



# Bangladesh

Population: 160.175 Million (January 1 2017, BBS)

Size: 148,460 sq. km.

## Bangladesh's targets under the Regional Action Framework:

### Goal 1 – Universal civil registration of birth, death and other vital events



Civil registration

- ALL births will be registered within a year of the event
- ALL children under 5 will be registered.



Birth registration

- EVERYONE in the country will have their births registered.



Death registration

- 80% of deaths will be registered within a year and have a medically assigned cause of death

### Goal 2 – All individuals are provided with legal documentation of civil registration of births, deaths and other vital events, as necessary, are produced and disseminated.



Legal documents

- A birth certificate or death certificate is issued for ALL births and 80% of deaths.

### Goal 3 – Accurate, complete and timely vital statistics (including on cause of death), based on registration records, are produced and disseminated.

#### By 2021:

- Disaggregated statistics on births will be produced from registration records.
- Disaggregated statistics on deaths, along with an ICD defined cause, will be produced from registration records.
- Summary tabulations based on registration records will be produced and made available publically for birth, death, and causes of death within one calendar year.
- Vital statistics reports based on registration records will be produced and made available publically for two years.



Vital statistics

#### By 2024:

- ALL deaths occurring in health facilities will have a medically certified cause of death assigned according to international standards.
- The proportion of deaths coded to ill-defined causes will be reduced by 50%.
- At least 50% of deaths occurring without a medical practitioner will have their causes coded through verbal autopsy in line with international standards.

#### Additional Targets

#### By 2024:

- At least 60% of all marriages, divorces, adoptions, in-migration, and out-migration events will be registered.

## Regional Action Framework Implementation Steps

■ Complete   
 ■ In Progress   
 ■ No Data



### Overview of the national CRVS system:

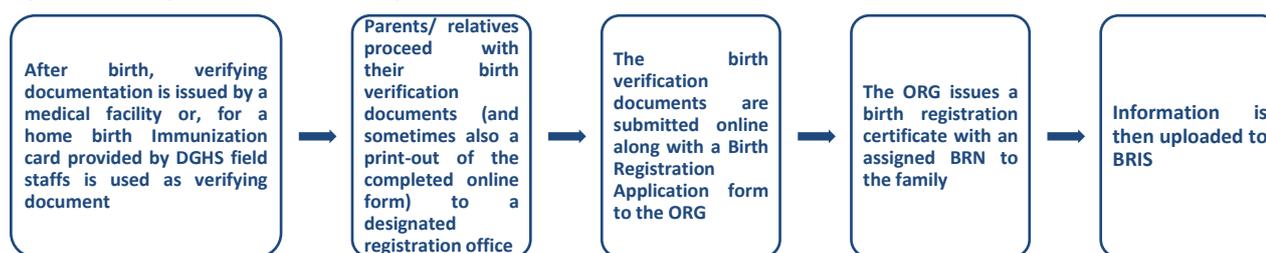
Figure 1: Overview of the Administrative CRVS Process in Bangladesh.



The CRVS system in Bangladesh (Figure 1) is the shared functional responsibility of four principal government agencies i.e.(1) Office of the Registrar General (ORG), Birth and Death Registration, Local Government Division;(2) Bangladesh Bureau of Statistics (BBS), Statistics and Informatics Division, (3) Directorate General of Health Services (DGHS), Health Services Division; and (4) Office of the Inspector General of Registration, Law and Justice Division.

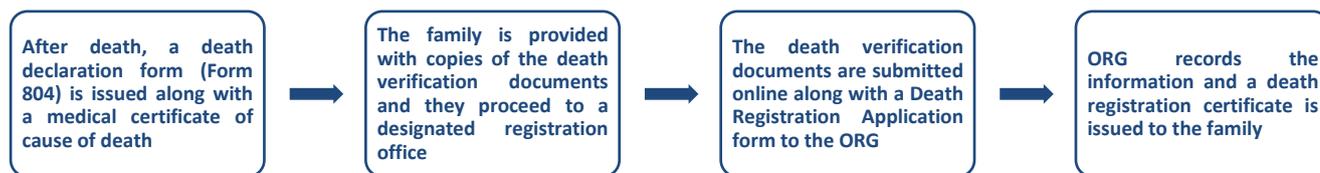
Bangladesh introduced online Birth Registration Information System (BRIS) in 2010 to replace manual birth registration.<sup>1</sup> So far, over 157.48 million (as on 15 October 2017) births have been digitally registered in BRIS at 5,085 local and foreign-based registration offices (Figure 2). Each birth been registered is assigned a 17-digit Birth Registration Number (BRN). Pursuant to the Birth and Death Registration Act of 2004, both registration and the issuance of certificates are free for birth and death. Registration is compulsory within 45 days following the birth and death, a late fee is charged for any registration occurring after 45 days.

Figure 2: Birth Registration Process in Bangladesh.



<sup>1</sup>It is also used for death registration. However, along with the online registration process, paper based applications process is also available for the time being.

Figure 3: Death Registration Process in Bangladesh:



Death registration process is similar. Hospitals use Form 804 for death declarations, as well as their own cause of death forms. Birth registration is mandatory to do the death registration. Bangladesh has recently started practicing the international standard medical certificate of cause of death in 4 hospitals and introduced MCCoD in another 19 hospitals on piloting basis. At selected large hospitals where many deaths occur, physicians have been trained to use the ICD certificate for cause of death, and statistical coding is done according to the Startup Mortality List (ICD-10-SMoL). Verbal Autopsy (VA) also has been introduced in selected areas of the country for community deaths for which there is no medical certificate of cause of death. Death registration is mandatory for conducting VA. Since there are no electronic linkages between the ORG’s BRIS and DGHS database yet, these deaths along with causes of death are not being notified directly.

Figure 4: Marriage and divorce Registration Process in Bangladesh



Marriage and divorce registration in Bangladesh is still a paper based system, but it is quite simple. Any male of 21+ years and any female of 18+ years can get married with mutual consent and marriage is registered by the Kazis/ appointed persons (Marriage and Divorce Registrars appointed by Law and Justice Division). Divorce registration can be done through a similar process. Currently, the Law and Justice Division is planning to digitize the marriage and divorce registration system with the technical support from the ‘Access to Information (azi) Program’ of the Prime Minister’s Office (PMO).

**National commitments to CRVS:**

Bangladesh is party to the following national, regional and international instruments recognising the importance of CRVS and prioritising CRVS-related standards:

- Convention on the Rights of the Child (1990);
- Ministerial Declaration to ‘get everyone in the picture’ in Asia and the Pacific including the Regional Action Framework (RAF) and the CRVS Decade (2015 – 2024); and
- The 2030 Agenda for Sustainable Development and Sustainable Development Goals (SDG) (2016).

Bangladesh’s “Seventh Five Year Plan, FY 2016 – 2020: *Accelerating Growth, Empowering Citizens,*” also specifically emphasizes the need for a stronger CRVS system.

Bangladesh is represented on the Regional Steering Group for CRVS in Asia and the Pacific by the Director General of Health Services, Health Services Division. Furthermore, Bangladesh’s national focal point for the Regional Action Framework is the Additional Secretary (Coordination), Cabinet Division, Government of the People’s Republic of Bangladesh.

**National CRVS Coordination Mechanism:**

In late 2014, Bangladesh established a National Coordination Mechanism named the “CRVS related Steering Committee”. The Steering Committee is convened by the Cabinet Secretary and comprises of 22 members from various agencies, as well as two special invitees. The agencies include the: Finance Division (FD), Ministry of Home Affairs (MoHA), Economic Relations Division (ERD), Ministry of Primary and Mass Education (MoPME), Ministry of Health & Family Welfare (MoHFW), Prime Minister’s Office (PMO), Ministry of Education (MoE), Post and Telecommunications Division (P&TD), Election Commission of Bangladesh (ECB), Planning Division (PD), Cabinet Division (CD), ICT Division (ICTD), Implementation, Monitoring

**Key Legislation:**

CRVS in Bangladesh is governed by the following legislation:

- Birth and Death Registration Act, 2004 (Amended in 2013)
- National Statistics Act (2013)
- The Muslim Marriages and Divorces (Registration) Act, 1974
- Hindu Marriages Registration Act, 2012
- The Christian Marriage Act, 1872

&Evaluation Division (IMED), Local Government Division (LGD), Statistics and Informatics Division (SID), Law and Justice Division (L&JD), BBS, DGHS, and the ORG. The two special invitees are the: Additional Director General (Planning and Development) from DGHS and the Policy Advisor for the Access to Information(a2i) Programme. The roles and responsibilities of the inter-agency Steering Committee include the coordination of activities related to CRVS development, providing direction for ministries responsible for CRVS-activity implementation, and revising/reviewing/disseminating CRVS-related national plans and documents. To realize the proper implementation of CRVS, the Steering Committee established the CRVS Secretariat at the Cabinet Division.

#### **Integrated and 'Whole-of-government' approach:**

Implementing CRVS has been given a special importance in Bangladesh. For us, it is an opportunity to streamline and synchronize the CR process being administered by different government agencies with the BBS and also to develop an integrated service development platform for the people of the country. A 'whole-of-government' approach has been adopted. The CRVS Secretariat plays the pivotal role in this regard. It provides supervisory and coordinating supports to the four principal organizations mentioned above. With technical support from the 'a2i Program', in order both to modernize service delivery and support the interoperability of databases, an Integrated Service Delivery Platform (ISDP) is being developed to connect all relevant public agencies. Along with the CR agencies the education system has a very crucial role to play in developing the baseline for CRVS. The NID wing of the Election Commission provides basis for the Unique ID system developed by the CRVS Secretariat. All IDs will converge eventually to form the UID for each and every person of the country. Which is why, we call CRVS as the CRVS<sup>++</sup> in our country.

#### **Comprehensive Multi-Sectoral National CRVS Strategy:**

In 2014, with assistance from the WHO, MoHFW conducted a comprehensive assessment of the CRVS system using the standard assessment tool developed by the WHO and the University of Queensland. Following, Bangladesh developed a CRVS Strategic Action Plan(SAP) including key recommendations, identification of responsible agencies, as well as estimated budgets and timelines. Recently, Enterprise Architecture (EA) of the CRVS has been developed and review of the legal framework has been done. Therefore the SOP is now under the process of being revised.

#### **Key achievements 2016-2017:**

In 2016, Bangladesh established the ORG whose primary responsibility is facilitating birth and death registration, as well as maintaining BRIS.

As part of the a2i Initiative, Bangladesh inaugurated the 'Age verification and marriage registration through mobile apps', to use registration as a means of supporting local leaders to prevent child marriage.

The MoHFW, with coordination support from the CRVS Secretariat, also made progress on improving the links between the health sector and registration services, including piloting programmes for training in the use of MCCoD, VA and ICD-10 (including SMoL), as well as improving the quality and collection of VS data by incorporating key variables into the DHIS2 to enable real time data tracking.

#### **Key Priorities for Improvement:**

- Stronger enforcement of existing legislation requiring birth and death registration.
- Create legislation requiring cause of death registration.
- Streamline coordination and monitoring of the country's various registration points to complete the transition to digital registration.
- Effective linkage between civil registration data and the ORG to notify the CRVS system.
- Develop a comprehensive public awareness campaign to raise awareness of the necessity of birth registration.
- Significantly increase the availability of high quality, timely and reliable disaggregated data.

### Specific priorities to address hard-to-reach and marginalized populations:

The Seventh Five-Year Plan (FY 2016 – 2020), 'Digital Bangladesh' Initiative, is committed to strengthening the knowledge economy by "establishing an inclusive information and knowledge management system". The 7<sup>th</sup>FYP emphasizes the importance of birth registration and looks to "take public and private information and services to the marginalized communities in rural areas". Bangladesh is also dedicated to promoting social inclusion and highlights the role birth registration plays in reducing child marriage. The 7<sup>th</sup> Plan articulates that "The Municipal Corporations and Pourashavas will be mobilized to register all births." And that, "Awareness raising programmes through union Parishad members, and leaders of social opinion including Imams will be conducted to eliminate the practice of early marriage".

In mid-2016, the LGD issued an administrative order requiring the registration of births for the 18,564 refugees in Bangladesh between the timeframe of 1992 and 30 June 2016. By 30 June 2016, the relevant data contained in UNHCR's functional registration system for refugees had been uploaded for 6,931 refugee children and further work is ongoing to clear the backlog. As a related measure, post-June 2016 births for registered refugees are registered directly in Bangladesh's civil registry, as well as UNHCR's functional registration system for refugees.

### Vital Statistics Reporting:

At present, Bangladesh does not produce disaggregated vital statistics (VS) reports from CR data. Instead, the ORG produces aggregated e-reports with the number of birth and death registrations from seven divisions, as well as the percentage of birth registrations against estimated population numbers, and provides "real-time" birth registration data via its website.<sup>2</sup> In addition, with support from UNICEF, the DGHS uses the DHIS2 health dashboard to collect and compile aggregated health data.<sup>3</sup> Finally, the BBS is the official source of VS data and produces disaggregated reports from the Sample Vital Registration System (SVRS). Under the Monitoring the Situation of Vital Statistics of Bangladesh (MSVSB) project the SVRS covers 2012 primary sampling units (PSU), each comprising 100-150 households. The BBS then disaggregates the regional and national figures through data extrapolation and publishes them on its website.<sup>4</sup>

### Partner supported activities (2016 – 2017):

#### *Nationally focused activities*

- Under the leadership and management of the CRVS Secretariat, WHO and D4H are working with MoHFW to increase the use of medical certification of cause of death, ICD coding and verbal autopsies. So far, 2,200 VAs have been done, 2,600 MCCoDs issued and have been transmitted to SMoL module in DHIS-2 of the DGHS.
- D4H is working with DGHS to improve the data quality and collection for vital statistics reporting.
- UNHCR is working end statelessness for migrants.
- Recently the MoHFW has decided to incorporate details cause of death in the undergraduate medical curriculum and create permanent post of coders.
- UNICEF is helping DGHS streamline service delivery by tracking health information.
- UNFPA is working to strengthen the national statistical system's data collection and analysis so that data for development (D4D) policies can be implemented.
- Under the leadership and management of the CRVS Secretariat, the D4H is working with MoHFW and ORG to pilot at the Kaliganj, Gazipur to facilitating birth and death registration by using front line health and family planning workers to assist families with the registration process.
- Birth and death registration within 45 days have been enhanced remarkably in Kaliganj so far. The government has decided to scale up Kaliganj model birth and death notification and registration including Verbal Autopsy in 11 subdistricts and MCCoD in 8 tertiary level hospitals including the Dhaka Medical College Hospital.

<sup>2</sup>The data provided by the ORG's real-time birth registration can be accessed here: <http://bit.ly/2gzl8vo>.

<sup>3</sup>The data provided by the DGHS's health dashboard can be accessed here: <http://bit.ly/2ydcrlq>.

<sup>4</sup>The data provided by the BBS vital statistics reports can be accessed here: <http://bit.ly/2yffhGi>.