



GHANA

CRVS country overview

In line with their strong commitment to improving civil registration and vital statistics, Ghana has identified five interventions to improve system performance, with a focus on improving system design and processes and strengthening mortality data.

The Challenge

While Ghana's civil registration and vital statistics (CRVS) system performance improved markedly around 2004, improvement has since stalled. High-level commitments have been made to improving vital statistics, including an ambitious five-year strategic plan.

Vital event registration in Ghana is low, with birth registration at 57% and death registration at 19% as of 2014. Representativeness and quality of cause of death (COD) data are also challenges for the CRVS system, and several data quality issues have been identified.

Our Approach

In collaboration with the Bloomberg Philanthropies Data for Health Initiative, the country has identified **five interventions** to improve system performance that can be grouped into the following three thematic areas: 1) system design and business processes; 2) facility-based mortality data; and 3) community-based mortality data.

Intervention 1

Use enterprise architecture to assist in CRVS system design

Ghana's CRVS system is failing to achieve adequate levels of coverage and completeness due to inadequate access to registration services, lost data at each point in the CRVS system, and a paper-based civil registration system at the periphery.

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 EA maps, bottlenecks, duplication and other inefficiencies can be identified and the overall functioning of the CRVS system improved. Building capacity for EA in Ghana to regularly assess the core business processes of their system is a fundamental intervention for introducing system innovations.



Intervention 2



Use ANACONDA to identify areas where COD data quality can be improved

Ghana does not perform an in-depth analysis of its mortality data, meaning that it is difficult to know how reliable the data are. Training in ANACONDA will build capacity in institutions to check and analyse their COD statistics, 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.

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 field test community-based death notification and automated VA systems

A significant proportion of deaths in Ghana occur outside of health facilities, making information regarding fact of death and COD challenging to capture, and contributing significantly to poor death registration rates and COD statistics. This intervention will provide evidence regarding the effectiveness and feasibility of a model for community-based death notification and sample automated verbal autopsy (VA) system. If the model eventually scales up to the national level, death registration completeness should increase, as will the quality and representativeness of COD data in Ghana.

Intervention 5



Strengthen certification practices and processes

Representativeness and quality of COD data are a challenge in Ghana – although the health sector captures COD information for facility-based deaths, these data are of unclear quality. This intervention involves establishing a COD re-training requirement for practicing clinicians, as well as support for training of medical professionals. Improving medical certification of COD should result in better quality of COD data in hospitals, and therefore provide reliable vital statistics for policy and decision-making.

For more information on the CRVS D4H Initiative in Ghana, contact Fidelia Dake, Data for Health Country Coordinator (fdake@dataforhealth.org); Don deSavigny, University of Melbourne Technical Lead (D.deSavigny@unibas.ch); or Benjamin Clapham, Vital Strategies Senior Program Officer (bclapham@vitalstrategies.org).

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