



United Nations
**Economic
Commission for
Africa**

African Union
**African Union
Commission**



CRMC/6/EXP/2022/12*
Distr.: General
18 August 2022

Original: English

**Conference of African Ministers
Responsible for Civil Registration**
Sixth session
Expert segment

Addis Ababa, 24–28 October 2022

Item 7 of the provisional agenda for the expert segment**

**Role of the health sector in building civil registration and vital statistics
systems and the benefits of those systems for the health agenda**

**Strengthening the role of the health sector in civil registration and vital
statistics systems: lessons from Rwanda and the United Republic
of Tanzania (for mainland Tanzania): issues paper submitted by Global
Financing Facility for Women, Children and Adolescents**

I. Introduction

1. The main purpose of civil registration systems is to generate legal records required by law. Civil registration establishes the right to recognition before the law, and it is an essential source of information about identity data, such as name, gender, and place and date of birth, used across the government and private sectors. It also provides a continuous supply of data on the pertinent characteristics of birth or death and on the person or persons connected to the event for use in planning, monitoring and evaluating government programmes, such as health, education and housing. Hence, establishing, developing and maintaining a civil registration system and its functions in a country is basically the sole responsibility of the government.¹

Civil registration and vital statistics systems have been underperforming in most African countries for a long time, despite their importance as a source of essential legal documents in the life of individuals and for informing decision-making and monitoring the fulfilment of national and international development plans. Following the recommendation of

* Reissued for technical reasons on 21 October 2022; previously issued under the symbol CRMC/6/MIN/2022/12–CRMC/6/EXP/2022/12.

** CRMC/6/EXP/2022/1.

¹ *Principles and Recommendations for Vital Statistics System, Revision 3* (United Nations publication, 2014).



the second session of the Conference of African Ministers Responsible for Civil Registration, held in 2012, some 42 of the 54 African countries have undertaken assessments of their civil registration and vital statistics systems to identify the root causes for their poor performance.² Thirty-two of these countries have developed national action plans to tackle their poor performance and have set priorities to accelerate improvement in the vital events registration coverages and completeness.

2. The major challenges identified include limited accessibility to civil registration services to all, which is usually associated with one or more of the following issues: inadequate number of registration centres and associated long distances, language barriers, inefficient registration processes, and insufficient financial and material resources, among others. When the challenge is accessibility of service delivery, it usually entails direct and indirect registration costs to vital event declarants. The main direct cost observed is the fee for registration or for obtaining certificates, which could burden low-income households. Indirect costs include travel costs to service points far from the community, time taken off from work, sometimes repeated journeys to register vital events and get certificates, and poor quality of service. The problem is compounded in hard-to-reach areas and among disadvantaged population groups.

3. The efforts made by African countries to accelerate improvement in their systems continue to be underpinned by a range of development partners supporting the civil registration and vital statistics agenda at the national, regional and global levels, including the Global Financing Facility for Women, Children and Adolescents and the World Bank Group. The Facility has prioritized the strengthening of civil registration and vital statistics systems in selected low and low-middle income countries, through initiatives that are aimed at protecting the rights of women, children and adolescents; facilitating the establishment of national databases for improved public administration; and improving data sources for tracking and ultimately improving the health and well-being of women, children and adolescents.³ The Facility identified strategic areas which would strengthen the systems; these include: reforming policies in the health sector; advancing equitable and gender-responsive systems; building well-functioning electronic systems; using civil registration and vital statistics data for decision-making; and advocating for governments' commitment to civil registration and vital statistics and mobilizing partner resources for strengthening these systems.

II. Objective of the report

4. Several countries in the region have undertaken improvement measures by bringing registration services in close proximity to users, adopting different administrative approaches, in particular through engagement with the health sector. The present report is intended to share the lessons learned and challenges faced by the two countries in their efforts to improve registration coverage through health facilities, in order to achieve the vision of universal birth registration and improved death registration by 2030, as envisaged in the 2030 Agenda for Sustainable Development. The information used for the present report was collected through desk research.

² Economic Commission for Africa and African Union Commission, Conference of African Ministers Responsible for Civil Registration, sixth session, 2022, "Concept note: A decade into the Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics Systems: reflecting on progress and accelerating efforts towards 2030 through transformed systems" (CRMC/6/MIN/2022/4-CRMC/6/EXP/2022/4). Available at https://www.uneca.org/sites/default/files/ACS/6CoMRCR/en_concept-note-6th-crvs-conference.pdf.

³ See www.globalfinancingfacility.org/.

III. Centralized and decentralized civil registration systems

5. A civil registration system in a country might be either centralized or decentralized, depending on the legal, political and administrative models, and on the cultural and social circumstances specific to that country. In a centralized setting, there is an agency or office at the national level responsible for the management, operation and maintenance of the civil registration system. The central office will have a network of civil registration offices at the major and lower political or administrative levels and it generally has the responsibility to direct, coordinate and monitor the work at all levels. It implements national standards and uniform registration procedures of vital events occurring within the country to ensure that it satisfies legal and statistics requirements. It coordinates with other government agencies that support the civil registration system. This office works closely with the national statistics office that compiles the registration data and publishes vital statistics.⁴

6. Decentralization has been conceptualized and categorized in several ways in the literature. The World Bank, for example, defines decentralization as transfer of authority and responsibility of major government functions from central to subnational governments and classifies it into political, administrative, and fiscal decentralization.⁵ The present report follows the approach used by the United Nations *Principles and Recommendations for Vital Statistics, Revision 3*, in which the primary authority for civil registration usually rests with the major civil divisions, such as governments of States, regions, provinces or communes. A national office at the central level of government is assigned the responsibility, under law, of ensuring uniformity of registration procedures, protocols, content of records and harmonization of processes throughout the country. It would also monitor and evaluate the operations of offices at different administrative levels to ensure that it satisfies legal and statistical requirements.⁶

7. The civil registration administrative structure in English-speaking African countries is in most cases administratively centralized, while in French-speaking countries, it is more decentralized with local central registration offices, usually named *centres principaux*, each independent of the other.⁷ The table provided in the annex shows that the civil registration systems in 26 African countries have been decentralized, while in 24 countries they remain centralized. Information was not available for four of the countries.

IV. Decentralization of civil registration services through the health sector

8. Inadequate accessibility to registration service has been identified as a major challenge to the improvement of civil registration systems in most African countries before 2016.⁸ As part of the solution this challenge and in order to advance accessibility, countries are implementing different approaches to expand registration services to provide a better service to the public. One approach to decentralizing registration is phased devolution of the civil

⁴ *Principles and Recommendations for Vital Statistics System, Revision 3; Handbook on Civil Registration and Vital Statistics Systems: Management, Operation and Maintenance Revision 1* (United Nations publications, 2018).

⁵ See www.worldbank.org/en/topic/communitydrivendevelopment/brief/Decentralization.

⁶ *Principles and Recommendations for Vital Statistics System, Revision 3*.

⁷ International Institute for Vital Registration and Statistics, "Methods and problems of civil registration practices and vital statistics collection in Africa", IIVRS Technical Papers No. 16 (Maryland, United States of America, 1981).

⁸ Economic Commission for Africa, *Report on the Status of Civil Registration and Vital Statistics in Africa* (Addis Ababa, 2017).

registration administration down to lower administrative levels through local administrations. The network of local administrative arrangements provides opportunities for all people in a country to have better access to registration services within a reasonable distance of their homes. At the national level, such arrangements are possible with the coordinated efforts of the anchor ministry of civil registration agency and ministry of local governments.

9. Improved access to civil registration can also be done through using the current infrastructure of other governmental structures, such as in the health sector. The provision of health care is an essential public service provided by the government to the public, and often has extended infrastructure reaching the local administrative level. Countries such as Lesotho, Namibia, the Niger and Rwanda are expanding their birth and death registration services through using a network of existing health facilities. Botswana, Liberia, Sierra Leone and South Africa also provide birth registration services in their respective health facilities. Decentralizing the registration service in these countries is going beyond the notifications of occurrence of births and deaths to formal registration.

10. Close collaboration between health and civil authorities is mutually beneficial, and evidence suggests that the health sector is an integral component of a well-functioning civil registration and vital statistics system. While the civil registration authorities rely on the health authorities to notify them of new births and deaths occurring in health facilities, the health authorities need a complete and comprehensive data set of births and of deaths (including their causes) generated by the civil registration system. This is critical for understanding the quality of health care, access to medical care, and disparities in health care; and for assisting with the planning and monitoring of health programmes at the national and subnational levels. There are several publications on good country practices in linking health and civil registration services. For example, one recent publication by the World Health Organization and the United Nations Children's Fund in 2021 provides guidance to health sector managers, civil registrars and development partners towards improving birth and death registration through the health sector.⁹

11. Conducting birth registration and issuance of legal certificates at the health facilities makes the service practical and efficient. The notable increase in the number of child immunizations delivered at health facilities provides an opportunity to reach out to those who have not registered and certified births. For example, in 2020, some 46 African countries had an under-1 year of age immunization rate of 74 per cent or more, of which 36 countries had attained 99 per cent immunization rate.¹⁰ In the 2014–2020 period, births attended by skilled health personnel had reached more than 70 per cent in 32 African countries.¹¹ These opportunities have the potential for increasing registration and the certification of a high proportion of children under 1 year of age, including community births. The interaction with health facilities and the increased rate of birth registrations could also be leveraged to create awareness and provide information on the importance of death registration and recording of cause of death. Thus, collaboration and coordination with the ministry of health and tapping

⁹ See World Health Organization and United Nations Children's Fund, "Health sector contributions towards improving the civil registration of births and deaths in low-income countries: guidance for health sector managers, civil registrars and development partners", 2021. Available at <https://apps.who.int/iris/handle/10665/341911>.

¹⁰ World Health Organization and United Nations Children's Fund, "Immunization coverage estimates: 2021 revision". Available at https://cdn.who.int/media/docs/default-source/immunization/immunization-coverage/wuenic_notes.pdf?sfvrsn=88ff590d_12&download=true.

¹¹ United Nations Population Fund, *State of World Population 2022: Seeing the Unseen* (New York, 2022).

into its competitive advantage can facilitate decentralization of registration services through their facilities to reach larger number of users.

12. The location of the civil registration authority within the government differs from country to country. The civil registration authority may be placed under the Ministry of Interior or Internal Affairs, the Ministry of Justice, or the Ministry or Department of Health.¹² Regardless of the location, however, the powers and responsibilities of the Registrar-General and other stakeholder agencies must be clearly stated in the law. This means that the collaboration between the civil registration, health and statistical authorities, and their responsibilities in terms of data collection, registration and exchange of data is outlined explicitly in the law.¹³ The approach and extent of the collaboration should be guided by the country's context and good international practices. A civil registration law must also have explicit provisions for sharing data with other government institutions and should be read in conjunction with privacy and data protection legislation. For example, the health system might need personal details to be populated directly from the civil registration.

V. Decentralization of civil registration services: cases of Rwanda and the United Republic of Tanzania (for mainland Tanzania)

A. Rwanda

13. The country has 30 districts, which are further divided into 416 sectors and 2,148 cells.¹⁴ Before 2016, registration was conducted at the district level. To bring the service closer to the place where events occurred, the Government of Rwanda implemented a decentralization policy of its civil registration services in a phased manner from the district to sector levels, starting with the second phase of the decentralization process in 2016.¹⁵ Further devolution took place in 2020 from the sector to cell levels and through private and public health facilities, following another amendment to the law and the approval of a ministerial order assigning officers of the health facility with the powers of civil registrar.¹⁶

14. Vital events that occur in the communities are registered by the cell executive officer, whereas designated health officers register and certify births and deaths that occur in their facilities.¹⁷ By the end of August 2021, all 661 health facilities in Rwanda were registering births and deaths.¹⁸ A declarant can apply for and download a birth certificate or a death certificate online through Irembo, the e-government portal for such services, for a fee. Birth certificates may be signed anywhere by a local civil registrar at the sector level, but death certificates have to be signed at the sector in which the deceased was registered.¹⁹

¹² *Principles and Recommendations for Vital Statistics System, Revision 3.*

¹³ Ibid.; Guidelines on the legislative framework for civil registration, vital statistics and identity management (draft) (New York, United Nations, 2019).

¹⁴ More information on the administrative structure of Rwanda is available at www.gov.rw/government/administrative-structure.

¹⁵ Rwanda, Law No. 32/2016 of 28 August 2016 governing persons and the family (Official Gazette No. 37 of 12 September 2016).

¹⁶ Rwanda, Law No. 001/2020 of 2 February 2020 modifying law No. 32/2016 of 28 August 2016 governing persons and the family. Available at <https://citizenshiprightsafrika.org/rwanda-law-n-001-2020-of-02-02-2020-modifying-law-n-32-2016-of-28-08-2016-governing-persons-and-the-family/>.

¹⁷ See www.minaloc.gov.rw/news-detail/rwanda-launches-new-integrated-civil-registration-system

¹⁸ Josephine Mukesha, "i-On-Africa: the Nigeria and Rwanda report", livecast, 15 September 2021.

¹⁹ More information on Irembo, the e-Government service for Rwanda, is available at https://irembo.gov.rw/home/citizen/all_services.

B. Mainland Tanzania

15. Mainland Tanzania is divided into 26 administrative regions, the regions are divided into districts, and the districts are further divided into wards. Until the 1990s, registration services were provided only at the headquarters of the Registration, Insolvency and Trusteeship Agency. Noting the importance of decentralizing the civil registration system to improve registration coverage and accessibility to services, the Agency, with support from the United Nations Children’s Fund, launched a five-year scaled-up under-5 birth registration project in 2013. A one-step-shop process was introduced by combining notification, registration and certification into a simple single-step approach.²⁰ The decentralization initiative was supported by an amendment to the country’s law that delegated the power to health staff to register a child immediately after birth, or at the time of routine immunization for community births, and to issue a certificate free of charge.²¹

16. By June 2022, this decentralized approach had been scaled up to 23 of the 26 regions. The arrangement with the health sector has created conditions conducive to certifications in fewer than the 90 days stipulated by law for current registration, and it has significantly minimized costs associated with late registrations. The decentralization of service and the one-step process contributed towards the increase in birth registration of children under 5 years of age to more than 80 per cent in 2020 and to the overall birth registration on the mainland to 65 per cent from 12.7 per cent in 2012. The average distance to the nearest registration points in decentralized regions is currently less than 5 km, compared with those of centralized regions, which could be up to 100 km.²² According to the United Nations Children’s Fund, the gradual roll-out of the decentralized birth registration system has improved access to services by increasing the number of registration officers from 97 to 15,568 in 7,433 health facilities and wards.²³ For deaths, health facilities register and certify only those that occurred in the area.

VI. Considerations on decentralization from experiences in Rwanda and the United Republic of Tanzania (for mainland Tanzania)

17. The birth registration completeness rates in the two countries show improved accessibility to users through collaborative arrangements with the health sector and local government. Findings from a recent study on the association of decentralizing services to local government and completeness of birth registration, compared with a centralized one, demonstrate that a decentralized service, in general, has better outcomes.²⁴ Decentralization alone, however, does not ensure accessibility, convenience and sustainability of services. In this context, the following observations were made: amending the legal framework is necessary; making the health sector a key player would make registration widely available and agile; issuing certificates free of charge would be an incentive and would lower the number of no shows after registration, especially where demand is low; and modernizing the system would make it efficient and flexible.

²⁰ United Nations Children’s Fund, “Government of Tanzania launches a decentralized births and deaths registration system for the under-fives in Iringa and Njombe regions”, 22 September 2016.

²¹ More information on the one-step birth and death registration processes in the United Republic of Tanzania is available at https://crvssystems.ca/sites/default/files/assets/images/CRVS_Webinar_Tanzania_e_WEB.pdf.

²² See www.apai-crvs.org/sites/default/files/public/CRVS_TanzaniaMainlandSnapshot_e.pdf.

²³ See https://crvssystems.ca/sites/default/files/assets/images/CRVS_Webinar_Tanzania_e_WEB.pdf.

²⁴ Christopher Sanga and others, “Decentralization of birth registration to local government in Tanzania: the association with completeness of birth registration and certification”, *Global Health Action*, vol. 13, No. 1 (October 2020).

A. Legal basis for decentralizing registration services

18. Various reform programmes, many of similar character, have been put in place to strengthen the collaboration between health, civil registration and statistics authorities in Africa. These reform initiatives often call for substantial amendments to the legal framework that governs civil registration and vital statistics; yet in some countries, the legislation is outdated and does not reflect the practices and systems established on the ground. When working with other government institutions, such as the ministry of health, the national civil registration agency needs to exercise technical direction and supervision through the partner organization which has administrative control over the employees that are appointed as assistant registrars.

19. In the case of Rwanda and mainland Tanzania, decentralization of civil registration activities was preceded by amendments to existing laws, which enabled the national registration authorities to devolve registration responsibilities to local administrative levels as necessary. The amended laws also paved the way for cooperative engagement with the health sectors in both countries and laid the ground for maximizing opportunities associated with immunizations for births under one year of age.

B. Decentralization of registration services through health facilities

20. In several African countries, the national civil registration authorities have developed successful partnership for decentralizing registration service deliveries through key stakeholder government ministries and agencies. The sectoral ministries could be different from one country to another, but in general, when it concerns births and deaths, they would include the ministry of health, ministry of local government and the refugee administration agency. One approach applied in this partnership is establishing registration desks or offices in health facilities and refugee camps, along with other government functions such as networks of postal offices, which could facilitate the expansion of services to localities where the national or provincial civil registration agency may not have a presence. For example, civil registration agencies in such countries as Botswana, Eswatini, Lesotho, Namibia, Sierra Leone and South Africa have successfully established registrar desks in hospitals with large maternity wards.

21. In Rwanda and mainland Tanzania, health sector staff are assigned as assistant registrars in health facilities as part of their regular task. This approach simplifies the notification, registration and certification as a one-step process. The assistant registers a child immediately after birth, or at the time of immunizations for community births, and issues a certificate free of charge. Similarly, Rwanda has brought the registration process closer to where the event occurs by collaborating with health facilities to improve service efficiency by blending notification, registration and certification as a one-stop process. The collaboration of the health sector in the provision of birth registration in its facilities with high immunization rates creates conditions for better outcomes by maximizing current registration and minimizing associated costs incurred by declarants. This approach provides an opportunity for the production of timely vital statistics at different administrative levels. In Rwanda, the proportion of births registered in a timely manner (within 30 days) increased from 72.3 per cent in 2020 to 93.7 per cent in 2021, “hypothetically attributed to decentralizing registration services to health facilities and cells”.²⁵ Several other countries, such as Mozambique, Namibia and South Africa, are also implementing efficient birth and death notification processes through the health sector in one form or another.

²⁵ National Institute of Statistics of Rwanda, *Rwanda Vital Statistics Report 2021* (Kigali, 2022).

22. There could be challenges associated with service delivery arrangements through other government sectors. One limiting factor may be budgetary allocations and resources. Challenges should be expected when the civil registration agency is working in partnership with other government organizations to expand its services, as this could make for a more complex administrative operation, especially if the local personnel also have responsibilities for functions other than civil registration. In some cases, when a health facility is overcrowded and its health staff are required to double as assistant registrars, this could lead to poor registration processes. In general, it would be advisable for the health staff assistant registrar to focus only on current births and deaths to lighten their workload and improve services. Any late or delayed vital events registration should be handled by the local government civil registration office or the courts, if applicable.

23. Assigning a registrar by the national or provincial civil registration agency in health facilities, if the monthly volume of occurrence of vital events warrants it, would be a practical and efficient move, provided that such an arrangement would not compete with limited physical space for its regular operations. Arrangements for delegating civil registration services to other sectors, such as offices for refugees and internally displaced persons, ought to ensure that the competing responsibilities of their staff do not undermine the registration process. The decision to make collaborative arrangements with health facilities or other government entities should balance the opportunities and the challenges in order to have a favourable outcome.

C. Modernization of civil registration systems

24. Technology contributes to improvement of service delivery and supports decentralization of civil registration efforts. It can play a transformative role from paper-based processes to one that improves the efficiency of service providers and ultimately, benefits users. Digital solutions can be used to notify and register vital events as they occur, thus contributing to a better complete registration service. Mobile technology can play an important role in improving accessibility and affordability of registration services, among others, if electric power and connectivity do not pose a challenge to a country.²⁶ For the technological solutions to work, countries need to put in place favourable legal and institutional frameworks.

25. In Rwanda, the civil registration system in health facilities and at the cell level is partly electronic and partly paper-based as follows: authorized persons in health facilities conduct electronic recording of births and deaths in the recently launched national centralized and integrated civil registration and vital statistics system; the declarant of birth submits a hard copy of the notification form to the designated civil registrar; after validation of documents, a national identification number is issued to the declarant by telephone, email or post; and the birth record is collected from Irembo, an online government web portal. Death registration and certification follow an approach that is more or less similar. Certificates are issued after payment of fees.²⁷ Data on notification of births occurring in health facilities are shared with the National Institute of Statistics of Rwanda through a web-based system.

26. In mainland Tanzania, district registration offices scan paper copies and forward digital copies to headquarters to be archived in a central database; and notifications of vital events are

²⁶ Global System for Mobile Communications, “Mapping access to birth registration and updates from Tanzania”, 14 September 2017.

²⁷ See

www.nida.gov.rw/fileadmin/user_upload/Summarized_Birth_and_Death_Registration_SOPs_at_Health_Facility_-1-2.pdf.

recorded using a mobile device in each community or health facility and sent digitally to a central database in real time. A mobile application makes it possible to store and transmit data when network coverage is not available. In the transition from a paper-based to a digital system, it can be beneficial for a country to maintain a one-step paper-based registration process, in particular when local connectivity and infrastructure are not yet well developed. Registration officers use a paper form with two parts: the top part is the registration form, and the bottom part is the birth certificate. These are completed at the same time and a unique identification number is issued to the declarant during the same visit.

27. The introduction of online civil registration services through government web portals in both Rwanda and mainland Tanzania has simplified the process of obtaining digital certificates from anywhere for those that register births, deaths and marriages. Offering the option to complete registration-related forms (such as notifications and declarations) online could reduce the workload of registration offices. In addition, users could avoid travel costs and wasted time when visiting registration offices. Although actual users of such services might be small in number at this stage, residents increasingly expect such government services, in particular urban dwellers. Providing Internet options would help the civil registration agency to meet the demands of today and the expectations of tomorrow.

D. Cost of registration and obtaining certificates

28. To attain full coverage, the United Nations recommends that no fee be charged for vital events registered within the time period prescribed by law or regulations.²⁸ Registration within the time period specified by law is free in African countries. Affordability (direct and indirect costs) of civil registration products and services could be considered as limiting factors to achieving complete registration. The direct cost is usually the fee for obtaining certificates. Indirect costs incurred in registering vital events derive from factors such as the availability and affordability of transport if service points are far from the community, the time taken to process registration and certification, and cumbersome administrative processes and legal procedures. Issuing birth and death certificates, at least the first copy, would strengthen efforts towards the decentralization of civil registration and would contribute to better statistical outcomes.

VII. Conclusion

29. The attainment of universal coverage of vital events would require the decentralization of registration services for better accessibility at a lower cost to users; inclusive and updated legislation based on good practices; the necessary institutional capacity; and innovations and technology. This would contribute towards enabling authorities to provide a better service to all, including population groups living in hard-to-reach areas, refugees and internally displaced persons. Countries opting to apply innovative and practical approaches in the improvement of civil registration and vital statistics systems need to learn from the experience of countries that have achieved success. The lessons learned by Rwanda and mainland Tanzania could benefit others with similar systems and backgrounds. Countries with functional systems are also encouraged to share their success stories and experience for the benefit of others.

²⁸ *Principles and Recommendations for Vital Statistics System, Revision 3.*

Annex**African countries grouped by their civil registration systems**

No.	Countries	Civil registration	No.	Countries	Civil registration
1.	Angola	C	1.	Benin	D
2.	Botswana	C	2.	Burkina Faso	D
3.	Cabo Verde	C	3.	Burundi	D
4.	DR Congo	C	4.	Cameroon	D
5.	Equatorial Guinea	C	5.	Central African Republic	D
6.	Eritrea	C	6.	Chad	D
7.	Eswatini	C	7.	Comoros	D
8.	Gambia	C	8.	Congo	D
9.	Ghana	C	9.	Côte d'Ivoire	D
10.	Guinea-Bissau	C	10.	Djibouti	D
11.	Kenya	C	11.	Egypt	D (3)
12.	Lesotho	C	12.	Ethiopia	D
13.	Malawi	C	13.	Gabon	D
14.	Mauritania	C	14.	Guinea	D
15.	Mauritius	C (1)	15.	Liberia	D (2)
16.	Namibia	C	16.	Madagascar	D
17.	Nigeria	C	17.	Mali	D
18.	Rwanda	C	18.	Morocco	D (1)
19.	Sao Tome and Principe	C (2)	19.	Mozambique	D
20.	Seychelles	C	20.	Niger	D
21.	Sierra Leone	C	21.	Senegal	D
22.	South Africa	C	22.	Somalia	D
23.	Uganda	C	23.	Sudan	D
24.	Zambia	C	24.	Togo	D
25.	Zimbabwe	C	25.	Tunisia	D (1)

Abbreviations: C– centralized; D – decentralized; NA– information not available.

Note:

^a Mainland Tanzania currently has a blend of centralized and decentralized civil registration system. Decentralization initiatives are ongoing.

^b Information was not available for Algeria, Libya and South Sudan.

^c Sources of information on centralization and decentralization are available at United Nations Children's Fund country office websites.

^d Other sources indicated by numbers (1), (2) and (3) are from the International Institute for Vital Registration and Statistics, 1995.²⁹

²⁹ International Institute for Vital Registration and Statistics, "Organization of national civil registration and vital statistics systems: an update", IIVRS Technical Papers, No. 63, December 1995 (Bethesda, Maryland, 1995). Available at https://unstats.un.org/unsd/demographic-social/crvs/documents/IIVRS_papers/IIVRS_paper63.pdf.