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Scaling Up Decentralized Models for Equitable Coverage in the Next Decade

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ideas for a prosperous Africa

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The Decentralization Imperative

Why Decentralization is Essential for the New CRVS Decade

Issue	Scale
Birth Registration Gap	Nearly 50% of children under five in sub-Saharan Africa remain unregistered
Death Registration Gap	Only ~10% of deaths are registered across the region
Accessibility Gap	Remote, hard-to-reach, and nomadic populations are systematically excluded
Distance Barrier	Travel distances to registration centres are often prohibitive, with families facing journeys of 60 km or more

Why Decentralization is the Answer

Decentralization brings registration services closer to communities, reducing distance, cost, and barriers to access. As ECA's Director of the African Centre for Statistics has emphasized, we must ensure the resilience of Africa's CRVS systems "especially through innovative and decentralised approaches".

The Registration Gap Is a Governance gap

Current Bottleneck: Life happens locally yet the authority to register births and deaths remains distant.

Life is local

Every birth and death happens in a community that sees, witnesses, and responds to it.

Authority is distant

The legal power to register events stays concentrated far away, forcing people to travel, wait, and pay.

The gap widens

The result is unequal access, incomplete records, and weaker evidence for planning and services.

Bring it closer

Decentralization moves authority, services, and accountability to people - the pathway to inclusion.

Civil Registration fails not because events are invisible, but because systems remain too distant from the people they are meant to serve.

The Registration Gap Is a Governance gap – Contd.

The governance question is simple: who is legally empowered, resourced, and accountable to record life events at the point closest to families?

Centralized CRVS systems can set national standards, but equitable coverage is difficult when the main entry point is a distant district office.

Decentralized models close the gap when they preserve national data integrity while moving notification and service access closer to communities.

RWANDA: Evidence of Functional Delegation

Below 40% → Above 95%

Birth registration coverage increased substantially in the early 2000s to mid 2010s after notification was embedded within the community health promoter network.

Two objectives hold regardless of governance model:

- Registration services are accessible to all communities at the local level
- Civil registration data flows reliably to the national level to produce the vital statistics that policy and health planning depend on

Decentralization works when local actors are legally recognized, properly supported, and connected to the national registration system. Digital tools strengthen that model, but do not replace.

Understanding the Decentralization Gap

Three Models on the Decentralization Spectrum

1

Administrative Extension
(Deconcentration)

Central authority moves staff or offices closer to users, while keeping legal and budget control.

Improves proximity, but not local authority

Best fit: unitary systems

2

Functional Delegation
to Community Actors

Notification is assigned to community health workers, traditional leaders, facility staff, or local councils.

Strongest immediate route to last-mile reach when legally recognized and supervised.

Best fit: all settings

3

Devolution
of Registration Authority

Subnational governments receive legal authority, fiscal transfers and accountability for registration.

Transformative where laws and national data standards are coherent.

Best fit: federated systems

Different CRVS functions suit different arrangements: notification is best delegated; registration stays state-led but can be mobile or facility-based; certification is most amenable to digital decentralization.

What African Experience Shows

Nine Countries, One Consistent Pattern

Rwanda

Community health promoters embedded in law drove birth registration from under 40% to above 95%.

Kenya

Constitutional devolution of health extended notification reach across 47 counties.

Tanzania

RITA pushed registration desks into health facilities, closing the notify-to-register gap.

South Africa

DHA offices co-located with hospitals; facility birth registration above 90%.

Ethiopia

38,000+ health extension workers linked to kebele-level registration offices.

Senegal

Mayors serve as civil status officers within a dense communal registration network.

Ghana

Act 1027 strengthened the legal mandate for facility notification ahead of digitalization.

Uganda

The Local Council system engaged as a notification and social mobilization channel.

Namibia

Electronic death notification links health facilities directly to the national register.

Four Conditions for Acceleration

1

Legal authority accompanies functional responsibility

A notification or registration role must be defined in law - not only a project guideline. Legal authority is what survives the end of donor financing.

2

Resources follow functions -fiscal, human, and logistical

Decentralization without a costed resource transfer produces hollow expansion: trained personnel, equipment, and durable budget lines must accompany any new role.

3

The health system is the notification infrastructure

Across every case, health-system community reach is what feeds the CRVS. CRVS strategy cannot be planned separately from health-sector investment.

4

Digitalization amplifies decentralization; it does not replace it

A Framework for National Action

Level 1

Legal & Institutional Foundation

Review CRVS legislation so notification is mandated, not merely encouraged. Establish inter-ministerial coordination with Health, Local Government, and National Statistics.

Phase 1 · 1–2 years

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Level 2

Functional Architecture

Allocate each function to the lowest level that can perform it well: notification delegated to community actors; registration state-led but mobile/facility-based; certification digitally decentralized.

Phase 2 · 24–36 months

→

Level 3

Investment & Sequencing

Align financing to sequence: legal and functional reform first, community capacity and resource transfer second, digital amplification third not the reverse.

Phase 3 · concurrent with Phase 2 where feasible

Decentralization Must Reach Those Centralization Missed

Decentralization is the structural precondition for inclusion — but it does not guarantee it. Four groups require deliberate attention:

Nomadic & Pastoralist Communities

Mobile registration, flexible documentation, and recognition of traditional leaders as valid declarants.

Internally Displaced Persons & Refugees

Emergency registration protocols that function without pre-displacement records, coordinated with UNHCR.

Border Populations

Bilateral or regional agreements on registration rights, prioritized within APAI-CRVS regional coordination.

Women Facing Patriarchal Barriers

Legislative reform permitting maternal declaration without paternal presence a non-negotiable element.

Financing that reaches the already-registered majority while leaving these groups behind narrows the gap at the edges - it does not close it.

From Evidence to Country Practice

Four country bring this framework to life in the next session

Côte d'Ivoire

Community-based birth registration in remote areas

Burkina Faso

Mobile registration units in humanitarian settings

Niger / Mali

Decentralization in fragile and conflict-affected contexts

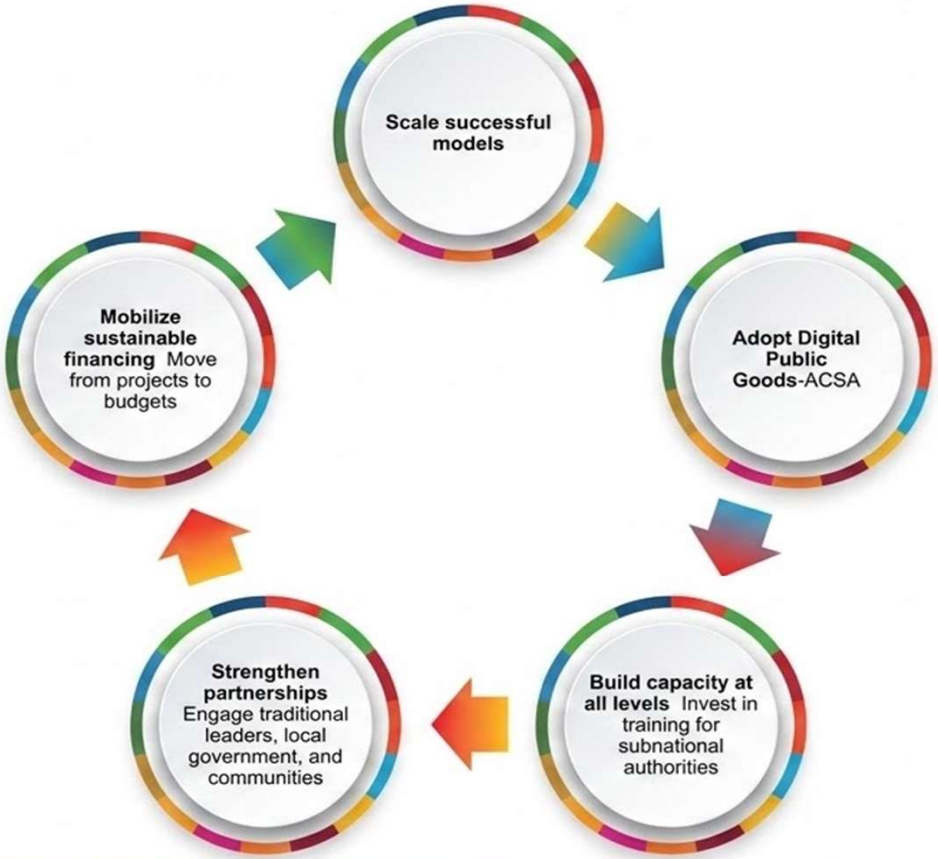
Ghana

Innovative partnerships with traditional leaders and local government

Questions for Country Reflection:

- What capacity is most urgently needed at subnational levels – legal, human, fiscal, or digital?
- How do we ensure quality and consistency when services move closer to communities?
- Which function should your country decentralize first to close the largest coverage gaps?

Key Actions for the Next Decade



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More opportunity this week for us to further discuss and analyse how well CRVS services or functions are decentralize to ensure that no one is left behind.

And the Interdependencies of the three CRVS ACCELERATORS

THANK YOU!

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Ideas to Action