

**CENTRE OF EXCELLENCE** for CRVS Systems LE CENTRE D'EXCELLENCE

sur les systèmes ESEC

# **SNAPSHOT** of civil registration and vital statistics systems of

# **TANZANIA MAINLAND**





## **Program Information**

# About the Centre of Excellence for CRVS Systems

Housed at the International Development Research Centre (IDRC), the Centre of Excellence for Civil Registration and Vital Statistics (CRVS) Systems is a global knowledge and resource hub that actively supports national efforts to develop, strengthen, and scale CRVS systems. It collaborates with organizations and experts to broker access to information and expertise, including global standards, tools, research evidence, and relevant good practice.

The Centre of Excellence was established with funding from Global Affairs Canada and IDRC and contributes directly to the work of the Global Financing Facility, a key financing platform of the UN Secretary General's Global Strategy for Women's, Children's, and adolescents' health.

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This publication was authored by Yacob Zewoldi, a consultant for the Centre of Excellence for Civil Registration and Vital Statistics Systems.

International Development Research Centre PO Box 8500, Ottawa, ON Canada Tel 1 613-236-61613 Email: crvs@idrc.ca www.CRVSsystems.ca

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## Introduction

The United Republic of Tanzania comprises Tanzania Mainland and Zanzibar. Consequently, there are two independent systems of civil registration and vital statistics (CRVS). The report, unless otherwise mentioned, provides a brief introduction to the CRVS systems in Tanzania Mainland.

The information was collected through a questionnaire completed by the Registration, Insolvency and Trusteeship Agency (RITA) in December 2018 and supplemented by a desk review of available documents. The report presents country background, selected indicators relevant for CRVS improvement processes, stakeholders' activities as well as resources available and needed to strengthen CRVS systems, coordination, among others.

Tanzania Mainland regions



Disclaimer: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

## **Brief country profile**

The United Republic of Tanzania lies south of the Equator. It is bounded by Kenya and Uganda on the north, Rwanda, Burundi, Democratic Republic of Congo and Zambia to the west, Malawi and Mozambique to the south and the Indian Ocean to the east. It is a country with a total surface area of about 947,303 square kilometres.<sup>1</sup> In the north of the country lies Kilimanjaro, which is 5,895 meters tall and the tallest mountain in Africa.

- Capital city: Dodoma
- Official working languages: Swahili and English
- Ministry responsible for civil registration: Ministry of Constitution and Legal Affairs (MoCLA)
- Civil registration agency: Registration, Insolvency and Trusteeship Agency (RITA)
- National statistics office: National Bureau of Statistics (NBS)

The population projection for Tanzania mainland for 2017 was a little over 50 million with a population increase of 2.7 percent per year. The projected population for 2017 based on the population census of 2012 is given in table 1.<sup>2</sup>

## Table 1: Tanzania Mainland PopulationProjection by Regions for year 2017

Regions	Population
Dodoma	2,312,141
Arusha	1,943,196
Kilimanjaro	1,790,113
Tanga	2,286,528
Morogoro	2,495,462
Pwani	1,224,120
Dar es Salaam	5,781,557
Lindi	905,947
Mtwara	1,351,038
Ruvuma	1,530,955
Iringa	996,105
Mbeya	1,929,359
Singida	1,539,286
Tabora	2,652,514
Rukwa	1,179,149
Kigoma	2,399,121
Shinyanga	1,701,220
Kagera	2,879,231
Mwanza	3,217,328
Mara	1,972,173
Manyara	1,670,191
Njombe	730,555
Katavi	663,685
Simiyu	1,736,839
Geita	1,983,653
Songwe	1,173,667

Source: Tanzania National Bureau of Statistics

## **CRVS dimensions**

Births	
Completeness of birth registration <sup>3</sup> and certification.	28 % (2017) <sup>4</sup>
Children under 5 years of age whose births were reported as registered and certificates obtained	38 % (2018)5
Births attended by skilled health professionals	64 % (2015-16) <sup>6</sup>
Women aged 15-49 who received antenatal care from a skilled provider	98% (2015-16) <sup>6</sup>
DPT1 immunization coverage among 1-year-olds <sup>7</sup>	99 % (2016) <sup>8</sup>
Crude birth rate (per 1,000 population)	38 (2016) <sup>8</sup>
Total fertility rate (live births per woman)	5 (2016) <sup>8</sup>
Adolescent fertility rate (per 1,000 girls aged 15-19 years)	116.5 (2016) <sup>9</sup>
Population under age 15	44.9 % (2017)10
Deaths	
Completeness of death registration <sup>3</sup>	26 % (2017) <sup>4</sup>
Crude death rate (per 1,000 population)	12 (2016) <sup>8</sup>
Infant mortality rate (probability of dying by age 1 per 1,000 live births)	38 (2017)11
Under five mortality rate (probability of dying by age 5 per 1,000 live births)	54 (2017)11
Maternal mortality ratio – adjusted (per 100,000 live births)	398 (2015)12
Marriages and divorces	
Marriage registration rate	Not available
Women aged 20-24 first married before age 15	5 % (2010-2016) <sup>6</sup>
Women aged 20-49 first married before age 18	31 % (2010-2016) <sup>6</sup>
Divorce registration rate	Not available
Vital statistics including causes of death data	
Compilation and dissemination of civil registration-based statistics	Not available
Medically certified causes of death data	Not available

Note: The figures given above are for the United Republic of Tanzania

## **Civil registration system**

## Legislative framework

In Tanzania Mainland, matters relating to registration of births and deaths are governed by the Births and Deaths Registration Act Cap 108 R.E 2002.<sup>13</sup> It was enacted in 1920 and it came into force in 1921. Several amendments were issued since then. The current Act makes registration of births and deaths compulsory. However, the Act does not provide definitions of these events.

Matters relating to marriages and divorces are governed by The Law of Marriage Act Cap 29 R.E 2002, which came into force in 1971. Section 2(1) of the Act provides the definition of marriage as a union between a man and woman intended to last for their joint lives. It also identifies the kinds of marriage that are considered monogamous or polygamous. However, Section 2(1) of the Act does not provide the definition of divorce.

# Management, organization and operations

The registration of vital events in Tanzania Mainland is entrusted to the RITA. The current organizational structure of the RITA is given in Annex 1. RITA is responsible for the registration and management of information on key life events, incorporation of trustees, safeguarding properties under trust of deceased persons, insolvents, and minors to enable the law to take its course.

# National CRVS systems coordination mechanisms

High Level Coordination (comprises of key Ministers): President's Office Regional Administration and Local Government; Prime Minister's Office; Ministry of Finance and Planning; Ministry of Constitution and Legal Affairs; Ministry of Home Affairs; Ministry of Health, Community Development, Gender, Elderly and Children; Ministry of Education Science and Technology Coordination Committee: Permanent Secretaries from the above mentioned key ministries

Technical Working Group: Comprises of technical people from the above mentioned key ministries and Development Partners

#### Administrative level registration centres

As mentioned before, Tanzania Mainland is divided into 26 regions. Each region is divided into a number of districts, and the districts are further divided into smaller administrative areas known as wards. Currently, the civil registration activity follows two approaches: decentralized in 11 of the 26 regions; and centralized in the remaining 15 regions.

- Decentralized registration of births and deaths: RITA is reorganizing the CR system in line with the Government's decentralization through a devolution strategy in stages.
  - In the 13 regions, birth and death registration service is provided at a total of 4,816 registration points. Of these, 3,003 are located in the health facilities and 1,813 offices are located in Ward Executive Offices (WEO) and serve communities in their areas.
  - Health facilities and ward offices register births and issue the first copy of the birth certificates free of charge. The formal process of notification has been discontinued, and the mother's and child's health cards are used as proof of birth instead.
  - Death registration decentralization has been piloted in one region where a new registration form is being used. The health facilities and ward offices in this region conduct registration and issue death certificates free of charge.
- Centralized registration of births and deaths: In the remaining 13 regions, service points are found at the district level in District Administrative Secretaries (DAS) offices. Currently, there are 84 such service points. The centralized approach will be eventually phased out in the next few years.

In most of the districts, the civil registrars are the District Administrative Secretaries. RITA also employs a total of 80 registration assistants who are located in some of the districts that have more work load than others. In the 13 regions which are still centralized, registration and certification of births and deaths is conducted in a two-stage process. Registrations are conducted as mentioned above by Ward Executive Offices (WEOs) and health facilities, but certificates are issued by the DASs or registrars assigned by RITA at district levels. Another layer of government administrative structures below the Ward are villages. About 5 villages constitute a Ward. Village Executive Offices (VEOs) support WEOs in notifying the occurrence of births and deaths. However, their facilitation of this important function is weak.

Registration areas	Distance to registration point	Time taken by car	Remarks
Decentralized	1 to 5 kilometres	Less than 1 hour	<ul> <li>Registration process usually takes less than an hour;</li> <li>Most household are at walking distance from the registration points</li> </ul>
Centralized	More than 10 kilometres	1 to 4 hours	In some areas, distance to a registration service centre could be up to 100 kilometres.

#### Accessibility of civil registration services

Source: RITA

In decentralized registration areas, the distance to registration point can range between 1 to 5 kilometres, which would take less than 1 hour by car. Most household are within walking distance from the registration points and the registration process usually takes less than an hour. In centralized registration areas, the distance to registration point can be more than 10 kilometres, which would require 1 to 4 hours by car, and up to 100 kilometres.

#### Registration of vital events

Registration is free for births and deaths if registration is conducted within the legally stipulated period and certification is charged Tshs 3500 (about 1.5 USD). Current registration periods for births is 90 days and 30 days for death. Late registration fees range from Tshs 4,000 (about USD 1.7) in the districts to Tshs 20,000 (about USD 8.7) at RITA headquarters. Penalty for late death registration is Tshs 4,000 (about USD 2.00). First issue of birth certificate is provided at no cost for children under the age of 5 in the 13 decentralized regions. Registration of marriage is not free as it is directly linked to the cost of the certificate, which is issued immediately after registration. Most marriages are officiated by licensed Ministers or Kadhis who pay the Registrar General of Marriages and Divorces Tshs 10,000 (USD 4.35) for each marriage certificate they issue. They in turn add the cost of their service and charge more than the official registration fee. Registration of divorce is free as the Registrar General receives copies of decrees from the courts, however, certification costs Tshs 20,000 (USD 8.69).

Vital		for icates		
event	Yes	No	Amount paid	Remarks
Birth	Х		USD 1.52 (Tshs 3500)	
Marriage	Х		USD 4.35 (Tshs 10,000)	Licensed persons officiate marriage, and fees could vary
Divorce	Х		USD 8.69 (Tshs 20,000)	
Death	Х		USD 1.52 (Tshs 3500)	

#### Table 2: Direct costs associated with issuance of vital events certificates

Note: 1 USD is about 2,300 Tanzanian shillings (Tshs)14

#### Backlog of unregistered births

According to RITA's estimate, about 72 per cent of current births were not registered in 2017. RITA, in collaboration with UNICEF, has been implementing birth registration of children under 5 years of age since 2013. This has helped clear backlogs to a certain extent. The new decentralized system in the 11 regions will capture current events much quicker and also help capture unregistered births of children under age five.

# Interface with other sectors and operations

- The health sector plays an important role in the notification of the occurrence of births and deaths in health facilities in the centralized regions; and in registration and certification in decentralized regions.
- Tanzania has a national identification system. In order to have a national identification card, one ought to produce a birth certificate.
- The national identification system and the civil registration system do not share a person's unique identification number. However, the back-end system at RITA is connected to the national identification system and the two agencies have data sharing protocols.

Birth registration forms have a unique tendigit number. Besides ensuring that a record is uploaded only once to the system, the unique form number helps in integrating the birth registration system with other sectors such as health, statistics, national identity and national electoral roll.

## Vital statistics system

### Vital statistics

The National Bureau of Statistics is responsible for collecting, compiling and disseminating vital statistics from different sources including civil registration. The Statistical Act of 2015 requires that information collected for administrative purposes, including on vital events, be shared with the Bureau. Because of low coverage of civil registration, the National Bureau of Statistics relies mainly on surveys and censuses to compile and publish vital statistics.

There is no budget allocated from the government for vital statistics purpose. The support RITA and NBS receive are from development partners such as UNICEF, Bloomberg Philanthropies Data for Health Initiative and the World Health Organization (WHO).

### **Causes of death**

- Currently medically certified causes of death and coding according to the International Classification of Diseases 10 (ICD10) is being piloted in health facilities in one of the 26 regions of the country.
- Verbal autopsies are being conducted in some parts of the country to record and process causes of death data when deaths occur in communities outside of health facility settings.
- A pilot program on the verbal autopsy process was completed recently. It will be eventually integrated with the CRVS system.
- No reliable report on causes of death is available in Tanzania at this stage.

## Digitization

#### Computerization

RITA has started providing computers to its registration officers in districts and hospitals for civil registration purposes. So far RITA has:

- Computerized its offices in 122 districts. An additional 22 districts will be computerized by June 2019.
- Provided 19 health facilities with computers for registration purposes.

As for the transfer of information and data:

- District registration offices and health facilities which are connected with computers use the Internet to transfer civil registration information to the next higher level registration offices.
- No arrangement is put in place so far to transfer vital statistics data from the civil registration system to NBS.

## Mobile technology application

- ITA is expanding its existing registration service and issuance of birth certificates to children under five years by capturing post-registration data using mobile phones from the field.
- Health facilities and Ward offices use mobile phones to upload information on current births such as name, sex, date of birth and family particulars to RITA's central database in real time.

#### Sample registration forms

- RITA website Forms related to birth, death and marriage: http://www.rita.go.tz/page. php?pg=647&lang=en
- United Nationals Children Fund (UNICEF) Tanzania website:
  - Birth registration form: https://data.unicef. org/wp-content/uploads/2017/12/ birhRegFormTanzania.pdf
  - Marriage registration form: https://data. unicef.org/wp-content/uploads/2017/12/ marriageRegFormTanzania.pdf
  - Death registration form: https://data.unicef. org/wp-content/uploads/2017/12/ deathRegFormTanzania.pdf

# Improvement initiatives and external support

## Improvement plans and budget

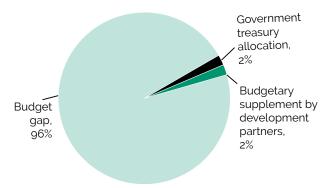
### Strategic plan

Comprehensive assessment was conducted in 2014. The strategic plan for the period 2015/16 to 2020/21 was first drafted in 2014 using the outcomes of the comprehensive assessment. This draft is currently being revised with support from UNICEF.

## Budgetary allocations and requirements

- Budgetary requirement for the 5-year plan: USD 34 million
- Budgetary requirement for fiscal year, July 2018-June 2019: USD 27.5 Million
- Government treasury allocation for the current fiscal year: USD 510,768
- Budgetary supplement provided by development partners: USD 572,169
- Budget gap for the current fiscal year (July 2018-June 2019): USD 26.4 Million

## RITA: Budgetary requirement for fiscal year, July 2018-June 2019



High priority areas in the strategic plan lacking funding	Estimated cost(USD)	Expected government allocation
Decentralize registration services to ward and health facilities	8,264,042	Not available
Clearing backlog of unregistered events	14,558,886	Not available
Use of ICT in civil registration	1,130,984	Not available
Archiving system improved	235,884	Not available
Vital statistics established	134,715	Not available
Total	24,324,511	

# Support from development partners

International organization, NGOs, etc.	Kind of support
UNICEF	Monetary and technical
WHO	Monetary and technical
Bloomberg Data for Health	Monetary and technical
World Bank	Develop IT system

#### Proposals to improve coordination

#### National CRVS stakeholders

To achieve effective coordination between key national CRVS stakeholders, RITA proposes:

- a. Systems interoperability would facilitate coordination of activities in the CRVS ecosystem; and
- b. The existing CRVS systems improvement coordination committees such as HLCC and TWG need to be re-activated.

## National institutes and development partners

To achieve more effective and efficient coordination between key national CRVS stakeholders and development partners at the country-level, RITA proposes frequent round table meetings between CRVS stakeholders and Development partners.

## Resources

#### Websites

The following materials are results of an Internet search.

- WHO African Health Observatory. Civil registration and vital statistics systems http://www.aho.afro.who.int/profiles\_ information/index.php/Tanzania:Civil\_ registration\_and\_vital\_statistics\_systems
- GSMA. 2016. Birth Registration in Tanzania: Tigo's support of the new mobile birth registration system. https://www.gsma. com/mobilefordevelopment/wp-content/ uploads/2016/07/Birth-Registration-in-Tanzania\_Tigos-support-of-the-new-mobilebirth-registration-system.pdf
- Jeremy Bowles. 2018. Identifying the Rich: Civil Registration and State-Building in Tanzania. http://africanpoliticsgroup.org/wp-content/ uploads/2018/10/draft\_APCG.pdf

## **Additional materials**

Additional information may be found on the following websites:

- Registration, Insolvency and Trusteeship Agency: http://www.rita.go.tz/page.php?lang=en&pg=85
- Tanzania National Bureau of Statistics: https://www.nbs.go.tz/
- UNICEF Tanzania: https://data.unicef.org/ resources/crvs/united-republic-tanzania/
- WHO Tanzania: https://afro.who.int/ countries/united-republic-tanzania

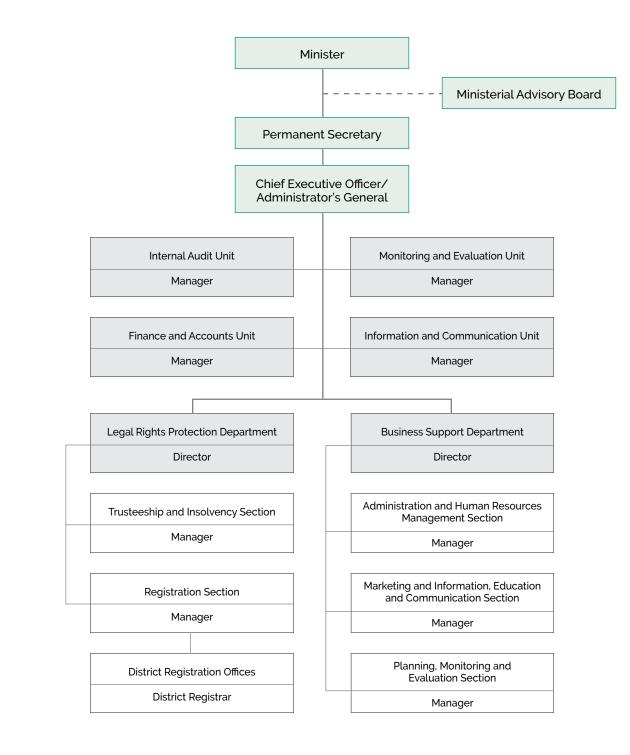
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## Conclusion

There are several opportunities that would support the CRVS systems improvement initiatives in Tanzania. Some of these are the Government's policy of decentralization by devolution which is conducive for expanding registration of vital events closer to the people; the measures taken by RITA and development partners to integrate vital events registration activities in existing health facilities at the Ward level and the scaled-up approach towards a "one-stop registration and certification service" to all; implementing verbal autopsies to capture probable causes for deaths outside of health facilities; and efforts that are being undertaken to address birth registration backlogs.

On the other hand, there are challenges that need to be overcome to achieve a viable CRVS system. A few of these challenges that were identified in a comprehensive assessment conducted in late 2014 are: Outdated, restrictive and inadequate birth and death registration laws; weak coordination among ministries, departments and agencies; poor archiving of civil registration documents; incomplete and inadequate marriage and divorce reporting; manual registration processes; absence of current and continuous vial statistics; and inadequate financial resources to implement the 5 year costed strategic plan.

## Annex: Organizational structure of Registration, Insolvency and Trusteeship Agency (RITA)



## Endnotes

- 1 United Nations. 2018. Demographic Yearbook 2017. Accessed on March 9, 2019. https://unstats.un.org/unsd/demographic-social/products/dyb/dyb\_2017/.ST/ESA/STAT/SER.R/47.
- 2 National Bureau of Statistics. 2018. *National Population Projections.* Accessed on March 9, 2019. https://www.nbs.go.tz/
- 3 Birth or death registration completeness means the actual number of registered births or deaths divided by the estimated number of births or deaths in a particular country or area, in a specified time period usually a year. For further reading refer to ECA, ESCAP and Statistics Norway (2016).
- 4 Source: RITA. Provisional figure.
- 5 Source: RITA. Provisional figure that takes into account interventions to decentralize birth registrations in 11 regions.
- 6 Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) [Tanzania Mainland], Ministry of Health (MoH) [Zanzibar], National Bureau of Statistics (NBS), Office of the Chief Government Statistician (OCGS), and ICF. 2016. Tanzania Demographic and Health Survey and Malaria Indicator Survey (TDHS-MIS) 2015-16. Dar es Salaam, Tanzania, and Rockville, Maryland, USA: MoHCDGEC, MoH, NBS, OCGS, and ICF. Accessed on March 9, 2019. https://dhsprogram.com/pubs/pdf/FR321/FR321.pdf
- 7 DPT1: Surviving infants who received the first dose of diphtheria, pertussis and tetanus (DPT) vaccine.
- 8 UNICEF. 2017. *The State of World's Children 2017*. Accessed on March 9, 2019. https://www.unicef.org/sowc2017/
- 9 World Bank. 2018. Adolescent fertility rate. https://data.worldbank.org/indicator/sp.ado.tfrt
- 10 United Nations. 2017. World Population Prospects. Volume-II: Demographic Profile. Department of Economic and Social Affairs, Population Division. Accessed on March 9, 2019. https://esa.un.org/unpd/wpp/Publications/ Files/WPP2017\_Volume-II-Demographic-Profiles.pdf
- 11 UN Inter-Agency Group for Child Mortality Estimation. 2018. UN IGME Total Under-5 Mortality Rate, Infant Mortality Rate and Neonatal mortality database 2018. Accessed on March 9, 2019. http://www.childmortality.org/
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- 13 reference missing???
- 14 The Births and Deaths Registration Act of Tanzania. 2002. Accessed on March 4, 2019. http://www.rita.go.tz/eng/laws/History%20Laws/Registration%20of%20Births%20and%20Deaths%20 Ordinance%20(Cap.%20108).pdf
- 15 Google. Exchange rate accessed on April 11, 2019. Source: https://www.google.com/



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