# TANZANIA

## CRVS country overview

**Tanzania has identified seven interventions to improve system performance, with a focus on system re-design and improving coverage and completeness of data.**

## The Challenge

Tanzania has demonstrated an increased commitment to civil registration and vital statistics (CRVS) system improvement, as reflected in its five-year country CRVS strategy (2015 to 2020). However, key stakeholders and governance mechanisms for CRVS are poorly linked, resulting in incomplete and inadequate data sources for informing policy-making.

Completeness of registration of vital events is low. In 2014, about 26% of births, and 10% of deaths were registered. In addition to poor coverage and completeness, representativeness and quality of cause of death (COD) data are significant issues, with a COD recorded for only 5% of deaths in 2014. Tanzania must address significant system re-design and governance issues before a well-functioning CRVS system is in place.

## Our Approach

In collaboration with the Bloomberg Philanthropies Data for Health Initiative, the country has been working on **seven interventions** to improve system performance that aim to: 1) optimise the final design of Tanzania's future CRVS system and governance mechanisms; 2) introduce verbal autopsy in a scalable and sustainable manner for recording COD for deaths where there is no physician; and 3) make sustainable improvements to medical certification of COD training. These interventions are part of the long term strategic plan for CRVS improvement.

### Intervention 1

#### Use enterprise architecture to assist in CRVS system design

Tanzania's CRVS system does not achieve adequate levels of coverage and completeness, despite applying standard methods proven to work in other settings. Enterprise architecture (EA) is a tool that applies system science and analysis to better describe, understand, analyse, compare and visualise the organisation, processes, workflows and functionality of a CRVS system. Using mapping and CRVS EA tools, bottlenecks, duplication and other inefficiencies can be identified and the overall functioning of the CRVS system improved. Building capacity for EA in Tanzania to regularly assess the core business processes of their system is a fundamental intervention for introducing system change and emerging innovations.

## Intervention 2

### Support development of legislation, regulations, and standard procedures

There is an urgent need for review and revision of current laws, regulations, standard operating procedures (SOPs) and forms required to implement a re-designed system. On a longer-term basis, this intervention should facilitate improved completion of birth and death registration, and completeness of COD data.

## Intervention 3

### Support national CRVS coordination and advocacy

The country's strategic plan recognises the need to establish government-led coordination and advocacy in order to ensure long-term results. As a result, it prioritises the establishment of a mechanism to directly involve all relevant CRVS stakeholders. This intervention will improve coordination among traditional and non-traditional stakeholders by strengthening inter-ministerial governance mechanisms and driving demand for improved coordination.

## Intervention 4

### Design and implement an integrated community-based verbal autopsy system

Introduction of a community-based verbal autopsy (VA) system was identified as a priority in the Tanzania CRVS strategic plan. In 2014, less than 10% of deaths in Tanzania were registered and only 5% of expected deaths were assigned a COD of any quality. The goal of this intervention is to generate evidence regarding the effectiveness and feasibility of a model for integrating sample automated VA events into Tanzania's CRVS system and – assuming the initial scale yields positive results – develop a national rollout plan for the model.

## Interventions 5 & 6

### Build capacity in medical certification of cause of death

This intervention will result in a clear requirement for medical students to undergo medical certification of COD training and will create a standard curriculum that is aligned with international best practices and consistent across universities. By complementing the Ministry of Health's introduction of the International Form of Medical Certificate of Cause of Death and ICD-10, the intervention should facilitate improvements in quality of COD data. For in-service physicians, a video training module available online and on CD will reinforce the concepts taught in the face-to-face trainings as part of continuous medical education.

## Intervention 7

### Build capacity in ANACONDA

Tanzania currently does not perform any in-depth investigative analysis of its mortality datasets. Training in ANACONDA will build capacity in institutions to check and analyse their cause of death data, and reduce uncertainty about the true disease burden and what different population groups die from. ANACONDA will provide decision-makers with reliable data that they can use to plan targeted interventions to improve the population health status, as well as to track progress in data quality improvements over time.

**For more information, contact:**

**E: CRVS-info@unimelb.edu.au**

**W: www.crvsgateway.info**