.

**Figure 4: Need for, and type of information or educational resources sought (%)**



**Nearly all the respondents (95 per cent) stated a preference to receive these resources in the form of instructional videos and written guidance documents**. 33 per cent reported an interest in live webinars, with others describing different distribution channels such as WhatsApp and other social media platforms. The suggestion of WhatsApp was made specifically for the dissemination of short videos.



## Discussion

Responses to this survey demonstrate clear and significant change and disruption to pre COVID-19 workplace practices and activities, both on an individual and institutional level. While all respondents reported COVID-19 infections within their country, varying infection levels and institutional/governmental capacity means that the most appropriate type of resources and methods of dissemination will differ across countries.

While the urgency for and type of resources needed across countries may differ, the appetite for these resources appears ubiquitous. In particular, survey respondents reported a strong interest in receiving guidance on using CRVS data to measure the impact of the pandemic, and guidance on appropriately certifying and coding deaths due to COVID-19.<sup>2</sup> Most respondents also stated an interest in receiving general information on the utility of CRVS systems to provide evidence on COVID-19 mortality, and information on the use of verbal autopsy data to measure community deaths. One respondent also stated a need for information on expediting the processing of COVID-19 data – a vital factor in developing timely responses to the pandemic.

While nearly all respondents stated a preference for video and written guidance materials, other more innovative dissemination methods should be considered to reach CRVS personnel accustomed to more novel and interactive channels, such as WhatsApp or other social media platforms. Use of these channels could allow interested personnel to receive instant notifications when new resources are released, and would also facilitate quick and easy sharing among peers and colleagues.

In addition to the challenges of accessing timely information and educational resources, as the pandemic continues to draw out, CRVS personnel will also need to balance competing workloads to ensure other important CRVS processes are not overlooked during this time. This will be a significant challenge in countries with even the most robust of CRVS systems, making the generation and sharing of knowledge the most effective tool to support the continued efficacy and development of systems globally.

The program partners on this initiative include: The University of Melbourne, Australia; CDC Foundation, USA; Vital Strategies, USA; Johns Hopkins Bloomberg School of Public Health, USA; World Health Organization, Switzerland.

Civil Registration and Vital Statistics partners:



## For more information contact:

CRVS-info@unimelb.edu.au  
crvsgateway.info

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