



Strengthening Civil Registration and Vital Statistics

A case study of
the **Philippines**

A joint project of the Philippine Department of Health, Philippine Statistics Authority, Canadian Department of Foreign Affairs, Trade and Development, the World Health Organization and the United Nations Economic and Social Commission for Asia and the Pacific.





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Foreword

Births and deaths are vital events in a person's history. Recording them must be a matter of course. Such records provide some context for a person's beginning and end; they also help the government plan the provision of health, social and other services to the public.

Civil registration in the Philippines has gone through various mutations, from the books of records maintained by the Catholic clergy, to its institution as a legal government system, and up to the present digital age with its concomitant information technologies.

Today, the Civil Registration and Vital Statistics (CRVS) system is considered as the gold standard for health information in the Philippines. For instance, with the help of the electronic health (eHealth) system, we are now able to deliver the highest possible quality health care services via the Watching Over Mothers and Babies (WOMB) project and the Maternal and Neonatal Death Reporting System (MNDRS), among others.

Still we believe we can do better, and so efforts continue to strengthen the country's civil registration and vital statistics. Toward this end, the Department of Health, in collaboration with the Philippine Statistics Authority, Canadian Department of Foreign Affairs, Trade and Development, World Health Organization and United Nations Economic and Social Commission for Asia and the Pacific conducted a case study of CRVS in the Philippines. This study examined the current system of civil registration, its structure, functions and milestones, as well as identified concerns and challenges that need to be addressed.

We are glad to share the outcomes of the case study.

Join us in our efforts to make every Filipino count!



A handwritten signature in black ink, appearing to read 'E. Ona'.

Dr. Enrique T. Ona
Secretary
Department of Health
Republic of the Philippines

// The CRVS system is now considered the gold standard of health information in the Philippines. //

Executive summary

Civil registration in the Philippines was legally instituted in 1930, when the basic registration of births, deaths and marriages was made compulsory for identity and enumeration purposes. Since that time, the Civil Registration and Vital Statistics (CRVS) system has grown to play a prominent role in the functioning and development of Philippine society, as well as contributing to safeguarding the rights and better health outcomes of Filipino women and children. Nevertheless, the system needs to be strengthened further to increase coverage, and for decision-makers to fully benefit from vital statistics that serve as the evidence base for social, economic and health policy.



There are three main stakeholders responsible for the Philippine CRVS system today. The Philippine Statistics Authority (PSA), with technical oversight for civil registration across the country and responsibility for producing vital statistics, is the chief agency and plays a coordinating role at the national level. Meanwhile, the responsibility for actually registering and certifying vital events is accorded to Local Civil Registrars (LCR) in all 1 650 Local Government Units (LGU) and the Barangays, the Philippine version of villages, are responsible for monitoring the occurrence of vital events in the community. The Department of Health has a key notifying and supportive function since most vital events will, at some point in time, interface with the health sector, and ascertaining and coding causes of death correctly requires training for health workers.

With civil registration documents serving as the principal means for individuals to establish legal identity, civil status and family relations – and thus being essential for accessing health, education and other public services – civil registration is a fundamental element in the everyday lives of Filipinos and a form of protection. It is for this reason that the administrative and legal functions of the CRVS system are well advanced, and that there is relatively high coverage of birth and death registration – 93.5% and 66% respectively as of 2010 – compared with other countries at similar stages of socio-economic development. An estimated 7.5 million Filipinos have still not had their birth registered, with the largest under registration rates found among Muslim and indigenous population groups.

Vital statistics reveal crucial demographic and health information for policy-makers. Civil registration, when universal and of high quality, is widely recognized as the best source of vital statistics in terms of accuracy, completeness and timeliness. At present in the Philippines, it takes three years to produce a full vital statistics report using civil registra-

tion as the data source. In the interim period, some vital statistics based on civil registration records are released in varying timeframes, including birth, marriage and some mortality indicators. Other important mortality indicators, such as maternal mortality and causes of death, are largely dependent on various household surveys, which can be expensive and unreliable.

The Government of the Philippines has recognized the critical importance of developing the CRVS system as a key national resource, particularly for protecting the rights of Filipinos, facilitating public service delivery and for monitoring national health. Adding impetus to this recognition is the need to address the fact that with 221 maternal deaths per 100 000 live births in 2011, the Philippines is not on track to meet the Millennium Development Goal 5 (MDG) target of 52 maternal deaths per 100 000 live births, although it is on track for MDG 4 on infant and child mortality. Understanding the details of maternal and neonatal deaths – including the causes, characteristics of the mother and newborn, and location – is a key instrument for improving the quality of maternal and neonatal health services and making targeted interventions and strategies for prevention.

The key challenges that must be addressed in order to improve the Philippine CRVS system are the geography and population, linking different levels of government, reaching Muslims, indigenous peoples and the poor, training in ascertaining causes of death and the International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) coding and collecting information about deaths that take place outside of health facilities.

The Government has responded by developing a comprehensive national CRVS strategy to boost registration coverage and increase the quality and timeliness of vital statistics from civil registration by 2019. The goals include 99% and 80% coverage for birth and death registration, respectively, and the production of vital statistics within two years, which is likely to be achieved for 2012 data. With the committed leadership, strong coordination and enthusiastic stakeholders that the Philippines currently has on this important issue, as well as typical Filipino gusto, there is a bright future for CRVS in the Philippines. With no woman or child falling through the cracks of official vital statistics, many more lives can and will be saved.

The Philippines in brief

Population: 92.34M (2010) Philippine Statistics Authority

GDP per capita: USD 2,588 (2012) World Bank

Maternal mortality ratio: 221 per 100,000 live births Family Health Survey 2011

Neonatal mortality rate: 24 deaths per 1000 live births Family Health Survey 2011

Infant mortality rate: 22 deaths per 1000 live births Family Health Survey 2011

1. History of CRVS in the Philippines

The development of the CRVS system, much like many other aspects of public administration in the Philippines, has been strongly influenced by its colonial legacy under Spanish and American rule, as well as the prominence of Catholicism. From the 17th century until Spanish rule ended in 1898, individual parish and dioceses were required by the Catholic Church to keep books of baptisms, marriages and deaths.

In 1930, the Civil Registration Law was ratified, establishing civil registration as a public service and making the registration of all vital events compulsory. While a national authority and Civil Registrar General would oversee civil registration, the actual act of registration was delegated to local civil registrars. Until the Bureau of Census and Statistics was established in 1940 and its Director made the Civil Registrar General, the National Library was responsible for keeping civil registration records. Today, this law remains the mainstay of the legal framework of CRVS in the Philippines.

The Local Government Code of 1991 entrenched civil registration functions with Local Civil Registrars (LCR), while retaining the technical oversight of the National Statistics Office (NSO). Also in 1991, the Philippines inaugurated February as Civil Registration Month, providing an annual opportunity to raise awareness of the importance of CRVS for the lives of people and to offer special civil registration services, such as free mass weddings.

In 2000, the NSO entered into a Public-Private Partnership (PPP) with Unisys to computerize the civil registration system. Unisys would provide ongoing training, equipment and software for the NSO to manage, enumerate and issue certificates for civil registration records, while in return they would receive a fixed portion of the fee paid to the NSO for replacement certificates. Ongoing as of 2014, this is widely recognized as an example of best practice for PPPs. Having this basic IT infrastructure enabled the development, piloting and rolling out of a number of other systems to support and enhance the functioning of the CRVS system (see following section).

Between 2010 and 2012, the NSO and Department of Health, with support from the World Health Organization, carried out a comprehensive assessment of the Philippine CRVS system. In early 2014, the NSO, National Statistical Coordination Board, Bureau of Labor and Employment Statistics, and the Bureau of Agricultural Statistics merged into the Philippine Statistics Authority (PSA), which assumed the technical oversight for CRVS in the Philippines. The PSA and Department of Health continue to work closely to finalize the national CRVS strategy for 2015-2019.

BOX: CRVS and Typhoon Haiyan

On 8 November 2013, Typhoon Haiyan (locally known as Yolanda) made landfall in the Philippines' Eastern Visayas Region, causing much destruction. It was one of the strongest typhoons to hit the Philippines in its modern history. Approximately 14.1 million people were affected, 4.1 million were displaced and over 6 200 lost their lives.

As a result of Haiyan, many individuals lost their civil registration documents, including birth certificates, which are crucial for obtaining government benefits and accessing basic services. The Philippine Association of Civil Registrars reports that civil registration records were totally or partially destroyed in 44



LGUs in four provinces, meaning that approximately 1.5 million people may be without their birth certificates. In particular, children and adolescents affected by the typhoon are at risk of being unable to graduate or finish their schooling and are vulnerable to human trafficking and other related child protection issues.

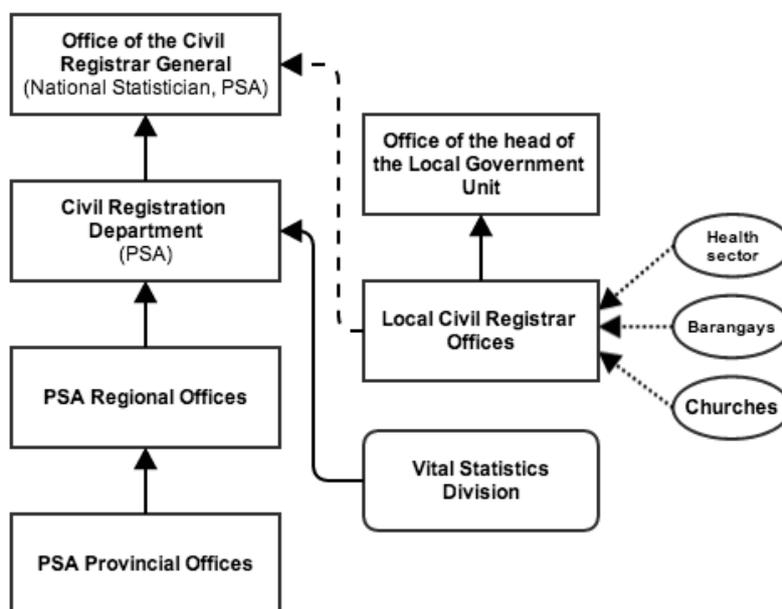
Nevertheless, although many Local Civil Registration Offices lost their equipment, the majority were able to keep their civil registration records from getting damaged by the typhoon, which aided the urgent issuance of replacement certificates.

In April 2014, the Department of Social Welfare and Development and PSA launched a mobile registration project with Initiatives for Dialogue and Empowerment through Alternative Legal Services (IDEALS), a nongovernmental organization, and the United Nations High Commissioner for Refugees (UNHCR). The aim is to reach out to 100 000 people in the provinces of Leyte, Samar and Eastern Samar to replace damaged or lost birth, marriage and death certificates.

2. Institutional structure

Whereas civil registration in most countries is mandated to a dedicated department within the ministry of interior or equivalent, in the Philippines technical oversight of civil registration rests with the national statistical office, the PSA. Another unique feature of CRVS in the Philippines is that there is no national civil registry or population database. Instead, each LGU manages its own civil registry that is linked, with varying degrees of efficiency, to the PSA's provincial and central offices for statistical purposes and making replacement certificate issuance available across the country.

Figure 1: Administrative structure for civil registration in the Philippines



The head of the PSA, the National Statistician, concurrently serves as the Civil Registrar General of the Philippines and thus is the individual with overall responsibility for CRVS in the Philippines. The National Statistician reports to the Secretary of Socio-Economic Planning and ultimately to the PSA Board, which is the highest policy-making body on all statistical matters in the Philippines.

As mentioned earlier, the actual act of registration is the responsibility of LCRs, who are appointed by and report to the head of their LGU, typically a mayor. Barangays, which are one level of government below LGUs, are responsible for monitoring vital events through the Barangay Civil Registration System (BCRS) and delivering basic health services within their area, which can have between 1 000 to 50 000 residents. With external funding, the government can roll BCRS out in all Barangays within 12 months.

The LGU is responsible for allocating fiscal resources to the LCRs and Barangays. In other words, the PSA only has technical authority over the LCRs. For example, if an LCR was infringing the national regulations, the PSA cannot take action itself, but instead must report the violation to the head of the LGU for disciplinary or corrective action.

Since the health system will, at some point in time, interface with most births and deaths, and is one of the major beneficiaries of vital statistics, the Department of Health has a significant stake in the development and functioning of the Philippine CRVS system, particularly the National Epidemiology Centre and Family Health Office. For births, health facilities and health workers inform the parents of the need to register the child's birth and, in most cases, complete the forms so the parents just have to go to the LCR for the civil registration. When it comes to deaths, health facilities and health workers perform the critical function of ascertaining the causes of death, and city/municipal health officers who, like the LCRs are within the LGU, verify those findings and code them according to the ICD-10.

The two most important laws for CRVS in the Philippines are the Civil Registry Law of 1930, which established the CRVS system, allocates responsibilities and provides definitions of vital events, and the Local Government Code of 1991, which entrenches the role of LGUs to perform civil registration acts and maintain a local civil registry under. Although there are many other laws related to CRVS, these two laws are the mainstay of CRVS in the Philippines.

Recognizing the need to have a CRVS system responsive to the cultural practices of all population groups, civil registration practices for Muslims and indigenous peoples have been adapted through law to reduce cultural barriers to registration. For instance, the requirement of having a first and last name is relaxed for indigenous populations who typically give only one name to children, and provisions are in place to facilitate death registration for deceased Muslims who have been buried within 24 hours.



In the Philippines, there is no formal coordination mechanism dedicated exclusively to CRVS. Instead, CRVS issues are discussed and coordinated through other mechanisms, such as the Philippines Health Information Network (PHIN). The lack of a dedicated CRVS coordination mechanism in the Philippines, however, should not be seen as a weakness; it is rather a reflection of the strength of existing coordination mechanisms and the deep collaboration between responsible government agencies. The key national stakeholders, namely the PSA and Department of Health, enjoy a very healthy working relationship, and through the Philippine Association of Civil Registrars, hold regular dialogue with LCRs.

BOX: The many other stakeholders of CRVS in the Philippines

There are over 20 stakeholders:

Agency / Organization	Involvement and contribution
Foreign embassies in the Philippines	Validation of civil registry documents for visa applications
Philippine embassies	Registration of vital events for over 10 million Filipinos abroad
Department of Foreign Affairs	Implementation of the Passport Act mandating all persons who will get a passport to submit birth and marriage (if applicable) certificates
Department of Social Welfare and Development	Validation of identity for social protection programmes and financial assistance Issue certification declaring a child ready for adoption
Department of Education	A valid birth certificate is a requirement for enrolment in school but does not prevent enrollment; students without a birth certificate are given until graduation to register their birth
Bureau of Immigration	Validation of birth and marriage documents
Department of Justice/Supreme Court/Office of Solicitor General	Renders opinions and guidelines regarding the issuance of implementing rules and regulations for CRVS
Armed Forces of the Philippines and Philippine National Police	Validation of birth documents to establish identity as requirement for employment
Philippine Regulations Commission	Requires valid birth documents before granting permit for professional examination
Philippine Health Insurance System	Requires birth certificate for medical claims and marriage certificate to establish affiliation for the provision of insurance Requires participating health facilities to register deaths in order for payments to be made for services rendered
Government Service Insurance System	Validation of death and marriage documents for claim purposes
Commission on Election	Works with the PSA to identify eligible voters and to clean electoral lists by means of death registration records
Social Security System	Requires birth certificate for issuance of membership ID card and also for validation of death and marriage documents for claim purposes
Philippine Veterans Administration Office	Validation of birth documents as requirement to claim benefits for veterans and members of their families, and to establish affiliation
Office of Muslim Affairs	Providing guidelines and advice for civil registration of Muslims

Churches/Religious Sects	Require birth and marriage documents before solemnizing marriage and baptism
National Commission on Indigenous Peoples	Providing guidelines and advice for civil registration of indigenous peoples
Regional Trial Courts/ Sandigan Bayan	Use civil registry documents as evidence in court/trial hearings
Legislative bodies	Makes and amends laws related to CRVS
Academia	Requires the validation of civil registration records for enrollment purposes Provides technical assistance and methodology on estimating vital event rates and on the improvement of vital statistics

IT in the Philippine CRVS system

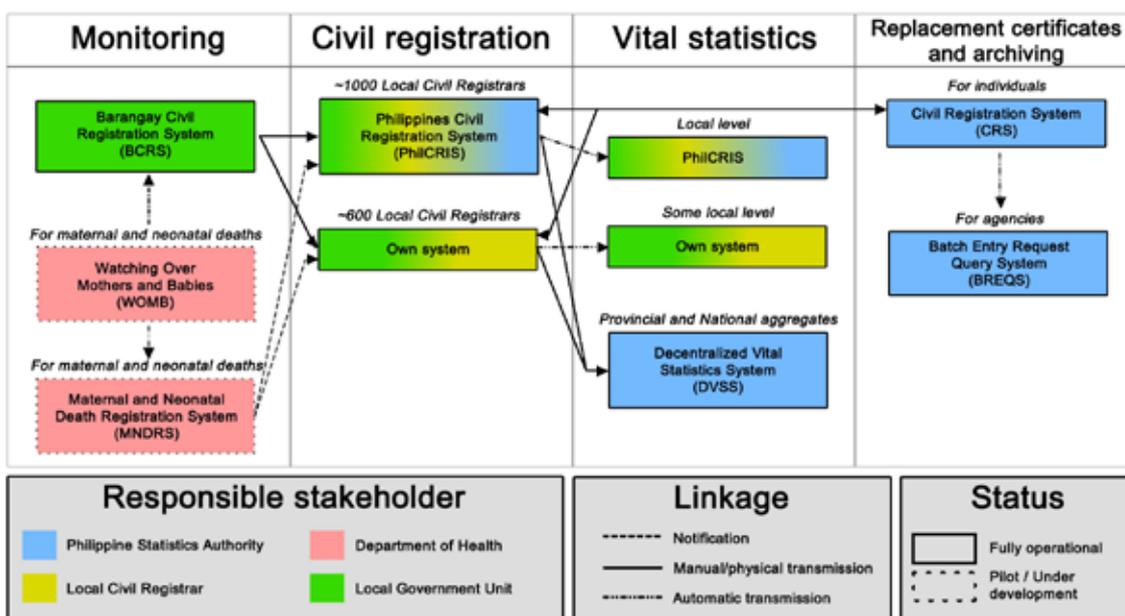
Civil Registration System (CRS): In 2000, the then NSO and Unisys entered into a PPP where Unisys would provide software, equipment and training to digitize and enumerate all of the NSO's civil registration records, and enhance the delivery of replacement certificates. In return, Unisys receives a portion of the fee paid for replacement certificates. The system was rolled out in 2002, and by 2007 all records were electronic and kept in a database. Through the Batch Requests Entry Systems (BREQS) authorized partners, such as LCRs, can accept applications for and issue replacement certificates.

Philippines Civil Registry Information System (PhilCRIS): PhilCRIS is a desktop software platform developed by the PSA for LCRs to encode civil registration certificates, store civil registration records electronically as the local civil registry database, query and retrieve encoded records, produce vital statistics and generate data files that can be transmitted to the PSA for archiving and statistical purposes. LCRs are not obligated to adopt PhilCRIS yet over 1 000 have. The remaining 600 LCRs either do not have the necessary computer skills or equipment, or use other, often proprietary, systems.

Barangay Civil Registration System (BCRS): First developed by NSO's Region 10 office in 1992, the BCRS is now rolled out in many of the 42 000 Barangays, and with additional funding, the government can roll it out in all Barangays within 12 months. The BCRS facilitates civil registration by providing Barangay officials with an information system to record and manage demographic and biographic information about residents by household. It requires Barangay officials to actively visit households and interview individuals and families about the possible occurrence of births, deaths and marriages and enquire if those vital events have been registered with the LCR. The Barangay official can then advise of the need to register the vital event, and provide support as necessary. In addition, the BCRS provides a basis for Barangay officials to actively monitor pregnancies, and maternal and **neonatal deaths**.

Decentralized Vital Statistics System (DVSS): The DVSS was developed by Unisys in 2011 and upgraded by the then NSO in 2011 to accelerate and improve the process of producing vital statistics based on civil registration records. Its primary functions are data entry, indexing, maintenance and quality assurance of civil registration data for generating statistical tables. It allows simple importing of data files generated in PhilCRIS by LCRs, while data files received in other formats have to be manually entered.

Watching Over Mothers and Babies (WOMB) and Maternal and Neonatal Death Reporting System (MNDRS): Initiated in 2012, WOMB and MNDRS are systems being developed by the Department of Health to address under or late registration of maternal and neonatal mortality. WOMB, as a maternal and neonatal health tracking system with prompting functions, serves other important purposes related to raising awareness of the services available to pregnant women, including the need to register a newborn infant. MNDRS aims to capture maternal and neonatal deaths through notifications from health workers and from WOMB, and link with the Barangay officials and LCRs to ensure that those deaths do not go unregistered. Both systems are currently in the pilot stage with promising signs.



3. Functioning of the CRVS system

A. Civil registration process

The key features of the civil registration process in the Philippines are:

- Births and deaths must be reported to the LCR office within 30 days and marriages within 15 days.
- The act of registering a vital event and issuance of the first certificate should be free of charge, however some LGUs charge 20 to 50 pesos (approximately US\$ 0.50 to US\$ 1.00) for the first certificate. The cost of replacement certificates range between 140 to 195 pesos (US\$ 3.00 to US\$ 4.50 through the PSAs over 80 service points across the country, and up to 420 pesos (US\$ 10.00) from other BREQS partners.
- Responsibility for preparing a birth certificate and reporting that to the LCR office for registration is assumed by:
 - When the birth occurred in the health facility, the administrator of that facility.
 - When the birth did not occur in a health facility, the physician, nurse, midwife, 'hilot' (traditional birth attendant) who attended the delivery of the child.
 - When In default of the above, either parent of the child.
- Responsibility for preparing a death certificate and reporting that to the LCR office for registration is assumed by:
 - The physician who last attended the deceased or the administrator of the health facility where the individual died, should prepare the death certificate and determine cause of death to report to the LCR office within 48 hours.
 - The nearest relative or person who has knowledge of the death should report it to the LCR office or city health officer within 48 hours if it occurred without medical attendance. The city health officer should examine the deceased and determine the cause of death and report the death certificate within 30 days. In the absence of a city health officer, the mayor or an LGU officer shall issue the death certificate, signing the medical certification portion of the death certificate, within 48 hours for burial purposes.
- If a woman dies during pregnancy or within 42 days of the end of a pregnancy, and the death is caused or aggregated by the pregnancy, there should be a maternal death review conducted by a trained review team, and the results will be registered in the medical certification portion of the death certificate.
- If an infant dies within seven days of birth, there are additional fields to be completed on the death certificate, including the characteristics of the mother, length of pregnancy, type of birth (single, twin or otherwise) and maternal diseases or conditions affecting the infant.

- Late registration incurs a financial penalty ranging from 150 to 400 pesos (US\$3.00 to US\$10.00) in most LGUs, who, through the Local Government Code, have autonomy to determine fees. In addition, there is a need for completing additional forms, including a sworn affidavit of delayed registration.
- The fact that a child is born out of wedlock is noted on their birth certificate and requires a sworn affidavit of paternity from the father that may require a fee depending on the LCR.
- Although the PSA does not regulate a fee for sworn affidavits, such as for late registration or paternity, some LCRs charge their own fees. These fees are often barriers to civil registration, particularly for the poor.
- Barangays, through the BCRS and the delivery of basic health services such as immunization, play an active role in the community in identifying vital events, and this is particularly important for monitoring the occurrence of deaths, maternal or otherwise, that take place at home or in the community. For the poor and illiterate, Barangay officials provide hands-on assistance to help civil registration, including filling in and submitting forms to LCRs.
- Some institutions that require civil registration certificates necessitate that the certificate being presented to them by individuals should have been issued by the PSA within six months, which, considering the cost of replacement certificates, can be prohibitive to the poor.
- The central and provincial offices of the PSA validate all civil registration records when received from LCRs, such as the ICD-10 code, to ensure that the records are of a quality to be turned into vital statistics.

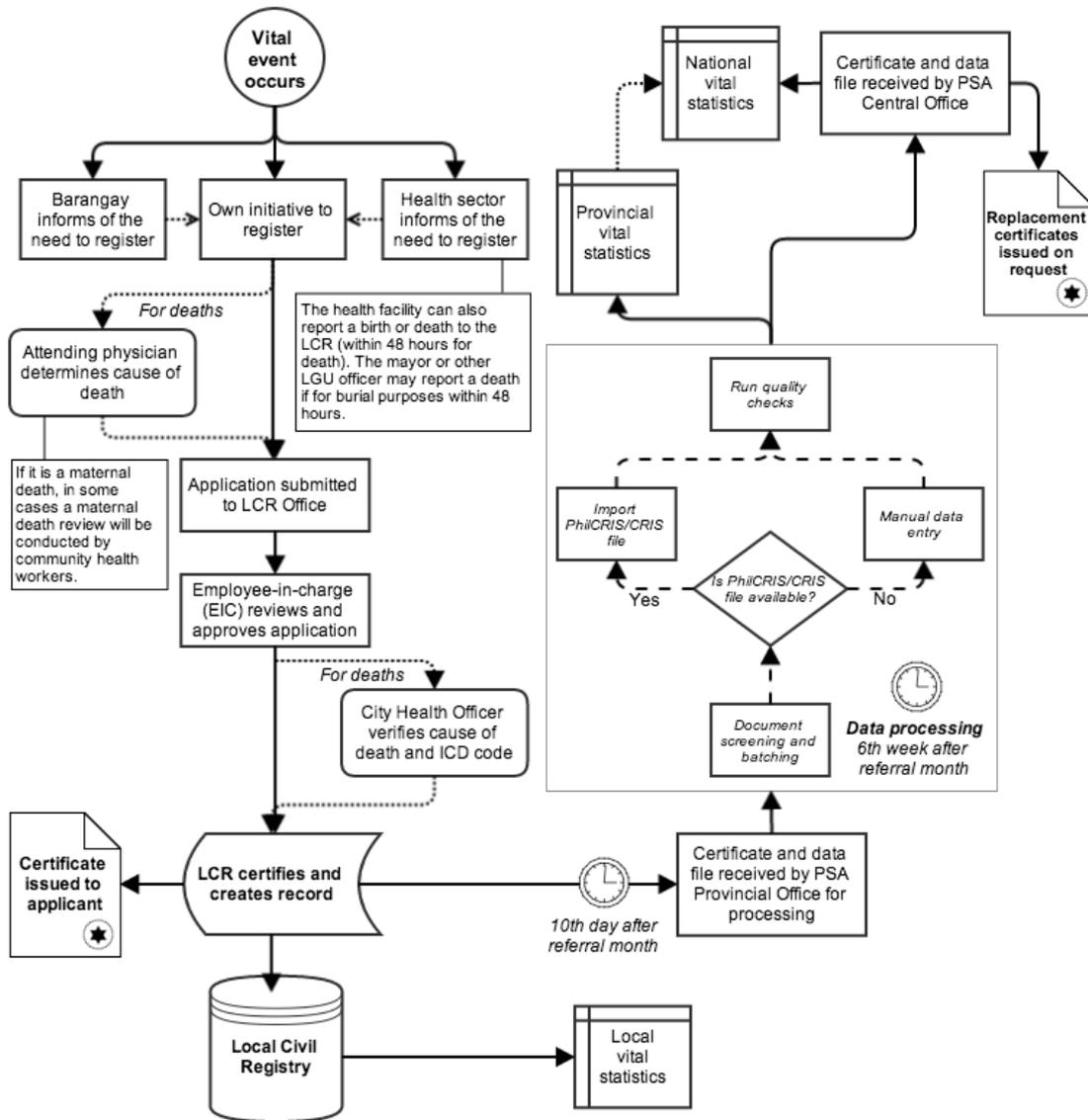
B. Production of vital statistics

The key features in the production of vital statistics based on civil registration records in the Philippines are:

- At present, it takes three years for national vital statistics based on civil registration records to be produced and publicly available. The delays are largely caused by the time needed to clean and consolidate data from a variety of sources and conduct quality checks, particularly for consistency and preventing duplication of records.
- Between full releases of vital statistics data, some demographic indicators based on civil registration records are periodically released, such as fertility rates and life tables. Moreover, vital statistics data are made available on request to other government departments, researchers and international organizations. For example, the Department of Health regularly requests data about mortality and causes of death, particularly for smaller areas such as provinces, for planning purposes and to assess the performance of existing programmes and interventions.

- As of 2010, 35% of registered deaths in the Philippines have a medically certified cause, representing about a quarter of all deaths that occurred in that year. As of 2011, an estimated 45% of births took place at home. In the Autonomous Region of Muslim Mindanao (ARMM) the figure is over 80%. This poses challenges for producing maternal and neonatal mortality statistics because there is a dependence on having a birth attendant or health worker to, at some point, have contact with the mother and newborn, and then for that person to ensure registration in case of death.
- PhilHealth, the social health insurance programme, mandates all accredited health care providers, regional managers, claim processing departments and all concerned to use the ICD-10 for health claims and reimbursements, hence inadvertently contributing to the improvement of cause of death coding.
- Although there are 80 provincial and 17 regional PSA offices, the PSA does have limited human resources and equipment. In the central office, there are just two technical staff in the VSD. Naturally, most resources for CRVS in the PSA are dedicated to the civil registration functions since this is an essential daily public service for Filipinos with around 51 000 civil registration certificates issued to Filipinos each day.
- Provincial offices of the PSA perform a key role producing statistics. Aside from producing vital statistics for their provinces and cities within their province, they effectively process the primary civil registration data received from the LCRs and transmit the data to the central office, where the Vital Statistics Division (VSD) is responsible for producing vital statistics.
- The quality of the data obtained from civil registration is influenced by how it is entered by the LCRs. Some LCRs do not have a full appreciation of the statistical implications for their work and thus some of the data received by the PSA are unreliable. LCRs, as well as certification of death and the ICD-10 coding. For instance, many LCRs that have not adopted PhilCRIS still submit civil registration data in another electronic format but some still submit their records in hard copy only for archiving purposes.
- LCRs are able to produce many vital statistics for their city or municipality using PhilCRIS, such as demographic indicators and provincial offices of the PSA use DVSS to produce provincial vital statistics. Many LCRs produce these data to support the policy-making of their LGUs, likewise for provincial offices of the PSA for provincial governments. Through BCRS, many Barangays are able to track how many and where residents are born, move in, die and get married, which allows them to better plan and manage the delivery of basic health and other public services, such as

immunization for infants and tracking pregnancies.



C. The process flow of CRVS in the Philippines

Figure 3: Process flow of CRVS in the Philippines

4. Strengthening the Philippine CRVS system

Considering its stage of socio-economic development and the geographic and cultural challenges it faces, the Philippines has a well-functioning CRVS system. Registration coverage is particularly high, except among Muslim and indigenous minorities, and the administrative and legal functions of the CRVS system, including the actual act of civil registration, maintenance of civil registration records and issuing replacement certificates, are effective and efficient. This section identifies the key reasons why the Philippine CRVS system is as developed as it is.

A. Access to public services and social protection

In the absence of a national identity card scheme, civil registration is the primary means for Filipinos to prove who they are and their eligibility for certain public services and social protection. When Filipinos try to access public services, such as when a child is being immunized, this is an opportunity to prompt them or the family of the need to register vital events to secure their rights and privileges.

As can be seen in the table below, aside from 'Other', the three leading reasons for individuals to secure a birth certificate are school requirements, claim benefits/loan and passport/travel.

Schools and universities require a valid birth certificate for enrollment. However, the lack of a birth certificate is not used by public schools to prevent enrollment. Instead, the school will provide advice for registering the birth and will require that the child provide a valid birth certificate by graduation. This intervention has been credited with dramatically increasing birth registration coverage.

Many government benefits and financial assistance programmes require Filipinos to provide valid birth, marriage and death certificates to demonstrate eligibility. As a country with a significant population living under the poverty line, many Filipinos rely on social protection for their welfare. Attaching civil registration services to the delivery of these programmes has proven a successful means of addressing under-registration of the poor. For instance, the Pantawid Pamilyang Pilipino Program (4Ps), a conditional cash transfer programme for 3 million Filipinos, is designed to provide financial assistance for families of children 0-14 years old who meet certain health and education conditions and birth registration is one of those conditions. In addition, free birth registration services are offered on occasion for beneficiaries.

Many Filipinos are working across the globe, with an estimated 10 million Filipinos living outside of the Philippines. The requirement of the Department of Foreign Affairs for Filipinos to produce a birth certificate when they apply for a passport has thus contributed to registering older individuals who may not have had their birth registered earlier in life. Moreover, it has created an added incentive for parents to register a child since they do not want to restrict their child's opportunities later in life.

“ As a local civil registrar, I dream of providing reliable statistics on births and ages of the mother to the Barangays so they can respond to the health needs of pregnant teenagers. ”

Ms. Josephine C. Copada, Civil Registrar of Makati City

Table 1: Reasons for securing Birth Certificates for the Years 2006-2013

Reasons for securing birth certificates								
	2006	2007	2008	2009	2010	2011	2012	2013
BIRTH	5 226 116	5 928 727	7 144 818	7 030 096	7 641 967	8 210 804	8 551 788	8 897 832
SCHOOL REQUIREMENTS	1 325 515	1 524 949	2 015 593	2 110 370	2 219 657	2 323 941	2 488 704	2 468 830
PASSPORT/TRAVEL	1 272 473	1 188 955	1 218 261	1 043 535	1 016 015	1 086 661	1 087 145	1 112 105
CLAIM BENEFITS/LOAN	1 097 767	1 277 648	1 744 450	1 957 414	2 233 111	2 319 787	2 363 535	2 464 639
EMPLOYMENT (LOCAL)	302 013	365 191	450 985	387 485	430 520	473 727	479 602	518 911
EMPLOYMENT (ABROAD)	117 034	117 235	121 349	78 510	78 143	85 979	90 666	91 891
OTHERS	1 108 135	1 450 783	1 587 969	1 449 836	1 662 213	1 916 687	2 036 184	2 237 490
NOT STATED	3 179	3 966	6 211	2 946	2 308	4 022	5 952	3 966

B. Community outreach: Civil registration month and mobile registration

The Philippines is one of the few countries in Asia and the Pacific to have an annual commemoration of civil registration. Since 1991, February every year is Civil Registration Month. As part of the celebrations, free civil registration services are offered and LCRs and provincial and national governments make an active effort to reach out to the public to educate about the importance of CRVS for the lives of Filipinos, usually under a different theme each year.

Since 2009, the PSA has worked with a number of partners, including Plan International and UNHCR, to reach out to certain populations and, retrospectively, to register births, deaths and marriages. This includes underserved communities, such as those in remote areas or islands without an LCR office, but has particularly focused on the Autonomous Region of Muslim Mindanao (ARMM). Unfortunately, the armed conflict in ARMM has limited the delivery of government services and, in some cases, has made the conditions for reaching LCR offices unsafe for families. In addition, civil registration documents are not required for as many services in ARMM as in the rest of the Philippines. As a result, an estimated 30% of people have not had their birth registered and very few deaths are registered. In 2010, only 15% of births were registered.

Mobile registration involves the setting up of a temporary office, often in a truck, to periodically visit communities and ask individuals and families to notify and register vital events that may or may not have been registered before. While the emphasis is on registering births, the service provided by the PSA also offers the ability for individuals to register marriages and deaths.

Other activities are undertaken by the PSA in outreach to the community. For instance, the PSA maintains a call centre for the public to discuss issues related to civil registration and it hosts a weekly show on public radio that takes live questions from the audience.

C. Improving maternal and neonatal death data through eHealth: WOMB and MNDRS

The Philippines is working hard to live up to its MDG commitments to reduce the infant and maternal mortality rates. In 2008, the Department of Health issued guidelines on implementing the Reforms for the Rapid Reduction of Maternal and Neonatal Mortality through providing integrated Maternal, Newborn, and Child Health and Nutrition (MNCHN) services as appropriate to all localities of the country.

Two IT/eHealth interventions that were initiated by the Department of Health are the Watching Over Mothers and Babies (WOMB) project and the Maternal and Neonatal Death Reporting System (MNDRS). With the advent of the latest joint technological and health enterprises in developing countries, these pilot projects aim to incorporate SMS applications to the online health data reporting system, and eventually link with the CRVS system.



The WOMB Project, a maternal and neonatal health tracking system using tablets, is an intervention envisioned to be a prompting system to remind mothers or any member of their household or the community to which they belong, of the health services that the pregnant women and/or her child need to avail; a teleconsultation system between the mother and the Rural

Health Unit (RHU) service providers to the extent that is legally allowed and operationally feasible; supporting the referral system within the local health system specifically from the RHU or Basic Emergency Obstetric and Newborn Care (BEmONC) to the next level facility as appropriate; and data management systems or a report generation system for various levels of the health care delivery system. This is also part of the convergence project called Social Protection Support Initiative, which is expected to harmonize with the other two component projects being implemented by the Department of Social Welfare and Development (DSWD) and Philippine Health Insurance Corporation (PHIC).

WOMB is currently being piloted in Oriental Mindoro, a province with one of the highest rates of maternal and infant mortality, with prospects for extending the pilot to three other provinces (Occidental Mindoro, Western Samar and Surigao del Sur).

On the other hand, the MNDRS is a response to problems of flawed and uncertain reporting of maternal and neonatal deaths. Underreporting of deaths among women and children is common, especially in Geographically Isolated and Disadvantaged Areas (GIDA) and with indigenous peoples, and death reviews are done only quarterly. The MNDRS attempts to respond to these problems. The MNDRS's functional design supports MNCHN strategy by capturing deaths at an early stage at various levels of the health system and thus, tries to address underreporting and late reporting. This is envisioned to provide a fairly complete estimation, and an immediate and efficient report of both maternal and neonatal mortalities, considering the limitations of the civil registration system when it comes to maternal and neonatal deaths that take place outside of health facilities.

The online system and tablet applications for WOMB and MNDRS are being finalized. Once approved by the Department of Health, WOMB and MNDRS can converge with the CRVS system and offer real-time notifications of the occurrence of births and maternal and neonatal deaths to Barangay officials, LCRs and city health officers, such as through PhilCRIS. The Department of Health and PSA are working closely to this end.

5. Challenges

A. Geography and population

The Philippines is an archipelago of 7 107 islands covering an area of 300 000 square kilometers. It is expected to reach a population of 100 million by the end of 2014, with approximately 45% living in urban areas. A further 10 million Filipinos live abroad, and this, combined with the dependence on civil registration documents for individuals to establish legal identity, creates a need to offer civil registration services at consular facilities.

With so many islands and such a large population, it is challenging to provide civil registration within a reasonable distance of the whole population, and to register deaths in remote populations. Low registration levels have been observed in GIDAs, including mountainous areas and islands. There is therefore a need to continue to invest in and provide mobile civil registration services to GIDAs, and for a greater emphasis on death registration in mobile registration campaigns.

The experience of the Philippines is that demographic and health surveys in the different cities, municipalities and provinces across the country have proved to be costly in effort, both in time and in money, creating added impetus for developing the CRVS system as the primary source of vital statistics.

B. Linking different levels of government

There are pros and cons associated with the highly devolved government structure of the Philippines. On one hand, it allows the delivery of public services to be tailored to smaller communities and allows for greater interface between the public officials and the individuals they serve. On the other hand, when implementing a national programme, such as what the CRVS system is, it presents challenges in terms of inconsistencies across how LGUs operate and their outputs, in other words the civil registration records they create and the data they send to the PSA for statistical purposes. Moreover, without direct authority over LCRs, the PSA, as the main responsible stakeholder for CRVS in the Philippines, actually has limited power in practice. The fact that LCRs are not obliged to use PhilCRIS is testament to this fact.

The devolved nature of CRVS in the Philippines should be seen as an opportunity to make CRVS more relevant for LGUs and thus an opening to develop the CRVS system from the ground up and not just from the top down. If LGUs reap the benefits of an efficient and effective CRVS system, including reliable and timely vital statistics on the residential population, they are far more likely to invest in strengthening the LCR office, including equipment and staff.

At the same time, the systems being developed at the national level, such as PhilCRIS and DVSS, should be made flexible for LGUs so that as many as possible use them, and ongoing support and training ought to be provided. Consequently, with a greater rate of

adoption of the PSA's systems will come a more efficient process of keeping civil registration archives and producing vital statistics. In addition, LCRs should appreciate the impact that the quality of their work can have on local, provincial and national statistics, and thus have a greater ownership over the data that they are producing.

C. Reaching Muslims, Indigenous Peoples and the poor

For a variety of reasons, civil registration coverage rates among Muslims, indigenous peoples and the poor are much lower than the national aggregates. However, for Muslims and indigenous peoples, it could be argued that this is largely because of geography rather than any institutional barriers or discrimination. The overwhelming majority of vital events among Muslims that go unregistered are within ARMM, where the security situation has created barriers for individuals to access most public services, including civil registration. Indigenous peoples, likewise, experience lower civil registration coverage rates in remote parts of the country.

For the poor, much progress has been made in addressing the root causes of under- and late registration. This includes making civil registration services more accessible through active Barangay officials using BCRS and offering free civil registration services. There remain, however, some cost barriers to civil registration such as the cost of sworn affidavits for delayed registration or for paternity of a child born out of wedlock, which are charged by LCRs.

The Philippines should be applauded for the measures it has taken to address civil registration inequalities across different population groups in the country. Nevertheless, much work still has to be done, including targeted strategies to continue to close the gaps among Muslims, indigenous peoples and the poor.

D. Training in ascertaining causes of death and ICD-10 coding

There are some concerns about the quality of ascertaining causes of death and ICD-10 coding, which greatly affects the reliability of cause of death statistics. Approximately 15% of registered deaths have an ill-defined cause and garbage codes are in the top 10 of causes of death for the Philippines. Most of the time, a physician or health worker will write the causes of death on the death certificate, ascertained through examination or verbal autopsy, and then it is up to the city health office to provide the appropriate code. Some physicians and health workers have not had adequate training for ascertaining causes of death or using verbal autopsy, and if a deceased person has spent less than 12 hours in a hospital or 24 hours in a health facility, they will not certify the cause of death but instead provide a medical abstract.

Concerning coding, many LGUs do have full-time and trained ICD coders within the city health office, but some might not have the resources to provide this important function. Consequently, some coding is done by part-time officials with limited knowledge and training in ICD-10.

Considerable resources should be invested in training for physicians and health workers, including midwives, to ascertain causes of death, and for LCRs and city health offices in ICD-10 coding. Furthermore, these skills should be integrated as much as possible into medical school programmes in the Philippines.

E. Deaths taking place outside of health facilities

The majority of deaths in the Philippines take place outside of a health facility, presenting a challenge for registering those deaths. Although a death certificate is a requirement for burial, only two thirds of deaths are registered. According to Islamic practices, a deceased Muslim should be buried within 24 hours. It is, therefore, crucial that there be a more active approach for identifying the occurrence of deaths outside of health facilities and a greater awareness raising of the importance of notifying authorities of deaths. In addition, complementary systems such as WOMB and MNDRS perform an important role to address this challenge.

The added challenge for deaths outside of facilities is determining the causes of death, including for the vast number of maternal mortalities that occur at home. In many cases of death outside of a health facility, a health worker may be able to ascertain cause of death by reviewing medical records and verbal autopsy. There should be more tools and training provided to these workers and LGUs to ascertain causes of deaths in the community.

6. Get every Filipino in the picture: A CRVS road map for the Philippines

In 2010, the then NSO and Department of Health of the Philippines was one of the first countries to apply rapid and comprehensive assessment tools for CRVS developed by the World Health Organization and the University of Queensland, Australia. The comprehensive assessment, as well as a study on completeness of civil registration in the Philippines, was finalized in 2012. Recommendations on the basis of these assessments and studies were developed and the government committed to developing a national CRVS strategy to address the gaps in the CRVS system.

Through the Philippine Health Information Network, the PSA and Department of Health during 2013 and 2014 developed a national CRVS strategy for 2015 to 2019. The strategy builds on the strengths of the current CRVS system, including its reliable administrative and legal functions and IT infrastructure, and aims to tackle the issue of under-registration and to improve the quality of civil registration data so that it can become the primary source of vital statistics in the Philippines. Furthermore, the strategy aims to move towards interoperability of the different systems related to CRVS in the Philippines, such as integrating WOMB and MNDRS into the CRVS system.

The three goals of the national CRVS strategy are:

1. Improved quality and coverage of registration: By 2019, increase death registration from 66% to 80% and birth registration from 93.5% to 99%.
2. Increased awareness and utilization of vital statistics: By 2019, quality vital statistics are readily available and accessible for use in policy development, health development, health planning, and program management across all levels of government.
3. Enhanced support for capacity-building for CRVS strengthening: By 2019, governance and policy support mechanisms for civil registration are established at local and national levels and CRVS development plans are crafted and implemented.

The national CRVS strategy sets out priorities and actions for achieving each goal. The activities are across all levels of government and stakeholders from the PSA to the Department of Health and LCRs. Some of the capacity building could be underwritten by the Philippine government through the Medium-term Information and Technology Harmonization Initiative (MITHI) project, which is a government fund for cross-agency IT projects.

Very importantly, with the Philippines needing to urgently put itself on track to meet its target for maternal mortality, the government has intensified its commitment to improving the CRVS system. It simply must know who, where and why mothers are dying and children are being born. Other sources of vital statistics, particularly household surveys, are too expensive and can be unreliable. Until now, surveys have provided a 'quick fix'

for missing statistics, but the vision of continuous, complete and reliable vital statistics from civil registration as a permanent source is one that the government wants to realize.

With determination and strong leadership from the highest levels of government combined with keen stakeholders, this is an exciting time for CRVS in the Philippines.

Demonstrating regional leadership

The importance that the Philippine Government has placed on CRVS is exemplified by the leadership role it has taken in pushing CRVS high on the regional agenda for Asia and the Pacific. In 2011, the Philippines sponsored the first ever resolution on CRVS to the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), which led to the convening of a high-level meeting on CRVS in December 2012 that was attended by 43 Asian and Pacific governments.

A strong recommendation arising from the high-level meeting was the need for ministers of the Interior and Health to endorse a regional action framework to focus and accelerate CRVS improvement activities in the region. The Philippines responded to that recommendation by sponsoring an ESCAP resolution in 2013 that requested ESCAP to convene the first-ever ministerial conference on CRVS in Asia and the Pacific in November 2014.

In 2013, Assistant Secretary of Health and Director of the National Epidemiology Center, Dr. Enrique Tayag, was elected as Vice Chair of the Regional Steering Group for CRVS in Asia and the Pacific, the peak body for guiding CRVS activities in the region. The Regional Steering Group has overseen the development of a Regional Action Framework, a groundbreaking document for CRVS that will be presented at the ministerial conference and will launch the Asia-Pacific Decade of CRVS Action for 2015 to 2024.

i Source: Plan International / Diosdado Capili

ii Source: WHO Photo Library

iii Source: Philippine Department of Health / Gerald Aguinaldo

iv Source: Philippines Department of Health

