EVALUATION AND PHASE 2 DEVELOPMENT FOR
CIVIL REGISTRATION AND VITAL STATISTICS IN LAO PDR,
2015-2024

For Plan International in Lao PDR
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List of abbreviations and acronyms

ADB  Asian Development Bank
CMCC  Citizen Management Coordination Committee
CRVS  Civil Registration and Vital Statistics
DCM  Department of Citizen Management
GFF  Global Financing Facility for women’s and children’s health
ICD  International Classification of Diseases
ICT  Information and Communications Technologies
IOM  International Organization for Migration
LDC  Least Developed Country
LSB  Lao Statistics Bureau
MOHA  Ministry of Home Affairs
NSEDP  National
UNICEF  United Nations Children’s Fund
UNFPA  United Nations Population Fund
UNSD  United Nations Statistics Division
WHO  World Health Organization
WB  World Bank
Executive Summary

The Government of Lao PDR has expressed political will and commitment to strengthening civil registration (CRVS). This is seen as central to improved governance, administrative and statistical systems and a contribution to the achievement of upper-middle-income status by 2030, as described in the Five Year National Socio-Economic Development Plan VIII (2016-2020) (8th NSEDP). Responsibility for CRVS system development lies with the Ministry of Home Affairs (MOHA) established in 2011, working in collaboration with other line ministries through the Citizen Management inter ministerial Coordinating Committee (CMCC).

Following assessments of the status and function of CRVS during 2011-12, MOHA, with the support of development partners, developed a first phase strategy for CRVS strengthening, covering the period August 2014 to February 2015. Activities conducted included training workshops for MOHA officials at the national and province levels, data collection in several provinces and districts, a study tour by government delegation to the Philippines, and a landscaping report on the potential of information communication technologies (ICT) to enhance birth registration.

The second phase of development of the CRVS strategy for the period 2015-2024 is informed by the work carried out during the first phase, along with detailed interviews with MOHA officials and development partners. It is designed to provide the basis for a detailed implementation plan to enable the realization of the national goals and targets for CRVS.

The successful strengthening of a national CRVS system is dependent on local circumstances and capacities and there is no single blueprint that can be applied in all settings. Bearing this in mind, and cognisant of the importance of defining feasible and realistic objectives, this document describes the vision and mission of the CRVS strategy, core guiding principles for implementation, and goals, targets and benchmarks to be achieved. The document outlines the roles and responsibilities of government agencies – in particular the Ministry of Health, the Ministry of Education and Sports, Lao Statistics Bureau and the Ministry of Public Security – in delivering key results. The document describes the opportunities that can be harnessed to achieve the strategic goals. It also sets out the potential contributions of development partners in terms of technical support and resource mobilization.

Achievement of the CRVS goals will necessitate long-term commitment and effort on the part of multiple governmental agencies, with support from development partners and donors. In order to generate and sustain momentum, it is proposed to carry out an acceleration effort that will deliver measurable results within the first five years of the CRVS strategy. Proposed key deliverables and activities for the acceleration effort include:

1. Standardization of birth/death registration notification, registration and certification:
   1.1. Revision and simplification of birth and death notification forms;
   1.2. Revision and simplification of birth/death registration and certification processes;
   1.3. Training on revised forms for village chiefs, health workers and DOHA/MOHA personnel.

2. Reduced barriers to registration; improved service provision to the population
2.1. Establishment of service delivery points including mobile registration services for remote populations;
2.2. Provision of registration services free of charge;
2.3. Use of immunization services to advocate for and offer birth registration;
2.4. Use of school entrance requirements to provide late registration services;
2.5. Provision of efficient service to persons requesting copies of certificates.

3. Enhanced community awareness of and demand for registration services:
   3.1. Development of a plan for community mobilization and related advocacy strategies;
   3.2. Development of media campaigns using a range of outlets, including television, radio and printed materials.

4. Availability of a national database with birth and death statistics:
   4.1. Development of standardized tabulations and analytical plan for registration data;
   4.2. Establishment of standard operating procedures for the transmission of birth and death registration information from local to national levels;
   4.3. Establishment of mechanisms for data sharing with MPS, LSB and MOH, including interoperable databases.

Despite the many challenges facing Lao PDR in this time of transition, there are unprecedented opportunities for modernizing the Lao CRVS system for the benefit of national authorities and as a service to the people. These include:

- The political will expressed at international fora such as ESCAP and the commitment of MOHA and Provinces and District offices to implement the strategy.
- The current review of relevant legislation and plans for an integrated legal framework for CRVS by the end of 2015.
- Cooperation among Ministries at the national and provincial levels.
- The introduction of administrative reforms to reshape the function of local government.
- The Health Sector Reform Strategic Plan Phase II (2016-20), focused on modernization of health information systems and health governance, organization and management.
- The active role that the MOH is taking with regard to the improvement of health statistics, including on causes of death in health facilities
- The growing interest in and availability of e-strategies at all levels of government.
- The inclusion of CRVS in the 8th national socioeconomic development plan 2016-25..
- The planned consolidation and regional and international integration in the context of the launching of the ASEAN Economic Community in 2015.

CRVS is a key responsibility of government and an essential component of good governance and sound administration. In the long term, CRVS should be funded from national budget. In the short term, financial support from donors and development partners is needed as the country works to modernize and scale up CRVS systems and increase access to registration facilities beyond the cities into more remote and deprived areas. External funding is more likely to be available if Lao PDR has developed a prioritized, costed country CRVS development plan. It is hoped that this strategy will be a useful step in that direction.
Introduction

The development of this report was instigated by Plan International in order to evaluate the Plan International/UNICEF CRVS Strategy Development Project, August 2014 – February 2015, and to develop recommendations for a subsequent phase. The Terms of Reference for the evaluation are contained in Annex 1. Inputs to the report were gathered during a visit to Lao PDR by an international consultant engaged by Plan International. The consultant interviewed officials from MOHA and development partners and was intensively briefed by the Plan technical officer responsible for the CRVS strategy development.

During the initial briefings it was agreed that the report should be viewed as a formative evaluation rather than a formal, summative evaluation. It is designed to support Lao PDR in moving forward to fulfil its commitment to establishing a functional civil registration and vital statistics system, as articulated at the first Ministerial Conference on Civil Registration and Vital Statistics (CRVS) in Asia and the Pacific that took place in Bangkok from 24 to 28 November 2014.

Background and context

Socioeconomic and policy context

Lao PDR is currently undergoing a major transformation from a primarily rural, agrarian economy to one based on extractive industries (mining), electricity production and a budding tourism sector. The Five Year National Socio-Economic Development Plan VIII (2016-2020) (8th NSEDP) is a means of implementing the National Strategy on Socio-Economic Development to 2025 and Vision to 2030. The 8th NSEDP aims to: (i) facilitate eligibility for graduation from LDC status by 2020; (ii) consolidate regional and international integration in the context of the launching of the ASEAN Economic Community in 2015; (iii) take further steps towards industrialization and modernization and to enhance the well-being of the people and the prosperity of the country in order to achieve the ranking as an upper-middle-income country by 2030.

As noted in the 8th NSEDP, “Timely and accurate data is essential for effective planning and monitoring of development programs. Official population projections are about to be released, and the government needs to insist that these be used by all government agencies to ensure consistency of approach. However, official projections need to be produced for each province. A beginning needs to be made in improving the registration of vital events so that these become an effective tool for planning.” (emphasis added).

Historical context

Since 1991, the registration of vital events – notably births – in Lao PDR has been regulated by the Family Registration Law (FRL) under which the head of household or a representative must report the birth of a child to the village chief where the child is born and this is then registered in the Family Book, which every family has. Reporting of any event should be done within 30 days and is, in principle, free of charge. At central level, responsibility for vital events registration in the family book lies with the Ministry of Public Security (MPS). At
the provincial or prefecture level the responsibility lies with the Provincial Governor or the Prefecture Mayor. At the district level, it is the District of Village Chief’s responsibility to ensure that the Family Registration Law is enforced. Family registration books are widely utilized and kept within the individual families in the village. The family book serves as evidence of the occurrence of a birth, for example when enrolling a child in school. By contrast, the issuance of birth certificates is rare since steps and processes are long and cumbersome and families are not aware of the benefits of an individual certificate.

As Lao PDR aspires to progress to middle-income status, and with the associated liberalization of the economy, the limitations of the Family Register have become evident. The processes of registration are slow and cumbersome, particularly given the growing movement of people within the country and indeed beyond. Multiple benefits for individual are associated with the possession of legal certificates and identity documentation on an individual basis. The Family Register cannot serve as a source of vital statistics on population change and distribution because of its essentially local nature. Moreover, there is no system for the secure storage and maintenance of Family Registers and for the issuance of copies of vital events when needed.

**Status of birth registration in Lao PDR**

Lao PDR has not reported statistics on coverage of birth or death registration to the United Nations Statistics Division (UNSD). However, according to the 2011-12 Lao Social Indicators Survey, only 33 percent of children under the age of 5 years whose parents stated they are registered are in possession of a birth certificate, and only 17 percent of these were able to show one. Figures vary significantly depending on the province, mothers’ education and the family’s economic status. While 41 percent of children of mothers with higher education were able to show a birth certificate, the figure for children whose mothers are uneducated was 11 percent. Only 13 percent of those in the poorest quintile of the population were able to show their birth certificates, as opposed to 33 percent in the richest quintile.

However, these data need to be treated with considerable caution. The terms ‘registered’ and ‘birth certificate’ are subject to differing interpretations, and ‘registration’ is usually understood as registration in the Family Register, rather than being formally registered through the civil registration system and in possession of a birth certificate. Furthermore, the survey data relate to the coverage of birth registration in children under 5 years old. The UN standard is that infants should be registered as soon as possible after birth and that statistics should be compiled on the percentage of children registered within one year of birth. The practice of late registration is associated with overall under-registration of births and unreliable vital statistics. It also results in underreporting of child deaths (particularly those occurring in the early neonatal period); because neither the birth nor the death is captured, child mortality is seriously underestimated. Late registration can be reduced by closer involvement of health facilities in the registration process.

**Administrative structures for CRVS**

In the light of the limitations of the Family Registration system, the Ministry of Home Affairs (MOHA) was established in 2011 by the Prime Ministerial Decree No. 253/PM dated 19
August 2011. Within MOHA, the Citizen Management Department, formerly a department within the Ministry of Public Security, is responsible for the development of a system of civil registration and vital statistics (CRVS) based on individual records and designed to generate essential information on population for national planning purposes.

In 2013, in recognition of the multisectoral nature of CRVS, the Prime Minster established a Citizen Management inter ministerial Coordinating Committee (CMCC). (Annex 2) The Committee is chaired by the Minister of Home Affairs and includes the Vice Ministers of the following ministries:

- Ministry of Public Security;
- Ministry of Education and Sports;
- Ministry of Public Health;
- Ministry of Planning and Investment, Chief of National Statistics centre;
- Ministry of Foreign Affairs;
- Ministry of Justice.

The Committee is mainly responsible for inter-ministerial coordination with regard to citizen management and is tasked with proposing policy recommendations on civil registration. The Secretariat for the CMCC is composed of the following:

- Director of Citizen Management Department, Ministry of Home Affairs
- Director of Family Registry Department, Ministry of Public Security
- Director of Planning and International cooperation Department, Ministry of Public Health
- Director of Pre and Primary School Department, Ministry of Education and Sports
- Director of Society Statistics Department, Ministry of Planning and Investment
- Director of Consulate Department, Ministry of Foreign Affairs
- Director of Judicial Administration Department, Ministry of Justice
- Technical [level civil servant] related to and from Citizen Management Department, Ministry of Home Affairs.

The functions of the CCM are to implement a unified approach to the work of citizen management, liaise with other ministries and government departments and to report to government on progress and challenges encountered. In practice, the Family Registration remains in place and continues to be widely used by families and communities as a mechanism for providing proof of identity and of the occurrence of vital events affecting the family. The Family Register continues to serve as the main source of information on population movement maintained by the Ministry of Public Security.

**CRVS assessments**

In 2011, the Lao Statistics Bureau (LSB) conducted a Rapid Assessment of CRVS in cooperation with the World Health Organization (WHO), the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) and other UN agencies within the country. (Annex 3) This assessment, conducted using a tool developed by WHO and the
This assessment tool focused on the mechanisms and processes for generating statistics on births, deaths and causes of death and did not include marriage and divorce. It was evident from the responses to the questionnaire that many of the basic elements of a functional CRVS system were absent in Lao PDR.

At the High Level Meeting on the Improvement of Civil Registration and Vital Statistics in Asia and the Pacific, which took place in December 2012 in Bangkok, the Vice Minister of MOHA drew attention to the country’s political commitment to strengthen CRVS and the decision to carry out comprehensive assessment. It was anticipated that the comprehensive assessment would result in specific recommendations to inform the development of a national CRVS improvement plan feasible and relevant to the specific circumstances in Lao PDR and that would facilitate the mobilization of national resources and development partner support.

The comprehensive assessment of the CRVS system in Lao PDR was conducted during 2012 under the auspices of the LSB and with support from United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNFPA), WHO, and Plan International. (Annex 4) The purpose of this second assessment was to produce detailed information on the current systems in place for recording vital events – births, deaths, marriages/divorces – and providing individuals and families with evidence of identity and family relationships. The assessment concluded that the current Family Registration system is insufficient to enable the development and implementation of a well functioning system of civil registration and associated vital statistics. The main recommendations included:

- The need for a Decree to implement a single but comprehensive Registration Law that encompasses all types of vital events in one single Law;
- The establishment of a single Registration Organization or a National Administrative System for CRVS overseeing the registration of all types of vital events;
- The standardization of registration processes from the national to the provincial and district levels.

**Development of the national CRVS strategy 2014–15**

**Memorandum of Understanding between MOHA and Plan International**

Following the detailed assessment, development partners established an informal CRVS Working Group, chaired by Plan and including UNICEF, UNFPA, IOM and WHO. The working group helps ensure alignment and coordination among partner initiatives and collaborate with the Inter ministerial Citizen Management Coordination Committee established in 2013, as described above.

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3 The comprehensive assessment was conducted by Mr Tomas Africa, former Registrar-General of the Philippines.
A Memorandum of Understanding was agreed upon between MOHA and Plan International Lao PDR, with financial support from UNICEF, on a six-month project to support the CRVS system development, from August 2014 to February 2015. The specific objectives were to:

- Develop a CRVS strategy and action plan for the period 2015-2024, through leadership of MOHA with technical support provided through the project;
- Support capacity development, specifically the Citizen Management Department.

The anticipated results and activities to be carried out during the project were:

- The production of a CRVS strategy and action plan aligned with the commitments of ASEAN governments at the ESCAP High Level Meeting, December 2012. Activities carried out included:
  - Secondment of a technical advisor to the Department of Citizen Management to develop a CRVS strategy and action plan;
  - Technical advice to Plan for coordination of technical support to MOHA.
- An efficient civil registration delivery system identified with MOHA. Activities carried out included:
  - Field visits to identify gaps, bottlenecks and obstacles to the delivery and uptake of civil registration services;
  - Mapping of potential interoperability between ministries at all levels;
  - Review of data collection and management systems for mortality and causes of death (in collaboration with WHO);
  - Landscaping exercise to assess the potential opportunities for CRVS digitization.
- MOHA capacities enhanced to enable sustainable, quality implementation of the CRVS system. Activities carried out included:
  - Training needs assessment of key government staff;
  - Organization of training workshops for MOHA staff;
  - Study tour to a country in the Asia region.

**Activities completed to end February 2015**

Activities carried out during the project include the following:

- The organization of several training workshops for MOHA officials at the national and province levels;
- A data collection exercise in several provinces and districts;
- A study tour of a Lao PDR government delegation to the Philippines in January 2015 to draw upon lessons learned in maintaining a functional system of civil registration and vital statistics in a decentralized administrative system;
- A landscaping report on the potential role of information communication technologies (ICT) in the context of Digital Birth Registration (DBR).
- The development of a draft CRVS Strategy for the period 2015-2024.

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4 The funding for this project was provided by UNICEF in Lao PDR
Evaluation of Phase I of the CRVS 2014-2024 strategy

Strategy management

The development of a strategy is dependent on local circumstances and capacities and there is no simple blueprint that can be applied in all settings. However, strategy development must be governed by a systematic process to ensure that all issues are examined and considered, and that the strategy is relevant and feasible given attainable resources and capacities. A commonly used strategy development model consists of four phases:

1. **Strategy analysis**: assessment, landscaping, SWOT matrix, defining principles and core values, vision and mission statements, high level goals.
2. **Strategy formulation**: defining goals and targets; describing the value chain to show how the targets will be achieved; identifying strategic interventions to link inputs and activities to outcomes and impact;
3. **Strategy implementation**: developing an action plan and work programme for key stakeholders; describing inputs, processes and outputs; identifying human, infrastructure and financial resource needs; costing activities and developing an investment plan for submission to government and development partners; communication and managing strategic change.
4. **Strategy review**: monitoring, reporting, evaluation and reprogramming as needed.

Current status of the draft CRVS strategy

In evaluating the current status of CRVS strategy formulation in Lao PDR, the evidence indicates that significant progress has been made with regard to phase 1, strategy analysis, particularly in terms of CRVS assessments, field visits, landscaping exercises (specifically for ICT). The strategy includes a clear vision statement and appropriate mission statement but is missing a statement of values or underlying principles to guide the implementation of the strategy. There has also been progress towards some aspects of phase 2, strategy formulation, for example identifying the need for a review of the legislative framework, and identification of strategic interventions such as training, advocacy, community mobilization, and intersectoral collaboration. However, the goals set out in the current draft CRVS strategy are expressions of desirable characteristics of the civil registration system rather than goals that the system is designed to achieve. An alternative option would be to align with the goals described in the ESCAP Regional Strategic Plan for CRVS endorsed by Lao PDR at the Ministerial Conference on CRVS in Bangkok, November 2014, namely:

**Goal 1**: Universal civil registration of births, deaths and other vital events;

**Goal 2**: All individuals are provided with legal documentation of civil registration of births, deaths and other vital events, as necessary, to claim identity, civil status and ensuing rights;

**Goal 3**: Accurate, complete and timely vital statistics (including on causes of death) are produced based on registration records and are disseminated.

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5 Strengths, weaknesses, opportunities, threats
All countries in the Asia-Pacific region will be expected to report baseline status and progress towards these goals and targets. This makes it all the more important that they be incorporated as high-level goals and targets within the national CRVS strategy.

The section of the draft strategy relating to phase 3, strategy implementation, would be greatly strengthened by the addition of a results chain showing the inputs, processes and activities needed to deliver key outcomes that will contribute to the overall impact of the strategy, namely the achievement of its high level goals and targets. In the value chain, what are currently described as goals 1, 2 and 3, would be repositioned as outcomes of the activities to be undertaken as part of the strategy.

The strategy implementation section should include a work plan comprising strategic objectives, performance indicators, and anticipated outputs and outcomes over a multi-year period. The work plan should describe roles and responsibilities with regard to the implementation of the plan. Resource requirements should be specified, including human and infrastructure resources management, financial management and monitoring and evaluation. These issues are addressed in this next section of this document.

Proposals for the Phase 2 CRVS strategy

A summary overview of the components and functions of the CRVS as defined by the United Nations Statistics Division is presented in Figure 1. This framework highlights the key functions of vital events notification, certification and the production of vital statistics and shows how the CRVS system serves as the foundation for the issuance of passports, the development of electoral rolls, and unique identification systems (IDs). The proposals for the Lao PDR strategy are aligned with this overall standards framework.

Vision

By 2024 all people in Lao PDR will have access to a standards-based functional CRVS system, enabling citizens to benefit from registration and legal documentation of vital events and thus facilitating the realization of their rights and responsibilities, while also producing reliable vital statistics to support good governance, planning and the country’s development.

Mission

The Lao PDR CRVS system offers a functional mechanism for the official registration of vital events and issuance of certificates as a service to the people and enables the production of vital statistics through effective collaboration across line ministries as well as amongst national, provincial, district and village authorities.

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6 United Nations Department of Economic and Social Affairs (2014) UN Principles and Recommendations for a Vital Statistics System Revision 3
**Principles and values**

Key principles for implementing the Lao CRVS strategy are:

a) **Country ownership and leadership.** The CRVS strategy responds to country needs and is led by responsible agencies in country with support from development partners and donors.

b) **Standards-based.** The strategy and interventions are developed based on international best practices for civil registration and vital statistics, including those developed by the United Nations\(^7\) and the World Health Organization\(^8\).

c) **Flexibility and adaptability.** The strategy is designed to be flexible and adaptable to the specific conditions of Lao PDR at national and subnational levels, particularly with regard to the balance between ambition and feasibility given currently attainable resources and capacities.

d) **A stepwise approach.** The strategy is designed to facilitate incremental, feasible and sustainable improvements, building upon experiences at local, provincial and national levels to implement scalable and sustainable interventions for CRVS strengthening.

e) **Systemic approach.** The strategy adopts a systems-building approach that tackles the challenge of strengthening CRVS in an integrated way, thus avoiding

\(^7\) United Nations Department of Economic and Social Affairs (2014) UN Principles and Recommendations for a Vital Statistics System Revision 3

fragmentation and inefficiencies introduced by separate, ‘vertical’ project activities.

f) **Coordination and alignment.** The strategy is designed to clarify roles and responsibilities across line ministries, facilitate harmonization and avoid duplication of activities of local, provincial, national, regional and international stakeholders.

g) **Consistent with human rights and legal principles and national law.** These include the Universal Declaration of Human Rights and the Convention on the Rights of the Child as well as the principles of universality and non-discrimination.

**Goals**

The goals for the Lao PDR strategy 2015-2024 are aligned with the Regional Action Framework on Civil Registration and Vital Statistics for Asia and the Pacific, which was endorsed by the Government of Lao PDR in December 2014:

**Goal 1:** Complete civil registration of births, deaths and other vital events;

**Goal 2:** All individuals are provided with legal documentation of births, deaths and other vital events, as necessary, to claim identity, civil status and ensuing rights;

**Goal 3:** Accurate, complete and timely vital statistics (including on causes of death) are produced based on registration records and are disseminated and used.

**Targets**

As noted previously, given the current limitations in CRVS system development in Lao PDR, complete registration and a comprehensive vital statistics database are unlikely to be achieved by 2024. For this reason, the strategy sets out targets and an implementation time frame that is both feasible and in alignment with the goals and targets of the Regional Action Framework. Table 1 shows a selection of indicators based on those proposed in the Regional Action Framework and targets adapted to the specific circumstances and capacities of Lao PDR.

The number of indicators is limited in order to avoid a heavy reporting burden while at the same time reflecting priority aspects of CRVS development that should be addressed in the first phase of the Lao PDR CRVS strategy, notably registration of births and deaths, percentage of children under five that have a copy of their birth certificate, compilation of birth statistics through LSB, and causes of deaths occurring in health facilities.

The precise values given for the targets should be discussed and agreed among all stakeholders. Of particular importance is the need to estimate baseline values, both for the purposes of the Lao CRVS action plan and also for reporting to international organizations.
Table 1 – Proposed targets for monitoring progress towards the goals of the Lao PDR CRVS strategy 2015-24

<table>
<thead>
<tr>
<th>High level goal</th>
<th>Indicator</th>
<th>Baseline 2015</th>
<th>Target 2019-20</th>
<th>Target 2024-25</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal civil registration of births, deaths and other vital events</td>
<td>Percentage of total births in a given year registered through MOHA</td>
<td>10 percent (no reliable data)</td>
<td>Decrease unregistered births by 20 percent compared with 2015</td>
<td>Decrease unregistered births by 30 percent compared with 2020</td>
</tr>
<tr>
<td></td>
<td>Percentage of total deaths in a given year registered through MOHA</td>
<td>No reliable data currently available, would need to be estimated</td>
<td>Decrease unregistered deaths by 10% compared with 2015</td>
<td>Decrease unregistered deaths by 20% compared with 2020</td>
</tr>
<tr>
<td>Individuals are provided with legal documentation of civil registration of births, deaths and other vital events</td>
<td>Percentage of children &lt;5 that have a birth certificate</td>
<td>17 percent (estimate)</td>
<td>30 percent</td>
<td>50 percent</td>
</tr>
<tr>
<td>Accurate, complete and timely vital statistics (including on causes of death) and produced based on registration records and are disseminated</td>
<td>Data on total births disaggregated by age of mother, sex of child, and administrative subdivision are produced from MOHA registration records.</td>
<td>10 percent of all births reported by LSB disaggregated by age, sex, and place of birth (estimate).</td>
<td>30 percent</td>
<td>50 percent</td>
</tr>
<tr>
<td></td>
<td>Deaths are recorded by the health sector annually and have a medically certified cause of death recorded using ICD.</td>
<td>5 percent</td>
<td>Increase to 40 percent</td>
<td>Increase to 70 percent</td>
</tr>
</tbody>
</table>

Results chain

Figure 2 shows a simple diagram or results chain showing how inputs, activities and outputs will contribute to the delivery of outcomes and the attainment of the goals. The results chain is based on the findings results of the assessments and Phase 1 of the CRVS strategy development. For progress monitoring, the intermediate outcomes are defined to be specific, measurable, achievable, relevant and time-bound (SMART).

Proposed intermediate outcomes for Phase 2 of the CRVS strategy are limited in scope in order to ensure feasibility. As a first step, the desired intermediate outcomes to be achieved by 2020 include the following:

- Increased coverage of birth registration.
- Increased coverage of death registration.
Improved access by the population to certificates of vital events on demand.

- Improved availability and quality of statistics on births (by date, location, sex and maternal age) and deaths (by date, location, sex and age).
- Improved availability and quality of data on causes of death for deaths occurring within health facilities.

Once these basic outcomes are achieved, it will be possible to extend the information collected to include additional sociodemographic and socioeconomic variables as well as more detailed data on cause of death distributions.

Outcomes will be achieved through the detailed inputs and activities undertaken and the delivery of the following outputs.

1. Establishment of a standardized and user-friendly system for the registration of vital events and the issuance of certificates as a service to the people across the country.
2. Reduced barriers to registration services, including costs and distance, for example through the provision of mobile registration services to remote populations.
3. Improved quality of registration service delivery by simplifying registration forms and processes and facilitating access to copies of certificates.
4. Establishment of an efficient process for information flows on vital events among national, provincial, district and village government levels.
5. Enhanced community awareness of the importance and value of civil registration of vital events.
6. Enhanced capacities for vital statistics compilation, analysis & use for planning, sound administration and governance.

Appendix 1 provides indicative timelines for the implementation of the key activities in the initial five years of the CRVS strategy implementation.

**Division of responsibilities among line ministries**

The inputs and activities will be the core elements of an action plan for a full-fledged CRVS system. Most of the activities will be delivered by MOHA through its Department of Citizen Management. As recognized by the government of Lao PDR, however, and specified through the CMCC, the successful functioning the CRVS system requires extensive collaboration and cooperation among line ministries. A key component of Phase 2 of the CRVS strategy development should be a careful delineation of the roles, responsibilities and tasks of each relevant line ministry as well as of the subnational administrative structures at provincial, district and village levels. Table 2 proposes some key roles and tasks, the further elaboration of which should be an issue for discussions during the Phase 2 CRVS strategy development.

**Table 2 – Allocation of roles and responsibilities for the Lao PDR CRVS strategy**

<table>
<thead>
<tr>
<th>Agency</th>
<th>Roles</th>
<th>Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ministry of Home Affairs, Department of Citizen Management</strong></td>
<td>Responsible for standards for registration &amp; certification of vital events at all levels</td>
<td>Define registration law for vital events</td>
</tr>
<tr>
<td></td>
<td>Ensure availability of necessary infrastructure, equipment and supplies</td>
<td>Set standards for registration &amp; redesign and simplify forms and certificates</td>
</tr>
<tr>
<td></td>
<td>Confidentiality and secure archiving of registration records; issuance of copies</td>
<td>Describe registration procedures</td>
</tr>
<tr>
<td></td>
<td>Clarification of purposes of and links between civil registration and family book</td>
<td>Maximise availability of registration points across the country, including mobile registration for remote communities.</td>
</tr>
<tr>
<td></td>
<td>Transmission of compiled information to statistics office</td>
<td>Designate legitimate informants (parents of infant; family members of decedent; health care workers; village chiefs</td>
</tr>
<tr>
<td></td>
<td>Inclusion of CRVS into 8th NSEDP</td>
<td>Correct errors and assure quality</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Set out procedures for changes in civil status, e.g. name changes, adoptions, legitimations etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Issue certificates/copies on demand</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ensure security of personal data</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Archive records securely (100 years)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Transmit key information to statistics office for compilation into vital statistics</td>
</tr>
</tbody>
</table>

<p>| Ministry of Home Affairs | Assure functioning of civil registration system with regard to citizenship | Establish rules and procedures for civil registration and link to citizenship and issuance of passports. |
| | Registration of vital events among non citizens living in Lao | Establish procedures for registration of vital events in non-citizens. |
| | Registration of marriage/divorces between Lao citizens and noncitizens | Ensure identity rights of migrants, refugees (with IOM, UNHCR) |
| | Linkages between civil registration and | Establish administrative rules for marriage registration |</p>
<table>
<thead>
<tr>
<th>Ministry of Public Security</th>
<th>Collection and management of population and migration data</th>
<th>Provide access to an interoperable civil registration database with MOHA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Maintenance of Family Registers</td>
<td>Collect and manage population data</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Issue IDs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Manage migration information</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ministry of Education and Sports</th>
<th>Birth certificates required for school entry (but do not debar those without certificates)</th>
<th>Encourage parents to apply for late registration at school entry</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Birth certificates required for entry into higher educational institutions and for professional qualifications</td>
<td>Use school entry as opportunity to notify civil registration authorities of unregistered children</td>
</tr>
<tr>
<td></td>
<td>Education system used to raise awareness among children and families of the importance of registration</td>
<td>Teach children about the importance of registration for legal identity, administrative purposes, electoral purposes, economic benefits etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ensure that higher educational institutions and professional associations require legal identity documentation (birth certificates) for entry.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ministry of Public Health</th>
<th>Notification of vital events to DOHA/POHA/MOHA</th>
<th>Provide family members with notification form of birth or death.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Advocacy for registration among families and communities</td>
<td>Notify registration authorities of births and deaths within the health sector (facility and community).</td>
</tr>
<tr>
<td></td>
<td>Use of health care contacts with families to promote registration</td>
<td>Provide key information items:</td>
</tr>
<tr>
<td></td>
<td>Compilation of detailed information on births and deaths from health facility records</td>
<td>- Births: date, location, sex, place of delivery,</td>
</tr>
<tr>
<td></td>
<td>Inclusion of CRVS in national health sector strategies and plans</td>
<td>- Deaths: date, age, sex, location (&amp; cause of death when capacities are sufficient)</td>
</tr>
<tr>
<td></td>
<td>Registration in health facilities (registrars in place) (optional)</td>
<td>Collect additional information for public health purposes (mode of delivery, parity, birth weight etc.)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Train physicians in cause of death certification</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maternal death surveillance to improve quality of care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consider introducing verbal autopsy in selected districts</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ministry of Planning and Investment, Chief of National Statistics centre</th>
<th>Compilation of information on registered events to produce data and analytical summaries of key vital events:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- Total births and birth rate</td>
</tr>
<tr>
<td></td>
<td>- Distribution of births by locality</td>
</tr>
<tr>
<td></td>
<td>- Total deaths and mortality rate</td>
</tr>
<tr>
<td></td>
<td>- Distribution of deaths by locality</td>
</tr>
<tr>
<td></td>
<td>- Age &amp; cause distribution of deaths</td>
</tr>
<tr>
<td></td>
<td>- Cause-specific mortality rates (with MoH)</td>
</tr>
<tr>
<td></td>
<td>- Total marriages, divorces, etc.</td>
</tr>
<tr>
<td></td>
<td>Inclusion of CRVS in national strategies for the development of statistics</td>
</tr>
<tr>
<td></td>
<td>Define vital events to ensure statistical soundness and comparability</td>
</tr>
<tr>
<td></td>
<td>Develop data tabulations (UN minimum data standards)</td>
</tr>
<tr>
<td></td>
<td>Quality assurance</td>
</tr>
<tr>
<td></td>
<td>In collaboration with MOH train statistical clerks, coders in use of ICD.</td>
</tr>
<tr>
<td></td>
<td>Produce summary tables and trends</td>
</tr>
<tr>
<td></td>
<td>Produce detailed tables for each local administrative area</td>
</tr>
<tr>
<td></td>
<td>Conduct special studies on key indicators (child &amp; maternal mortality); compare with census, surveys</td>
</tr>
<tr>
<td></td>
<td>Monitor registration coverage and quality of vital statistics</td>
</tr>
</tbody>
</table>
### Operational structures for CRVS

Figure 3 shows a possible model of the operational structures for CRVS. At the community level, village chiefs and community health workers are formally designated as responsible for issuing notification forms of the occurrence of births and deaths to families. The family subsequently uses the notification form to register the birth or death at the local DOHA office. The designation of official notifiers of births would enable the simplification of the current birth notification form rendering the need for three witnesses redundant. This simplification would facilitate registration by families.
**Registration of births**

The registration of births is a high priority for Lao PDR. Timely and comprehensive data on numbers and distribution of births is a prerequisite for local and national planning and administration. Furthermore, there is growing demand for birth certificates among the population in order to access services and claim identity documentation such as passports.

The UN recommends that births should be registered as soon as possible after delivery but it will take time for this to become the norm in Lao PDR. **In order to maximise the coverage of birth registration, it is important to use all possible opportunities and contacts between families and social services to advocate for and support registration.** The health sector has a critical role to play in this regard and should be a major player in accelerating progress towards birth registration in Lao PDR. For example, given the relatively high levels of DPT vaccination coverage (currently over 70 percent), immunization sessions offer an ideal opportunity to check registration status and assist families in reporting the birth to DOHA. DOHA staff may also visit health clinics during immunization sessions to provide on-the-spot registration.

As the CRVS system is gradually rolled out across the country, it is important to keep the information collected by MOHA in the individual records to a minimum that is essential for
planning purposes but that does not overwhelm the system. For births, the minimum data to be collected (as recommended by the UN) includes:

- Date of occurrence
- Place of occurrence
- Sex of the infant
- Maternal age

In cases where births occur within the health sector (in health facilities or with the support of community health workers), additional information may be collected by the Ministry of Health for public health purposes. This additional information may include, for example:

- Mode of delivery
- Antenatal care received
- Birth attendant (doctor, midwife etc.)
- Postpartum care received
- Birth weight

This information should be collated by the local and national health authorities in order to underpin planning and quality of care in relation to maternal, newborn and child health. The current roll out of the District Health Information System (DHIS2), with support from WHO, will help ensure the application of uniform standards and help in speeding up the collection, compilation, transmission and analysis of data.

UNICEF is working to support the development and implementation of the Lao e-health strategy. This offers opportunities to greatly improve the timeliness and accuracy of registration information including at local levels. It also should enable the development of a database on vital events that could significantly enhance data sharing, analysis and dissemination.

Although school attendance does not commence until around age 5 years, this is also an opportunity to identify unregistered children and ensure that late registration occurs.

The UN standards recommend that there should be no charge for timely registration and that charges for late registration should not be applied punitively. In some countries, the first copy of the birth certificate is also provided free of charge but charges are generally levied for additional copies of birth certificates.

Note that further clarification may be needed regarding the potential sharing of information on vital events between local MPS offices and DOHA at local levels and also between MPS and MOHA. At national level, it may be possible to establish interoperable databases to facilitate data sharing.

**Registration of deaths**

For the registration of deaths, the procedures to be followed in terms of notification and registration would be similar. The health care system – both public and private sectors – should ensure that all deaths of which it is aware (whether in health facilities or in the
community) are recorded and reported to DOHA/MOHA. Furthermore, the health system can link to other sources of mortality information, for example mortuary data.

As for births, it is essential to review and simplify the death notification form. Minimum information items to be included in the notification form and collected by DOHA include:

- Date of death
- Place of death
- Sex of the decedent
- Age of the decedent

**Causes of death**

All hospitals – both public and private – should routinely report diagnoses and deaths for administration and quality assurance purposes. Physicians should be assigned responsibility for certifying deaths and in particular their causes. They should have the training and skills necessary to do so in accordance with global standards, namely the International Classification of Diseases (ICD). Although hospital data are not representative of the population, they are nonetheless of interest and this represents an important starting point for the gradual roll out of systems to determine causes of death at district level.

When deaths occur in health care facilities, it is the policy of the Lao Ministry of Health that the attending physician should issue a medical certificate of cause of death. Currently, although the death notification form includes information on cause of death, the manner of presentation of the form is not in accordance with the standards for cause of death defined by WHO in the International Classification of Diseases (ICD). The death notification and the death certificate should be revised to align to the ICD standards for cause of death reporting.

MOH and WHO are currently working to develop capacities for accurate cause of death certification by training physicians at national and district levels, training statistical clerks and coders in ICD-compliant cause of death coding, and introducing the WHO simplified cause of death list in order to enable data compilation and analysis. The roll out of the DHIS2 is part of this process. Data collected should be compiled and analysed by the MOH.

Furthermore, WHO is currently supporting the application of Maternal Death Surveillance and Response (MDSR) in selected districts. This strategy contributes to developing capacities for the detection and notification of maternal deaths to the MOH and to DOHA, and is also helping to improve maternal health programme delivery. In the light of the high importance accorded to maternal and child health in Lao PDR, this strategy should be closely linked to efforts to strengthen CRVS.

In the initial stages of CRVS strengthening, MOHA may be advised to consider limiting cause of death information to what is collected through health facilities as described in the preceding section. Although techniques such as verbal autopsy (VA) have been developed to estimate distribution of causes of death at the community level, they require considerable

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technical capacity to implement and may distract attention away from getting the basic requirement to register all deaths by date, place, age and sex in place within the civil registration system.

Compilation of vital statistics
DOHA transmits information on births and deaths to the provincial authorities and to MOHA where the individual records are compiled and archived. The storage and archiving of vital events records should be managed in such a way as to permit easy retrieval of records when copies are needed by individuals or families. Currently, there does not appear to be a national strategy for data archiving within MOHA.

Information included in the individual records is extracted, all individual identifiers are removed, and the aggregated data are shared with the LSB for the production of vital statistics. By comparing vital statistics derived from civil registration record with information on births and deaths gathered in the census and through household surveys, LSB will be able to track progress in increasing registration coverage.

Registration of other vital events
Other vital events normally included in the CRVS system include marriage and divorce, adoptions and legitimations. Currently, although marriage is sometimes registered through the MPS, the process is cumbersome and costly. Some aspects of the law pertaining to marriages require further clarification, for example marriage of Lao citizens to foreigners. In general divorces are less likely to be registered.

The Family Registration Law requires that internal migration within the country should be registered but the process is extremely time consuming and expensive (due to transportation costs) since citizens need to register at the Province of origin and the Province of destination. Furthermore, there is little exchange (depending on the Provinces) among provincial governments on who migrates where. Evidence from other countries indicates that registration of internal migration is both complex and often ignored, as individuals perceive no benefit from it. The introduction of a population register, whereby every individual is allocated a unique, individual identification number from birth, can facilitate the application of a population register. However, the capacity requirements are very significant and the population register should be viewed an extension of the CRVS system, to be introduced when capacities within the CRVS system are sufficiently developed. Both the inclusion of marriage and divorces and of migration raise significant legal, operational, capacity and acceptability issues. The recommendation of this document is that it would be advisable to focus in the initial stages on getting the basic CRVS system in place and functional, with a focus on births and deaths, before introducing additional complexity.

Risks and challenges
The establishment of MOHA in 2011 signals government commitment to modernise the registration of vital events in Lao PDR and to generate reliable and comprehensive vital statistics. Inevitably, there are challenges to be addressed in introducing new structures and
reporting mechanisms into a national system of governance that is acknowledged to be in need for further capacity development.

Some of the risks and challenges identified during the various assessments and consultant visits include the following:

**Leadership and inter ministerial coordination**

- As a new ministry, MOHA needs to establish itself at both national and local levels and define its specific role in terms of the provision of services to the population and compilation of key population information.
- Currently the operational structures at local level are quite weak and there is an unclear allocation of responsibilities between DOAH and the local MDP offices.
- The CMCC needs to set itself clear objectives in terms of the roles and responsibilities of different ministries and an accountability framework for performance.

**Legal and operational framework**

- The current legal framework for CRVS requires revision and updating.
- Lack of clear administrative regulations and standard operating procedures.
- Lack of sufficient budget to implement a full-fledged system.
- Insufficient coordination and communication flow between national, provincial and district levels.
- Lack of well trained staff at all levels.

**Community participation**

- A major constrain is the time and effort required to register and vital event, for example, three trips to the District Offices are required at present to register a birth.
- Although registration is supposedly free of charge, in practice there are various handling costs applied by registration authorities, as well as transport and opportunity costs.
- Remoteness to access offices/geographical barriers.
- Lack of motivation/understanding of benefits of registration.
- Lack of clarity about the continuing necessity for the Family book and the additional value of the new CRVS system.

**Capacities for research, data collection and sharing**

- Many line ministries may collect data but there are no mechanisms in place to facilitate data sharing, for example, the use of interoperable databases.
- Political sensitivities can block information management and sharing.
- Government personnel are not trained in data collection and analysis.
- Absence of local level ‘think tanks’ or research institutions able to support capacity development, or research and development.
ICT challenges

- Difficulties in introducing IT at all levels. For example, lack of Lao script on computer databases/mobile phones would be an issue if digital registration is to be considered.
- Lao PDR government is assessed to be in the bottom quartile when it comes to government “eReadiness” with a position of 152 out of 193 on the United Nations 2014 e–Government Development Index (composite index taking into account online services, infrastructure and human capital), with no real evolution from 2012, when it was 153 out of 190.\(^\text{10}\)

Opportunities

Despite the many challenges, there are currently unprecedented opportunities for modernizing the Lao system of registration of vital events. These include the following developments, among others:

- The political will expressed at international fora such as ESCAP and the commitment of MOHA and some Provinces and District offices to implement the new scheme.
- The current review of legislation on civil registration and plans to come up with a single Law tentatively by the end of 2015.
- Cooperation among Ministries within the SC at the national and provincial levels is taken place although lack of clarity in each ones mandates is limiting its effect
- The expansion of social insurance schemes and strategies for increasing access to services implies the availability of reliable evidence of individual identity and family relationships that on CRVS systems can provide.
- Current efforts to introduce administrative reform, co-chaired by the Minister of Home Affairs and designed to reshape the function of local government. One aspect of such reform that could be an opportunity for CRVS relates to the role of the Village Chiefs and their potential as formal, legitimate notifiers of vital events.
- The Health Sector Reform Strategic Plan Phase II (2016-20) which is focusing on key priority areas of relevance to CRVS, including modernization of health information systems and health governance, organization and management.
- The growing interest in and available of e-strategies at all levels of government, including the e-health strategy.
- The inclusion of CRVS in the 8\(^{\text{th}}\) national socioeconomic development plan 2016-25, which is focused on exiting LDC status, development of human assets, and improved governance and administration.
- The planned consolidation and regional and international integration in the context of the launching of the ASEAN Economic Community in 2015. This will greatly increase and accelerate demand for standardized systems for individual identity documentation for

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\(^{10}\) Ludovic Pommier (2014) ICT Landscape survey for Digital Birth Registration in Lao PDR (Draft)
the purposes of cross-border travel. It will also increase demand for reliable statistics for comparative purposes across countries.

- The active role that the MOH is taking with regard to the improvement of health statistics, including on causes of death in health facilities. The role-out of the DHIS2 system for the electronic capture, transmission and analysis of core health indicators at district level.
- The existence of the National Economic Research Institute offers opportunities to work with researchers to develop and test tools and mechanisms to improve CRVS, especially in hard to reach areas and population groups.

**Development of costing and investment plan**

Within the time frame of this assignment it was not possible to develop a detailed costing for the phase 2 of the CRVS strategy. However, it may be possible to learn lessons from other countries that are embarking on CRVS improvement strategies. The World Bank is currently developing guidance on CRVS costing and investment planning. Figure 4 shows the major costs associated with CRVS systems.

**Figure 4 – Major costs associated with CRVS systems**
Figure 5 shows estimated costs developed by the World Bank for scaling up CRVS systems over a decade in selected countries. These estimates indicate that resources required for CRVS strengthening in Lao PDR from 2015-2024 could vary between USD 12 and 24 million. However, it should be noted that these costing estimates are indicative and more work is required in order to:

i. Rationalize and streamline some of the costs – e.g. by coordinating various planned trainings, considering requisite maintenance costs for capital equipment, considering refresher trainings needs etc.;

ii. Separate fixed/ developmental costs (i.e. initial one-time costs and capital costs) as well as variable costs (i.e. on going operating costs); and

iii. Identify available government (and donor) funding for the investment plan, and thereby the current funding gap.

Evidence from various countries indicates that while start-up costs for CRVS are significant, total costs diminish over time as the CRVS system becomes institutionalized.

Figure 5 – CRVS development costs over a decade in selected countries
(Source World Bank 2014)

Once agreement has been reached on regarding priority activities and anticipated outcomes, the next step should be to develop an “investment plan” document describing with priorities, tasks, and costing. This would ensure that Lao PDR is well positioned to benefit potential new funding opportunities such as the Global Financing Facility for women’s and children’s health (GFF) currently under development by the World Bank and the governments of Canada, Norway and the USA.  

Resource mobilization

Funding support is a priority from the perspective of MOHA. However, a basic principle is that CRVS is a responsibility of government and a core component of good governance and sound administration. This implies that in the long term, CRVS should be funded from national budget, particularly as countries approach middle-income status. Nonetheless, financial support from donors and development partners can be important as the country works to modernize and scale up nascent CRVS systems and improve access to registration facilities beyond the cities into more remote and deprived areas.

The possibility of drawing support from the planned Global Financing Facility for women’s and children’s health (GFF), developed by the government of Canada and the World Bank, and due to be issued in late 2015 should be investigated. The health of women and children is a priority for the government of Lao as is CRVS. In order to be well prepared for such an eventuality, it is important to further develop the CRVS strategy 2015-24, including costing and the development of an investment plan.  

Other donors may focus their support on specific aspects of CRVS system development. For example, USAID (Futures Group) and the WHO-FIC Asia-Pacific Network workgroup are promoting implementation of the simplified ICD-10 shortlist of ICD-10 mortality codes. The impact of such targeted support is maximized when implementation in the context of an overall comprehensive plan for CRVS development such as that currently being developed in Lao PDR.

Roles and contributions of key partners

Several UN agencies have been involved in the early stages of CRVS improvement efforts, notably in the situation assessment and the initial development of the CRVS strategy as shown in Table 3. UN agencies are currently developing UNDAF 2016-20 framework and strategy. Also, the ADB, World Bank and EU are working to produce country collaboration strategies although at this stage it is not clear if CRVS will be included.

Given the mandates and interests of the development partners, there is considerable potential for development partner support to CRVS development in Lao PDR. The challenge will likely be how to ensure a harmonized approach among donors and alignment around country priorities. Strong leadership on the part of MOHA and the existence of a standards-based, prioritised and costed CRVS investment plan will be the key to success in this regard.

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Table 3 – Mandates and potential contributions of development partners to CRVS development in Lao PDR

<table>
<thead>
<tr>
<th>Agency</th>
<th>Involvement in CRVS and potential contribution to Lao PDR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Asian Development Bank (ADB)</strong></td>
<td>Engaged in monitoring the progress on MDGs in partnership with UNDP and UNESCAP. Has supported regional training workshop and CRVS assessments in selected countries. Provides limited support through technical assistance to selected DMCs to undertake comprehensive assessments and prepare national action plans for improving the CRVS systems and strengthening capacity to implement recommendations.</td>
</tr>
<tr>
<td><strong>Australian Bureau of Statistics (ABS)</strong></td>
<td>Assist National Statistical Offices in target countries to build their capacity to provide support and leadership in terms of vital statistics and to strengthen their role in CVRS. ABS has critical skills in data collection, collation, management and analysis skills relating to economic, environmental and social statistical information including CRVS.</td>
</tr>
<tr>
<td><strong>Asia eHealth Information Network (<a href="http://www.aehin.org">www.aehin.org</a>)</strong></td>
<td>The Asia eHealth Information Network offers a platform for HIS and CRVS professionals to share, learn, exchange, and provide peer-to-peer technical assistance in strategic areas pertaining to CRVS – including policy and legal frameworks, mechanisms for coordination and governance, implementation of standards, and guidance and training materials.</td>
</tr>
<tr>
<td><strong>Organization for Migration (IOM) Asia and the Pacific Regional Office</strong></td>
<td>IOM works on capacity building for migration management to facilitate global mobility with security. IOM can apply technical expertise (identity solutions, data management, infrastructure/IT capacity, personal identification and registration system and developing security documents), research, cooperation and operational assistance to States, intergovernmental and non-governmental organizations and other stakeholders in order to help improve civil registration and vital statistics as part of implementation solutions to build national capacities and facilitate international, regional and bilateral cooperation.</td>
</tr>
<tr>
<td><strong>Partnership in Statistics for Development in the 21st Century (PARIS21)</strong></td>
<td>PARIS21 has supported LSB to prepare the Lao National Strategy for the Development of Statistics (NSDS), a system-wide strategic planning process. PARIS21 has not specifically supported CRVS per se but focused on the overall management of national statistical systems (e.g., strategic planning, coordination). PARIS21 advocate for the mainstreaming of programmes targeting the improvement of CRVS into NSDS in order to: (i) ensure national ownership; and (ii) increase the probability of mobilizing resources and ensuring sustainability.</td>
</tr>
<tr>
<td><strong>Plan International</strong></td>
<td>Plan has supported the CRVS assessments and CRVS strategy development, brining to bear its experience of addressing barriers to birth registration in partnership with governments and other bodies. It also has documentation of what works and materials for promoting birth registration.</td>
</tr>
<tr>
<td><strong>Statistics Division, United Nations Department of Economic and Social Affairs (UNSD)</strong></td>
<td>UNSD develops international statistical standards and guidelines for CRVS, and publishes them as the Principles and Recommendations for a Vital Statistics System. It also produces methodological and technical manuals to assist countries in generating reliable and accurate vital statistics. UNSD offers technical assistance and can undertake capacity building activities for national statisticians and civil registrars to provide support for the implementation of international standards and guidelines.</td>
</tr>
<tr>
<td><strong>United Nations Children’s Fund (UNICEF)</strong></td>
<td>UNICEF promotes birth registration which strengthens children’s access to legal protection and social services, and supports the implementation of national legislation on minimum ages, including for child labour, child</td>
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</table>
recruitment and child marriage, and is invaluable to family tracing efforts.
UNICEF’s main actions for supporting birth registration include: (i) legal and policy reform; (ii) civil registry strategic planning; (iii) capacity building and awareness-raising; (iv) the integration of birth registration into other services, such as health and education; and (v) community-based registration and social mobilization campaigns.

**United Nations Development Programme (UNDP) Asia-Pacific Regional Centre**
UNDP’s APRC provides technical and policy advice to its Country Offices. The APRC builds partnerships and promotes regional capacity building initiatives, which allow UNDP, governments and other development partners to identify, create and share knowledge relevant to development challenges. Its broad areas of works cover: (i) democratic governance; (ii) energy and environment; (iii) crisis prevention and recovery; and (iv) poverty reduction and human development with an overarching effort to achieving the Millennium Development Goals.

**United Nations Economic and Social Commission for Asia and the Pacific (ESCAP)**
ESCAP’s mandate is to foster cooperation between the 53 members and 9 associate members. It supports Governments by serving as a focal point for coordination amongst development partners operating in the region, and between development organizations and countries, sharing or providing access to technical expertise and resources, and for monitoring and reporting on progress.

**United Nations Educational, Scientific and Cultural Organization (UNESCO)**
UNESCO actively promotes cultural approaches to development interventions, and specifically the use of culturally and linguistically appropriate methodologies and information materials. UNESCO supports capacity-building activities on birth and citizenship registration.

**United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)**
UN Women became operational on 1st January 2011, and supports UN Member States as they set global standards for achieving gender equality, and works with governments and civil society to design laws, policies, programmes and services needed to implement these standards.

**United Nations High Commissioner for Refugees (UNHCR)**
UNHCR has a Global Strategic Priority for 2012-13 of securing birth registration, profiling and individual documentation based on registration for persons of concern which include refugees and asylum-seekers, internally displaced persons and stateless persons.
UNHCR has experience of providing technical assistance to States in respect of their nationality and birth registration laws, as has extensive operational experience in respect of registration of the populations of concern.

**United Nations Population Fund (UNFPA)**
UNFPA works on major population issues (ageing, migration...) and their interrelations with development processes. The availability of population statistics is essential in that perspective and UNFPA activities can include at country level the strengthening of statistical systems in order to make it possible to monitor demographic trends and to integrate population dynamics into development planning. As an important component of population statistics, vital statistics are therefore of high interest to UNFPA. Financial resources for activities at country level (assessments) can also possibly be mobilized from the budget of UNFPA Country Programmes.

**USAID (Futures Group**
Collaborating with the WHO WHO-FIC Asia-Pacific Network workgroup on the implementation of ICD-10 simplified version for morbidity coding and the new ICD shortlist of mortality codes targeted at PHC level.

**World Bank**
The World Bank Group has identified CRVS and identification management systems as smart investments, the foundation for development and good governance, benefits all sectors, and critical to ending extreme poverty and boosting shared prosperity. The World Bank Group and WHO, in consultation with several agencies and countries represented in this conference, published
the Civil Registration and Vital Statistics Scaling Up Investment Plan 2015-2024 in 2014. The World Bank is collaborating with partners to establish a Global Financing Facility (GFF) in support of Every Woman Every Child that will mobilize and channel additional international and domestic resources required to scale up and sustain efficient and equitable delivery of quality RMNCAH services. A special focus area for the GFF will be to support the scale up of civil registration and vital statistics (CRVS) systems to contribute to the universal registration of by 2030.

World Health Organization (WHO) With regard to CRVS, WHO’s mandate is to provide technical assistance wherever possible and play a coordinating role to bring all stakeholders together, to take action, and to follow up and remain accountable for sustainable progress. WHO provides CRVS technical support for multi-stakeholder and focused strategic planning and management processes that are country-led with recommendations made and follow up to build on existing infrastructure and steer countries towards meeting international standards in a holistic manner. WHO has developed tools and guidance documents to support countries in improving CRVS systems, specifically in relation to death registration and cause of death reporting.

Technical support, research and exchange of experiences Models of technical support from partners that consist of short-term visit by external experts are not appropriate in the context of Lao PDR. What is needed is long-term technical support offered, for example, through multi-year twinning arrangements, peer-to-peer technical support, long-time mentoring and coaching.

A clearly expressed need by MOHA is that of learning from the experiences of other countries in the region with regard to the implementation of CRVS strategies. Donors and development partners could, for example, support the establishment of a subregional network for HIS capacity development and mutual support bringing together Lao PDR, Cambodia, Thailand and Viet Nam. Such a body could draw inspiration from the Mekong Basin Disease Surveillance (MBDS) consortium is a self-organized and sub-regional cooperation spearheaded by health ministries from member countries to collaborate on

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infectious disease surveillance and control. The cooperation focuses on cross-border cooperation at selected sites and has matured through several phases of work.

A strategy that has remained under-utilized for CRVS is performance-based funding. This could potentially have a major impact on registration coverage and could stimulate the production of reliable vital statistics from registration records.

It would also be worth exploring the potential role of incentives for families to register vital events. Such incentives need not be monetary but could consist of ‘birth packs’ of products for infant care. For deaths, incentives could relate to the costs of funerals. The possibility of conditional case transfers (CCT’s) to the poorest populations needs to be explored as an effective solution to boost completeness of timely registration of births and deaths. CCT’s are already widely used and the possibility to include birth registration alongside other indicators such as immunization coverage could play an instrumental role in encouraging early registration.

To evaluate the potential of such interventions, it would be helpful to develop a research programme for CRVS development in Lao. This could draw upon work undertaken by UNESCAP to develop a research strategy.

**CRVS acceleration effort 2015-19**

The implementation of the CRVS strategy 2015-24 necessitates long-term commitment and effort on the part of multiple governmental agencies with continuing support from development partners and donors. In order to generate and sustain momentum throughout the process, it is proposed that the first phase of implementation of the CRV strategy consist of an acceleration effort designed to achieve measurable results within the first five years of the CRVS strategy. Proposed key elements of this acceleration effort include the following:

1. Standardization of birth/death registration notification, registration and certification:
   1.1. Revision and simplification of birth and death notification forms;
   1.2. Revision and simplification of birth/death registration and certification processes;
   1.3. Training on revised forms for village chiefs, health workers and DOHA/MOHA personnel.

2. Reduced barriers to registration; improved service provision to the population:
   2.1. Establishment of service delivery points including mobile registration services for remote populations;
   2.2. Provision of registration services free of charge;
   2.3. Use of immunization services to advocate for and offer birth registration;
   2.4. Use of school entrance requirements to provide late registration services;

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17 http://www.mbdsfoundation.net
2.5. Provision of efficient service to persons requesting copies of certificates.

3. Enhanced community awareness of and demand for registration services:
   3.1. Development of a plan for community mobilization and related advocacy strategies;
   3.2. Development of media campaigns using a range of outlets, including television, radio and printed materials.

4. Availability of a national database with birth and death statistics:
   4.1. Development of standardized tabulations and analytical plan for registration data;
   4.2. Establishment of standard operating procedures for the transmission of birth and death registration information from local to national levels;
   4.3. Establishment of mechanisms for data sharing with MPS, LSB and MOH, including interoperable databases.

Building upon the clearly expressed government commitment to CRVS strengthening and the considerable progress made during the first Phase of the development of the national strategy, Lao PDR is well placed to achieve a significant breakthrough in the modernization and expansion of CRVS across the country. Strong leadership on the part of MOHA will continue to be needed for the further development of the CRVS strategy and the formulation of an implementation plan with clearly defined priorities, sequencing, estimated costs and investment options. Financial support and sustained technical inputs from donors and development partners will be needed to accelerate and maintain progress.
# Appendix 1 Timeline for the first 5 years of the CRVS strategy

## Outcome 1: Increased coverage of birth and death registration

### Outputs

1. Establishment a standardized and user-friendly system for the registration of vital events and the issuance of certificates as a service to the people across the country.

### Activities

1.1.1 Revise and simplify notification and registration forms

1.1.2 Establish standards for vital events registration, alignment with UN standards

1.1.3 Ensure distribution of forms to all districts

1.1.4 Provide training in the use of notification forms by Village Chiefs and community health workers

1.1.5 Provide training for registration to DOHA personnel

## Outcome 2: Improved access to certificates of vital events for the population

### Outputs

2.1 Reduced barriers to registration services including distance and costs

2.2 Improved quality of service delivery

### Activities

2.1.1 Establish DOHA service delivery points in all provinces within easy reach of population centres

2.1.2 Introduce innovation such as mobile registration mechanisms for remote areas

2.1.3 Ensure that registration services are free of charge
Evaluate and Phase 2 Development for Civil Registration and Vital Statistics in Lao PDR for Plan International in Lao PDR

15 March 2015

| 2.1.4 | Use immunization sessions as opportunities to promote registration; consider out posting registration officials on immunization days |
| 2.1.5 | Use school entry as opportunities to promote registration and encourage late registration |
| 2.2.1 | Ensure there is a functional and efficient process for providing copies of birth and death certificates to families on demand |

Outcome

| 3 | Enhanced community awareness |

Outputs

| 3.1 | Increased demand for registration and certification by the population |

Activities

| 3.1.1 | A plan on advocacy and raising awareness is developed |
| 3.1.2 | CD with media message for village-chiefs is developed |
| 3.1.3 | Posters on the process of registration of each vital event are developed |
| 3.1.4 | TV, Radio, newspaper and other media commercials are produced |
| 3.1.5 | Engagement with the private sector such as telephone cards to promote messages on CRVS |

Outcome

| 4 | Improved availability of birth and death statistics |

Outputs

| 4.1 | Efficient information flows from local to national levels |
| 4.2 | National database of birth and death statistics is available and shared |

Activities
4.1.1 There are clear rules and standard operating procedures to the transfer of data from local levels

4.1.2 Tabulations of key data items are defined in collaboration with LSB

4.2.1 IT requirements for a central database at MOHA are procured

4.2.2 A plan on the digitization of civil registration is produced

4.2.3 Training of staff on the IT system is undertaken

4.2.4 Protocols are established for the release of data to other ministries and to the public
### Appendix 2 Costing framework for activities in the first 5 years of the CRVS strategy

<table>
<thead>
<tr>
<th>Priority area</th>
<th>Activities</th>
<th>Costing approach and components</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Standardization of birth/death registration notification, registration and certification:</strong></td>
<td>1.1. Revision and simplification of birth and death notification forms;</td>
<td>Working group with MOHA, MOH, village chiefs, MPS, and CRVS experts; Field testing of revised forms in selected districts</td>
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<td></td>
<td></td>
<td>Training of health workers and village chiefs in the use of the new notification forms</td>
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<td></td>
<td></td>
<td>Production, printing and dissemination of revised forms to all districts</td>
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<td></td>
<td>1.2. Revision and simplification of birth/death registration and certification processes;</td>
<td>Working group with MOHA, POHA, DOHA staff and village chiefs to specify responsibilities at each level and assign responsibilities for registration, certification and information transmission</td>
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<td></td>
<td>1.3. Training on revised forms for village chiefs, health workers and DOHA/MOHA personnel.</td>
<td>Training at all levels through a 'training of trainers' approach</td>
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<tr>
<td><strong>2. Reduced barriers to registration; improved service provision to the population</strong></td>
<td>2.1. Establishment of service delivery points including mobile registration services for remote populations;</td>
<td>Designation of birth and registration points in all districts. Need to estimate infrastructure costs, equipment and supplies, possible use of IT where feasible. Training of registration officers.</td>
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<td>2.3. Use of immunization services to advocate for and offer birth registration;</td>
<td>Working group with MOH and MCH workers to assess feasibility and implications of using immunization sessions to promote birth registration</td>
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<tr>
<td>2.2. Provision of registration services free of charge;</td>
<td>Removal of costs such as 'handling charges' for vital events registration.</td>
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<td>2.4. Use of school entrance requirements to provide late registration services;</td>
<td>Working group with MOE on feasibility of using school entrance to promote late birth registration.</td>
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<td>2.5. Provision of efficient service to persons requesting copies of certificates.</td>
<td>Working group to establish mechanisms for delivering copies of certificates to individuals. Development of standard operating procedures for requests for certificates and for issuance.</td>
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</tbody>
</table>

| 3. Enhanced community awareness of and demand for registration services: |  |
| 3.1. Development of a plan for community mobilization and related advocacy strategies: | Working group of key stakeholders, including media outlets and civil society |
| 3.2. Development of media campaigns using a range of outlets, including television, radio and printed materials. | Development and field testing of advocacy materials. Translation into local languages. |
| 3.3. Consider possible incentives for registration | Identification of potential incentive mechanisms, development of research protocol and field testing |

| Evaluation | |
### 4. Availability of a national database with birth and death statistics:

<table>
<thead>
<tr>
<th>4.1. Development of standardized tabulations and analytical plan for registration data;</th>
<th>Working group with MOHA, LSB, MOH and technical CRVS experts to develop new reporting and tabulation forms for vital statistics from registration</th>
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<tbody>
<tr>
<td>4.2. Establishment of standard operating procedures for the transmission of birth and death registration information from local to national levels;</td>
<td>Establishment of standard operating procedures from the transmission of registration information from local to national levels and to concerned ministries, in particular LSB and MOS.</td>
</tr>
<tr>
<td>4.3. Establishment of mechanisms for data sharing with MPS, LSB and MOH, including interoperable databases.</td>
<td>Introduction of IT to facilitate data sharing; interoperable database at national level</td>
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<td>4.4 Reporting and dissemination of vital statistics</td>
<td>Development of a publication plan for key tabulations</td>
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<td>Production of annual vital statistics report</td>
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<td>Web-based Issuance of key tabulation</td>
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