CIVIL REGISTRATION and VITAL STATISTICS SYSTEMS IMPROVEMENT in BANGLADESH:

Assessment, Analysis and Redesign report

2026

Vital Strategies | Bloomberg Philanthropies | DATA FOR HEALTH INITIATIVE

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Photograph on the cover page:

A mother and her son receive medical services and vouchers at the regional hospital in Daudkandi Upazila, Cumilla District. To encourage birth registration and improve maternal and child health, the government has introduced social programs that provide incentives—such as vouchers—for families who register newborns and seek prenatal and postnatal care. These efforts also contribute to reducing maternal mortality.

Executive summary

Over the past decade, Bangladesh has made strong and sustained progress in strengthening its Civil Registration and Vital Statistics (CRVS) system. Birth registration completeness rate increased from 10% in 2014 to 63% in 2025, and death registration from 9% to 59% during the same period, demonstrating the impact of major legal reforms, institutional development, and digital transformation. Key milestones include the establishment of the Office of the Registrar General (ORG), nationwide deployment of the Birth and Death Registration Information System (BDRIS), leveraging the health system to increase the uptake of birth and death registration, and the successful linkage of birth registration with the national identity system.

Building on this foundation, the Government of Bangladesh undertook the Assessment, Analysis, and Redesign (AAR) exercise to consolidate achievements, identify remaining opportunities for improvement, and shape the next phase of CRVS development. The AAR applied the internationally recognized CRVS Systems Improvement Framework (https://library.vitalstrategies.org/crvs-improvement-framework), combining business process mapping, the CRVS-System Analysis and Redesign (SAR) tool, field observations, and extensive stakeholder consultations, including a national validation workshop. This participatory and evidence-based approach ensured strong ownership across institutions and administrative levels.

The assessment highlights that the CRVS system is now well-positioned to transition from incremental improvements toward a more proactive, integrated, and service-oriented model. While further strengthening is needed in areas such as health–CRVS integration, digital service delivery, system coordination, performance management, and the systematic incorporation of gender-responsive approaches to ensure equitable access and outcomes, the core institutional and technical foundations are firmly in place to support accelerated progress.

Accordingly, the report presents a forward-looking reform agenda structured around eight Action Areas: business processes; human resources; ICT; physical infrastructure; management and coordination; advocacy and communication; vital statistics (including causes of death); and policy and law. Central to the reform agenda is the introduction of a proactive, health-led registration model, enabling registration at the point of service and expanding the role of health facilities as authorized informants. Complementary reforms include simplified and assisted registration pathways for home births, strengthened community and funerary linkages for death registration, end-to-end digital services, enhanced BDRIS functionality, stronger ORG capacity, institutionalized performance monitoring, and sustained advocacy and communication.

Together, these reforms will support Bangladesh's transition toward a modern, client-centred, digitally enabled, and sustainable CRVS system. Implemented through a costed Strategic and Action Plan, the recommendations will further improve registration completeness and timeliness, expand legal identity coverage, enhance data quality, and strengthen the production and use of vital statistics and cause-of-death information. The next phase of CRVS development will reinforce Bangladesh's progress toward the Sustainable Development Goals and the national vision of inclusive, data-driven governance.

The reform agenda is translated into strategic recommendations across the eight Action Areas, summarized in the next page.

Strategic recommendations

1. Business processes

a. Transition to a ***proactive, health-led registration model*** for facility births and deaths, shifting initiation from families to service providers.

b. Institutionalize ***assisted pathways for home births*** and structured ***community and funerary pathways for home deaths*** to ensure timely reporting outside health facilities.

c. Enable ***end-to-end digital and remote-friendly registration***, supported by assisted channels for non-digital users to ensure equity.

d. ***Simplify workflows and eliminate unnecessary documentary preconditions*** to improve access, reduce client cost, and enable timely certificate issuance.

e. Institutionalize ***national SOPs*** and differentiated processes for timely versus delayed registration to ensure coherence and efficiency.

2. Human resources

a. Implement a ***structured change-management and capacity-building programme***, with particular emphasis on new and expanded health-sector roles, including attention to gender-sensitive service delivery.

b. Strengthen the ***stewardship and technical capacity of the ORG*** to lead coordination, oversight, monitoring, and system improvement.

3. Information & communication technology

a. ***Modernize BDRIS*** **to support redesigned workflows, interoperability, and future integration needs.**

b. **Strengthen *digital infrastructure and user-facing online services*, including support systems, to improve service delivery and client experience.**

4. Physical infrastructure

a. **Improve *registration facilities, hospital service points, and burial/cremation sites* to support point-of-service civil registration and a more respectful and accessible client experience.**

5. Management & coordination

a. **Institutionalize *performance monitoring and structured review mechanisms* across national and subnational levels.**

b. **Strengthen *supervision, quality assurance, and assisted digital support services* to improve consistency and responsiveness.**

c. **Reinforce *coordination mechanisms*, including District Level Task Forces, to support multi-sector collaboration and follow-through.**

6.
Advocacy & communication

a. Implement sustained ***advocacy for political commitment, financing, and cross-sector engagement***, particularly with the health sector.

b. Strengthen ***targeted communication and user support*** to improve timely and inclusive registration, with emphasis on deaths and female death registration.

7.
Vital statistics & statistics on causes of death

a. Operationalize ***ORG–BBS data exchange and statistical quality management*** to support routine use of civil registration data.

a. Strengthen ***MCCD, ICD coding, and verbal autopsy systems*** to improve mortality statistics for health planning.

8.
Policy & law

a. Establish a ***structured process of policy and legal reform*** to institutionalize redesigned business processes, enable digital service delivery, and remove barriers to universal civil registration, integrate gender-sensitive provisions to promote equitable access and ensure regulatory alignment.

b. Enable ***digital and interoperable registration frameworks*** and remove barriers that limit universal access.

c. Ensure ***predictable financing and institutional capacity for the ORG*** to support long-term system sustainability and stewardship

Acknowledgements

The Cabinet Division extends its sincere appreciation to all institutions and individuals whose contributions were instrumental in the successful completion of the *Assessment, Analysis, and Redesign Report*. The comprehensive assessment process including system analysis, stakeholder consultations, and the development of redesigned processes was made possible through the collective efforts, technical expertise, and sustained commitment of numerous partners across government and development agencies.

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Special recognition is accorded to the Core Committee and the Working Group for their critical contributions, continuous collaboration, and institutional guidance, which were essential to the successful execution of the assessment and redesign process. The Cabinet Division also expresses its deep appreciation to the Office of the Registrar General, a2i, civil society organizations such as Nari Maitree, Progga and senior officials of various ministries, divisions, and departments for their constructive participation and valuable inputs during the validation workshop.

Finally, sincere gratitude is extended to all field-level staff, supervisors, and stakeholders who participated in workshops and validation exercises. Their cooperation, practical insights, and commitment were instrumental in strengthening the analysis and shaping feasible, context-appropriate redesign recommendations. The Cabinet Division expresses its sincere appreciation to UNICEF, GHAI, UNFPA, Johns Hopkins University's Gender Equity Program, UNDP, the British Council (Effective Governance Project), United Nations ESCAP, UNHCR, WHO, the UN RC's Office , and the Australian High Commission in Bangladesh (DFAT) for their valuable contributions to this report. Several partners participated in the CRVSID and validation workshops, while others provided additional feedback during the review process. Their insights and constructive inputs greatly contributed to strengthening the analysis and recommendations presented in this report.

Contents

List of figures and tables

Acronyms

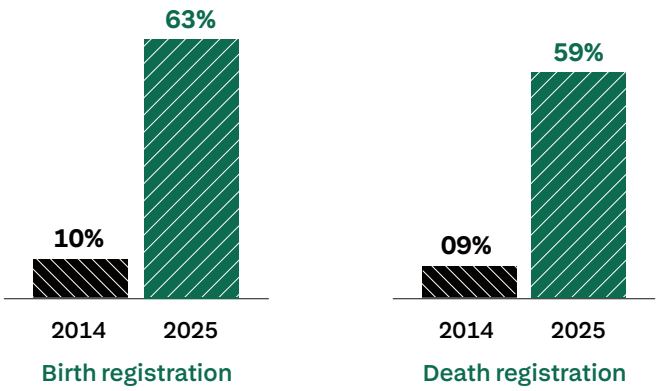
Sl.No.	Acronym	Full form
1.	AAR	Assessment, Analysis, and Redesign
2.	APA	Annual Performance Agreement
3.	BBS	Bangladesh Bureau of Statistics
4.	BDR	Birth and Death Registration
5.	BDRIS	Birth and Death Registration Information System
6.	BPM	Business Process Mapping
7.	BRIS	Birth Registration Information System
8.	CRVS	Civil Registration and Vital Statistics
9.	CRVSID	Civil Registration, Vital Statistics, and Identity
10.	CRVS-SAR	CRVS System Analysis, and Redesign
11.	DGHS	Directorate General of Health Services
12.	D4H	Data for Health
13.	ESCAP	United Nations Economic and Social Commission for Asia and the Pacific
14.	ICT	Information and Communication Technology
15.	LGD	Local Government Division
16.	MCCD	Medical Certification of Cause of Death
17.	M&E	Monitoring & Evaluation
18.	MLDI	Medico-Legal Death Investigation
19.	NCT	National Core Team

20.	NID	**National Identity**
21.	ORG	**Office of the Registrar General**
22.	RAF	**Regional Action Framework**
23.	RBD	**Registration of Births and Deaths**
24.	S&AP	**Strategic and Action Plan**
25.	SID	**Statistics and Informatics Division**
26.	UNLIA	**United Nations Legal Identity Agenda**
27.	VA	**Verbal Autopsy**

Chapter I
Introduction

1.1 Evolution of Civil Registration in Bangladesh

Over the past decade, Bangladesh has achieved substantial improvements in the completeness of both birth and death registration. By 2025, the country reached 63% birth registration and 59% death registration within one year of occurrence, compared to only 10% and 9%, respectively, in 2014. This represents a remarkable advancement in civil registration performance over an 11-year period.



More broadly, civil registration in Bangladesh has undergone a significant transformation over the past century—evolving from fragmented, paper-based processes into a progressively digitized and increasingly coordinated national system. This transformation reflects the government's sustained commitment to ensuring that the registration of vital events is universal, compulsory, permanent, and continuous, and that these records are effectively integrated with national identity management systems.

Table 1 : Key milestones in the evolution of Civil Registration in Bangladesh[1]

Year	Milestone achieved
1873	First law on birth and death registration enacted
1886	Births, Deaths, and Marriages Act enacted
2004	Birth and Death Registration (BDR) Act enacted, replacing earlier laws

1: https://www.unicef.org/media/147171/file/Bangladesh_CRVSID%20Case%20Studies_2023.pdf

2010	Online Birth Registration Information System (BRIS) established
2010	National Identity Registration Act enacted
2013	The BDR Act was amended in 2013 and Comprehensive CRVS assessment conducted and 10-year Strategic Action Plan (2014–2023) developed
2014	National CRVS Steering Committee established under the Cabinet Division
2016	Office of the Registrar General (ORG) established
2016	Issuance of biometric smart National ID cards begins
2018	Birth and Death Registration Rules framed
2020	BDRIS established by adding death registration to BRIS
2020	Legal review of CRVS, vital statistics, and national identity laws completed
2020	Birth registration data sharing with Election Commission begins; UIDs assigned at birth
2022	Introduced the Kaliganj Model - a new rural registration process engaging health workers, village police and religious leaders

The origins of civil registration in Bangladesh date back to 1873, when the first legislation on birth and death registration was introduced in the then-undivided Bengal, later complemented by the Births, Deaths and Marriages Act of 1886. Despite this early legal foundation, civil registration systems remained weak for decades, with limited coverage and completeness due to fragmented institutional arrangements and reliance on manual processes.

A major turning point occurred with the enactment of the Birth and Death Registration (BDR) Act in 2004, which repealed earlier legislation and established a modern, mandatory framework for birth and death registration nationwide. Subsequent amendments in 2013 led to the establishment of the Office of the Registrar General (ORG), which became fully operational in 2016. The issuance of detailed Birth and Death Registration Rules in 2018 further strengthened implementation by clearly defining procedures, standards, and institutional responsibilities.

In parallel, Bangladesh embarked on a digital transformation of civil registration. The launch of the online Birth Registration Information System (BRIS) in 2010 replaced manual processes and enabled online birth registration through digitally connected local registration centres. This was further strengthened in 2020 with the introduction of the Birth and Death Registration Information System (BDRIS), which, for the first time, enabled online death registration.

Identity management reforms advanced alongside CRVS modernization. The National Identity Registration Act enacted in 2010 assigned responsibility for issuing National Identity Cards to the Election Commission. The national ID database was built using biometric voter data collected during the 2007–2008 nationwide campaign, and from 2016 onwards, biometric, microchip-enabled smart cards replaced paper-based NIDs, significantly enhancing identity security and verification.

In 2013, a comprehensive assessment of the CRVS system was undertaken under the leadership of the Ministry of Health, with participation from multiple government agencies. This assessment resulted in a 10-year Strategic Action Plan (2014–2023)[2] that outlined priority reforms. To strengthen coordination and oversight, a national CRVS Steering Committee chaired by the Cabinet Secretary was established in 2014. Since the formal establishment of the ORG in 2016, both the Local Government Division and the Ministry of Health and Family Welfare have invested substantial domestic resources to scale up and institutionalize CRVS nationwide, supported by technical and catalytic assistance from development partners.

In 2020 the same year, birth registration data began flowing in real time to the Election Commission's ID database following the signing of a memorandum of understanding with the ORG, enabling the assignment of a Unique Identity Number (UID) to newborns at birth registration.

Taken together, these developments demonstrate Bangladesh's steady progress toward a comprehensive CRVSID system aligned with the UN Legal Identity Agenda. While significant advances have been made, particularly in digitization and the linkage between birth registration and national identity, the absence of systematic integration of death registration data remains a key gap. Further work is required to establish a fully integrated, life-cycle-based CRVSID system that captures all vital events, including deaths, marriages, and divorces, in line with international recommendations.

1.2 Legal framework

Bangladesh's CRVSID system rests on a robust legal foundation comprising key laws and regulations that clearly delineate institutional mandates, operational responsibilities, and standardized procedures for vital event registration and identity management.

Key legal instruments

a. Birth and Death Registration Act, 2004 amended in 2013 : Establishes compulsory registration of births and deaths nationwide, while assigning primary authority to the Office of the Registrar General (ORG) and local registrars for oversight and enforcement respectively.

b. Birth and Death Registration Rules, 2018: Deliver comprehensive operational guidelines to operationalize the 2004 Act (as amended in 2013), specifying roles of registrars and informants, registration timelines, documentation requirements, and penalty provisions for non-compliance.

c. National Identity Registration Act, 2010: Regulates the establishment, maintenance, and utilization of a centralized national identity database, including the issuance of Smart National ID Cards and integration with civil registration data for unique identity assignment.

These instruments collectively enable seamless interoperability between civil registration, vital statistics generation, and identity systems, supporting Bangladesh's alignment with international CRVS standards.

While the legal framework has a robust foundation, a comprehensive review and analysis of the legal framework conducted in 2020 provided recommendations for improvements to better align with international guidance, standards and practices, and to allow desired system strengthening to be undertaken aligned with the legal framework. Key recommendations included designating heads of health facilities as informants for vital events occurring in the facilities.

2: https://crvs.unescap.org/resource/comprehensive-assessment-and-strategic-action-plan-report-bangladesh

1.3 CRVS Regional Action Framework

In 2014, leaders from 22 countries in Asia and the Pacific, including Bangladesh, convened in Bangkok and committed to strengthening civil registration and vital statistics systems across the region. This commitment was formalized through the ministerial declaration themed "Get Everyone in the Picture," and the period from 2015 to 2024 was designated as the Asia–Pacific CRVS Decade. To operationalize this commitment, the Regional Action Framework (RAF) on CRVS, with clearly defined goals and targets, was adopted by member States.

The RAF is structured around three overarching regional goals:

1. **Universal civil registration of births, deaths, and other vital events**

2. **Provision of legal documentation of civil registration to all individuals to establish identity, civil status, and associated rights**

3. **Production of accurate, complete, and timely vital statistics**

Bangladesh participated in the First Ministerial Conference on CRVS in Asia and the Pacific in 2014 and endorsed the regional declaration, signalling its commitment to the RAF and the CRVS Decade agenda. In June 2025, Bangladesh also participated in the Third Ministerial Conference on Civil Registration and Vital Statistics in Asia and the Pacific, held in Bangkok, which reviewed progress made during the CRVS Decade and identified priority actions to accelerate CRVS improvements beyond 2024 in alignment with the 2030 Agenda for Sustainable Development. Bangladesh's official statements from the 2025 conference are available at the referenced link: (https://www.unescap.org/sites/default/d8files/event-documents/Agenda2-Bangladesh_MCCRVS2025.pdf)

Bangladesh's ongoing CRVS improvement work directly supports and operationalizes the RAF by translating regional commitments into concrete national reforms. Legal and policy measures, including the Birth and Death Registration Act and ongoing legal reviews, strengthen the foundation for universal registration in line with RAF guidance, while strong institutional coordination through the national CRVS Steering Committee promotes whole-of-government ownership and implementation.

1.4 Sustainable Development Goals

Bangladesh's CRVS improvement work is also closely linked to the Sustainable Development Goals, as strong CRVS systems are a core enabler of the 2030 Agenda. By strengthening birth and death registration and improving cause-of-death information, Bangladesh directly supports SDG 16.9 (providing legal identity for all, including birth registration) and SDG 17.19 (strengthening statistical capacity for high-quality, timely, and reliable data). Legal reforms, institutional coordination, and digital systems such as BDRIS help ensure that every individual is recognized by the state and included in official statistics.

Gender equity in civil registration is essential for achieving the SDGs, particularly Goals 3, 5, and 16. Evidence indicates under-registration of female deaths in Bangladesh, influenced by gendered social norms and access barriers, which can render women less visible in official statistics. Strengthening CRVS through gender-responsive reforms is therefore critical to ensuring equitable access and accurate mortality data.

1.5 Building on the 2013 comprehensive CRVS assessment, Bangladesh

The Comprehensive Assessment and Strategic Action Plan Report for Bangladesh's Civil Registration and Vital Statistics (CRVS) system[3], developed with support from UNESCAP and WHO, reviewed how births, deaths, and other vital events were being registered and data used in the country. Conducted during 2012–2013, the assessment examined laws, institutions, operational processes, and data quality, with the involvement of all key government stakeholders.

The assessment used two WHO tools:

1.
Rapid assessment of national civil registration and vital statistics systems

2.
Improving the quality and use of birth, death and cause-of-death information: guidance for a standards-based review of country practices

The process was carried out in two phases—Phase 1: Leadership coordination and review, and Phase 2: Priority setting and planning. Based on the findings, the report proposed a 10-year Strategic Action Plan (2014–2023) with practical and prioritized actions to strengthen civil registration, improve data quality, and enhance the use of CRVS data for planning and policy.

1.6 Current CRVS efforts in the country

Bangladesh is currently working on several activities to make its CRVS system stronger and more reliable. These efforts focus on improving how births, deaths, and causes of death are recorded, strengthening civil registration completeness and data quality, and ensuring better coordination between government agencies. Together, these activities are helping the country build a CRVS system that is more complete, accurate, and useful for planning and public services[4].

Birth and Death registration

Reform discussions are on-going to assign health facilities the responsibility for declaring, notifying and registering births at public and private hospitals. A committee has been established to lead this work, and

3: https://crvs.unescap.org/resource/comprehensive-assessment-and-strategic-action-plan-report-bangladesh
4: Marriage and divorce registration are administered separately under the Ministry of Law, Justice and Parliamentary Affairs and were therefore outside the scope of this Assessment, Analysis, and Redesign exercise, which focused exclusively on birth and death registration under the Office of the Registrar General.

progress is underway and building on earlier efforts, to more closely link the health sector to civil registration.

As part of this reform, it is recommended that all government, private, and NGO health facilities be legally designated as authorized informants for births and deaths occurring on their premises, enabling registrars to complete registration directly on the basis of health facility declarations without requiring families to submit separate applications. Designated health facility staff in major government health facilities should be authorized to perform defined registration functions so that birth certificates are issued prior to discharge and death certificates at the time of release of the body. This proactive, institution-led workflow shifts the burden of initiation from families to service providers and is expected to significantly improve registration coverage, timeliness, and overall service quality.

The Cabinet Division and Local Government Division have approved a review of the existing BDRIS to ensure it can handle the growing volume of civil registration records, support better service delivery, and remain future-proof. A pilot to capture deaths at burial and cremation grounds to support registration is underway in the Dhaka North City Corporation to address gaps in death registration completeness and timeliness in urban settings. A pilot of exhaustive birth and death registration is going on in four districts to help reduce the backlog of previously unregistered events, which distinguishes it from routine efforts aimed at improving registration of current and future events.

Medical Certification of Cause of Death (MCCD)

MCCD, in accordance with international standards set by WHO, has been introduced in all public hospitals in Bangladesh, and work is ongoing to expand its use to private hospitals. A quality assessment of MCCD data covering paper forms, coding practices, and data entry has been completed and has led to recommendations for stronger quality control systems, improved SOPs, and updated training materials and job aids. A data analytics and policy support unit has been set up at DGHS to support routine data review and improve data quality. The first national mortality report based on MCCD data was published and disseminated in September 2025 (https://dghs.gov.bd/pages/miscellaneous-infos/69808b49d649c0c607b53ffa). An ICD-11 pilot is currently underway in six hospitals, and 25 centralized coder positions have been approved by the Cabinet Division to strengthen cause-of-death coding. A central quality control cell is also being established, and the country is preparing for a full transition to ICD-11.

Verbal Autopsy (VA)

Smart VA implementation is ongoing in 87% of the 69 sub-districts that have been selected for a national representative sample. Collected data was being analysed, and the first national VA annual report was published and disseminated in September 2025 (https://dghs.gov.bd/pages/miscellaneous-infos/69808b76491459e8d8538e02). A pilot for the WHO VA questionnaire has bee initiated in two sub-districts.

Medicolegal Death Investigation (MLDI)

A first national MLDI workshop was held in November 2024, bringing together ORG, DGHS, GHAI, WHO, the World Bank, and international experts. The workshop focused on strengthening linkages between MLDI and CRVS processes and promoting coordinated system improvements. The as-is business process map for brought-in-dead cases is currently being developed, along with the as-desired process map and the corresponding SOPs.

Vital Statistics Production

MOU Signing between Office of the Register General and Bangladesh Bureau of Statistics

An MoU between the Office of the Registrar General and the Bangladesh Bureau of Statistics was signed in February 2024, enabling data sharing to support regular CRVS-based vital statistics reporting. This agreement established consensus on producing a civil registration–based vital statistics report for 2023 and creating a system for the routine generation of vital statistics. A technical note writing workshop has also been conducted, resulting in a report that includes the as-is and as-desired business process maps developed by country stakeholders to support current needs and guide future improvements in the vital statistics system.

1.7 Background of the assessment

The CRVS assessment was undertaken at a critical juncture for Bangladesh, as the implementation period of the country's first 10-year Strategic Action Plan (2014–2023) for Civil Registration and Vital Statistics had come to an end. While the previous plan contributed to important progress particularly in digitization, institutional strengthening, and increased use of CRVS data, it had formally expired, creating the need for a renewed strategy to guide the next phase of CRVS development. At the same time, emerging priorities such as stronger integration between civil registration, health systems, and national identity; improved death registration and cause-of-death data; and growing demand for reliable population data for planning and service delivery highlighted the need for a comprehensive system review. With support from the Bloomberg Philanthropies Data for Health (D4H) Initiative and technical assistance from Vital Strategies, the assessment was conducted to review achievements and remaining gaps, align CRVS reforms with national priorities and the UN Legal Identity Agenda, and inform the development of a new Strategic and Action Plan (S&AP) for the next 5 years.

1.8 Objective and structure of the report

The primary objective of this report, titled "Assessment, Analysis, and Redesign" (AAR) Report, is to present the key findings derived from assessing and analyzing the existing CRVS system and the current CRVS business processes. Additionally, it provides essential recommendations across various action areas, aimed at enhancing Bangladesh's CRVS system. This report will serve as a foundational resource for developing a Strategic and Action Plan (S&AP).

The report is organized in four chapters as follows:

Chapter I : Introduction

Chapter I presents an overview of the evolution of Bangladesh's CRVS system, highlighting major policy reforms and institutional developments aimed at improving the CRVS system, including the establishment and operationalization of the ORG. It situates these developments within the context of national legislation, global and regional commitments.

The chapter also summarises recent initiatives by the Government of Bangladesh to strengthen CRVS governance and system performance, and outlines the rationale for the assessment, including the decision to undertake a structured, time-bound review using the CRVS Systems Improvement Framework to identify gaps and guide targeted improvements

Chapter II : Approach and methodology

This chapter offers a comprehensive account of the approach and methodology employed for assessing and analyzing the current system including the consultative processes undertaken with key stakeholders[5]. It details the process of developing redesign ideas, which followed the identification of performance issues as outlined in Stage 1 of the CRVS Systems Improvement Framework[6].

Furthermore, it provides insight into the tools utilized for executing the end-to-end process in this stage. The chapter also outlines the governance and operational mechanisms that were established to facilitate the implementation of these processes.

Chapter III : Key findings

This chapter presents the primary findings resulting from the assessment and analysis of the existing CRVS system, as detailed in Chapter 2. It offers an in-depth examination of the bottlenecks and performance gaps evident within the current system, encompassing business processes, the enabling environment, and organizational capabilities. Additionally, the chapter highlights the root causes contributing to the system's suboptimal performance and identifies specific action areas for improvement. Moreover, it provides a brief overview of the ongoing efforts within these action areas.

Chapter IV : Redesigning of CRVS system and recommendations

This chapter provides a list of recommendations emerging out of the findings in Chapter 3. These recommendations are systematically categorized under the identified action areas and will play a pivotal role in shaping the development of the Strategic and Action Plan.

5: The Stakeholders included the Local Government Division; Health Services Division; Law and Justice Division; Medical Education and Family Planning Division; Information and Communication Technology Division; Statistics and Informatics Division; Secondary and Higher Education Division; Ministry of Home Affairs; Ministry of Primary and Mass Education; Election Commission (NID Wing); and representatives from the Field Administration

6: https://crvs.unescap.org/resource/crvs-systems-improvement-framework

Chapter II

Approach and methodology

2.1 CRVS Systems Improvement Framework

The CRVS Systems Improvement Framework ('Framework') is a comprehensive and strategic approach designed to enhance the efficiency, effectiveness, and coverage of civil registration and vital statistics systems worldwide. Developed by ECA and ESCAP, in collaboration with Vital Strategies and other global development partners, the Framework helps identify the challenges and gaps that often hinder the complete, accurate, and timely registration of vital events in countries. It also addresses the identified bottlenecks by suggesting as-desired processes and making a number of key recommendations for strengthening of enabling environment and organizational capabilities. The Framework enables the establishment of systems which ensure that every individual's fundamental life events are properly documented and stored by promoting innovative technological solutions, capacity building, interagency collaboration, and policy advocacy. This supports government administration and planning and enables individuals to access their rights and services more effectively. Implementation of the CRVS Systems Improvement Framework represents a vital step towards achieving more inclusive, efficient, and reliable civil registration and vital statistics systems on a global scale.

The framework has four stages:

Stage 0
Planning for CRVS systems improvement

Stage 1
Assessment, Analysis, and Redesign (AAR)

Stage 2
Development of the costed strategic and action plan (S&AP)

Stage 3
Implementation, monitoring, and evaluation

The framework uses two basic tools:

1. Business Process Mapping
2. CRVS System Analysis and Redesign (CRVS-SAR)

2.2 Business Process Mapping

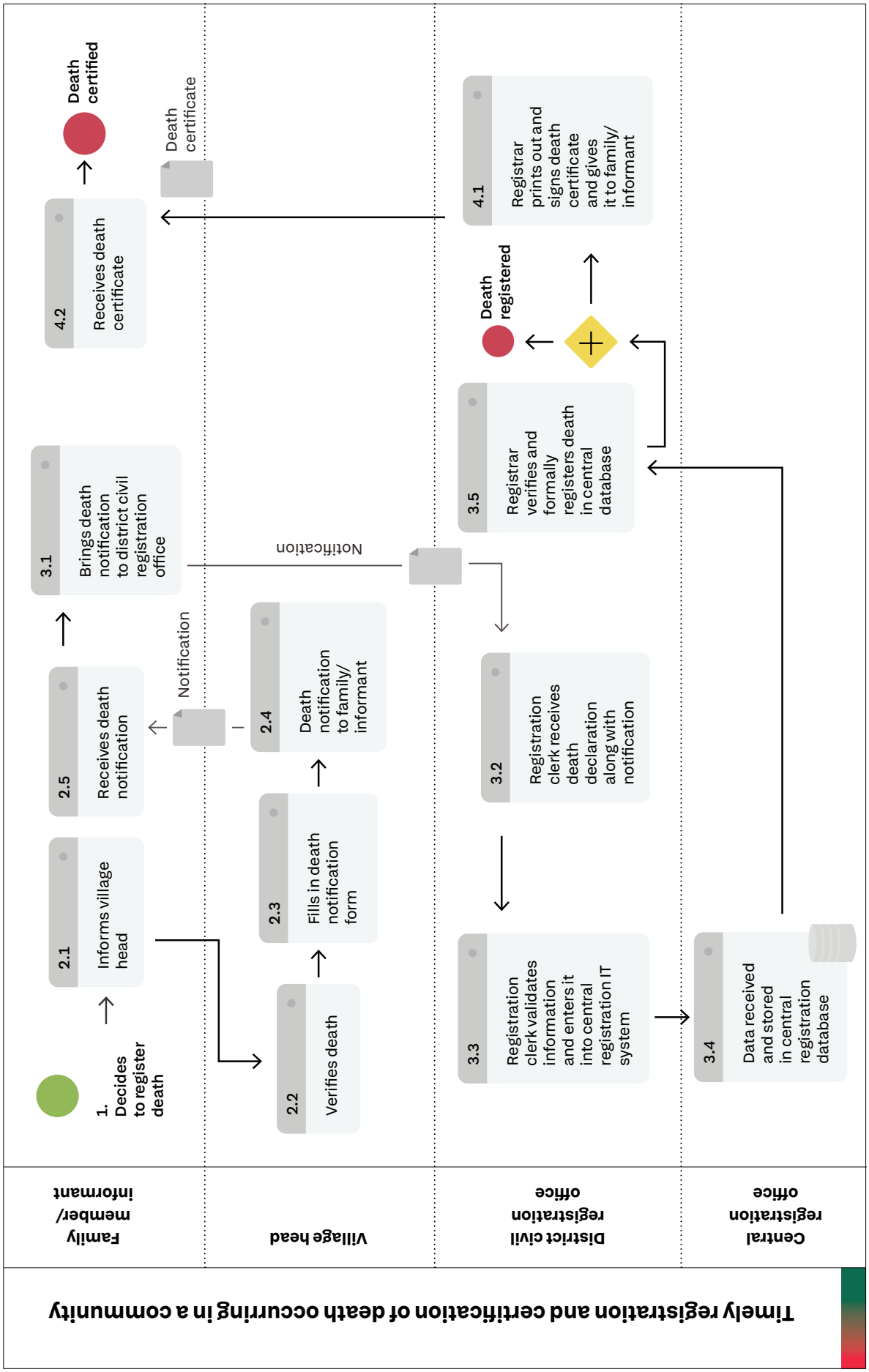
Business Process Mapping (BPM) (see figure: 2) is a visualization of a business process and takes into account the roles and responsibilities of each actor in the process. It serves as a primary tool for adopting a process-centric approach, enabling clear understanding and optimization of workflows. By illustrating the sequence of steps and interactions, BPM help to identify opportunities enhanced efficiency, identify bottlenecks, and support process improvement initiatives. It provides a holistic view, fostering better communication and alignment within the organization. Ultimately, BPM drives effective decision-making and helps achieve operational excellence.

In order to develop a business process map for the Civil Registration and Vital Statistics (CRVS) system, it is imperative to have comprehensive CRVS process documentation (see figure :1) This documentation outlines the intricate steps that must be undertaken to ensure completeness and accuracy.

Figure 1 : Format of process description

Name of business process	**Provide the name of the business process**		
Process actors	List all actors involved in the process. Actors are all individuals or organizational units that perform a specific activity in or interact with the business process.		
Process purpose	Provide a description of the purpose of the business process. This may include why and how the process will benefit stakeholders.		
Trigger (s)	List what events must occur to start the business process.		
Process flow	Broadly describe each step of the process from beginning to end. Walk in the shoes of the clients (such as a family registering a birth) to document the process flow from their perspectives.		
Process output	Describe the output of the process.		
Date created	Date the process description was created	Last revision date	Date the process description was last revised
File location	If saved on a local SharePoint drive, insert the path here. Alternatively, include the name/email of the person/team who has been designated to store the master version.		

Figure 2 : Example of business process mapping



2.3 CRVS - System Analysis, and Redesign (CRVS-SAR) tool

The CRVS-SAR tool (see Figure 3) is a core component of the Framework. It is designed to enable a structured, evidence-based assessment of system performance and to support the development of targeted improvement strategies. The tool facilitates CRVS performance analysis using Key Performance Indicators (KPIs), which are organized under the Framework's 11 Strategic Outcomes (See Table-1); five focused on client experience and six on service provider performance.

Table 2 : List of strategic outcomes

Client - centric	Service provider - centric
1. Increased access to proactive civil registration services	6. Effective governance and coordination mechanisms established
2. Simplified registration processes and procedures	7. Connection with population register/ID system
3. No direct cost for civil registration	8. Efficient monitoring and evaluation system
4. Improved quality of civil registration services	9. Adequate financing and sustainability
5. Increased public awareness about the need for civil registration and knowledge of relevant procedures	10. Timely and quality vital statistics based on civil registration data produced and disseminated
	11. Timely and quality statistices on causes of death based on data from the civil registration system produced and disseminated

For each KPI, the tool captures baseline performance, desired targets, and performance issues, essentially identifying bottlenecks and pain points. These issues are informed by field observations, stakeholder consultations, and the 'as-is' business process descriptions or maps developed for each core CRVS process.

The tool then guides the identification of root causes and documentation of proposed solutions. These may include redesigned business processes or improvements to organizational capabilities such as human resources, information technology, infrastructure, management, coordination, and communication. The SAR tool and the process description maps must, therefore, be used in tandem throughout the journey of assessment, analysis, and redesign. By linking each solution to a specific performance gap and Strategic Outcome, the CRVS-SAR tool enables a coherent, transparent, and accountable approach to system redesign. It is important to note that organizing the KPIs under 11 Strategic Outcomes represents an enhancement over the approach proposed in the Framework.

Figure 3 : Example of filled in CRVS-SAR tool

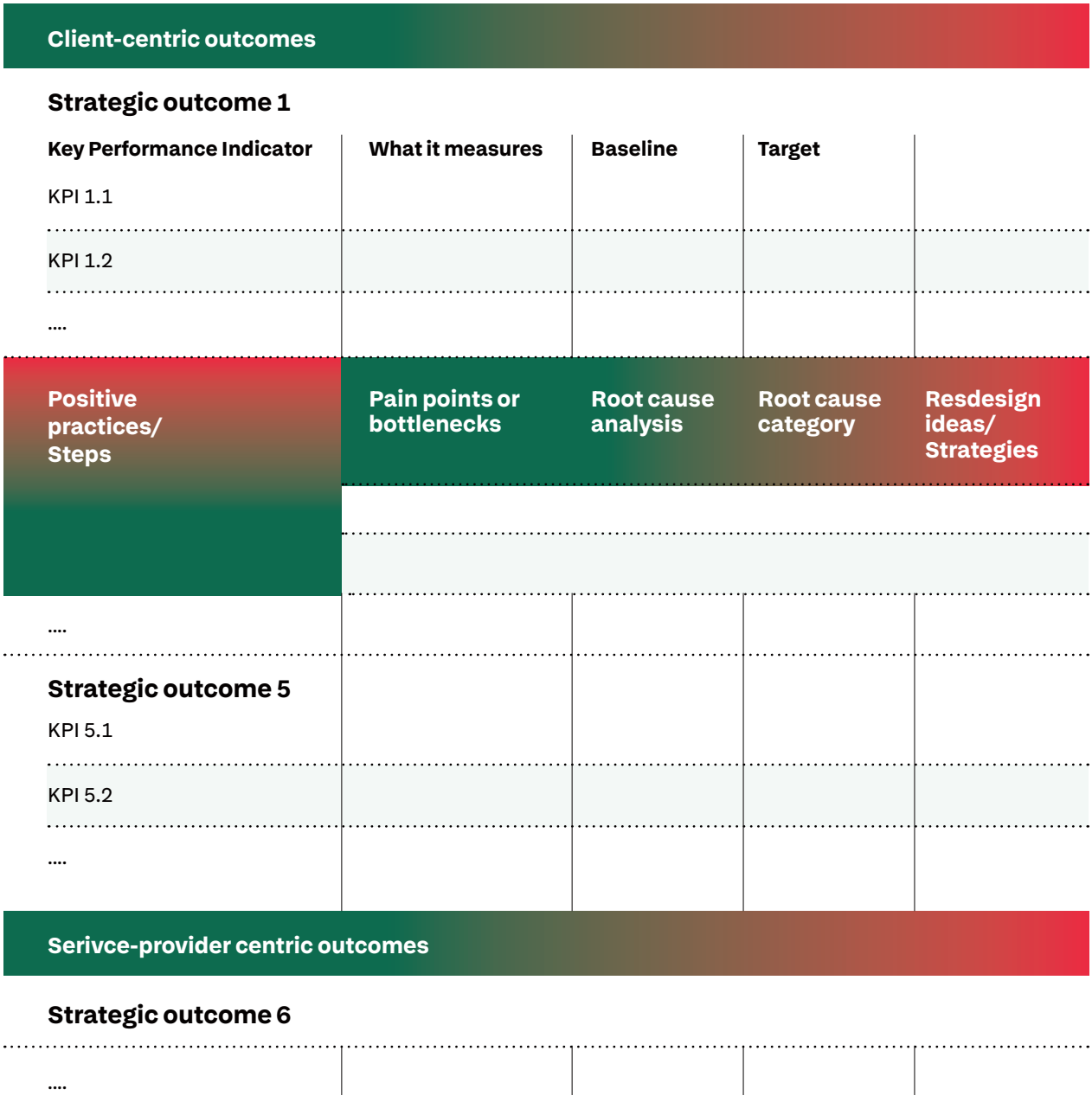
Assessment			Analysis		Redesign
Key Performance Indicator (KPI)	**Baseline information**	**Desired target**	**Performance issues**	**Root causes**	**Root cause category**	**Redesign ideas**
Measures the current performance of CRVS systems against set targets for performance 1. High-level 2. Client-centric 3. Service provider-centric	Current performance	Desired performance	Gap between desired performance and current performance (problem)	Deepest cause of performance issues	Main root cause category 1. Human resources 2. Management and coordination 3. Business process 4. Physical infrastructure 5. Policies, laws, regulations 6. Information technologies	Solution to address the root cause

Figure 4 : Format of CRVS-SAR tool as proposed in the framework

Strategic goals

Goal 1		
Key Performance Indicator (KPI)	**Baseline**	**Target**
KPI 1.1		
KPI 1.2		
....		
Goal 2...		

Strategic outcomes



Bangladesh further refined the CRVS-SAR tool format to enable more granular documentation of performance issues and bottlenecks. The revised format supported a holistic assessment, analysis, and redesign at the outcome level rather than at the KPI level, while still using KPIs as anchors for discussion. A key enhancement was the systematic capture of positive measures and good practices under each outcome. The format used for the CRVS-SAR is provided in the Annex.

2.4 Preparation for the assessment

To initiate the CRVSID analysis, assessment, and redesign work, a series of online sessions were conducted to introduce key CRVSID concepts and align stakeholders ahead of the technical assessment. These virtual discussions were followed by an in-person CRVSID Workshop held in March 2024 under the leadership of the Cabinet Division and co-hosted by UNICEF Bangladesh, which served as a national platform to build consensus on the envisioned CRVSID architecture for Bangladesh—aligned with the UN Legal Identity Agenda (UNLIA) and to agree on priority actions to strengthen birth and death registration.

The workshop was attended by representatives from United Nations ESCAP, UNICEF, UNDP, UNHCR, the UN Refugee Agency, Global Health Advocacy Incubator (GHAI), the World Health Organization (WHO), the UN Resident Coordinator's Office (UN RCO), and the Australian High Commission in Bangladesh (DFAT).

CRVSID workshop in Dhaka, 10-12th March 2024

During the workshop, it was also agreed that a National Core Team (NCT) comprising representatives from the Cabinet Division, Local Government Division (LGD), Directorate General of Health Services (DGHS), Statistics and Informatics Division (SID), Bangladesh Bureau of Statistics (BBS), Bangladesh Computer Council, and other relevant institutions would be established to lead Stage 1 of the CRVS Systems Improvement Framework, which focuses on assessment, analysis, and redesign. The NCT was mandated to review existing workflows, system architecture, and data flows across civil registration, health, and statistics systems, and to initiate the development of a redesign roadmap (see Annex I: TOR). The workshop further clarified roles and responsibilities and agreed on the timeline for completing the AAR report and the costed Strategic and Action Plan.

Following the establishment of the NCT, a smaller Working Team (see Annex I: TOR) was formed to manage day-to-day activities, conduct in-depth analyses, and support the drafting of redesign ideas.

Weekly working team meetings

In parallel, the NCT was oriented on the CRVS Systems Improvement Framework, including the tools and methodologies to be applied during the assessment and redesign process. The working team met weekly an hour to advance the assessment and collaborate on technical components.

The assessment began with a review of current birth and death registration processes across rural and urban areas, including city corporations and both hospital and community settings (see annex II). This comprehensive exercise involved mapping how registration currently takes place, identifying the actors involved, and understanding variations across geographic and administrative contexts. Based on these findings, detailed as-is Business Process Maps were developed to visually represent existing workflows.

Building on this foundation, the team identified key performance indicators, established baseline values, and set realistic targets for each of the indicators. They documented performance gaps, operational bottlenecks, common pain points, and the root causes underlying these challenges. Using the CRVS-SAR tool (see annex III), the NCT systematically analyzed the performance of current processes, pinpointing bottlenecks and inefficiencies. This analysis provided critical insights into areas requiring improvement to strengthen the system's overall effectiveness.

The team then developed a set of redesign ideas aimed at streamlining processes, improving data quality, enhancing institutional coordination, and strengthening service delivery at both community and facility levels. They outlined as-desired BPMs to reflect improved workflows and used findings form the root cause analysis to propose enhancements related to the enabling environment including policies, legislation and organizational capabilities such as human resources, ICT systems, and management structures.

As part of the assessment exercise, members of the NCT visited selected registration centres to directly observe registration processes and service delivery practices.

Field visit by the working team, Narail district

In addition, an IT consultant conducted structured field visits to ten registration centres, selected to represent a range of contexts, including rural, urban, and city corporation areas; high- and low-performing centres; and hard-to-reach locations. The consultant observed registration processes without interfering in day-to-day activities and subsequently held discussions with relevant staff to better understand operational challenges and system use. The insights generated from these observations were instrumental in identifying practical bottlenecks and informing feasible redesign solutions.

Registration process being observed at Chowara Union, Cumilla

In parallel, a research study on Barriers and Facilitators to Female Death Registration in Bangladesh[7] conducted by the Humanitarian Hub at BRAC James P Grant School of Public Health, BRAC University, in collaboration with Vital Strategies, Bloomberg Philanthropies, Gender Equity Unit of Johns Hopkins Bloomberg School of Public Health, and the Government of Bangladesh, was conducted in the Dinajpur and Panchagarh Districts of Rangpur, Bangladesh. The findings and recommendations from this study were incorporated into the assessment and informed the analysis, particularly in relation to gender disparities in death registration. Altogether, this end-to-end assessment, analysis, and redesign effort took nearly eight months of work. During this period, Bangladesh

7: https://genderhealthdata.org/resource/female-death-registration-in-rangpur/

Field visit by the working team, Netrokona district

also experienced significant political transition, which reshaped the institutional landscape but underscored the need to strengthen foundational administrative systems such as CRVS.

Validation workshop of BPMs, key findings, redesign ideas and recommendations

Inaugural session of the AAR Report Validation Workshop 25-27th Novermber, 2025:
(From left - Mohammad Khaled Hasan, Additional Secretary, Ms Zaheda Parveen, Secretary, Coordination & Reforms and Ms Murshida Sharmin, Joint Secretary and Project Director of CRVS project, Cabinet Division)

Following the completion of the technical work, a three-day national validation workshop was convened in November 2025. Field-level officials from Union Parishad Administrative Officer to UNOs from union, upazila, municipality, district, division and city corporation offices, health facilities, were invited alongside senior officials from ministries, departments and development partners.

To set the tone for the workshop, participants were encouraged to step into the shoes of those they serve, such as parents registering a birth or families grieving the loss of a loved one. This shift in perspective was essential for fostering a holistic view of the system. They were specifically tasked with identifying bottlenecks in the timely registration of events within the mandated 45-day period, while excluding issues related to late or delayed registration.

Day 1

focused on validating the current as-is CRVS processes for birth and death registration across different settings, including rural and urban areas, community and facility-based events. Participants sat in groups and reviewed detailed presentations of the as-is business process maps. Working in process-based groups, each focusing on one or two core CRVS business processes—such as births occurring at home in rural areas or deaths occurring in health facilities, groups, participants examined whether the mapped processes accurately reflected operational realities and identified gaps, inconsistencies, bottlenecks, and pain points. Group discussions were informed by the CRVS-SAR tool, and findings were presented in plenary to validate process weaknesses and confirm priority areas requiring reform.

AAR Report Validation Workshop 25-27th Novermber, 2025: Participants are validating BPMs

Day 2

shifted the focus to root cause analysis and validation of the as-desired processes. Participants reviewed and validated the root causes underlying the bottlenecks identified on Day 1, ensuring alignment between operational challenges and their systemic drivers. The as-desired business process maps were then examined in detail to assess whether the proposed redesigns adequately addressed the identified issues and reflected feasible improvements. In addition, participants reviewed client-centric outcomes in the CRVS-SAR tool, including access, service quality, direct and indirect costs, and communication and advocacy, refining the content based on field experience and institutional realities.

AAR Report Validation Workshop 25-27th Novermber,2025: Participants are identifying performances issues, root causes and bottlenecks

Day 3

Day 3 concentrated on service provider–centric outcomes, validation of the AAR report, and agreement on the way forward. Participants reviewed and validated governance, coordination, financing, monitoring and evaluation, and data production outcomes captured in the CRVS-SAR tool. The key findings and recommendations of the AAR report were presented and discussed in plenary, allowing participants to confirm conclusions, propose refinements, and ensure coherence across process maps, key findings, redesign ideas and recommendations. The final sessions focused on outlining a roadmap for finalizing the AAR report and initiating the development of the costed Strategic and Action Plan (S&AP), including timelines, roles, and next steps.

AAR Report Validation Workshop 25-27th November, 2025: Participants are discussing recommendations

Once the draft report was prepared, it was shared with all stakeholders for their feedback within a specified timeframe. A meeting was also convened with the CRVS Implementation Committee (see annex:I TOR), where the key findings and recommendations were presented and discussed. The feedback received from stakeholders has been incorporated into the report.

Group picture from the AAR Report Validation Workshop 25-27th November, 2025

Chapter III

Key findings

3.1 Introduction

This chapter presents the key findings from the assessment of Bangladesh's civil registration and vital statistics (CRVS) system. Based on business process mapping (BPM), analysis using the CRVS-SAR tool, field visits, and consultations with national and subnational stakeholders, the findings highlight the principal operational, institutional, legal, and technical constraints affecting the completeness, timeliness, quality, and accessibility of birth and death registration.

The assessment reveals that system-wide challenges persist across governance, service delivery, digital infrastructure, human resources, data quality management, public awareness, financing, and coordination. Despite the presence of a digital platform and established institutional structures, gaps in implementation, interoperability, and client-facing processes continue to limit proactive registration and the production of reliable vital statistics.

To ensure clarity and consistency with the CRVS Systems Improvement Framework, the findings are organized under the Strategic Outcomes. Each Strategic Outcome summarizes the key bottlenecks and their underlying root causes, forming the analytical foundation for the redesign strategies and recommendations outlined in the next chapter. A statistical overview of the current performance status of the CRVS system in Bangladesh is also included as part of the Key Findings to contextualize the findings under each Strategic Outcome.

3.2 Key findings

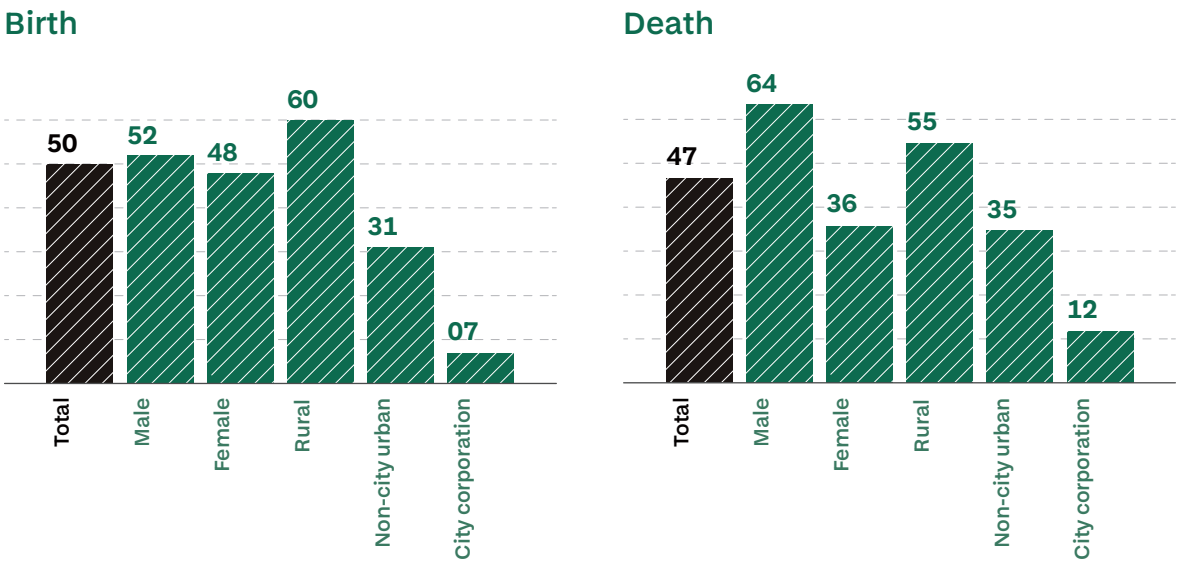
3.2.1 Statistical overview

The statistical overview presents a snapshot of the current performance of birth and death registration[8] in Bangladesh, highlighting substantial variations in completeness and timeliness by sex and jurisdiction. These quantitative patterns provide important context for understanding the operational and systemic bottlenecks examined under each Strategic Outcome.

In Bangladesh, while only about half of all births and deaths occurring in a year were registered in 2024, registration completeness increased to about 63 per cent for births and 59 per cent for deaths in 2025. While the latest national completeness estimates are available for 2025, the following analysis of patterns and disparities is based on the most recent year for which disaggregated data are available (2024). The 2024 data show that while birth registration displays near gender parity, a clear . While birth registration shows almost gender parity, a clear disparity emerges in death registration: 64% of all deaths registered are of male deceased compared to only 36% of female deaths. This gap likely reflects social, cultural, and systemic barriers, including fewer legal or financial incentives to register female deaths and limited formal recognition of women's roles in administrative processes.

8: Source: Office of the Registrar General, Bangladesh

Figure 5 : Completeness of birth and death registration, 2024 (%)



A notable finding is that completeness of both birth and death registration is higher in rural areas than in non-city urban areas and city corporation areas, an unusual pattern not commonly observed in countries across the region or globally. A plausible explanation is that many urban residents prefer to register events at their permanent place of residence rather than at the place of occurrence, contributing to lower completeness levels in urban jurisdictions.

Table 3: Timeliness of birth and death registration, 2024[9]

	Birth	Death
Time gap	**Percent**	**Percent**
With 45 days[10]	9.4	44.2
46 days to within 1 year	11.0	21.1
1 year and above	79.6	34.7

Less than 10% of all the births registered in 2024 were for events recorded within the stipulated 45-day period, while nearly 80% of all birth registrations were of events that occurred more than a year ago. This unusually high share of delayed registrations, far above international experience, indicates a system heavily burdened by backlog and diverts attention and administrative capacity away from timely, current registration.

When compared with birth registration, the situation for death registration appears relatively better, though delays remain substantial. In 2024, 44 % of all registered deaths were registered within the stipulated 45 days, compared to less than 10% for births. Registrations occurring after one year accounted for 35%, significantly lower than the nearly 80% observed for births. While this indicates stronger performance in death registration in terms of timeliness, the fact that more than one-third of deaths are still registered after one year shows that the system continues to face considerable delays and administrative backlogs.

9: Source: Office of the Registrar General, Bangladesh
10: For city corporations this only 1.3 % of births are registered within the stipulated period of 45 days

3.2.2 Findings organized by strategic outcomes

The statistical overview provides a quantitative snapshot of the current performance of the CRVS system in Bangladesh and highlights areas where progress has been uneven. Building on this, the following section presents the key operational, institutional, legal, and technical bottlenecks identified during the assessment. These findings are organized under the Strategic Outcomes of the CRVS Systems Improvement Framework, which together form the analytical basis for the redesign strategies presented in the next chapter.

Strategic outcome 1

Increased access to proactive civil registration services

1. Birth and death notifications are still primarily generated from government hospitals, leaving events occurring in private facilities and many urban settings largely unreported. Even when notifications are issued, they often fail to reach or be accepted into BDRIS due to technical challenges, including mismatched geographic codes and limited interoperability. The intended Health–CR link has not functioned effectively, as BDRIS was not upgraded to support seamless integration, and coordination between the health and civil registration sectors has remained weak. No evaluation of the Health–CR link system has been undertaken yet. Available data also indicate significant sex disparities in death registration, underscoring the need for targeted measures to address gender-related access barriers.
2. In rural areas, initiatives such as the Kaliganj++ model and the capture of vital events in the Smart BD app (which is based on OpenSRP) demonstrate potential models for proactive registration. However, these approaches require strong and continuous coordination, which is not uniformly maintained across districts. The processes are intensive, and any disruption such as delays by village police, health workers, or Union Parishad offices creates gaps in service delivery. Despite the availability of digital information, families are still required to visit registration centres in person. The absence of national standard operating procedures has resulted in inconsistent implementation and varying practices across districts.
3. Additional legal and practical barriers further constrain timely registration. Current legislation mandates manual declarations and physical signatures, limiting the use of digital platforms and preventing fully online submissions. Many families also face challenges related to digital access, including limited internet connectivity, lack of devices, or insufficient support for online applications. In urban areas, although registration services are available locally, many families still prefer to register events at their permanent residence. This self-imposed requirement reduces effective access to timely services, contributes to delays, and increases the risk of data inaccuracies.

Strategic outcome 2

Simplified registration processes and procedures

1. Although birth and death registration is officially fully online, the process remains slow and fragmented in practice. Applications that are complete often take a long time to be finalized due to inefficient internal workflows and the frequent absence of authorized registrars, particularly in rural areas where Union Parishad Chairpersons serve multiple roles. As a result, families are forced to make repeated visits to registration centres without any clear information on when their certificates will be ready.

2. The BDRIS platform has become increasingly complex over time due to incremental additions without a comprehensive system review or optimization. Registration staff lack standardized user manuals and regular updates on system changes, leading to underuse and misuse of key features. These system weaknesses are further aggravated by slow and unreliable internet connectivity, especially in rural areas, making real-time processing difficult and increasing dependence on delayed, offline practices.

3. Rather than encouraging timely reporting, the system has evolved into one that passively accepts and normalizes delays. There is little administrative focus on meeting legal timelines, and no meaningful distinction is made between registrations completed within the legal period and those done much later. This has resulted in a pattern where late registrations outnumber timely ones, for both births and deaths, signalling weak accountability and limited performance management across the registration hierarchy.

4. Registration processes have become increasingly document-heavy, with excessive information and supporting evidence required from families, much of which is difficult to obtain. In some places, practices have emerged that introduce unnecessary prerequisites, such as insisting on prior birth registration for the deceased or parents before processing new cases or demanding the birth registration number of the informant when he or she is not the parent. These requirements frustrate applicants, delay approvals, burden registrars, strain storage capacity, and increase the risk of duplication due to weak verification and record linkage within BDRIS and creating disproportionate barriers for vulnerable groups, including women.

5. Registration of births to girls below 16 years of age is not being carried out, which deprives the child of their first legal right and violates the provision of universal birth registration guaranteed by law.

6. While certificates are auto-generated once a registration is approved, the workflow at registration offices does not support same-day processing or issuance. As applications are submitted in person but finalized later, families must return to collect the certificate. The system also lacks both a downloadable certificate option and any notification mechanism to inform families when registration is completed or when the certificate is ready. As a result, applicants frequently make repeated and often unnecessary visits to registration centres, increasing their burden and reducing overall efficiency.

Strategic outcome 3

No direct cost for civil registration

1. Birth registration within one year is officially free of charge.

2. In many Union Parishads, the absence of designated data entry staff has led to the informal use of private individuals (“local entrepreneurs”) to enter data for applicants, often in exchange for unofficial fees. This practice discourages registration, contradicts the principle of free services, and introduces variability in data quality. It also weakens accountability and creates dependence on unregulated intermediaries, reducing trust in the system.

Strategic outcome 4

Improved quality of civil registration services

1. Errors in both legal and statistical data are common, leading to incorrect certificates and compromised vital statistics. The heavy reliance on oral information provided by informants, combined with inconsistent review of filled-in printed forms and low literacy levels, creates a high risk of mistakes. BDRIS does not allow direct correction of entries, requiring complete re-entry instead, which discourages staff from correcting errors and allows inaccuracies to persist. The absence of automated data consistency checks further increases the likelihood of undetected errors
2. There is no systematic monitoring of error patterns or centre performance, and no mechanism to identify or support poorly performing registration centres or detect fraud. Registration staff often lack awareness of the importance of complete and accurate statistical data. In addition, there is no structured performance management framework linked to quality and client satisfaction, limiting accountability and continuous improvement across the system.
3. Service quality from the client's perspective remains weak, largely due to limitations in staff capacity. Staff are sometimes unable to fully assist clients, partly because they have had limited exposure to client-centred service and gender-sensitive service training. This affects their ability to provide clear guidance, respond to queries, and support clients effectively during the registration process.
4. Registration centres also face service delivery challenges related to the physical environment and access to information. Essential details on procedures, working hours, and required documents are often not displayed, leaving clients uncertain about what is needed. In addition, many waiting areas are poorly maintained and uncomfortable, which contributes to a negative service experience.
5. The BDRIS online portal is slow and difficult to navigate due to weak UI/UX and technical glitches, leading to user frustration and incomplete applications. The lack of clear, step-by-step instructions within the portal further complicates the application process, increasing the likelihood of errors or abandoned submissions. In addition, the system does not provide end-to-end application status tracking, preventing applicants from monitoring the progress of their registration or correction requests and resulting in uncertainty, repeated follow-ups, and additional administrative burden on registration offices.
6. Weak deduplication controls within BDRIS increase the risk of duplicate registrations and inconsistent records, undermining the integrity of certificates.
7. The absence of effective grievance redressal and client feedback mechanisms prevents problems from being addressed and contributes to persistent dissatisfaction and delayed registration.

Strategic outcome 5

Increased public awareness about the need for civil registration and knowledge of relevant procedures

1. Limited understanding of the importance of birth and death registration and certification results in late or non-reporting of events, especially in rural and underserved areas where outreach and communication activities are weak.

2. Low literacy levels and cultural perceptions that deprioritize registration, combined with weak integration of civil registration messages into health, education, and social protection programmes, reduce demand for timely registration.
3. The absence of standardized, user-friendly public guidance on registration processes, required documents, and procedural steps, combined with inconsistent communication from registration authorities, creates confusion and reduces public trust, even before people begin the registration process.
4. Limited use of mass media, digital platforms, and community-based channels, combined with the absence of systematic monitoring of communication effectiveness, results in inefficient resource use and missed opportunities to improve awareness and service uptake.
5. Communication efforts have not systematically addressed the importance of death registration for women, limiting awareness of its broader social and legal value.

Strategic outcome 6

Effective governance and coordination mechanisms established

1. While national-level committees are generally functional and provide overall policy direction, District Level Task Forces (DLTFs) are formally constituted, they do not function regularly or drive meaningful improvements. Meetings often lack clear agendas, documented decisions, and structured follow-up, resulting in weak outcomes and limited impact.
2. Key stakeholders frequently do not prioritize DLTF participation, leading to irregular attendance and poor coordination across departments, which negatively affects overall system functioning.
3. There is no structured system to track the implementation of DLTF decisions, resulting in weak accountability, limited follow-through, and slow progress on agreed actions
4. Although motivated individuals exist within the system, there are no systematic efforts to identify, nurture, and strategically deploy CRVS champions to drive leadership, advocacy, and coordination, limiting their potential contribution to system strengthening.

Strategic outcome 7

Connection with population register/ID system established

1. While birth data can flow from BDRIS to the NID system and unique IDs are issued at birth, there is no mechanism to use death registration data to update or retire NID records, leading to outdated identity records and inefficiencies in population management.
2. The NID framework restricts enrolment to citizens, whereas the Birth and Death Registration Act mandates universal registration of all births and deaths, creating a policy disconnect that excludes non-citizen residents from digital identity systems and associated basic services.
3. School-based UID enrolment initiatives do not cover children in informal education or those out of school, and there is no institutional mechanism to reach and include these groups in the national identification system.

Strategic outcome 8

Efficient monitoring and evaluation system established

1. Lack of structured monitoring, feedback, and evaluation frameworks across interoperability and inclusion processes limits the system's ability to identify gaps, measure progress, and drive continuous improvement.
2. Current systems focus almost exclusively on registration completeness with limited use of sex-disaggregated performance indicators to monitor equity gaps and no standardized indicators for tracking timeliness or certificate issuance. BDRIS is not fully configured to generate these performance metrics, resulting in major gaps in monitoring service quality and efficiency.
3. Although data are available through BDRIS and APA reporting, they are not routinely analyzed or used for corrective action. The absence of institutionalized data review processes and limited analytical capacity at subnational levels weakens feedback loops between frontline offices and decision-makers.
4. There is no standardized system to track infrastructure functionality (e.g. equipment, internet, stationery) or maintenance needs. Fragmented responsibilities for IT support and logistics prevent timely interventions and contribute to delays in service delivery.
5. Field supervision is irregular, predominantly administrative, and not guided by standardized plans, checklists, or schedules. Findings are poorly documented and rarely linked to performance improvement, allowing operational and quality issues to persist.
6. Review meetings are infrequent and largely procedural, with no formal mandate, schedule, or structured use of performance data, operational reports, or supervision findings. Weak coordination between the ORG and local administrations further limits their effectiveness in driving system improvements.

Strategic outcome 9

Adequate financing ensured for improvement and sustainability of CRVS system

1. Insufficient budget allocations under the Ministry of Local Government have forced reliance on ad hoc and donor funding, even for core ORG functions such as IT system maintenance, monitoring, and capacity development, threatening continuity and long-term sustainability.
2. The absence of sanctioned posts and dedicated staff within the ORG for critical CRVS functions, such as coordination, data management, system monitoring, reporting, and follow-up has reduced operational efficiency and constrained the institution's ability to support subnational implementation and system strengthening.

Strategic outcome 10

Timely and quality vital statistics based on civil registration data produced and disseminated

1. Despite the existence of an MoU and institutional mechanisms, procedural and technical barriers such as the lack of secure data transfer protocols, unresolved data formatting and validation standards, and misalignment between system interfaces have delayed the production of vital statistics. In addition, the current set of data items collected through the CRVS system is insufficient to generate many of the UN-recommended tabulations. This limitation constrains the completeness, disaggregation, and overall analytical value of the vital statistics that need to be produced. Addressing these data-content gaps is therefore a critical bottleneck for achieving this outcome.

Strategic outcome 11

Timely and quality statistics on causes of death based on data from the civil registration system produced and disseminated

1. Limited institutional capacity, a focus on tertiary hospitals, weak inclusion of lower-level and private facilities, and the absence of systematic monitoring of certification completeness result in major gaps in medically certified cause-of-death data. Under-registration of female deaths further limits the completeness and representativeness of cause-of-death statistics.
2. Inadequate training and supervision of physicians, limited coding capacity, and weak feedback and quality control mechanisms lead to inconsistent and inaccurate medical certification of causes of death and ICD mortality coding, distorting cause-specific mortality patterns.
3. While the Verbal Autopsy (VA)-based system has been successfully introduced and the first report produced, data quality remains a major constraint. Gaps in interviewer skills, inconsistent application of VA protocols, limited supervision, and incomplete or inaccurate symptom reporting reduce the reliability of cause-of-death assignments and limit the usefulness of the generated statistics. Also, due to budget and other constraints the intended scale of the nationally representative sample has not yet been reached.

Chapter IV

Recommendations for improvement of the CRVS system

4.1 Introduction

Chapter 3 presents the findings of the Bangladesh assessment of the CRVS system, focusing on performance bottlenecks and their underlying root causes identified through the application of Business Process Mapping (BPM) and the CRVS System Analysis and Redesign (CRVS-SAR) tools. The findings draw on stakeholder consultations, field observations, and structured analysis of KPIs linked to the agreed Strategic Outcomes.

Building on this diagnostic work, the Core Team developed As-Desired business processes for the core CRVS functions. These processes reflect redesigned workflows intended to address the identified bottlenecks by clarifying roles and responsibilities, simplifying procedures, improving information flows, and strengthening linkages between institutions. The redesign ideas emerging from this exercise form the basis of the strategies proposed for CRVS system improvement in Bangladesh.

Depending on the nature of the root causes, the proposed strategies span a range of interventions, including process redesign, policy and regulatory adjustments, strengthening of organizational and human resource capacities, enhancements to ICT systems, improvements in physical infrastructure, better management and coordination mechanisms, targeted advocacy and communication efforts, and measures to strengthen the production and use of vital statistics, including statistics on cause-of-death. These strategies are documented in the CRVS-SAR tool and explicitly linked to relevant KPIs under one or more Strategic Outcomes.

For analytical and implementation purposes, the proposed improvement strategies have been consolidated into:

Eight action areas

1. Business process

2. Human resources

3. Information and Communication Technology (ICT)

4. Physical infrastructure

5. Management and coordination

6. Advocacy and communication

7. Vital Statistics (including causes of death)

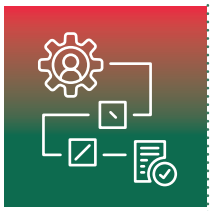
8. Policies and laws

This structure reflects implementation realities, as actions required to address identified bottlenecks often cut across multiple Strategic Outcomes and are most effectively planned and executed within specific institutional and operational domains. Each Action Area therefore groups interventions that contribute to the achievement of several Strategic Outcomes, while reinforcing one another; for example, redesigned business processes inform ICT requirements and training needs and strengthened management and coordination mechanisms support consistent implementation across the country.

The recommendations are designed to be gender-responsive, addressing structural barriers that disproportionately affect the registration (for example female death registration), including cost, documentation requirements, and reliance on family-initiated processes. By emphasizing proactive, assisted, and institution-led workflows, the proposed actions aim to improve equity in registration outcomes.

Overall, the recommendations presented in this chapter, represent an integrated and results-oriented package of actions. When implemented in a coordinated manner, they are expected to contribute to measurable improvements in registration completeness, timeliness, data quality, and service delivery, while strengthening the capacity of the CRVS system to produce reliable vital statistics for policy and planning.

4.2 Key recommendations for improvement



a. Business processes

The proposed improvements to CRVS business processes, as reflected in the As-Desired BPMs represent a shift in how registration services are delivered rather than a set of isolated procedural changes. Implementing these redesigned processes will require coordinated action across institutions, including adjustments to policy and operational guidelines, reorientation of frontline staff, strengthening of facilitation mechanisms at community and facility levels, and targeted communication to ensure public understanding and uptake. The strategies presented under this Action Area therefore focus on establishing clear, simplified, and people-centred workflows, while recognizing their interdependence with complementary actions in other areas necessary to enable effective and sustainable implementation. The redesigned processes should also ensure equitable access and avoid reinforcing existing disparities in registration, particularly in death registration.

Recommendation 1

Institutionalize a proactive, health-led registration process for facility births and deaths.

All government, private, and NGO health facilities may be authorized informants for births and deaths occurring on their premises, enabling registrars to complete registration directly on the basis of health facility declarations without requiring families to submit separate applications. Designated health facility staff in major health facilities should be authorized to perform defined registration functions so that birth certificates are issued prior to discharge and death certificates at the time of release of the body. This proactive, institution-led workflow shifts the burden of initiation for birth and death registration from families to service providers and is expected to significantly improve registration coverage and timeliness in a very short period of time. Implementation of this model will require corresponding legal and procedural reforms to enable facility declarations to serve as the basis for registration without a separate family application. This model will also help address persistent sex disparities in death registration by reducing reliance on family-initiated processes.

Recommendation 2

Establish a simplified, assisted registration pathway for home births, anchored in the health system and community interfaces.

For births occurring at home, particularly in rural and hard-to-reach areas, a simplified assisted registration pathway should be institutionalized. Community health workers should be authorized to submit birth information and essential documentation on behalf of families for registrar's approval. Early childhood immunization contacts (notably BCG) should serve as a structured safety-net mechanism to identify and register children not reported through assisted pathways. Where appropriate, certificate delivery may be facilitated through community-level actors such as village police. This approach ensures

registration of all births within 45 days of occurrence by 'moving information and not people'. To ensure national consistency and operational clarity, existing rural models, including Kaliganj++, OpenSRP, and related assisted registration mechanisms, should be reviewed and harmonized into a single streamlined, technology-enabled assisted registration pathway for home births, avoiding duplication and procedural confusion at the field level.

Recommendation 3

Institutionalize structured community and funerary touchpoints for the registration of home deaths across rural and urban settings.

For deaths occurring at home in rural areas, structured facilitation mechanisms should be institutionalized by engaging religious functionaries who conduct last rites and village police as designated informants or facilitators to initiate death registration. Their roles should be clearly defined to support timely notification and linkage with civil registrars, without transferring legal registration authority away from civil authorities. This may nonetheless require amendments to the Rules. In urban areas, burial and cremation facilities should be formally integrated into the death registration process by designating staff as informants, facilitators, or sub-registrars with defined responsibilities. Together, these rural and urban touchpoints will establish a comprehensive and culturally appropriate death registration pathway, improve completeness, equity, and timeliness including for deaths of women occurring at home. A harmonized national approach should avoid parallel or inconsistent local models, establishing a uniform pathway for all non-facility deaths while maintaining cultural appropriateness across rural and urban settings.

Recommendation 4

Institutionalize end-to-end, remote-friendly registration and certificate access as a standard service delivery model.

The CRVS system should support end-to-end registration and certification processes that minimize the need for in-person visits across all event types, including facility events, home births, and deaths. Self-registration of births and deaths occurring at home should be enabled through the online portal and mobile application, allowing informants to submit required information remotely without mandatory in-person declaration. Applicants or authorized intermediaries should be able to initiate registration, submit required information and documents, track application status, and securely access digitally signed certificates without mandatory travel to registration offices. Assisted channels should remain available for populations with limited digital access. Establishing this service delivery model will reduce transaction costs for families, improve timeliness, and strengthen public confidence in the registration system.

Recommendation 5

Enable flexible declaration points and electronic transfer of records.

Allow informants or families to initiate registration or request services at any convenient registration centre, irrespective of place of occurrence or usual residence, with secure electronic transmission of records to the responsible civil registrar. Allow informants or families to initiate registration or request services at any convenient registration centre, irrespective of place of occurrence or usual residence, with secure electronic transmission of records to the responsible civil registrar. This flexibility reduces travel and cost burdens, particularly for mobile and urban populations, and improves overall access to civil registration services.

Recommendation 6

Streamline internal workflows to enable rapid approval and certificate issuance.

Redesign internal registration workflows to eliminate redundant steps, unnecessary approvals, and duplicative checks. For routine cases, registration and certificate issuance should function as a single transaction, with certificates issued immediately following approval without requiring applicants to return for collection. Application requirements should be limited to essential information only, enabling rapid decision-making and same-day certificate issuance for routine cases. Processes should remove unnecessary reconciliation steps between registration approval and certificate issuance to prevent backlogs and avoid requiring additional visits. Streamlined workflows will improve efficiency, reduce backlogs, and enhance the quality and responsiveness of civil registration services. Streamlined workflows should also promote equitable service delivery, supported by monitoring of sex-disaggregated performance indicators.

Recommendation 7

Clearly differentiate and simplify procedures for timely, late, and delayed registration.

Operationalize distinct, proportionate workflows for timely registration, registrations within a defined grace period (one year) after the statutory deadline, and delayed registrations beyond one year. For events reported within the legal time limit or grace period, documentation requirements should be minimal and limited to essential information, with no additional procedural barriers and free of cost. More rigorous verification and approvals should be reserved only for delayed registrations. Clear procedural differentiation will encourage early reporting while reducing unnecessary administrative burden on families and civil registrars. Backlog clearance should be handled through dedicated campaigns or administrative mechanisms outside routine workflows to prevent procedural distortions and ensure smooth service delivery.

Recommendation 8

Delegate civil registration authority for timely registrations to Union Parishad Clerks.

Delegate authority to Union Parishad Clerks to register birth and death reported within the legal time frame and the defined grace period, while reserving delayed registrations for approval by the Union Parishad Chairperson. This process-level delegation will streamline approval workflows, reduce local bottlenecks, and accelerate service delivery for timely applications.

Recommendation 9

Develop and institutionalize Standard Operating Procedures (SOPs) for all key civil registration functions.

Develop and institutionalize clear, standardized SOPs for all key registration functions, fully aligned with the redesigned As-Desired business processes and clearly defining roles, responsibilities, and decision points across registration centres. SOPs should provide a harmonized national framework covering facility-based, home-based, and urban registration pathways to ensure procedural coherence and avoid parallel systems. SOPs should also specify standardized validation procedures at both data collection and data entry stages, including mandatory confirmation of recorded information by informants to ensure accuracy and consistency. The absence of standardized procedures leads to inconsistent practices, staff confusion, uneven service quality, and avoidable delays for the public. Well-defined SOPs are therefore, essential for ensuring operational uniformity, clarity, and efficiency, and will serve as a foundational input for staff training, supervision, and performance monitoring.

Recommendation 10

Remove prior birth registration as a requirement for death registration.

Birth registration of parents should not be mandatory for registering a child's birth and death registration of a death should not be made conditional upon prior birth registration. The system should allow death registration to proceed based on available identity documents of the deceased, including national ID, health facility records, or other officially recognized documents. Removing this requirement will prevent delays, reduce barriers for families, and improve the completeness and timeliness of death registration, particularly for vulnerable and hard-to-reach populations. This reform is particularly important for older women who were never registered at birth and whose deaths may otherwise face procedural barriers.

b. Human resources

Adequate and capable human resources are essential for implementing the redesigned CRVS business processes in Bangladesh, including within the Office of the Registrar General (ORG) and other institutions involved in civil registration and oversight. The proposed changes will require systematic orientation and periodic refresher training as part of a broader change-management effort, ensuring consistent application of roles and procedures. As processes and systems evolve, continued attention to skills alignment and institutional capacity will be necessary to sustain improvements in service delivery and data quality.

To implement these recommendations effectively, a consolidated ***Human Resource Development and Change Management Strategy*** *should be developed for the CRVS system. The strategy should integrate actions under the Human Resources Action Area, with particular emphasis on orienting health-sector personnel newly engaged in civil registration functions and strengthening the technical, leadership, and oversight capacity of the ORG. By aligning orientation, capacity-building, and supervision and attention to equitable service delivery, the strategy will support a smooth transition to redesigned processes and help sustain improvements in CRVS performance and data quality.*

Recommendation 11

Assess capacity and role readiness arising from redesigned CRVS processes.

Conduct a focused assessment of capacity and the role readiness required to implement the redesigned CRVS business processes, with particular attention to the expanded involvement of health facilities and health-sector personnel. The assessment should identify gaps in role clarity, competencies, coordination arrangements, and oversight functions needed to support effective implementation of the redesigned workflows. The assessment should also examine capacity gaps related to addressing equity and gender-related barriers in death registration.

Recommendation 12

Implement a structured change-management and capacity-building programme.

Develop and institutionalize a structured capacity-building programme to support the transition to the redesigned CRVS processes. The programme should prioritize orientation of health-sector personnel proposed to be newly engaged in registration-related functions, refresher training for existing civil registration staff, and reinforcement of standards for client-centred service delivery, data quality, and system use. Regular refresher training and peer-learning mechanisms should be built in to sustain adoption over time. The training curriculum should explicitly include modules on accurate data collection, client interaction, gender-sensitive service delivery, and the statistical use of registration information to reinforce the importance of data quality.

Recommendation 13

Strengthen the human resource capacity of the ORG to lead and oversee the redesigned system.

Strengthen the human resource capacity of the ORG to enable effective stewardship of the redesigned CRVS system, including coordination with the health sector, monitoring of implementation, quality assurance, and support to subnational registration authorities. Review and update the organizational structure and staffing norms of the ORG to align with its expanded technical, coordination, and oversight responsibilities under a digitalized CRVS system, with dedicated positions for functions such as data management, system monitoring, coordination, and follow-up. Introduce interim staffing measures, such as redeployment, contractual appointments, or secondments until permanent positions are established to ensure continuity of essential institutional functions during the transition. Targeted capacity enhancement and sustained technical support will be essential to enable the ORG to fulfil its expanded technical, leadership and oversight role.

Recommendation 14

Promote CRVS champions to strengthen leadership and motivation.

Identify and nurture CRVS champions from across sectors, including registration staff, health workers, academia, and civil society and integrate them into CRVS governance. Provide structured recognition, leadership opportunities, and mentorship to sustain their contributions and build long-term institutional commitment.

c. Information and Communication Technology (ICT)

Effective implementation of the redesigned CRVS business processes in Bangladesh depends on a resilient and interoperable ICT environment. The Birth and Death Registration Information System (BDRIS) is central to service delivery and data integration and must support redesigned workflows and evolving interoperability requirements. This will require a comprehensive technical review of BDRIS, followed by system upgrades or redevelopment, if needed, to ensure long-term scalability and integration with identity and statistical systems. Reliable ICT infrastructure, clear user guidance, and responsive technical support will be essential to sustain efficient and secure CRVS operations.

*To support systematic implementation of the ICT-related recommendations, an **integrated ICT strategy** should be developed for the CRVS system in Bangladesh. The strategy should articulate the core actions required to strengthen ICT infrastructure, enhance system performance and responsiveness, build user capacity, and guide upgrades or redevelopment of BDRIS, as needed, in line with redesigned business processes. It should also set out a clear approach for achieving and sustaining interoperability with the national identity management system, the vital statistics system, and other relevant government platforms. Together, these elements would serve as a unifying framework to guide coherent and sustainable improvements in CRVS operations and client-facing digital service delivery, including the ability to monitor equity gaps through sex-disaggregated reporting.*

Recommendation 15

Strengthen and modernize BDRIS for redesigned processes and long-term interoperability.

Conduct a comprehensive technical review of BDRIS and implement required upgrades or redevelopment, if needed, to support redesigned workflows. Any replacement system should use an open, standards-based architecture enabling strong integration with the national identity system, the vital statistics system, and other government databases. Upgrades should include offline functionality, simplified interfaces, mobile optimization, digitally signed and electronically downloadable certificates that can be used as verifiable credentials, automated notifications, audit trails, and real-time dashboards, including automated sex-disaggregated reporting for performance monitoring. It should also include robust deduplication mechanisms to detect and prevent duplicate registrations through rule-based and, where feasible, biometric or identity-based matching protocols.

Recommendation 16

Strengthen ICT infrastructure to ensure uninterrupted operations.

Assess and address gaps in hardware, internet availability, and backup systems across civil registration centres and associated facilities. Ensure that all points of service have reliable connectivity and functioning equipment to prevent service interruptions.

Recommendation 17

Provide updated user manuals, timely system notifications, and responsive helpdesk support.

Ensure all CRVS personnel have access to up-to-date guidance materials and timely notification of system updates. Maintain a responsive helpdesk and deliver periodic ICT training linked to system enhancements to ensure smooth and efficient operations.

Recommendation 18

Improve online service delivery and user experience.

Upgrade the online portal to support secure certificate downloads, correction requests, name additions, and real-time end-to-end application status tracking. Improve user interface and system performance, integrate real-time validation checks, and strengthen security features to enhance user trust and reduce errors.

d. Physical infrastructure

This Action Area addresses the adequacy of physical infrastructure across the CRVS system, including civil registration offices, key service locations, and the ORG. Functional workspace, secure record storage, accessible client areas, and basic digital infrastructure at health facilities and burial or cremation sites are essential to support redesigned processes and efficient service delivery. Well-designed infrastructure also contributes to a dignified and user-friendly registration experience.

Recommendation 19

Improve physical infrastructure across the CRVS system.

Conduct a systematic assessment of physical infrastructure and develop a model layout for civil registration offices and the ORG. Ensure adequate workspace, secure record storage, accessibility features, and appropriate facilities for staff and client service. Equip hospitals and burial or cremation facilities with essential on-site equipment and connectivity to enable registration at the point of service.

e. Management and coordination

Effective management and coordination are essential for the functioning and continuous improvement of the CRVS system in Bangladesh. This requires clear institutional arrangements and mechanisms for monitoring, supervision, performance review, and coordination across national and subnational levels, with strong stewardship by the ORG and effective engagement of the health sector and other partner institutions.

Monitoring should track key indicators such as registration completeness, timeliness, quality, certificate issuance, process efficiency, and equity gaps reflected in sex-disaggregated data. It should also assess the functioning of enabling inputs, including physical infrastructure and ICT systems. Findings should inform regular performance reviews, supported by management dashboards, routine supervision, and feedback mechanisms, to enable evidence-based oversight and timely corrective action. Strong coordination across sectors and administrative levels, supported by clear roles and communication channels, is critical to translating evidence into action and maintaining a responsive CRVS system.

To support systematic implementation of the proposed recommendations, a comprehensive ***Monitoring and Evaluation (M&E) plan*** *should be developed for the CRVS system. The plan should articulate the overall approach to tracking progress in CRVS improvement, including clear objectives, roles and responsibilities, timelines, and review mechanisms across national and subnational levels. Within this plan, a well-defined M&E framework should specify indicators, including indicators of data as well as service quality, data sources, and data collection tools to monitor both CRVS system performance and implementation of planned actions, drawing where appropriate on the KPIs defined in the CRVS-SAR tool. Together, the M&E plan and framework will support evidence-based oversight, strengthen accountability, and guide continuous improvement of CRVS operations in Bangladesh.*

Recommendation 20

Institutionalize CRVS performance monitoring through dashboards and structured reviews.

Configure BDRIS to generate management dashboards covering sex-disaggregated key indicators such as registration completeness and timeliness, certificate issuance, data quality, process efficiency, and the operational status of physical infrastructure and ICT systems. Incorporate operational readiness indicators, covering infrastructure, supplies, connectivity, and maintenance, into the national CRVS monitoring and evaluation framework to support systematic review, budgeting, and follow-up for upkeep and continuity of services. Integrate dashboard outputs into regular review processes at national and subnational levels, including linkage with the Annual Performance Agreement (APA) framework, to support accountability, evidence-based decision-making and timely operational adjustments.

Recommendation 21

Strengthen supervision, quality assurance, and feedback mechanisms.

Institutionalize routine field supervision using standardized tools, complemented by periodic quality audits, grievance redressal mechanisms, and client feedback systems, including targeted follow-up and support for low-performing centres based on identified data quality indicators. Conduct periodic user satisfaction surveys and use findings systematically to identify service gaps, address emerging issues, and improve the consistency and quality of CRVS service delivery.

Recommendation 22

Ensure free, well-governed access to assisted digital registration services and operational continuity.

Replace or supplement entrepreneur-based service delivery models with publicly governed arrangements that ensure free access to assisted digital registration support, particularly for timely registrations. Options may include use of existing Union Parishad staff for data entry, establishment of Assisted Digital Registration Desks, deployment of mobile e-forms, and engagement of trained Digital CRVS Volunteers under clear oversight mechanisms. Where necessary, introduce sustainable financing mechanisms, including cross-subsidization through revenues collected from delayed registrations and additional certificate copies, to maintain free assisted support for families reporting events within the legal time period. Strengthen logistics management for forms, consumables, and ICT equipment, and introduce interim operational arrangements, such as redeployment or contractual support, to prevent service disruptions.

Recommendation 23

Strengthen governance and coordination through structured DLTFs and thematic mechanisms.

Institutionalize regular meetings of DLTFs with mandated agendas, documented minutes, and systematic follow-up on decisions. Track meeting frequency, participation, and action implementation to strengthen accountability and inter-departmental coordination. DLTF findings and follow-up actions should feed into national review mechanisms under the stewardship of the ORG to support coherent system improvement. Establish thematic sub-groups (e.g. human resources, ICT, monitoring and evaluation, and communication) to support coordinated implementation of CRVS improvements across sectors, under the overall stewardship of the ORG.

f. Advocacy and communication

Effective implementation and sustainability of CRVS system improvements in Bangladesh require sustained advocacy and well-designed communication strategies. Advocacy is essential for maintaining political commitment, strengthening inter-institutional support, reinforcing the role and capacity of the ORG, and securing the policy attention and resources needed to implement CRVS reforms. Communication efforts are equally important to improve public understanding of timely birth and death registration, the benefits of certification, and the availability of simplified and free registration services.

Communication strategies should be tailored to different audiences using appropriate languages, formats, and channels to ensure inclusiveness and accessibility, including attention to gender-specific barriers to birth and death registration Targeted communication initiatives are needed to address persistent gaps in female death registration, including messaging for widows, elderly caregivers, and other household members managing post-death administrative processes. While advocacy focuses on decision-makers and institutional stakeholders, communication initiatives engage the public and service providers to encourage timely reporting of events. Together, these approaches help build demand, reduce misconceptions, and reinforce CRVS as a core public service.

*To support systematic implementation of the proposed actions, a comprehensive A**dvocacy and Communication Strategy** should be developed for the CRVS system in Bangladesh. The strategy should define a coherent approach for generating sustained political commitment, reinforcing institutional support, particularly the leadership role of the ORG and mobilizing predictable financing for CRVS system strengthening, alongside raising public awareness of the importance of timely birth and death registration. It should set out clear objectives, key messages, target audiences, communication channels, and responsibilities across national and subnational levels.*

The advocacy component should focus on engaging policymakers and institutional leaders to secure policy making, resources allocation, and cross-sector commitment, especially from

the health and local government sectors. The communication component should prioritize improving public understanding of civil registration and certification processes, with targeted messaging to address gaps in death registration, particularly among women and underserved communities. Audience-specific messages delivered through a mix of mass media, digital platforms, health service touchpoints, and community outreach or catch-up campaigns will help sustain visibility, strengthen stakeholder engagement, and drive the behavioural change needed to improve CRVS system performance in Bangladesh.

Recommendation 24

Develop and implement a sustained advocacy strategy to strengthen CRVS leadership, financing, and cross-sector commitment.

Develop and implement a sustained advocacy strategy to position CRVS as a core public service essential for rights protection, service delivery, identity management, digital public infrastructure and evidence-based planning. The strategy should target senior policymakers and institutional leaders to reinforce the leadership role and capacity of the ORG, secure predictable financing for routine CRVS operations and system improvements, and strengthen commitment across key sectors, particularly health, local government, ICT, and social protection. Advocacy messages should draw on system performance data, service use cases- the need for trusted and inclusive identity data and development impacts, including equity gaps in death registration to support informed decision-making and long-term institutional support.

Recommendation 25

Strengthen targeted communication and user support to improve timely and inclusive civil registration, particularly for deaths and in particular female deaths.

Design and implement a comprehensive communication and outreach strategy to improve public understanding of civil registration processes, with emphasis on timely death registration and addressing persistent gaps in female death registration. Messaging should clarify procedures, including that events can be registered at the place of occurrence, and highlight that timely reporting reduces procedural burden and cost. Tailored messages should target groups such as widows, elderly caregivers, and rural households and be delivered through multiple channels, including mass media, digital platforms, community outreach, health service touchpoints, and local media.

Leverage community influencers, including local leaders, religious functionaries, and frontline health workers, and integrate CRVS-related communication into routine health, education, and social protection programmes to reach families at key life events.

Complement communication efforts with user-support mechanisms such as online guidance, FAQs, helplines, and information desks at registration offices and major service points to strengthen digital literacy, reduce reliance on intermediaries, and enable equitable access to online registration services.

g. Vital statistics and statistics on causes of death

The accurate and timely production of vital statistics, including statistics on causes of death, is a core objective of the CRVS system in Bangladesh. These statistics are essential for public health planning, social sector programming, and evidence-based development decision-making. Despite some improvements in civil registration in recent years, the statistical potential of civil registration data remains underutilized due to gaps in completeness, timeliness, and data quality, and the availability of key statistical variables required to produce the full set of vital statistics recommended under international standards.

Limited coverage and quality of cause-of-death information constrain the ability to generate reliable mortality profiles and design targeted health interventions. Strengthening this Action Area therefore requires focused efforts to improve the quality, completeness, and usability of cause of death data for statistical purposes.

Recommendation 26

Operationalize ORG–Bangladesh Bureau of Statistics (BBS) data exchange and statistical quality management.

Develop and implement a joint roadmap defining secure data transfer protocols, standardized formats, validation rules, and timelines for routine sharing of anonymized civil registration data for statistical purposes. The roadmap should ensure that the CRVS system captures, through declaration/registration forms, the full set of data items required to produce vital statistics in line with UN recommendations.

Recommendation 27

Strengthen MCCD, ICD coding, and verbal autopsy systems.

Institutionalize regular training and feedback mechanisms, allocate dedicated staff, and integrate verbal autopsy workflows into death registration processes. Routine monitoring of MCCD ICD mortality coding and VA coverage should inform continuous quality improvement.

Recommendation 28

Embed automated data quality checks and structured feedback loops within BDRIS.

Introduce controlled correction functions with audit trails, real-time validation checks, and systematic feedback mechanisms to reduce errors and improve overall data quality for statistical use.

h. Policy and law

Effective and sustainable CRVS system improvements require timely policy and legal reforms to institutionalize redesigned business processes, enable digital service delivery, and remove barriers to universal civil registration and address structural inequities, including gender-related barriers to death registration. The ongoing discussion on the revision of the BDR Act provides a critical opportunity to integrate these reforms in a coherent and prioritized manner.

Further recommendations for legal reform are contained in the report following the comprehensive review and analysis of the legal framework undertaken in 2020. To support systematic implementation of the proposed policy and legal reforms, a consolidated Policy and Legal Reform Roadmap should be developed. This roadmap should bring together all policy- and law-related recommendations arising from the AAR, clarify the legal instruments through which each reform can be operationalized (such as amendments to rules, executive instructions, or inter-institutional agreements), and propose a phased and prioritized sequence for action. Leveraging the ongoing drafting of rules under the amended RBD Act, the roadmap would help ensure coherence and timely implementation of critical reforms, including the removal of barriers to registering births to girls below 16 years of age, simplification of documentation requirements, introduction of clearly defined grace periods, and institutionalization of redesigned civil registration processes, including health-led registration models, while facilitating coordinated action across responsible institutions. Further recommendations for legal reform are contained in the report following the comprehensive review and analysis of the legal framework undertaken in 2020.

Recommendation 29

Establish a structured mechanism to identify, prioritize, and approve CRVS-related policy and legal reforms.

Systematically identify policy and legal changes arising from the AAR recommendations and present them for timely review and approval through appropriate government committees. The reform mechanism should ensure alignment between redesigned business processes and the legal framework, including provisions on simplified documentation, defined grace periods, and delegated authority, and removal of unnecessary identity-based pre-conditions for registration and documentary pre-conditions for registration and incorporation of gender-sensitive provisions to address structural barriers for supporting operational implementation. Leverage the ongoing drafting of rules under the amended Registration of BDR Act to incorporate these reforms in a coordinated manner, ensuring alignment with redesigned processes and enabling smooth implementation.

Recommendation 30

Remove legal and procedural barriers to registering births to girls below 16 years of age.

Revise relevant policies, rules, and administrative instructions to ensure that births to girls below 16 years are registered without restriction or additional scrutiny. Issue clear guidance to eliminate practices that deter or delay registration, reaffirming the principle of universal birth registration irrespective of the mother's age.

Recommendation 31

Reform legal provisions to enable end-to-end digital and flexible civil registration.

Amend laws and rules to formally recognize electronic declarations, e-signatures, digital identity verification, and online processing, enabling end-to-end digital registration and certification while safeguarding data security and privacy. Enable interoperability with the national identity system to support digital verification and pre-population of identity information during civil registration.

Recommendation 32

Establish bidirectional interoperability between CRVS and the national identity system.

Strengthen the policy, legal, and technical framework to support UID assignment at birth and retirement of UID records upon death, supported by a joint roadmap defining institutional roles, data standards, secure data transfer, and timelines for implementation. Explore options for resident identity records for non-citizens and expand enrolment pathways beyond schools to ensure inclusion of children outside the formal school system.

Recommendation 33

Align legal provisions to institutionalize the health-led registration model.

Amend relevant laws and rules to formally designate public and private health facilities as informants and authorize designated health staff in major government health facilities and Upazila Health and Family Planning Officers to perform civil registration functions for facility-based births and deaths, in line with redesigned business processes.

Recommendation 34

Ensure predictable financing and institutional capacity for the ORG.

Strengthen the legal and policy framework to ensure stable budget allocations for the ORG and support the development of a costed strategic action plan for domestically financed CRVS system improvements. Establish a phased transition plan to gradually absorb development partner–supported activities into domestic financing to ensure sustainability. Create mechanisms to coordinate financing across institutions, including alignment of development partner support with national priorities, and ensure continuity of core functions.

4.3 Conclusion

A set of 34 strategic recommendations, organized under eight Action Areas, have been developed to strengthen the civil registration and vital statistics system in Bangladesh. Each recommendation addresses one or more Strategic Outcomes and is grounded in redesigned business processes informed by the CRVS-SAR analysis and extensive stakeholder consultations. Collectively, these recommendations go beyond procedural reforms, encompassing policy and legal measures, ICT modernization, organizational and human resource capacity strengthening, service delivery improvements, and the establishment of the enabling environment required for sustainable CRVS system improvement. Together, they provide a coherent and actionable pathway for strengthening the system and improving its responsiveness to the needs of the population.

The assessment and its accompanying annexes provide a solid foundation for translating these recommendations into a phased and costed strategic and action plan. Such a plan will support systematic implementation, ensure alignment with the Birth and Death Registration Act and its associated rules, and facilitate coordinated action across the Local Government Division, the Ministry of Health and Family Welfare, the BBS, the ORG, and other key stakeholders.

Overall, this report lays the groundwork for measurable and sustainable improvements in the CRVS system, including expanded coverage, improved completeness and timeliness of birth and death registration, strengthened data and service quality, enhanced and equitable service delivery, improving trust and inclusion in the ID system and the routine production and effective use of vital statistics, including statistics on causes of death, for policy and planning.

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Annexes

Annex I

TOR of committees

TOR of the CRVS Implementation Committee

Bangladesh Gazette
Extraordinary Issue
Published by Authority
Thursday, November 28, 2019
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Cabinet Division
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No. 04.00.0000.611.06.007.19.336 — The Government of the People's Republic of Bangladesh has formed a "CRVS Implementation Committee" to accelerate and ensure more effective implementation of Civil Registration and Vital Statistics (CRVS) in Bangladesh.

(A) Composition of the Committee

1. Secretary (Coordination & Reform), Cabinet Division – Chairperson
2. Executive Director, Bangladesh Computer Council, ICT Division – Member
3. Director General, Directorate of Secondary and Higher Education, Secondary and Higher Education Division – Member
4. Director General, Directorate of Primary Education, Ministry of Primary and Mass Education – Member
5. Director General, Bangladesh Bureau of Statistics, Statistics and Informatics Division – Member
6. Director General, Department of ICT, ICT Division – Member
7. Director General, Department of Immigration and Passports, Security Services Division – Member
8. Director General, NID Wing, Election Commission Secretariat, Bangladesh Election Commission – Member
9. Director General, Bangladesh Telecommunication Regulatory Department, Posts and Telecommunications Division – Member
10. Registrar General, Office of the Registrar General (Birth and Death Registration), Local Government Division – Member
11. Project Director, Access to Information (a2i) Programme, ICT Division – Member
12. Joint Secretary, Legislative and Parliamentary Affairs Division (Law and Justice Division) – Member
13. Additional Director General (Administration), Directorate General of Health Services, Health Services Division – Member
14. Policy Advisor, Access to Information (a2i) Programme, ICT Division – Member
15. Additional Secretary (Coordination), Cabinet Division – Member Secretary

(B) Terms of Reference of the Committee

1. Assist the CRVS Steering Committee in ensuring coordination among stakeholders.
2. Provide overall supervision in formulating the National CRVS Strategy for implementation of CRVS.
3. Supervise the design and planning of CRVS and provide advice to the technical committee formed in this regard.
4. Monitor and evaluate the implementation of CRVS activities.
5. Resolve conflicts arising during CRVS implementation.
6. Submit reports and recommendations to the CRVS Steering Committee.
7. Perform other relevant activities related to CRVS implementation as assigned by the Steering Committee.

(C) Meetings of the committee will be held as required.
(D) The committee may co-opt additional members if necessary.
(E) The CRVS Secretariat of the Cabinet Division will provide secretarial support to this committee.

2. This order shall come into effect immediately.

By order of the President,
Baby Parvin
Deputy Secretary
Phone: 9511081
Email: ca_sec@cabinet.gov.bd

The TORs are translated from Bangla to English

TOR of the CRVS National Core Committee/Team

Government of the People's Republic of Bangladesh
Cabinet Division
CRVS Wing
www.cabinet.gov.bd

Memo No: 04.00.0000.724.06.002.19.185
Date: 31 Ashar 1431 / 15 July 2024
Subject: Formation of CRVS Core Committee

In accordance with the decision taken at the meeting of the **CRVS (Civil Registration and Vital Statistics) Implementation Committee** held on **2 July 2024**, the following **CRVS Core Committee** is hereby formed to prepare necessary recommendations/proposals and perform related activities for improving the CRVS system following the **UNESCAP CRVS System Improvement Framework**.

Composition of the Committee

1. **Additional Secretary, Coordination Wing, Cabinet Division – Chairperson**
2. **Deputy Registrar General (ICT), Office of the Registrar General – Member**
3. **Joint Secretary, Civil Registration and Social Security Wing, Cabinet Division – Member**
4. **Joint Secretary, Public Security Division – Member**
5. **Joint Secretary, Health Services Division – Member**
6. **Joint Secretary, Health Education and Family Welfare Division – Member**
7. **Joint Secretary, Law and Justice Division – Member**
8. **Joint Secretary, Secondary and Higher Education Division – Member**
9. **Joint Secretary, Technical and Madrasa Education Division – Member**
10. **Joint Secretary, Ministry of Primary and Mass Education – Member**
11. **Joint Secretary, Information and Communication Technology Division – Member**
12. **Director, e-MIS Unit, Directorate General of Family Planning – Member**
13. **Head, HIU, Directorate General of Health Services – Member**
14. **Project Director, SVRS in Digital Platform Project, Bangladesh Bureau of Statistics (BBS) – Member**
15. **System Manager, ICT Wing, Bangladesh Election Commission – Member**
16. **Representative (UNICEF, WHO, UNESCAP, UNDP, UNFPA, Vital Strategies) – Member**
17. **Deputy Secretary, Civil Registration Wing, Cabinet Division – Member Secretary**

Terms of Reference of the Committee

1. Prepare a **process map of the workflow** of the existing CRVS system.
2. Determine **baseline values, key performance indicators (KPIs), and their targets**.
3. Identify problems in the existing CRVS system and prepare a **detailed observation report including root cause analysis**.
4. Develop **redesign ideas** for improving the CRVS system.
5. Prepare a report on **Assessment, Analysis and Redesign (AAR)**.
6. Propose measures for **improving the quality of MCCD (Medical Certificate of Cause of Death)** in health institutions.
7. Submit proposals regarding **methods for collecting, compiling and disseminating vital statistics from civil registration data**.
8. Based on the AAR report, prepare a **costed strategic and action plan** and present it to the **CRVS Implementation Committee**. The plan will be finalized based on the committee's feedback.
9. Propose a **system for monitoring and evaluation** of the CRVS system.
10. Prepare **periodic progress reports** and present them to the Implementation Committee.
11. Perform any **other responsibilities assigned by the Implementation Committee**.
12. The committee will meet **as required, but at least once every three months**.

Additional Provisions

2. The committee may **co-opt members when necessary**.
3. This order **takes effect immediately**.

(Dr. Mohammad Ashraful Alam)
Deputy Secretary
Phone: 41050107
Email: cr_sec@cabinet.gov.bd

The TORs are translated from Bangla to English

TOR of the CRVS Working Group/Team

Government of the People's Republic of Bangladesh
Cabinet Division
CRVS Branch
www.cabinet.gov.bd

Memo No: 04.00.0000.724.06.002.19.186
Date: 31 Ashar 1431 / 15 July 2024
Subject: Formation of CRVS Working Group

In accordance with the decision taken at the CRVS (Civil Registration and Vital Statistics) Implementation Committee meeting held on 2 July 2024, a Working Group has been formed to assist the CRVS Core Committee in improving the CRVS system in line with the UNESCAP CRVS System Improvement Framework.

Composition of the Committee:

1. Deputy Secretary, Civil Registration Branch, Cabinet Division — Convener
2. Representative, Bangladesh Computer Council (BCC), ICT Division — Member
3. Representative, Office of the Registrar General, Birth and Death Registration, Local Government Division — Member
4. Representative, Bangladesh Bureau of Statistics — Member
5. Representative, Directorate General of Health Services — Member
6. Representative, Vital Strategies — Member

Terms of Reference of the Committee:

1. To assist in preparing various reports of the CRVS Core Committee.
2. To carry out the daily routine activities of the CRVS Core Committee.

Other Provisions:

2. The committee may co-opt additional members if necessary.
3. This order shall come into effect immediately.

(Dr. Mohammad Ashraful Alam)
Deputy Secretary
Phone: 41050107
Email: cr_sec@cabinet.gov.bd

Distribution (not according to seniority)
(Requested to nominate appropriate officials according to the committee composition)

1. Executive Director (Grade-1), Bangladesh Computer Council (BCC)
2. Director General, Directorate General of Health Services
3. Registrar General, Office of the Registrar General, Birth and Death Registration, Local Government Division
4. Director General, Bangladesh Bureau of Statistics
5. Country Coordinator, Vital Strategies

Copy for kind information and necessary action (not according to seniority):

1. Additional Secretary, Committee and Economic Affairs Division, Cabinet Division
2. Private Secretary to the Cabinet Secretary (Joint Secretary), Cabinet Division
3. Private Secretary to the Secretary, Coordination and Reforms (Deputy Secretary), Cabinet Division
4. Personal Officer to the Additional Secretary, Coordination Division, Cabinet Division

Annex II

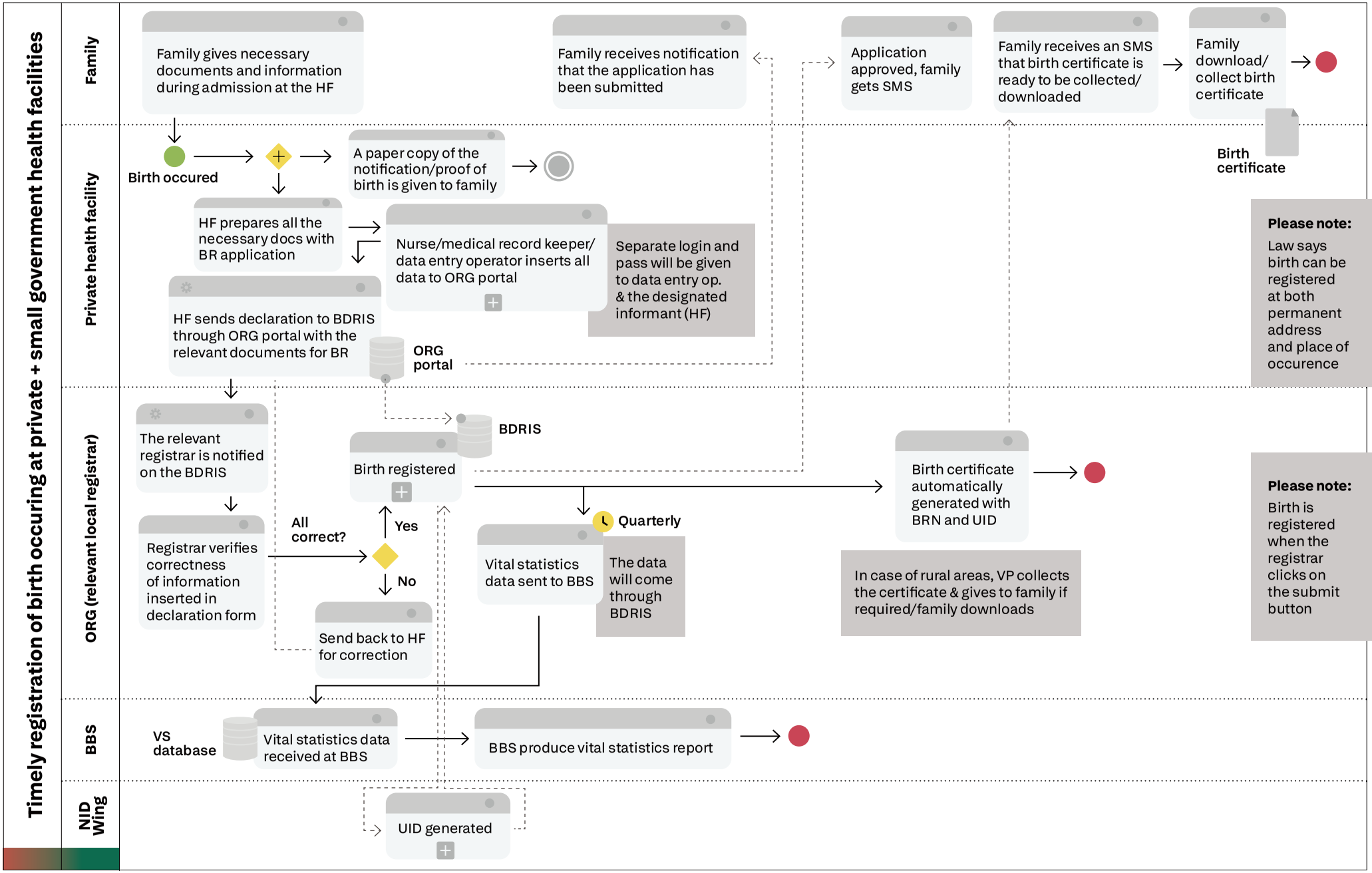
Business process maps

As desired business process maps

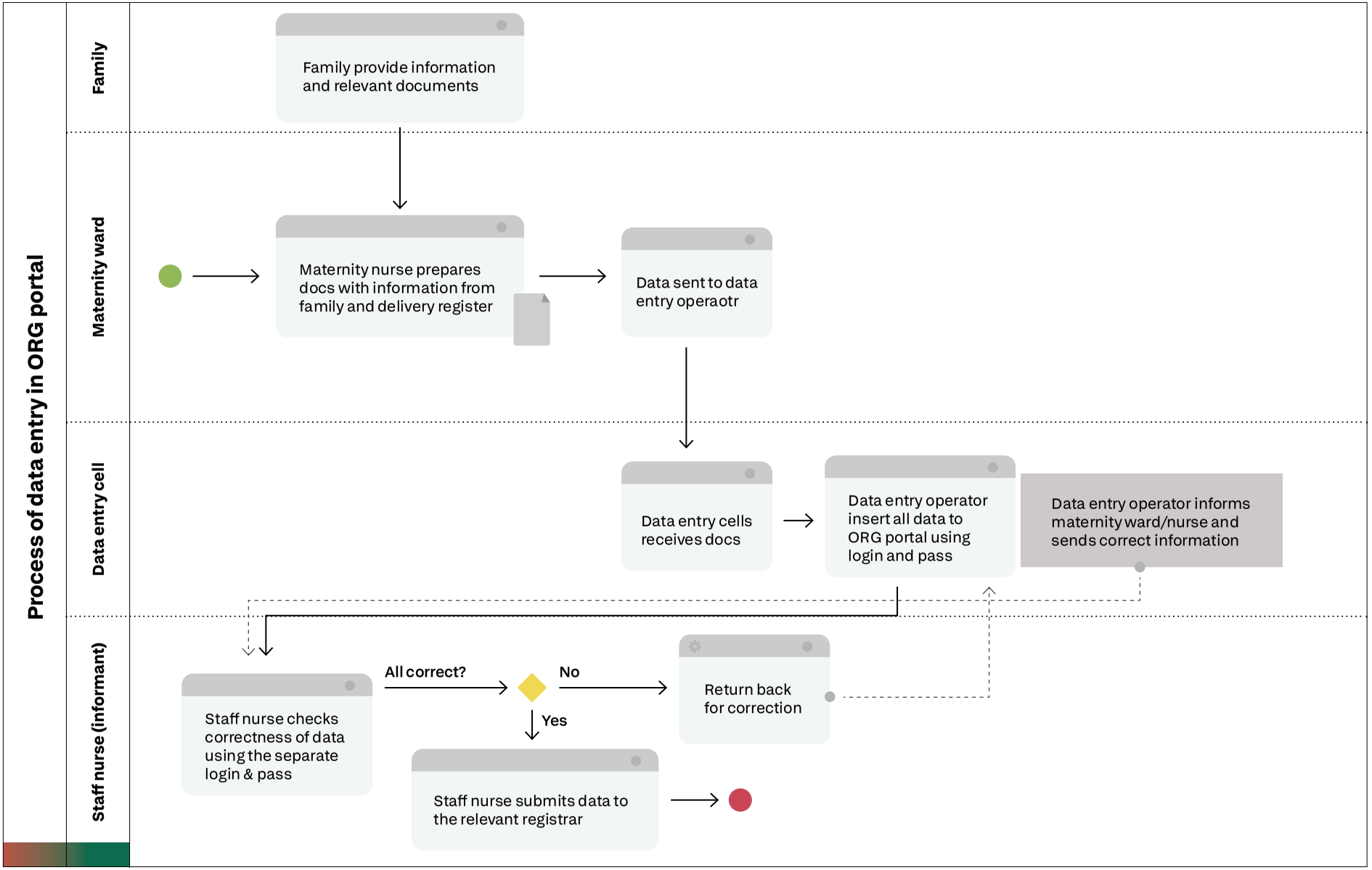
Birth

1.0

As desired: Timely registration of birth occuring at private + small government health facilities

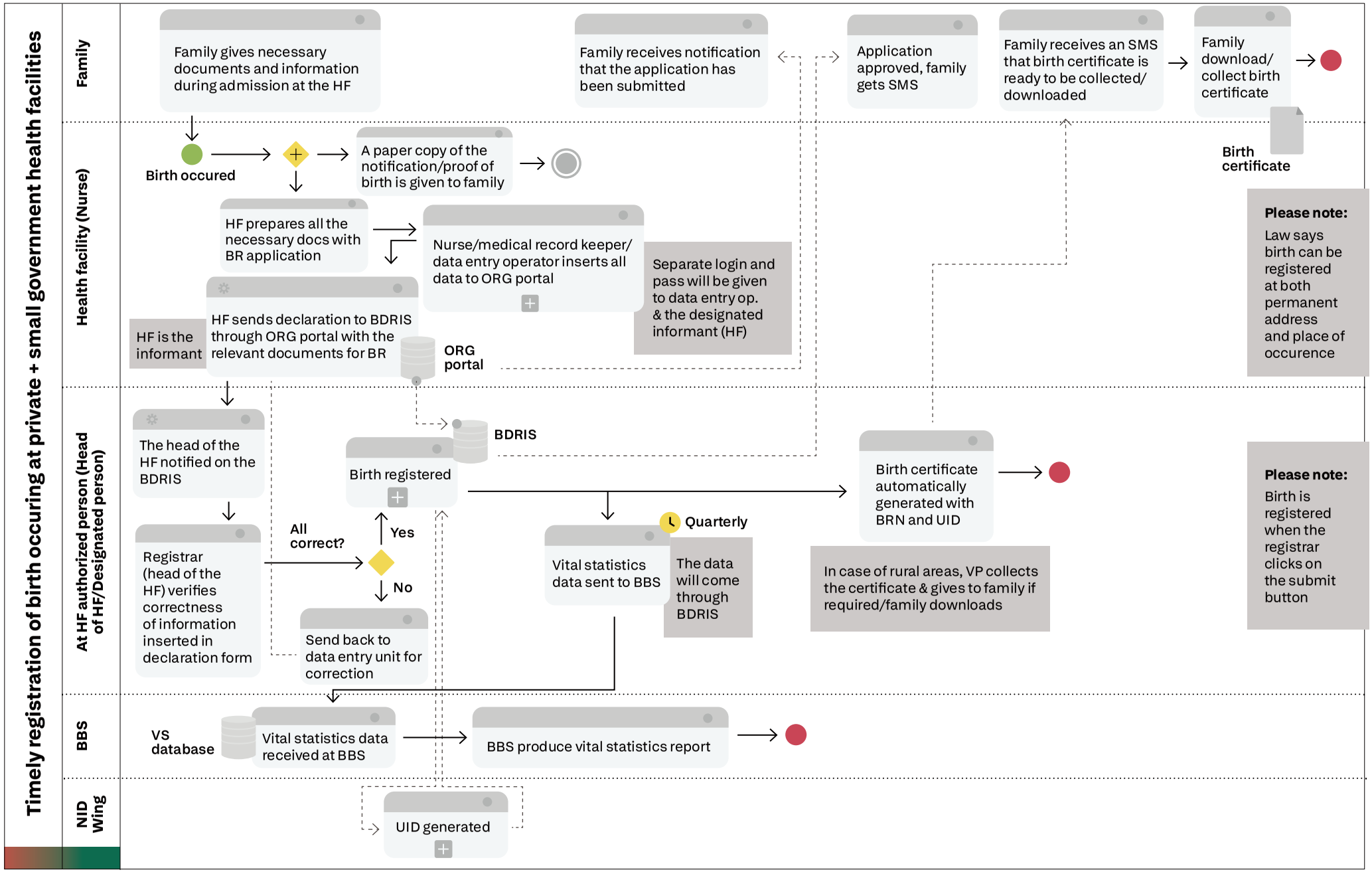


1.1
Sub process at health facility

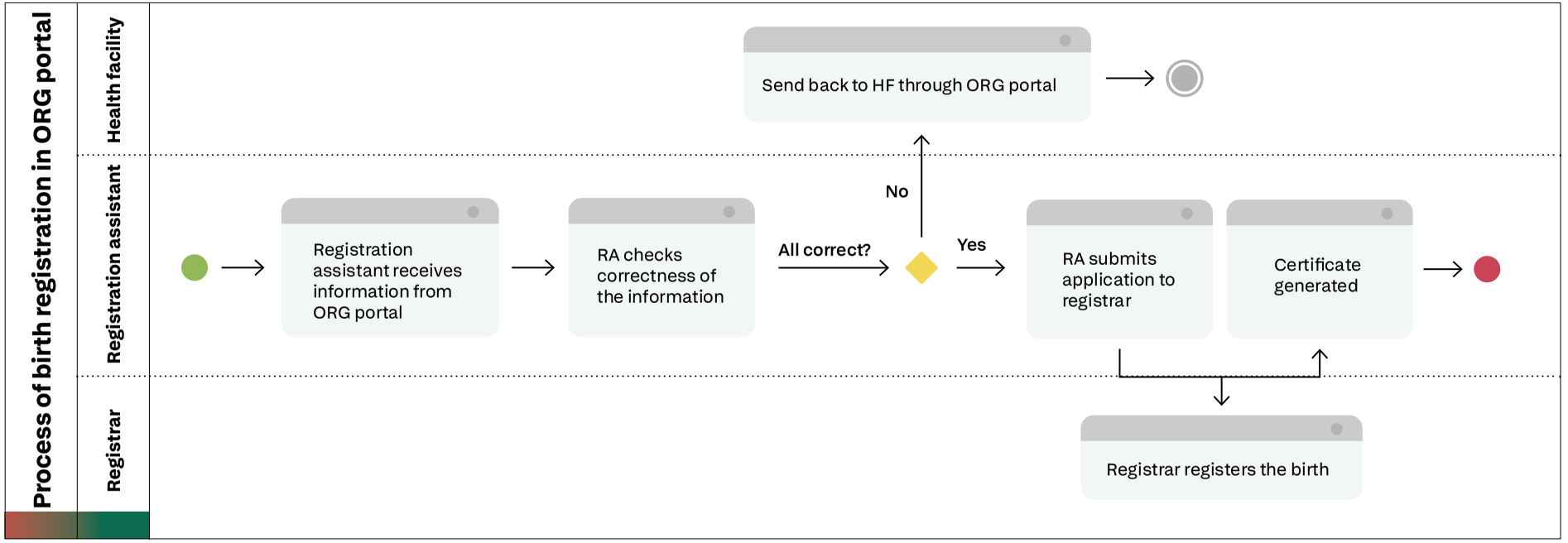


2.0

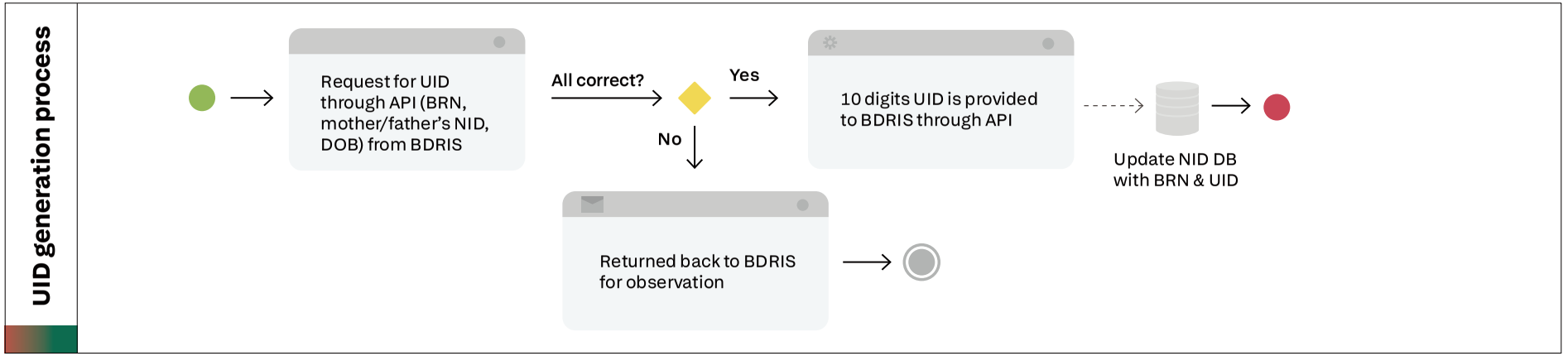
As desired: Timely registration of birth occuring at big government health facilities



Process of birth registration within registrar office (Same for 1.0 and 2.0 as desired BPM)

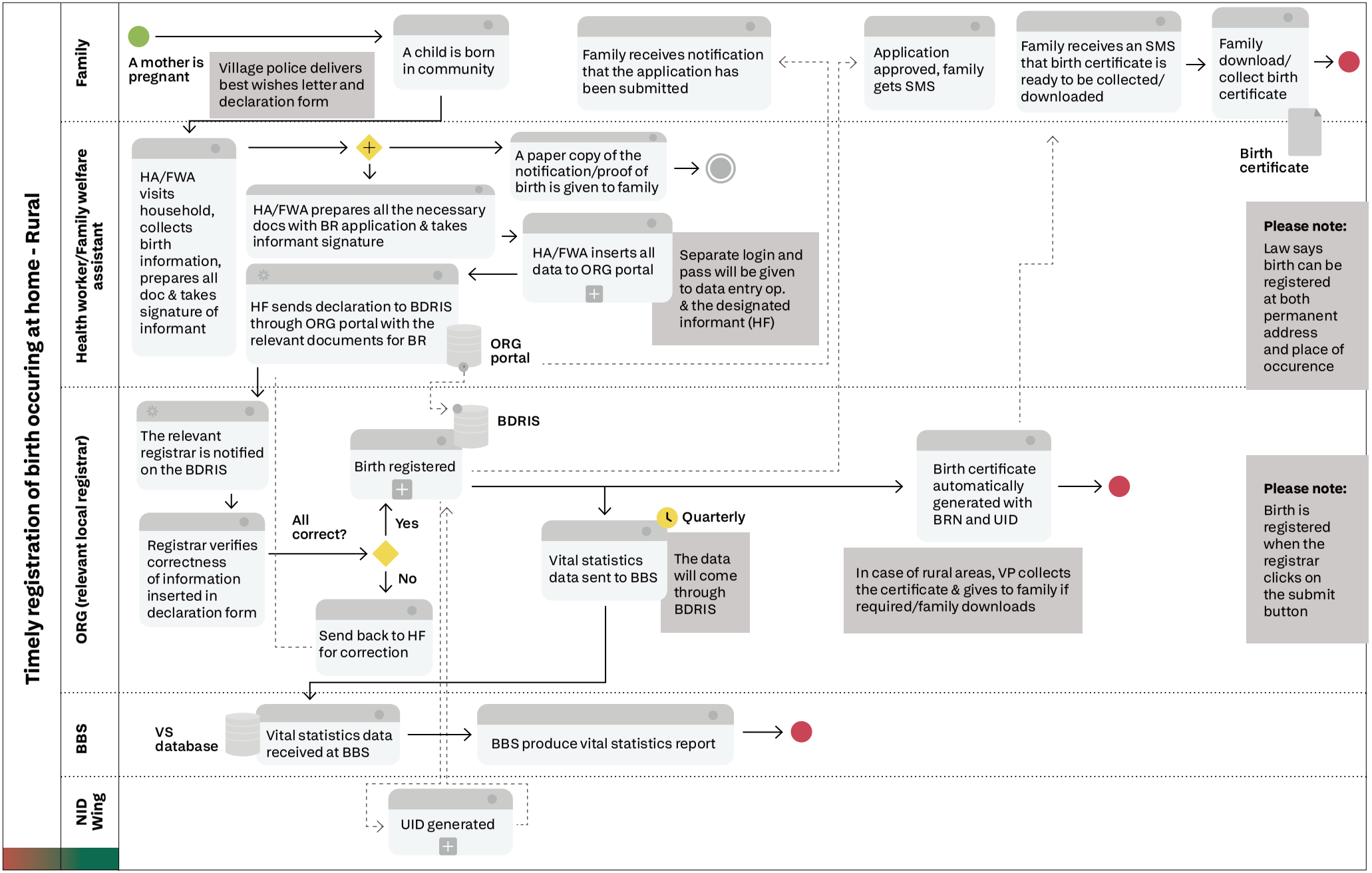


Generation of UID (Same for 1.0 and 2.0 as desired BPM)



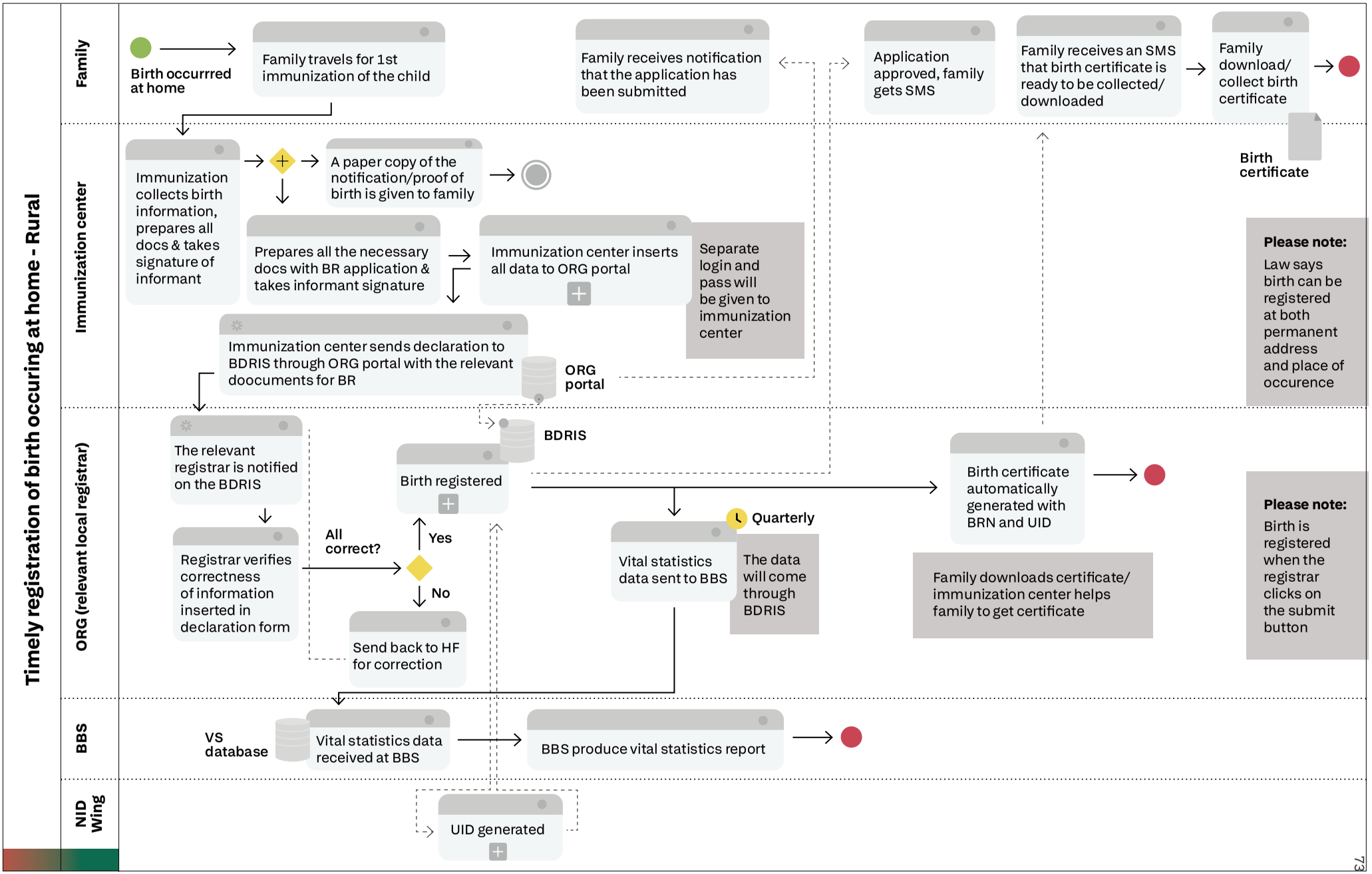
3.0

As desired: Timely registration of birth at home - Rural

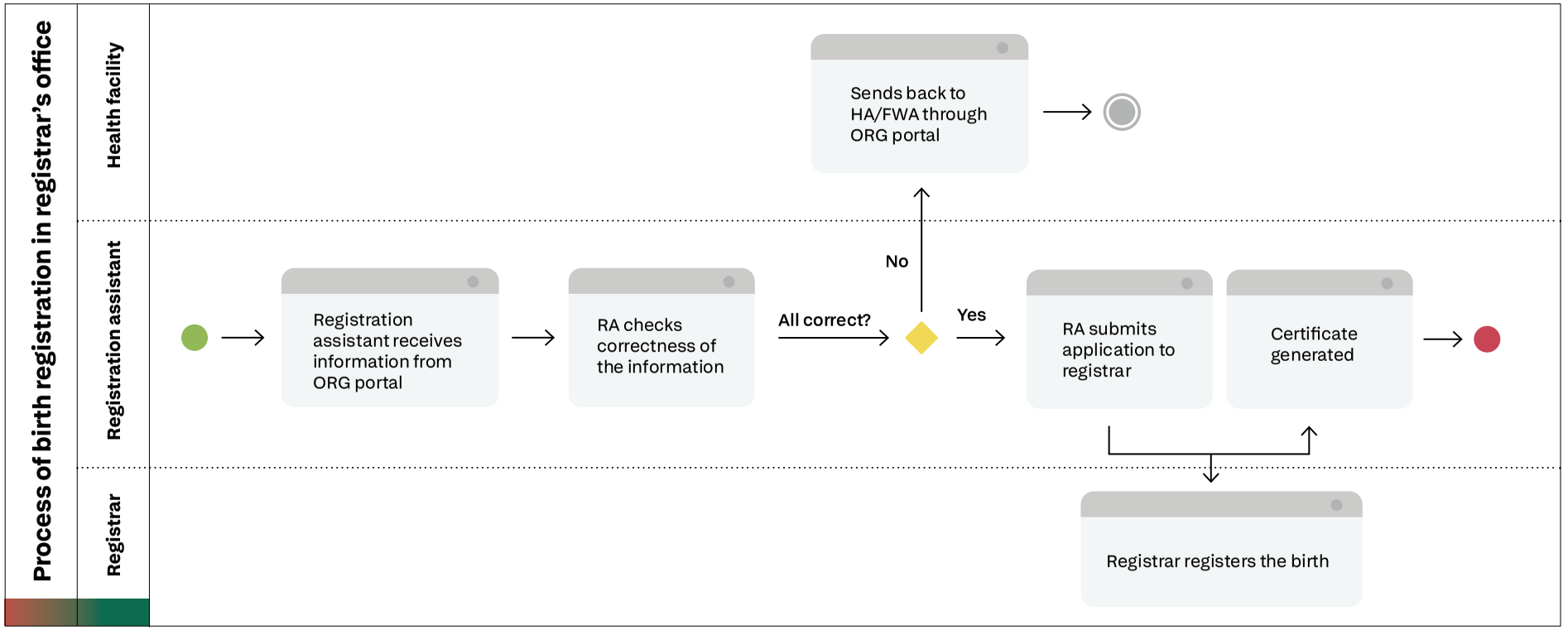


4.0

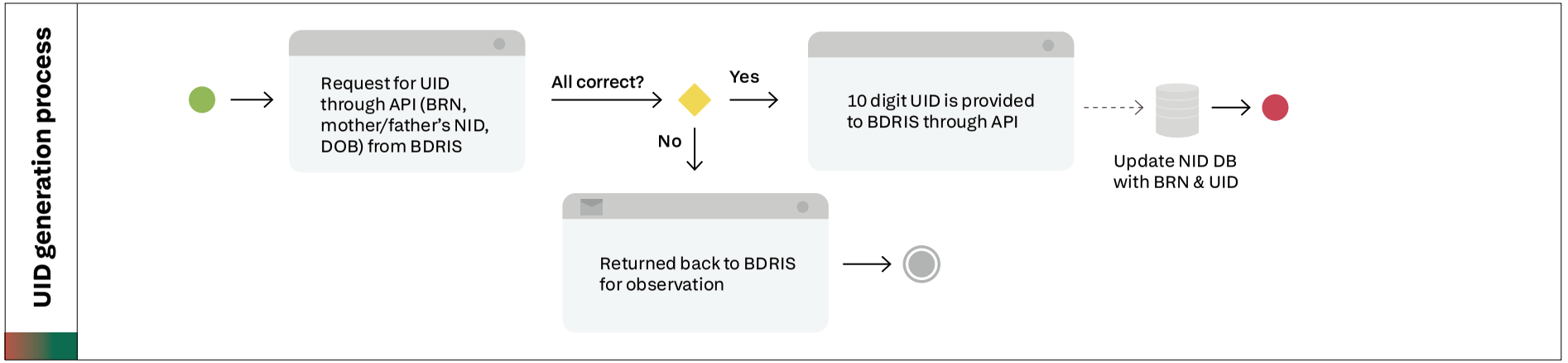
As desired: Timely registration of birth at home - Urban + city corporations + municipalities



Process of birth registration within registrar office (Same for 3.0 and 4.0 as desired BPM)



Generation of UID (Same for 3.0 and 4.0 as desired BPM)



Annex II

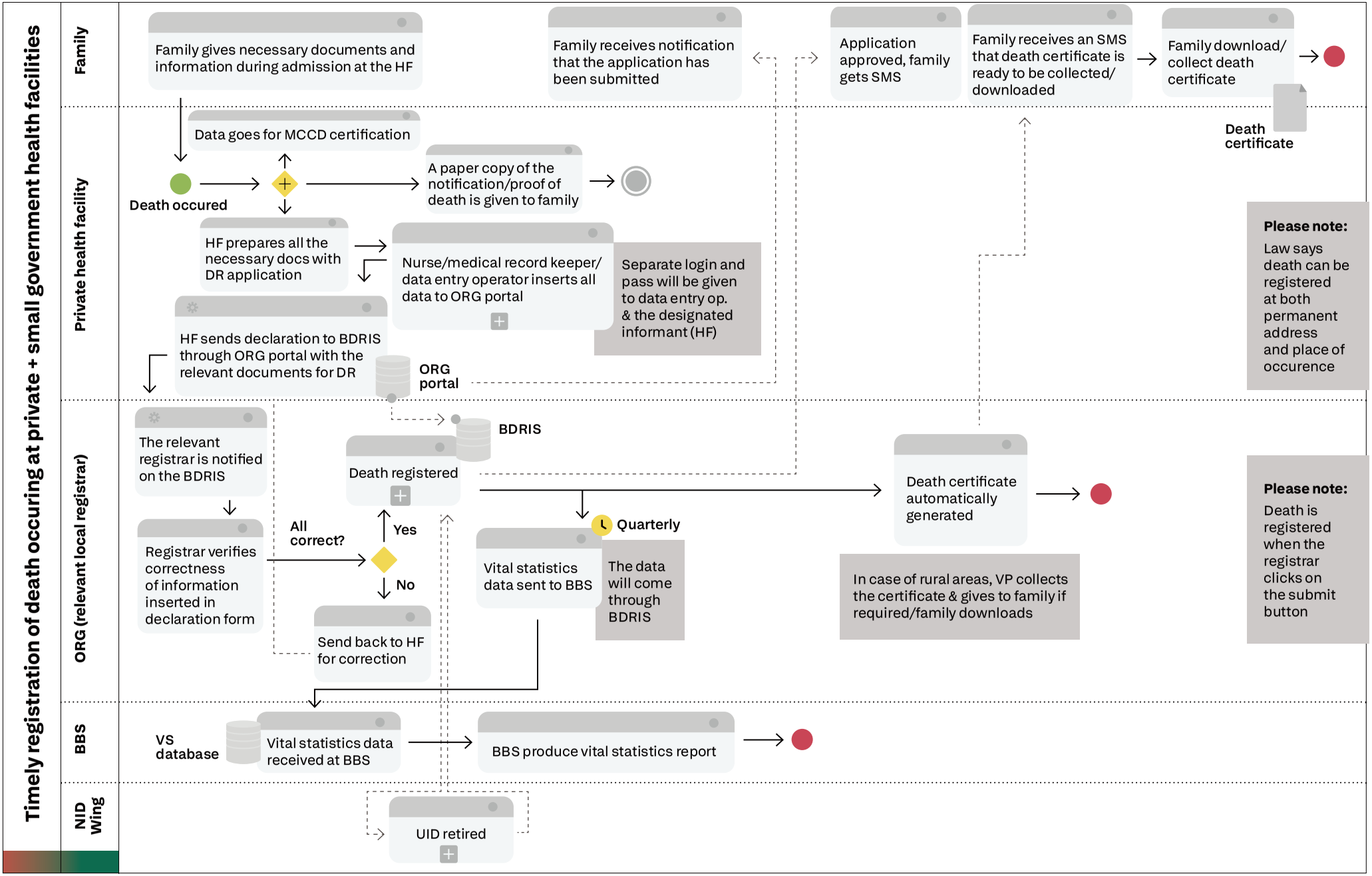
Business process maps

As desired business process maps

Death

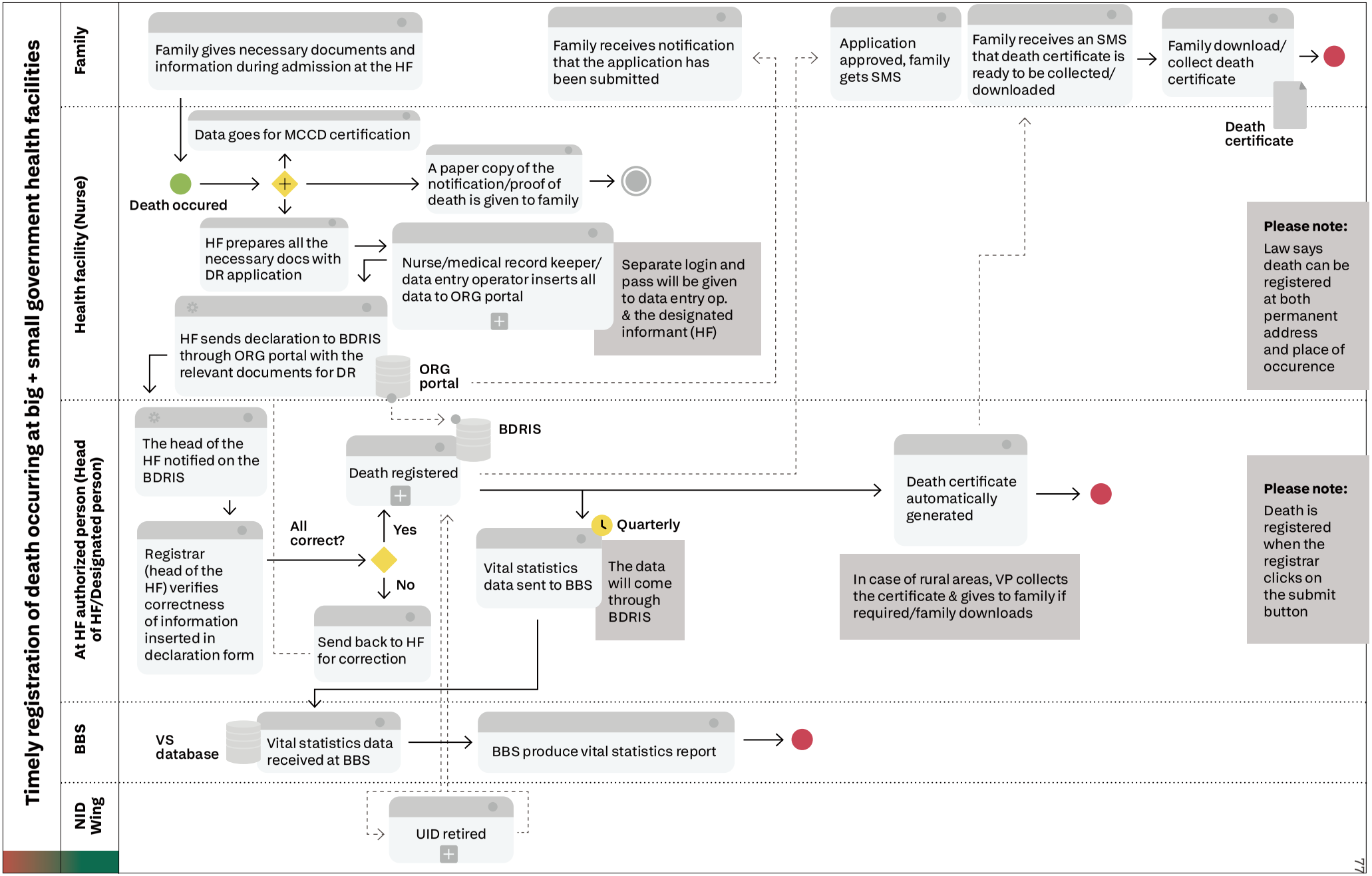
1.0

As desired: Timely registration of death occuring at private + small government health facilities

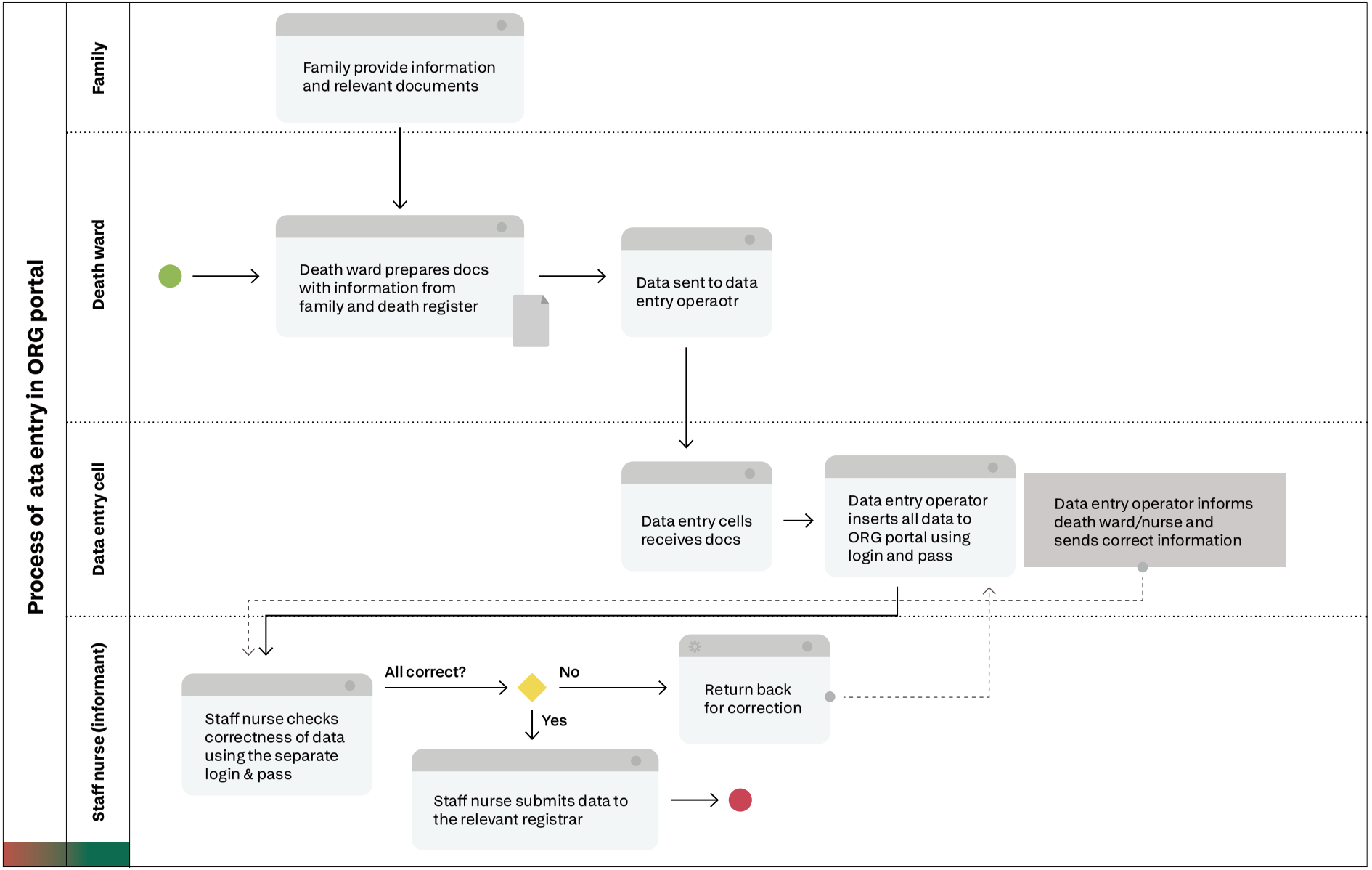


2.0

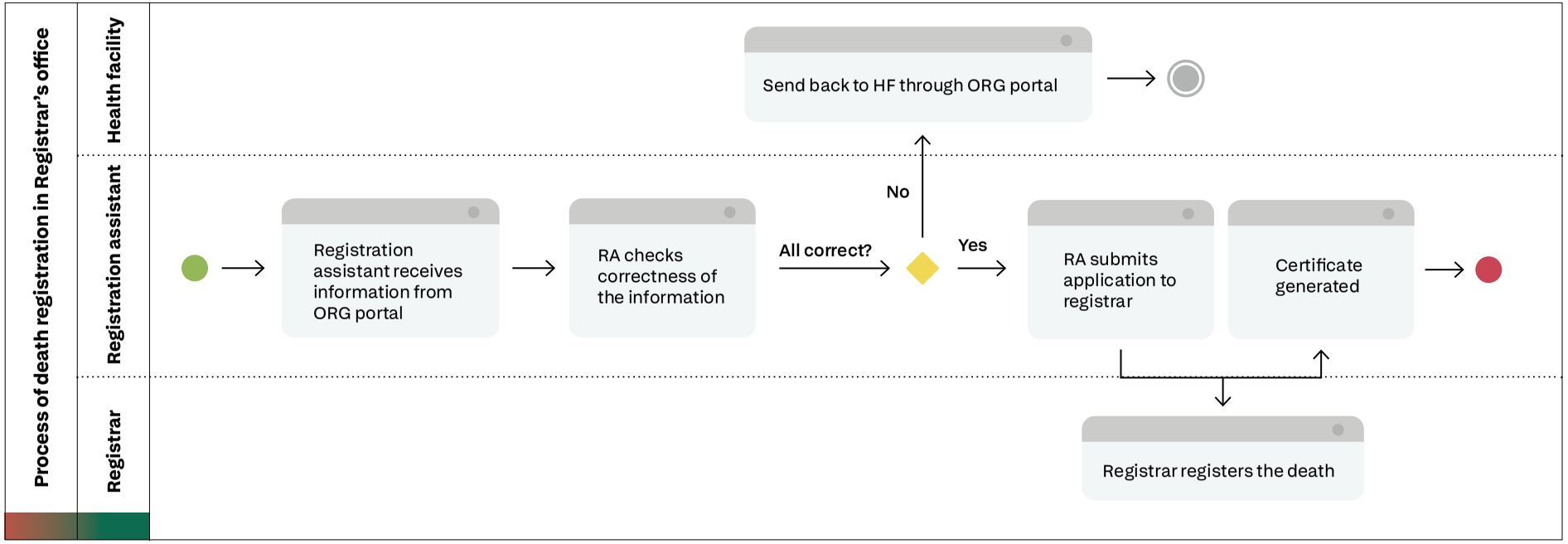
As desired: Timely registration of death occuring at big + small government health facilities



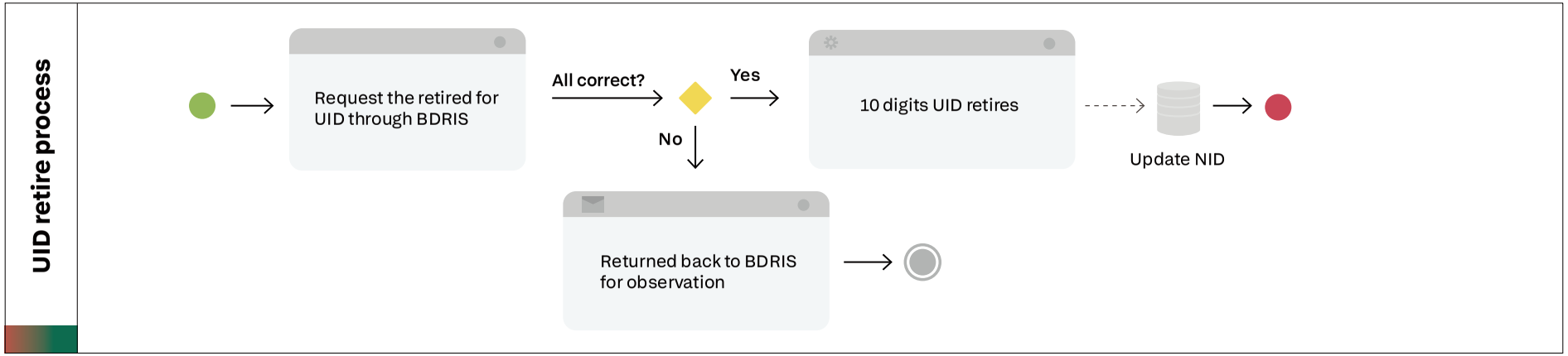
Process of insertion of data in ORG portal (Same for 1.0 and 2.0 as desired BPM)



Process of death registration within registrar office (Same for 1.0 and 2.0 as desired BPM)

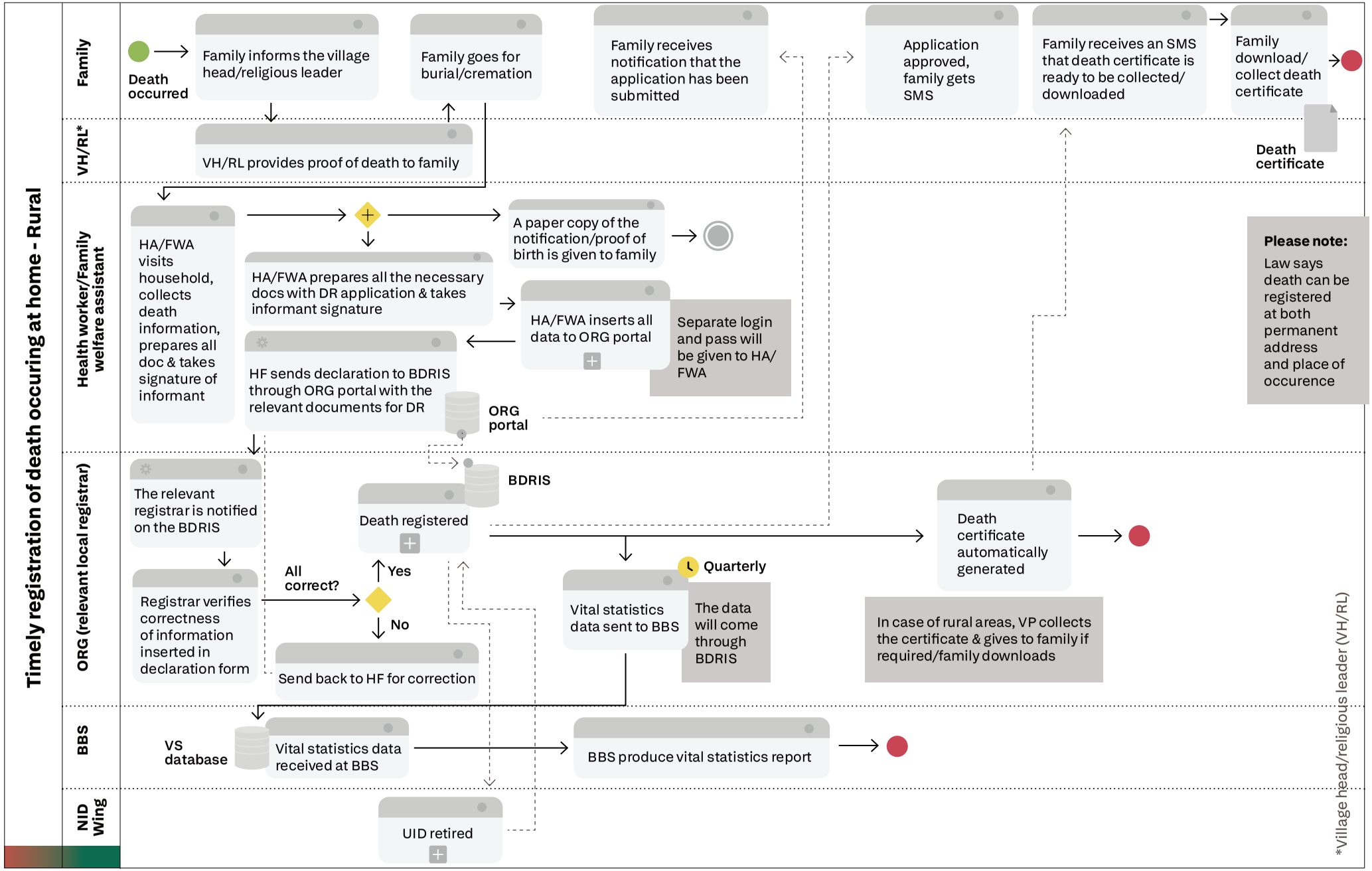


UID retire process (Same for 1.0 and 2.0 as desired BPM)



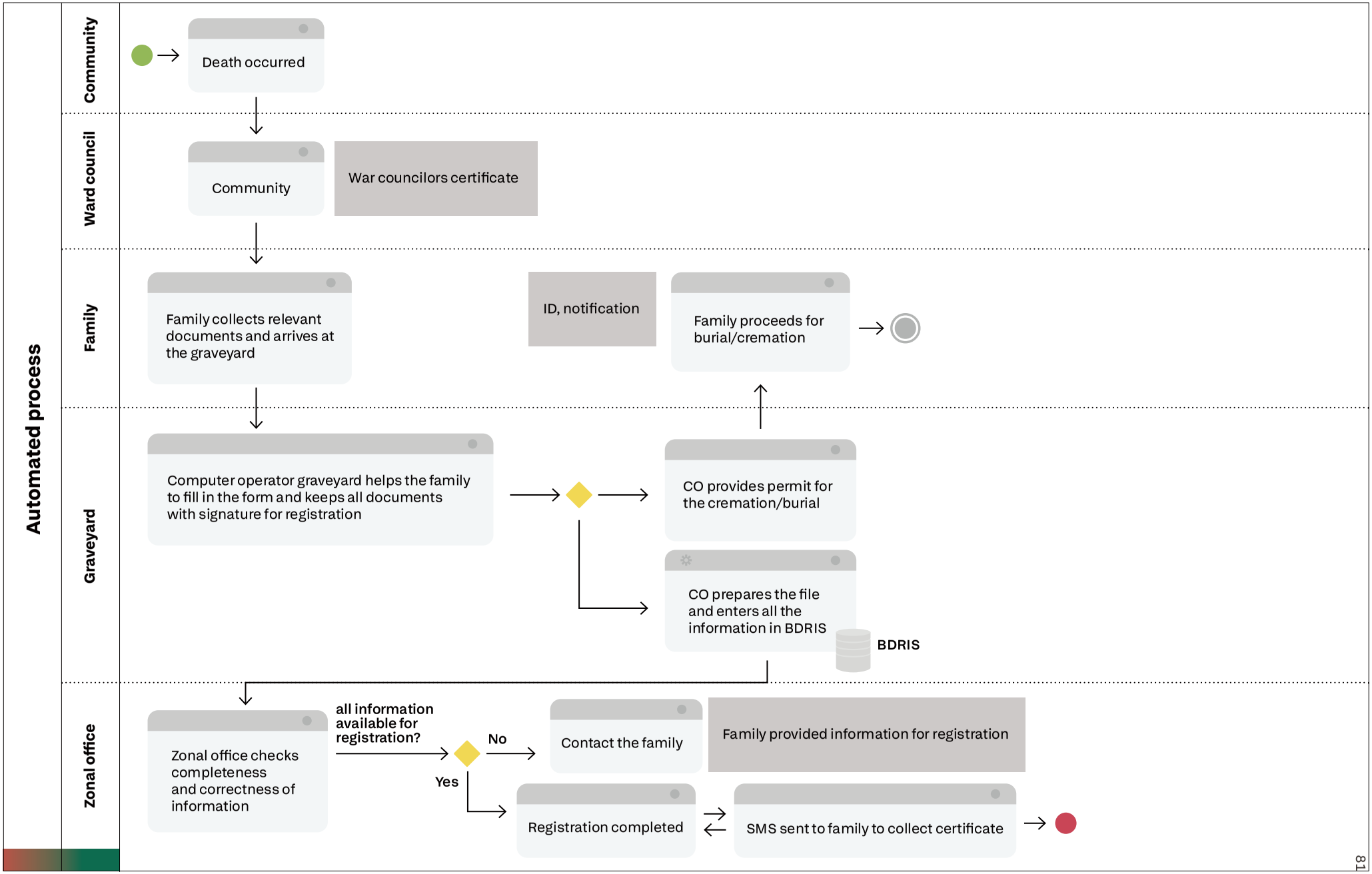
3.0

As desired: Timely registration of death at home - Rural

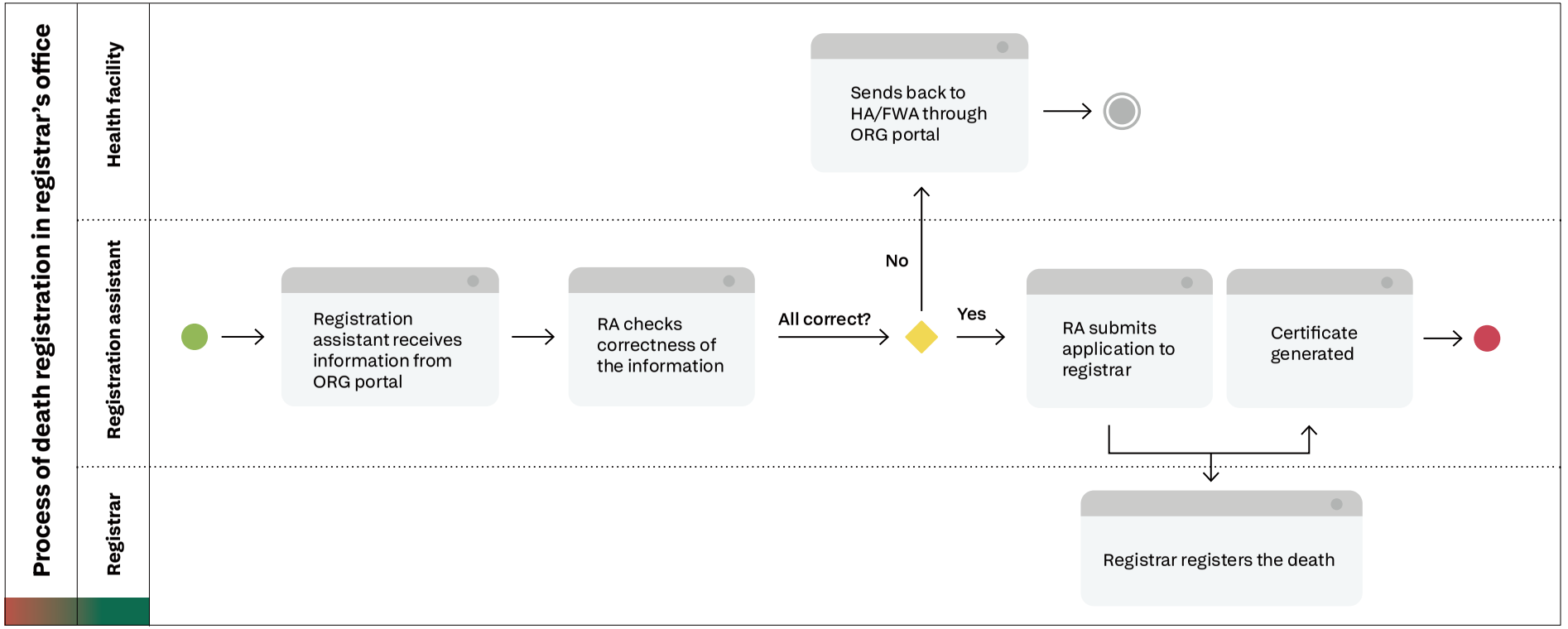


4.0

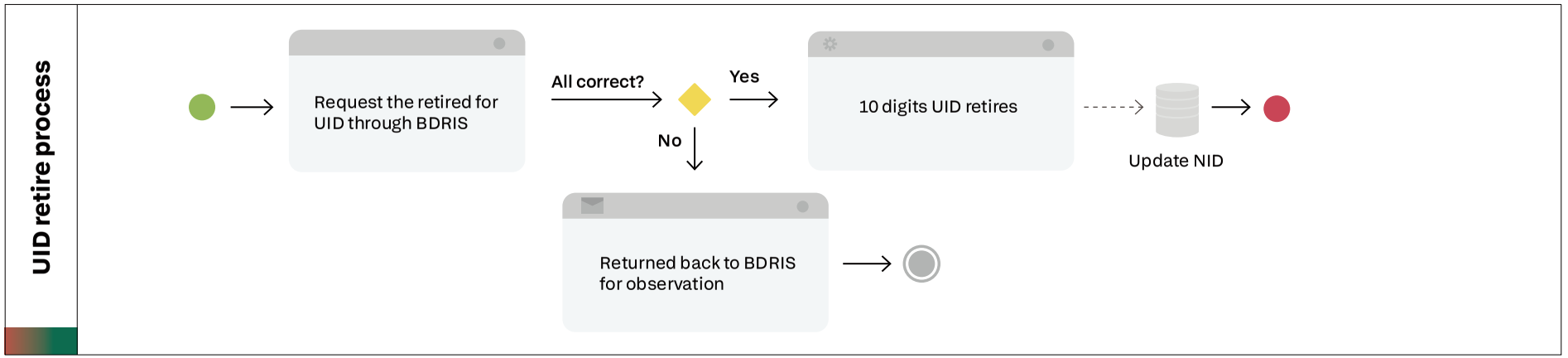
As desired: Timely registration of death at home - Urban



Process of death registration within registrar office (Same for 3.0 and 4.0 as desired BPM)



UID retire process (Same for 3.0 and 4.0 as desired BPM)



Annex III

Filled in CRVS - SAR tool

Assessment, analysis, and redesign of CRVS system using System Analysis and Redesign (SAR) tool

This compilation is based on inputs from various consultations and reviews conducted over the past couple of years at both national and sub-national levels, as well as detailed deliberations within the CRVS Core Team. It also draws on the field experiences of core team members. The document highlights a comprehensive range of performance issues and associated bottlenecks across ten strategic outcomes, five focused on clients and six on service providers.

To track progress toward each strategic outcome, Key Performance Indicators (KPIs) have been identified, along with their corresponding baseline values. These KPIs serve as the basis for monitoring system performance and identifying bottlenecks and pain points in a systematic manner. For each KPI, two sets of targets have been established: intermediate targets for 2027 and final targets for 2030. This two-stage target-setting approach enables a more objective and phased evaluation of progress over time.

The root causes contributing to suboptimal performance, which hinder progress toward these outcomes, have been thoroughly examined. For each identified root cause, redesign ideas, such as business process improvements and enhancements to organizational capabilities (e.g., legal framework, human resources, Information Technology (IT), management, and coordination), are provided. In addition to challenges, positive practices and existing strengths aligned with these outcomes are highlighted to offer a balanced perspective.

Strategic goals

This section presents the current status based on existing data and outlines the strategic goals to be achieved by 2030, providing a baseline and clear direction for future progress. It ensures alignment with the overall vision, guides decision-making, and supports accountability. The goals are represented by KPIs, which will be used to measure progress towards their achievement.

Key performance indicator	**Baseline** (in %)		**Data sources and challenges**	**Intermediate target (2027)** (in %)		**Final target (2030)** (in %)	
1. Achieve complete registration of births and deaths							
1.1.a **Percentage of births within one years of occurrence registered during the year *by sex***	Total	50	BDRIS	Total	80	Total	100
	Male	52		Male	82	Male	100
	Female	48		Female	78	Female	100
1.1.b **Percentage of births within one year of occurrence registered during the year *by rural, non-city urban and city corporation***	Rural	60	BDRIS	Rural	90	Rural	100
	Non-city urban	31		Non-city urban	70	Non-city urban	100
	City corp.	07		City corp.	50	City corp.	100
1.2.a **Percentage of deaths within one year of occurrence registered during the year *by sex***	Total	47	BDRIS	Total	80	Total	100
	Male	64		Male	90	Male	100
	Female	36		Female	70	Female	100

1.2.b Percentage of deaths within one year of occurrence registered during the year *by rural, non-city urban and city corporation*	Rural	55	BDRIS	Rural	80	Rural	100
	Non-city urban	35		Non-city urban	70	Non-city urban	100
	City corp.	12		City corp.	50	City corp.	100
2. Ensure timely registration of births and deaths							
2.1 Percentage of births registered within 45 days of occurrence out of all births registered during the year	9.4[11]		BDRIS	85		90	
2.2 Percentage of births registered within one year of occurrence out of all births registered during the year	20.4[12]		BDRIS	90		100	
2.3 Percentage of deaths registered within 45 days of occurrence out of all deaths registered during the year	44.2		BDRIS	60		80	
2.4 Percentage of deaths registered within one year of occurrence out of all deaths registered during the year	65.3		BDRIS	80		100	
3. Guarantee the timely issuance of legal certificates							
3.1 Percentage of births registered within one year of occurrence for which birth certificate delivered	No information available		The BDRIS does not record information when a birth certificate is issued	80		10	
3.2 Percentage of deaths registered within one year of occurrence for which death certificate delivered	No information available		The BDRIS does not record information when a death certificate is issued	80		100	

11: For city corporations this value is as low as 1.3 %
10: For city corporation this value is as low as 5.3%

Assessment, analysis, and redesign

Client centric strategic outcomes

STRATEGIC OUTCOME 1

Increased access to proactive registration services

Key performance indicator	What it measures	Baseline	Data sources and challenges	Target (2030)
1.1 Estimated average distance to registration service (rural and urban areas)	Measures physical accessibility, helping identify underserved areas and guiding efforts to bring services closer to communities for timely and equitable registration.	Rural : 2-3 kms Urban : 2 kms	Past assessment through discussion with field level stakeholders.	Rural : 2 kms Urban : <2 kms
1.2 Percentage of births and deaths registered outside the place of occurrence	This indicator reflects how convenient, accessible, and responsive the registration system is from the perspective of families.	Not available (to be compiled from BDRIS separately for births and deaths)[13]	Potentially BDRIS which has information on place of occurrence and place of registration	To be determined when baseline data is available
1.3 Estimated number of visits made for registration and receiving certificate	Measures number of visits required to complete registration formalities and getting certificates to help understand time and indirect cost involved	3 - 4 times	Stakeholders experience	At most 1 visit

13: The very low registration levels in non-city urban and city corporation indicates that a large proportion (less than 25%) of families living in urban areas are registering their events at their permanent place of residence instead of place of occurrence.

Positive practices/steps	Pain points or bottlenecks	Root cause analysis	Category of root causes	Regesign ideas/strategies
Steps have been taken to strengthen the link between the health sector and civil registration. Government hospitals now electronically notify the designated civil registration office of births and deaths occurring at their facilities. The notification number is shared with the family electronically, and along with a physical copy of the notification, using the DHIS 2 platform. This enables the civil registration office to follow up with the family and encourage them to apply for registration within the prescribed time limit. The Kaliganj++ model is being implemented in several districts and sub-districts to improve the coverage of birth and death registration in rural areas. The model relies on strong and continuous coordination at the local level between the health system and the Union Parishad office, which serves as the primary civil registration centre. Village Police play a central role by collecting birth declaration forms completed by families (with support from local health or family planning workers), submitting the information to the Union Parishad office for registration, and subsequently	Notifications are currently limited to births and deaths occurring in government hospitals. As a result, events taking place in private hospitals (primarily located in larger urban areas) are not captured through this system. Consequently, families are not proactively approached to register these events and are less likely to visit the registration office in a timely manner. Even for events that are notified and where families are encouraged to register, they may fail to report within the prescribed 45-day period or may not turn up at all. Notifications from government hospitals often do not reach or are not accepted into the BDRIS, preventing registrars from contacting families in a timely manner and reducing the likelihood of registration within the 45-day window.	The implementation of the Health–Civil Registration (CR) link system faced several setbacks that limited its effectiveness. Key challenges included: 1. The BDRIS was not adequately upgraded to support the required level of interoperability with health systems 2. Technical inconsistencies between DHIS2 and BDRIS, particularly mismatched geographic codes, impeded seamless data exchange 3. Limited institutional coordination and unclear roles between the health and civil registration sectors affected follow-up and system alignment No formal evaluation has been conducted to assess the effectiveness of the Health -CR link system, making it difficult to identify and address operational gaps systematically.	Information Technology (IT) Coordination Management	*The role of the health sector in improving birth and death registration is well-established across countries. Global and regional CRVS guidance documents consistently advocate for strengthening the health–CRVS link and outline practical strategies based on successful country experiences. These approaches are rooted in the principle of "moving information, not people" making the system more proactive.* *Bangladesh has made commendable efforts to operationalize health notifications of vital events for events occurring in health facilities. However, the current process does not yet translate into proactive service delivery or improved coverage due to specific limitations already identified.*

delivering the birth certificates back to the families. For death registration under this model, local religious leaders have been engaged in several areas to support the process, with village police also playing a key role in reaching out to families to obtain declarations. In rural areas of some districts, another health–civil registration integrated system is in place, where health workers, upon learning of a childbirth or death, share the relevant information (notification) through the OpenSRP portal with the designated registration centre to facilitate registration. These OpenSRP notifications are linked with DHIS2 to transmit birth and death data systematically to the local registration centre. This enables the civil registration office to follow up with the family and encourage them to apply for registration within the prescribed time limit. The Birth and Death Registration Information System (BDRIS) provides an online platform that allows families or informants to log in and submit declarations of birth or death events after registering on the portal.		Registration laws and procedures continue to require manual declaration, even when the necessary information can be transmitted digitally. This legal requirement acts as a barrier to innovation and limits the potential of digital systems to enhance the registration services	Policy and law Business process IT	*To address this, it is proposed to introduce a more pro-active active business process by designating health facilities (both government and private health facilities) as informants for events occurring on their premises. Based on the declaration received from the facility, the designated registrar would directly register the event, eliminating the need for the family to apply in person. This would make the system significantly more proactive and help ensure that events occurring in health facilities are registered within the prescribed 45-day period, which is expected to reduce the extent of delayed registration over the years[14]. This proactive approach can also help reduce existing sex disparities in death registration by shifting initiation away from family-dependent processes.* *According to the SVRS 2023 report, around 66% of births in Bangladesh (77% in urban areas) take place in health facilities (public, private, or NGO-run). Implementing this approach could substantially improve birth registration coverage*

14: Bangladesh appears to have one of the highest percentages of delayed registration in the region and possibly in the world.

Positive practices/steps	Pain points or bottlenecks	Root cause analysis	Category of root causes	Regesign ideas/strategies
				and reduce delayed registrations. Although a smaller share of deaths occurs in health facilities, the same system would still ensure timely registration for those that do. *Birth and death registration services can be established in major government health facilities, including district hospitals and medical college hospitals. This can be achieved by designating a hospital staff member to carry out registration duties. Efforts should also be made to ensure that the birth certificate is handed to the mother before discharge, and the death certificate is provided to the family at the time the deceased is released for burial or cremation.* *For persons who are born or deceased n Upazila Health Complexes, or any of their subordinate facilities, the Upazila* *Health and Family Planning*

14: Bangladesh appears to have one of the highest percentages of delayed registration in the region and possibly in the world.

			Officer can be designated as Registrar, who can register the event based on information shared by subordinate health facilities as informants. Bangladesh's existing online registration platform (BDRIS) can be upgraded, overhauled, or replaced, depending on the scope of required modifications to support the redesigned business processes. Corresponding enhancements to the IT infrastructure may also be needed. *Given the national online registration system, informants should be able to declare events at any nearby registration centre, even if they choose to have the event registered at their place of permanent residence. The information can be electronically transmitted to the registrar of the chosen jurisdiction. This approach reduces travel and repeat visits for families, while enabling timely declarations close to the place of occurrence.*
In rural areas where the Kaliganj++ model is not in place; families are still required to visit the Union Parishad office to declare birth or death events. Even in areas where the model is being implemented,	The Kaliganj++ model is process-intensive, involving multiple actors. Each step requires coordination, and any weak link can disrupt the chain. It	Business process Management and coordination	*Health facilities should be formally designated as informants under registration law, with clear procedures for declaring birth and death events*

Positive practices/steps	Pain points or bottlenecks	Root cause analysis	Category of root causes	Regesign ideas/strategies
	inefficiencies in its functioning are still resulting in families having to visit the registration centre in person.	depends heavily on strong local coordination and continuous monitoring, which may not be consistently present across all implementing areas.		*to the Union Parishad (as previously recommended). This will ensure that the 64% of births occurring in rural health facilities are registered immediately and improve the completeness and timeliness of death registration.*
	The use of Smart BD app-based OpenSRP to facilitate birth and death registration is facing challenges related to integration with the BDRIS. Its implementation is limited to certain districts and therefore does not benefit all areas uniformly. Moreover, even when data is transmitted to BDRIS, families are still required to be physically present at the registration centre to formally declare the event, limiting the convenience and effectiveness of the system.	The coexistence of Kaliganj++ and Smart BD app-based OpenSRP without national alignment creates overlaps, inconsistencies, and procedural confusion for families and local officials alike.	Business process Policy	*For births and deaths occurring at home in rural areas, existing systems such as Kaliganj++ and SmartBD should be reviewed and harmonized to design a single, streamlined, technology-enabled business process that can be implemented uniformly nationwide. Running separate systems in parallel should be avoided to prevent duplication and confusion. The strategy should prioritize utilizing the health system for declarations at the point of occurrence while also strengthening the role of local religious and community networks, such as village police and religious leaders to facilitate timely death registration.*

			For birth registration specifically, the first immunization session (BCG) could serve as a fallback mechanism to capture and register births that were not reported promptly by health workers through SmartBD. (It is reported this has been introduced in some Union Parishads)
	There is no national standard operating procedure (SOP), leading to variations in practice across districts.	Management Business process	*A national SOP should be developed, aligned with the new business processes as they are implemented.*
	Registration laws and procedures continue to require manual declaration, even when the necessary information could be transmitted digitally. This legal requirement creates a barrier to innovation and limits the potential of digital systems to streamline the registration process.	Policy and law	*The BDR Act should be reviewed and amended to accommodate digital innovations in the registration system.*
The inability of applicants to submit registration applications from home due to technical constraints forces them to rely on computer shops or intermediaries. This not only increases costs and inconvenience but also raises the risk of data entry errors. Moreover, even when the application is submitted online, applicants are still required to appear in person at the registration centre with a printed copy of the online form and other supporting	Current laws and procedures require in-person appearance and physical signature to complete registration, as there is no legal recognition of digital identity or e-signatures. This prevents applicants from completing the process remotely, even when digital submission of data is technically possible.	Policy and law IT	*Advocate for legal recognition of digital identity and e-signatures and upgrade the digital registration system to support full online processing including submission, verification, and certificate issuance (including downloadable and verifiable certificate) without requiring in-person visits. This will enable*

Positive practices/steps	Pain points or bottlenecks	Root cause analysis	Category of root causes	Regesign ideas/strategies
	documents to complete the registration process.	depends heavily on strong local coordination and continuous monitoring, which may not be consistently present across all implementing areas.		*applicants to complete the entire registration process remotely, where feasible*[15] .
		In rural or low-income areas, many families lack the connectivity, digital devices, or user support needed to complete registration applications from home.	IT	*Optimize digital registration systems for mobile use and offer multilingual to expand usability in rural or low-connectivity areas.*
		Lack of helplines or help desks	Management	*Set up dedicated helplines, live chat, or local-level helpdesks to assist families in navigating the online system and troubleshooting issues.* *Conduct community outreach and use media campaigns to raise awareness about digital registration options and educate families on how to use them safely and effectively.*
	In urban areas, around 27% of deliveries take place at home, and it may be presumed that an even higher proportion of deaths occur	In urban areas, there is no established system that enables or requires health facilities and local offices	Policy and law Business process	*As outlined under Outcome 1, one key strategy for improving birth and death registration is to designate*

15: Since it is proposed that all births and deaths occurring in health facilities will be registered based on declarations by the facilities designated as informants, online registration will only be required for events occurring at home

at home. Given the low levels of registration in both Non-City (Urban) areas and City Corporations, it is evident that a large share of births and deaths, whether occurring at home or even in health facilities, are not registered at the place of occurrence.	to proactively initiate registration based on the place of occurrence, even though the necessary infrastructure may exist. In contrast, rural models such as Kaliganj++ and the use of OpenSRP by local health workers represent proactive approaches to ensure timely registration at the point of occurrence.		*health facilities (both public and private) as informants for all events occurring within them. Once implemented, this will ensure that all institutional births and deaths are automatically registered.* *Encourage online self-registration for births and deaths occurring at home, either through the national registration portal or a proposed mobile application.*
Many families, particularly in non-city urban and city corporation areas, choose to register births and deaths at their permanent residence rather than where the event occurred. This is often due to social or cultural practices (e.g., burial or cremation at the permanent residence) or the perception that registration is easier or more accepted in their home location. As a result, families may face delays, incur travel costs, and be required to make multiple visits, especially when the permanent residence is far from the place of occurrence.	Although the law allows events to be registered either at the place of occurrence or permanent residence, the system does not actively guide or standardize this practice. As a result, registration is driven by user preference, which often leads to delays. Families commonly transport deceased individuals to their permanent residence for burial or cremation and register the death there, even when it occurred elsewhere.	Business process	*In urban areas with regulated burial and cremation facilities, designate the person in charge as either:* 1. *Sub-registrar authorized to carry out on-the-spot death registration and issue certificates, or* 2. *An informant responsible for making a declaration on behalf of the family, or* 3. *A facilitator who collects applications and electronically transmits them to the designated registrar.* *A key requirement for enabling on-site registration or declaration is equipping burial and cremation grounds with a computer, scanner, and printer. This model can be*

Positive practices/steps	Pain points or bottlenecks	Root cause analysis	Category of root causes	Regesign ideas/strategies
				pilot-tested in selected urban areas before considering national scale-up. *This proactive approach helps capture deaths that might otherwise go unregistered, including those of women, and ensures that all deaths reaching regulated burial or cremation grounds are registered.*

Note:

All strategies recommended under this outcome that involve improvements to business processes and sub-processes are reflected in the as-desired process maps presented in Annexes X to Y. Implementing these new processes will require:

a. Amendments to the BDR Rules, as needed
b. Development of Standard Operating Procedures (SOPs)
c. A Human Resource Improvement Strategy
d. A comprehensive review of BDRIS, followed by development of new software (or enhancement of BDRIS) to ensure that all functional and non-functional requirements of the revised business processes are appropriately incorporated
e. Supporting change management and communication measures to facilitate smooth adoption of the revised processes

STRATEGIC OUTCOME 2

Simplified Registration processes and procedures

Key performance indicator	What it measures	Baseline	Data sources and challenges	Target (2030)
2.1 Estimated average waiting time to register an event after the declaration is made. (Separately for births and deaths)	Evaluates the efficiency of registration workflows, identifying delays and enabling improvements to provide quicker, user-friendly services.	7-8 days (both)	Past assessment or study. This may vary depending on the level and extent of digitization. This can also be obtained or validated during the field visit through a convenient sample of exit interviews and observation method.	Within 3 days
2.2 Estimated average waiting time to obtain a certificate after registration of event. (Separately for births and deaths)	Measures the efficiency of service delivery, ensuring timely issuance of vital documents critical for individuals' access to legal and social benefits.	5 days (both)	Stakeholders experience	Same day
2.3 Number and type of mandatory pre-requisites required for registering a birth or death.	This indicator measures the extent of procedural complexity in registering births and deaths. The number and type of mandatory pre-requisites reflect whether the process is straightforward or encumbered by additional conditions. A higher number of pre-requisites indicates more barriers, delays, and exclusion risks, while fewer or no pre-requisites point to simpler, more accessible registration procedures.	Birth - 6 1. Birth registration number of both father and mother 2. National Identity number of father and mother 3. Birth registration number of	Birth and Death registration application forms	Birth – 3 (Identity numbers of parents and informant (if not parent) Death – 2 (identity number of deceased and informant)

		informant (for other than parents) 4. National identity number of informant Birth - 10 1. Birth registration number of both parents and spouse (if any) 2. National identity number of parents and spouse (if any) 3. Birth registration number of deceased 4. National identity number of deceased 5. Birth registration number of informant 6. National identity number of informant		
2.4 Number and type of documents required to be submitted for events to be registered within a) within 45 days of occurrence; b) above 45 days	Helps identify procedural complexities and potential barriers, enabling reforms to streamline documentation requirements and promote timely registration.	a. Within 45 days 3 documents. b. Above 45 days 5 documents	Birth and death registration rules 2018	a. 1 document b. 1-2 document

Positive practices/steps	Pain points or bottlenecks	Root cause analysis	Category of root causes	Regesign ideas/strategies
All birth and death registrations across the country are now carried out through a fully digitalized system (BDRIS). Once the registration is entered, the designated registrar reviews and approves it, after which the birth or death certificate is generated through the system. The platform has already ensured uniformity of registration and certification processes nationwide, while also offering the potential for faster processing and improved accuracy.	Even after an application is submitted with all the required documents, considerable time is still taken to complete the registration of an event. Although the entire process is fully online, registrations are often not finalized on time, forcing families to revisit the registration centre to obtain certificates. In many cases, multiple visits are required, as families are not informed when the registration has been completed and the certificates are ready for collection.	One of the challenges in rural areas is that the Chairperson of the Union Parishad, who serves as the registrar of births and deaths, is often absent from office due to being an elected representative, which causes delays in processing applications.	Human resources	*It may be worth considering the delegation of authority to the Union Parishad Clerk (a government employee) to act as Registrar for events reported within 45 days of their occurrence, while the Chairperson would continue to handle registrations reported after this time limit.*
		The workflow within registration centres (sub-processes) is not optimized, resulting in delays at multiple stages. Redundant steps often lead centres to adopt cumbersome and inconsistent practices. In Union Parishads and municipalities, no physical application is received and most of the information in the BDRIS is filled in based on information available in the various documents submitted by the applicant, other available sources and based on the oral information provided to the data entry operator by the informant. In most cases,	Business process	*Within registration centres, the workflow should be streamlined, at least for events reported within 45 days of occurrence[16]. However, process simplification alone will not significantly reduce the time required to complete registration. This needs to be complemented by reducing the number of documents required and simplifying the application form to capture only the essential information.*

16: The proposed workflow for registration of births and deaths within 45 days of occurrence is depicted in the As-Desired BPMs (See Annex X)

Positive practices/steps	Pain points or bottlenecks	Root cause analysis	Category of root causes	Regesign ideas/strategies
		paid services have been arranged in the registration centres for entering the data into the BDRIS and providing printed copies of the application for the informants to sign and submit it for processing, adding a direct cost burden to the informant.		
		While the responsibility to report an event lies with the informant, the registration system has become predominantly delay-oriented, with limited focus within the registration hierarchy on encouraging timely reporting. For example, in rural Bangladesh an efficient system would see each Union Parishad (UP) registering about 1.2 births per day within one year of occurrence. In reality, however, only one such birth is registered every 14 days, while an average of 3.4 births per day per UP are registered after one year of occurrence. Therefore, there appears to be little administrative effort directed at ensuring events are registered within the legal time frame,	Business process Management	*It is proposed that a clear distinction be made in the process for registering events reported within the prescribed time limit and those reported after. Currently, the system has become predominantly delay-oriented, with little administrative emphasis on encouraging timely reporting. The guiding principle should therefore be to prioritize and facilitate registration within the legal period, while discouraging late reporting. This may be achieved through a combination of awareness campaigns, simplified procedures for timely registration, and, where appropriate, disincentives such as late fees and additional procedural requirements for late cases.*

		and delayed registration has become the norm rather than the exception. Timely reporting of births is not prioritized, as events registered within the legal period are treated in the same manner as those registered after the one year of occurrence. This pattern is also observed in death registration, though the extent of delayed registration is comparatively lower.		*As recommended in the UN Principles and Recommendations, it is important to distinguish between late and delayed declarations. For events reported after the prescribed period (45 days in Bangladesh) but within one year, the grace period, a simple application stating the reasons for the delay, along with a minimal and affordable fee, may be sufficient. For events reported after one year (delayed registration), the process may require the permission of an executive magistrate, supported by an affidavit in a prescribed format submitted with the application form and delayed registration fee.* *The overall intent is to make timely registration the norm, with administrative processes and resources aligned accordingly, while treating late and delayed registrations as exceptions subject to additional requirements.*
		Slow and often erratic internet services, particularly in rural areas, hinder the registration process, causing delays and requiring multiple trips for applicants.	IT	*Upgrade the BDRIS to include an offline version of the CRS portal, ensuring that registration processes can continue smoothly during internet disruptions.*

Positive practices/steps	Pain points or bottlenecks	Root cause analysis	Category of root causes	Regesign ideas/strategies
		The BDRIS suffers from inherent system inadequacies that contribute to delays in processing and finalizing registrations. Since its implementation, no comprehensive system review or optimization has been undertaken; instead, incremental additions and procedural layers have been introduced over time, making the system increasingly complex and operationally cumbersome.	IT	*A comprehensive functional and technical review of BDRIS should be undertaken to identify and address system inefficiencies that delay registration processing. Simplification and streamlining of business processes should be the central focus of this effort to ensure faster, more efficient, and user-friendly operations.*
		The absence of a standard user manual and regular communication on software updates leaves registration functionaries uninformed. As a result, key features are often underutilized or misused, leading to inefficiencies and delays.	IT	*Develop and maintain an online user manual, complemented by regularly updated guidance, to ensure that registration staff can use the system effectively.*
		Registration forms require extensive information, making them difficult to complete and adding time to the overall process, particularly during data entry and verification.	Policy and law	*Review and rationalize registration forms to ensure that only essential information is collected, thereby simplifying completion, reducing errors, and improving efficiency in data entry and verification*

Registration of births and deaths is subject to multiple mandatory identity-related pre-requisites, including birth registration numbers and national identity numbers of parents, deceased persons, and informants, as well as the submission of several supporting documents. These requirements create procedural barriers, particularly for vulnerable families who may not possess the required documents, leading to delays, repeated visits, and in some cases non-registration.	Mandatory identity-number requirements (e.g., birth registration number and national ID of parents, deceased, and informants) are embedded in the BDR Rules 2018, making them compulsory pre-requisites rather than optional verification elements. The rules prescribe multiple identity references and supporting documents beyond what is strictly necessary for routine registration.	Policy and law	*Amend the BDR Rules 2018 to remove mandatory requirements for prior birth registration numbers and national identity numbers of parents, deceased persons, or informants as pre-conditions for registering a birth or death, and to rationalize documentary requirements by defining a limited and proportionate set of essential identity and supporting elements necessary for routine registration. This reform will reduce exclusion risks, particularly for older women who were never registered at birth.*
	Weak interoperability between CRVS and the national ID system results in reliance on manual submission and verification of identity numbers.	Policy and law IT	*Enable electronic verification of identity numbers through secure interoperability with the national ID system, eliminating the need for manual submission and repeated document checks.*
	In some areas, informal local practices introduce additional documentary or identity-related requirements beyond those prescribed in law or rules, further increasing procedural burden.	Human resources Management	*Issue and enforce standardized national SOPs to ensure uniform implementation at local levels and prevent the imposition of additional informal identity or documentary requirements, supported by appropriate oversight mechanisms*

Positive practices/steps	Pain points or bottlenecks	Root cause analysis	Category of root causes	Regesign ideas/strategies
	Although the certificate is generated automatically once registration is complete, the process is rarely finalized while the applicant is still at the registration centre. Since applications are usually submitted in person and processed later, families often need to make at least two visits to collect the certificate. Furthermore, there is no communication to inform families when the registration has been completed or when the certificate is ready, which frequently results in unnecessary repeat visits.	Although the certificate is auto-generated once registration is approved, the workflow within the registration office does not support immediate processing or issuance while the applicant is still present. This results in a delay between submission and availability of the certificate.	Business process IT	*Internal workflows within registration offices should be streamlined to allow for on-the-spot approval and printing of certificates, especially when applications are submitted in person.* *This can be achieved by simplifying processing steps and removing redundant procedures, enabling applicants to receive the certificate during their initial visit.*
		The system does not provide a downloadable version of the certificate, nor does BDRIS have a built-in mechanism to notify families when registration is completed or inform them of a specific date for certificate collection. This leads to repeated, often unnecessary, visits to the registration centre	IT	*The online registration system should incorporate SMS or mobile app-based notifications to inform applicants once the registration is approved, and the certificate is ready for collection. This would help reduce unnecessary visits to registration centres and improve the overall experience for users.* *The system should also allow applicants to securely download a digitally signed version of the certificate through their mobile phone, email, or directly from the*

			portal once registration is approved. To facilitate verification, the certificate should include a QR code that can be scanned to confirm its authenticity.
The application forms demand an excessive amount of information, along with numerous supporting documents, many of which are not easily or readily available to applicants. For example, the death registration of a person cannot be completed without proof of their own birth registration, which the registration centre must then facilitate. Similarly, if parents do not have their own birth registration numbers, the centre is required to assist in completing their registrations before the child's birth can be recorded. These requirements create frustration for clients and often delay the submission of applications. The burden extends to the registration process itself, making it cumbersome and significantly slowing down approvals. In addition, the large volume of documents collected places unnecessary pressure on storage capacity at registration centres.	The interpretation of Section 6(a) of the Births and Deaths Registration Act, 2004, has led to the use of the routine registration system to clear the backlog of unregistered births. This has introduced unusual prerequisites into current processes, such as requiring birth certificate for the deceased or for parents before a new birth can be recorded. In practice, these requirements burden both clients and registrars, slow down routine registration, and create risks of duplication, as there is no clear or effective process within BDRIS to verify existing records or link them reliably.	Policy and law	*Clarify and amend legal provisions to distinguish routine registration from backlog correction, and establish a dedicated, (e.g., a special campaign or unit) for registering previously unrecorded births outside the routine system.* *Simplify application requirements by removing unnecessary supporting documents and prerequisites, while retaining essential information for verification and promoting equitable access* *Conduct outreach to inform the public of simplified procedures and reduced documentation requirements, helping to minimize frustration and improve compliance.*

STRATEGIC OUTCOME 3

No direct cost for civil registration

Key performance indicator	What it measures	Baseline	Data sources and challenges	Target (2030)
3.1 Fees charged for registration of events –within time-limit: beyond time limit.	Captures the financial burden on the client, helping to identify cost-related barriers and inform policies that enhance affordability and accessibility.	No fees within time-limit Beyond time-limit a. 46 days – 5 years = 25 tk b. 5 years and above = 50 tk	Birth and death registration rules 2018	No fees for registration for events reported within time limit (45 days) Minimal fees for registration for events reported during the grace period (45 days and above but with one year) Higher fees for registration for delayed registration for events reported one year and above.
3.2 Fees charged for obtaining certificate – first copy: additional copies	Reflects the financial burden on the client for obtaining a certificate, highlighting cost-related barriers and supporting policies to improve affordability and access	First copy: no fees. Additional copies: 50 tk	Birth and death registration rules 2018	No fees to be charged for certificates for events reported for registered during the grace period.

Positive practices/steps	Pain points or bottlenecks	Root cause analysis	Category of root causes	Regesign ideas/strategies
The BDR Law stipulates that events reported within 45 days of their occurrence shall be registered free of charge, and the first copy of the certificate shall be issued free of cost.	In several Union Parishads, private individuals (known as local entrepreneurs) enter data from the application forms submitted by family members. An informal fee is charged for this service, which not only discourages registration but also undermines the principle of free registration.	Many registration offices do not have designated data entry staff, leading to informal arrangements where private individuals are engaged to perform data entry work.	Management	*Explore alternatives to the current entrepreneur-based system by enabling the use of any available data entry operator within the Union Parishad or by introducing arrangements such as Assisted Digital Registration Desks, mobile-based e-forms, or a Digital CRVS Volunteer Scheme where trained local youth support families at no cost.* *If the entrepreneur system has to continue, adopt a cross-subsidization model whereby revenues collected from delayed registrations and from the issuance of additional copies of certificates are used to cover the cost of data entry for timely registrations, ensuring that families reporting events within 45 days are not charged any fee.*

STRATEGIC OUTCOME 4

Improved quality of civil registration services

Key performance indicator	What it measures	Baseline	Data sources and challenges	Target (2030)
4.1 Number of corrections made per 100 registration records	Measures the frequency of data corrections per 100 registration records, helping to assess accuracy and inform improvements in data quality and registration processes	10%	Stakeholders experience	1%
4.2 Percentage of people satisfied with the quality of service provided: a. Staff behaviour and friendliness. b. Availability of clear information on working days, hours, procedures, and required documents (e.g., via display boards at registration centres); c. Availability of comfortable and well-organized waiting areas with seating, shade, and basic amenities. d. User-friendliness of the online registration portal	Captures user satisfaction with key aspects of service quality, including staff behaviour, availability of clear information, physical conditions at registration centres, and user-friendliness of the online portal. It helps identify areas where service delivery and the overall user experience can be improved.	a. 10% b. 40% c. 5% d. 25%	Stakeholders experience	a. 60% b. 60% c. 60% d. 80%

Positive practices/steps	Pain points or bottlenecks	Root cause analysis	Category of root causes	Regesign ideas/strategies
No specific and adequate information available on the quality of information and services.	Errors are often observed in the information collected (legal data items), which results in inaccurate certificates being issued to clients, causing significant hardship. Rectifying these mistakes often requires multiple visits to registration centres and, in some cases, additional offices. This not only consumes time and resources but also adds frustration and uncertainty for individuals who depend on these documents for essential services and legal purposes.	In most cases, informants provide information orally, based on which data entry operators input the details into BDRIS, sometimes supplementing with information from supporting documents. While in some cases a printout of the application form is reviewed and signed by the informant, in others this step is omitted. This process creates a high likelihood of errors, both from incorrect information provided by informants and from data entry mistakes, which often remain uncorrected, especially when informants are illiterate.	Business process Management	*Strengthen validation at both data collection and entry stages through standardized procedures and mandatory confirmation of recorded information by informants. Develop and enforce uniform SOPs to ensure consistency and accuracy across all registration centres.*
		BDRIS does not allow direct correction of entered data; any mistake requires re-entering the record as a new application. This cumbersome process discourages registration functionaries from making corrections, resulting in persistent data inaccuracies and undermining the overall quality and reliability of registration records.	IT	*Redesign BDRIS to include a controlled correction function with audit trails, enabling authorized officials to rectify genuine errors without full re-entry. This will improve data accuracy while maintaining accountability.*

Positive practices/steps	Pain points or bottlenecks	Root cause analysis	Category of root causes	Regesign ideas/strategies
		There is no systematic monitoring of the extent or pattern of errors across registration centres, and no established mechanism for identifying and following up with poor-performing centres. This absence of data quality oversight allows errors to persist and limits opportunities for targeted capacity-building or system improvement.	Management	*Establish a data quality monitoring and feedback mechanism within BDRIS to track error patterns and follow up with low-performing centres. Use these insights to guide targeted capacity-building and strengthen overall system performance.*
	Errors or omissions in the information collected on statistical data items compromise the quality of vital statistics.	Registration functionaries lack adequate awareness of the importance of collecting complete and accurate statistical information.	Human resources	*Enhance the training curriculum for registration functionaries to include specific modules on the importance of accurate data collection, effective client interaction, and the statistical use of registration information.*
		The BDRIS lacks a built-in data consistency module to automatically detect and flag errors or inconsistencies during data entry.	IT	*Develop and integrate a data validation and consistency-check module within BDRIS to identify missing or inconsistent information in real time, ensuring data accuracy before submission and reducing the need for post-entry corrections.*
	In some cases, staff members are uncooperative and unsupportive,	Staff training lacks modules on the importance of client	Human resources	*The training module of the registration functionaries*

leading to client dissatisfaction	interaction and service-oriented behaviour.		*should include specific modules on importance of client interaction and gender-sensitive service delivery.*
Lack of clear and accessible information on working days, hours, procedures, and required documents at registration centres leads to confusion and delays for clients.	No standardized guidelines for displaying essential service information at registration centres.	Communication	*A communication strategy needs to be developed that, among other things, ensures clear and accessible communication by prominently displaying working days, hours, procedures, and required documents at registration centres. It should also leverage multiple channels, including websites, helplines, and community outreach. Additionally, the strategy should focus on developing appropriate messages tailored to different audiences to enhance understanding and encourage timely registration.*
Waiting areas at registration centres are often inadequate, poorly maintained, or lack essential amenities, leading to discomfort and dissatisfaction among clients.	Lack of clear guidelines or standards prescribed for waiting areas.	Physical infrastructure	*Develop standardized guidelines for registration offices, ensuring they include well-defined waiting areas with adequate seating, shade, ventilation, and essential amenities to enhance client comfort and satisfaction.*
The BDRIS online registration portal is difficult to navigate and slow, causing user frustration and leading to incomplete registrations.	An inadequately designed user interface (UI) and user experience (UX), combined with technical glitches	IT	*Enhance the online registration portal by improving UI/UX design, optimizing system*

Positive practices/steps	Pain points or bottlenecks	Root cause analysis	Category of root causes	Regesign ideas/strategies
	In addition, applicants are unable to track the progress of their registration or correction requests, resulting in uncertainty, repeated follow-ups, and unnecessary visits to registration centres.	and slow performance, make navigation complex, reducing efficiency and trust in the system. The portal lacks integrated workflow visibility and real-time status tracking functionality, preventing applicants from monitoring application progress Absence of a systematic performance management framework to monitor and evaluate the quality of products and services, with a specific focus on client satisfaction.		*performance, and addressing technical glitches to ensure smooth navigation. Introduce end-to-end, real-time application status tracking with automated notifications at key stages of processing to improve transparency and reduce unnecessary follow-ups. Establish a performance management framework to monitor system efficiency, user satisfaction, and equity dimensions reflected in service experience, enabling continuous improvements*
	Several pain points and bottlenecks identified across various client-centric outcomes contribute to public frustration, discouraging timely registration.	The lack of an effective grievance redressal mechanism prevents clients from voicing concerns and addressing service issues promptly. Additionally, the absence of a structured feedback system to assess client satisfaction, especially regarding staff friendliness, contributes to unresolved problems and poor ongoing service quality.	Communication	*Establish an effective client grievance redressal mechanism to ensure timely resolution of service issues.* *Conduct periodic client satisfaction surveys, publishing the results publicly to promote transparency and continuous improvement.*

STRATEGIC OUTCOME 5

Increased public awareness about the need for civil registration and knowledge of relevant procedures

Key performance indicator	What it measures	Baseline	Data sources and challenges	Target (2030)
5.1 Percentage of population who are aware of the importance of registration	Measures the level of awareness among the general public regarding the importance of registration and the use of birth and death certificates.	30% in rural areas 50% in urban areas	Past assessments	80% in rural areas 90% in urban areas
5.2 Percentage of population who are aware of a) the place of registration b) the specified time period for registration c) the documents required for registration	Measures the level of public awareness regarding the location of registration centres, the specified time period for registration, and the required documents for completing the registration process, as this knowledge is crucial for ensuring timely and accurate registration.	60% 30% 10%	Stakeholders experience	90% 70% 60%

Positive practices/steps	Pain points or bottlenecks	Root cause analysis	Category of root causes	Regesign ideas/strategies
The Government of Bangladesh has, from time to time, used mass media and other channels to promote the importance of birth and death registration.	Limited awareness of the importance of registration and certification leads to underreporting and delays in reporting of birth and death events for registration.	Inadequate outreach and communication campaigns, particularly in rural and underserved areas.	Communication	*Strengthen public awareness campaigns through mass media, social media, and community outreach, with targeted messaging for rural and underserved areas, including addressing gaps in awareness related*

Positive practices/steps	Pain points or bottlenecks	Root cause analysis	Category of root causes	Regesign ideas/strategies
The Government of Bangladesh has, from time to time, used mass media and other channels to promote the importance of birth and death registration. An especially innovative approach to reach individuals in rural areas involved the village police delivering congratulatory messages to mothers of newborns, encouraging them to register the birth within 45 days. Likewise, condolence messages were delivered to families that had experienced a death, urging them to complete the death registration.	Limited awareness of the importance of registration and certification leads to underreporting and delays in reporting of birth and death events for registration.	Inadequate outreach and communication campaigns, particularly in rural and underserved areas. Low literacy levels and cultural perceptions that deprioritize registration. Weak integration of civil registration awareness in health, education, and social protection programs.	Communication Communication Policy Coordination	*to death registration of women* *Leverage community influencers such as local leaders, religious figures, and health workers to promote the importance of timely registration of all births and deaths.* *Integrate civil registration awareness into health, education, and social protection programs to reach families at key life events (e.g., childbirth, school enrolment).*
	Lack of awareness about registration procedures and processes results in confusion and low participation.	Absence of clear, standardized, and accessible information about registration requirements.	Communication	*Develop and distribute clear, informational materials (posters, brochures, SMS alerts) outlining registration steps, timelines, and required documents.*

	Limited use of mass media, digital platforms, and community-based channels to disseminate procedural information.	Communication	*Develop a multi-channel communication approach that leverages mass media (radio, TV, newspapers), digital platforms (social media, websites, SMS notifications), and community-based channels (local meetings, religious gatherings, health centres) to widely disseminate clear and accessible registration information.* *Enhance digital accessibility by providing a user-friendly online portal with step-by-step guidance, FAQs, and helplines.*
	Inconsistent or ineffective communication from registration authorities.	Communication	*Establish information desks at registration offices and key service points (e.g., hospitals, municipal offices) to assist clients with the registration process.*
	Lack of a systematic approach to assess the effectiveness of communication efforts results in limited insights into what works, leading to inefficient resource use and missed opportunities for improvement.	Management	*Establish a monitoring and evaluation framework to assess the effectiveness of communication strategies by tracking key indicators such as awareness levels, changes in registration rates and timeliness of registration, variations across sex and geographic*

Positive practices/steps	Pain points or bottlenecks	Root cause analysis	Category of root causes	Regesign ideas/strategies
				location, audience reach across different channels, and user feedback. This can be done through various methods, for example, by conduct periodic surveys and focus group discussions to gauge public understanding and refine messaging accordingly.

Assessment, analysis, and redesign

Service provider centric strategic outcomes

STRATEGIC OUTCOME 6

Effective governance and coordination mechanisms established

Key performance indicator	What it measures	Baseline	Data sources and challenges	Target (2030)
6.1 High-level inter-agency CRVS coordination committee at the National level exists and is fully functional.	Measures the effectiveness of institutional coordination and governance in the CRVS system by assessing whether a high-level inter-agency committee is established, functional, and actively guiding system improvements.	Yes, it exists. The committee, known as the CRVS Steering Committee, is chaired by the Cabinet Secretary. It meets at least twice a year to review progress and monitor the status of actions taken on decisions from previous meetings. Minutes of the meetings are prepared systematically.	CR office documents, terms of reference of the high-level coordination committee, minutes of the meetings of the committee, CRVS comprehensive assessment	The target is already met.
6.2 Inter-departmental Technical Working Group exist and is fully functional.	Measures the functionality and effectiveness of the Inter-departmental Technical Working Group in providing technical guidance, facilitating coordination, and ensuring follow-up on CRVS-related decisions, with meetings held at regular intervals.	Yes, exists. There are two committees which are called “CRVS Implementation Committee” headed by the Secretary	CR office documents, terms of reference of the Technical Coordination Committee, minutes of the meetings of the committee, CRVS comprehensive assessment Under the direction of CRVS	The target is fully met.

Key performance indicator	What it measures	Baseline	Data sources and challenges	Target (2030)
		Coordination and Reforms and another committee is called CRVS Technical Committee headed by the Additional Secretary (Coordination). Minutes are drawn up for follow up for each meeting.	Steering Committee.	
6.3 District-level Coordination Committees exists and are fully functional.	Measures the functionality and effectiveness of district-level coordination committees in facilitating inter-agency collaboration, implementing CRVS improvements, and ensuring follow-up on key decisions at district levels.	District-level Task Force (DLTF) on Birth and Death Registration exist in all districts, but meetings are infrequent, and a lack of structured follow-up limits their effectiveness in day-to-day operations	Government circular	The Task Force on Birth and Death Registration are fully functional, meeting at least quarterly, with a structured follow-up process to drive CRVS improvements in day-to-day operations.
6.4 CRVS champions are identified, capacitated, and actively engaged in advocating for and driving CRVS improvements.	Helps measure the identification, capacity-building, and active engagement of CRVS champions in driving governance, advocacy, and sustainable system improvements.	CRVS champions at the national and various administrative levels, including among stakeholders such as academia, are not systematically identified, nurtured, or engaged in governance and advocacy efforts.	Information gathered from the government.	CRVS champions at the national various administrative levels, including among stakeholders such as academia, are systematically identified, nurtured, and actively engaged in governance, advocacy, and driving CRVS improvements.

Positive practices/steps	Pain points or bottlenecks	Root cause analysis	Category of root causes	Regesign ideas/strategies
A well-defined and functional CRVS governance structure is in place, with a high-level Steering Committee chaired by the Cabinet Secretary providing regular oversight and follow-up on decisions. The Technical and Implementation Committees function under its direction, ensuring effective coordination and systematic monitoring. District-level Task Forces on Birth and Death Registration are established across all districts, providing an institutional mechanism for local-level coordination.	Although DLTFs have been formally constituted in each district, they do not function regularly or effectively and have failed to drive systemic improvements in the CRVS system. Lack of coordination among departments involved in CRVS work further affects the system's performance.	DLTFS meetings lack a clear agenda, documented decision points, and systematic follow-up, leading to ineffective discussions and minimal impact. A clear agenda is essential, but to ensure consistency and focus, the state should set a minimum set of agenda points for DLTF meetings. This would provide a structured approach while allowing districts to add context-specific issues. Key stakeholders from different departments may not prioritize DLTF meetings, leading to irregular participation and weak inter-departmental coordination. There is no mechanism to track the implementation of decisions made in DLTF meetings, resulting in poor accountability and limited progress.	Management Coordination	*Develop a strategy to enhance the effectiveness of DLTFs s in driving CRVS system improvements. Some of key strategies, among other things include* *Developing a state-mandated minimum agenda for DLTF meetings, ensuring structured discussions, documented decisions, and systematic follow-up on action points.* *Developing a mechanism to track whether DLTF meetings are held as per the specified periodicity, with documented minutes, follow-up actions, and progress reporting to ensure accountability.* *Encouraging participation from key departments through official communication and regular engagement, while tracking attendance to strengthen inter-departmental coordination.*
	CRVS champions are required to drive leadership, advocacy, and coordination across sectors,	There are no systematic efforts to identify, nurture, and strategically engage	Human resources	*Establish a mechanism within the CRVS system to identify, nurture,*

ensuring sustained governance, stakeholder engagement, and effective implementation of CRVS improvements. While self-motivated CRVS champions exist within the system, they are underutilized or not strategically engaged to drive coordination, advocacy, and system improvements to their full potential.	CRVS champions, leading to their underutilization and limiting their potential to drive system improvements.		*and engage CRVS champions across key sectors to strengthen leadership, advocacy, and sustained commitment to system improvement. This initiative should be embedded within existing CRVS governance and capacity-building processes to ensure continuity and institutional ownership.*

STRATEGIC OUTCOME 7

Connection with population register/ID system established

Key performance indicator	What it measures	Baseline	Data sources and challenges	Target (2030)
7.1 Interoperability between CRVS system and population registration/national id management system fully established (for both birth and death event)	Assesses whether the CRVS system is technically and operationally linked with the population registration or national ID management system, allowing for the automatic and timely sharing of birth and death registration data. This reflects the extent to which systems are integrated to support accurate identity management, reduce duplication, and ensure real-time updates to individual records.	An institutional arrangement exists between the Office of the Registrar General (ORG) and the Election Commission (EC) under an MoU signed in 2020, enabling the transfer of birth registration data from BDRIS to the NID database for assigning unique identification (UID) numbers to newborns. However, no mechanism exists for using death registration data to update or retire NID records, and interoperability remains unidirectional and limited to birth registration.	Government stakeholders	Interoperability between CRVS system and population registration/ national id management system fully established

Positive practices/steps	Pain points or bottlenecks	Root cause analysis	Category of root causes	Regesign ideas/strategies
Following a high-level policy decision in 2019, an institutional arrangement was established between the Election Commission (EC) and the ORG through an MoU signed in 2020 to facilitate real-time data sharing between the BDRIS and the National Identity (NID) database. Under this arrangement, birth registration data from BDRIS is transmitted to the NID system through an API, allowing the assignment of a 10-digit Unique Identification (UID) number for each newborn whose parents are verified Bangladeshi citizens. Since 2020, every registered birth has been assigned both a Birth Registration Number (BRN) and a UID, marking a significant step toward interoperability and integrated identity management within the CRVS system. The government has introduced an innovative initiative to include children born before the cut-off date in the NID database through the school system. Under this arrangement, student information—such as parents' UID numbers, birth details, and Birth Registration Numbers (BRNs)—is collected at schools and transmitted through BANBEIS and the Directorate of Primary Education (DPE) to BDRIS, which shares it	Interoperability remains partial, while data sharing for births is functional, there is no mechanism to update or retire NID records using death registration data, resulting in outdated records and inefficiencies in identity management. The NID system covers only citizens, not non-citizen residents, resulting in exclusion from digital identity systems and limiting access to basic services for non-citizen residents. Children outside the formal school system are not covered under the school-based UID initiative, leaving gaps in inclusion.	The technical integration between BDRIS and NID is currently unidirectional, focusing on births only, with no established workflow for the use of death data to update or retire NID records. The NID legal framework restricts enrolment to citizens, while the BDR Act mandates universal registration of all births and deaths occurring in Bangladesh, regardless of citizenship, creating a policy disconnect. No institutional mechanism currently exists to include children from the informal school system and those outside the school system in the NID enrolment process.	Policy Coordination IT Policy Policy Coordination	*Strengthen the enabling policy framework to support bidirectional interoperability between BDRIS and the NID system, including the use of death registration data to update or retire NID records, ensuring completeness and accuracy and equity in identity information.* *Explore policy and technical options for establishing a resident identity record for non-citizens, ensuring that all individuals registered in the CRVS system can access basic services.* *Expand collaboration with education and community institutions to ensure that all children, including those outside formal schooling, are included in the national identity framework.*

Positive practices/steps	Pain points or bottlenecks	Root cause analysis	Category of root causes	Regesign ideas/strategies
with the NID database via API. After verification, the Election Commission assigns UID numbers that are returned to students through BANBEIS/DPE as part of their student profile cards. The system is being implemented nationwide across government and private schools.				

STRATEGIC OUTCOME 8

Efficient monitoring and evaluation system established

Key performance indicator[17]	What it measures	Baseline	Data sources and challenges	Target (2030)
8.1 CRVS Performance Monitoring System Established and Functional.	This indicator measures the existence and functionality of an online system to monitor CRVS performance assessing whether key indicators on completeness, timeliness, and certificate issuance are systematically captured, tracked, and visualized through dashboards at national and subnational levels.	Completeness of registration is measured and tracked through the Annual Performance Agreement (APA) system at various levels of the registration administration, using data extracted from the BDRIS. However, other key performance dimensions, such as timeliness and certificate issuance are not yet monitored.	ORG and Cabinet Division	A comprehensive CRVS performance monitoring system is operational, drawing real-time data from BDRIS to track completeness, timeliness, and certificate issuance across all administrative levels. These indicators are displayed through an interactive dashboard and linked to the APA framework to ensure regular reporting and accountability for performance improvement.

17: Given that each KPI under this Strategic Outcome covers multiple dimensions (e.g., existence, functionality, regularity, and use), it is proposed that baseline and target assessments be based on a simple scoring system reflecting levels of functionality or institutionalization. This approach will allow for more consistent and comparable measurement of progress across indicators and administrative levels.

8.2 CRVS Performance Data Analyzed and Used for Prompt Follow-Up and System Improvement.	This indicator measures the extent to which CRVS performance data particularly on completeness, timeliness, and certificate issuance are systematically compiled, analyzed, and used for prompt follow-up and operational improvement at national and subnational levels.	Performance data on completeness are available through the BDRIS and APA reporting system; however, these data are not routinely analyzed or discussed for follow-up action. There is no centralized dashboard or institutionalized review mechanism to identify and address performance gaps.	ORG	A structured review and follow-up mechanism is institutionalized at national and subnational levels to analyze CRVS performance data from BDRIS and APA reports. Findings on completeness, timeliness, and certificate issuance are regularly reviewed and acted upon to improve performance and service delivery.
8.3 A functional system for monitoring operational readiness and upkeep of CRVS service delivery is established and used to ensure the availability, functionality, and maintenance of essential infrastructure, equipment, connectivity, and supplies.	This indicator measures the existence and effectiveness of a structured mechanism to monitor and report on operational readiness and upkeep across registration offices. It assesses whether systems are in place for tracking, maintaining, and replenishing key resources, such as hardware, software, stationery, internet connectivity, and power supply, to ensure uninterrupted CRVS service delivery.	Operational readiness and maintenance are monitored inconsistently, with equipment breakdowns, connectivity issues, and supply shortages handled on an ad hoc basis. There is no standardized system for routine monitoring, maintenance scheduling, or timely reporting of operational constraints.	ORG and Cabinet Division	A standardized operational readiness and upkeep online monitoring mechanism is institutionalized across all registration offices, using periodic reports or BDRIS-linked tools to track equipment functionality, connectivity uptime, and supply levels. The system enables timely maintenance, replenishment,

Key performance indicator	What it measures	Baseline	Data sources and challenges	Target (2030)
				and follow-up, ensuring sustained operational efficiency and uninterrupted CRVS service delivery.
8.4 Field supervision of CRVS operations conducted regularly and systematically.	Assesses whether field supervision to observe registration practices, verify data quality, and ensure adherence to procedures is conducted regularly. It also evaluates whether findings are documented, reported, and acted upon to improve performance and service delivery.	Field supervision is conducted irregularly and mainly for administrative purposes, with no standardized tools, schedule, or reporting format. Supervision findings are not systematically documented or followed up, limiting their use for improving registration practices or data quality.	ORG	A structured field supervision system is institutionalized at all administrative levels, with standardized tools, schedules, and reporting formats. Supervision visits are conducted regularly to observe registration practices, verify data quality, and ensure adherence to procedures, and findings are systematically documented, reviewed, and acted upon to improve performance and service delivery.
8.5 Regular CRVS review meetings are institutionalized at national and subnational levels to assess system performance, service efficiency, customer satisfaction, public awareness, and operational readiness for continuous improvement.	This indicator assesses the regularity, coverage, and effectiveness of structured CRVS review meetings at national and subnational levels. It evaluates whether these reviews draw on compiled performance and operational data along with field supervision reports to support evidence-based follow-up actions and continuous system improvement.	Review meetings are held occasionally, often focused on administrative updates rather than systematic assessment of CRVS performance or service	ORG and Cabinet Division	Regular, structured CRVS review meetings are institutionalized at both national and subnational levels, held at agreed intervals. Reviews use compiled performance

		efficiency. There is no standardized schedule or format for reviewing compiled data from national and subnational levels.		and operational data, including data generated through BDRIS and dashboard tools along with field supervision reports as they become available, to assess progress in registration, service efficiency, customer satisfaction, and outreach, leading to timely follow-up actions and continuous system improvement.

Positive practices/steps	Pain points or bottlenecks	Root cause analysis	Category of root causes	Regesign ideas/strategies
Introduction of the APA in 2021, which sets annual birth and death registration targets for the Office of the Registrar General and administrative heads at district and sub-district levels. This approach has institutionalized accountability for CRVS performance by linking registration progress to official performance evaluations. It provides a structured framework for tracking results and motivating improved registration coverage across administrative levels.	The current monitoring system focuses mainly on completeness of registration, without tracking timeliness or certificate issuance, resulting in an incomplete understanding of service performance and missed opportunities for improvement.	The performance monitoring framework focuses mainly on completeness, with no standardized indicators or reporting mechanisms to track timeliness or certificate issuance, and limited configuration of BDRIS to generate such data.	Management IT	*Expand the national CRVS performance monitoring framework to include standardized indicators on timeliness and certificate issuance alongside completeness, ensure routine sex-disaggregation of key indicators, and develop or configure a BDRIS-based dashboard to routinely generate, visualize, and track these measures in real time.*

	Weak integration with the Annual Performance Agreement (APA) and limited analytical capacity at subnational levels constrain the effective use of BDRIS data for comprehensive performance tracking.	Management IT	*Integrate expanded CRVS indicators into the APA framework and institutionalize regular performance reporting at national and subnational levels.* *Build capacity of local registration staff to interpret BDRIS-generated data and use it for internal monitoring and operational planning.*
Although registration data are available through BDRIS and APA reporting, they are not systematically analyzed or used for follow-up actions, limiting timely system improvements and effective CRVS management.	Barring the APA framework, there is no institutionalized mechanism or routine process for analyzing CRVS performance data or using it for follow-up actions, resulting in weak feedback loops between registration offices and decision-makers.	Management	*Institutionalize regular data review and follow-up mechanisms (quarterly or biannual) by leveraging the APA reporting structure and embedding simple analytical templates and guidance to ensure that CRVS performance data are interpreted, discussed, and acted upon, not merely reported.*
The lack of real-time visibility into operational conditions—such as equipment functionality, internet connectivity, and availability of stationery prevents timely interventions and causes delays in registration and certification services.	No standardized system or tool to track infrastructure functionality, supply availability, and maintenance needs, along with fragmented responsibility for IT support and logistics.	Management	*Develop and roll out a standardized operational readiness monitoring tool (digital or paper-based) to regularly track infrastructure, supplies, connectivity, and maintenance needs at registration offices, by integrating related indicators into the national CRVS M&E framework to enable systematic review, budgeting, and follow-up for upkeep and maintenance.*

Positive practices/steps	Pain points or bottlenecks	Root cause analysis	Category of root causes	Regesign ideas/strategies
	Field supervision is irregular and largely administrative, with limited observation of registration practices or verification of data quality, resulting in unaddressed operational challenges and inconsistent service standards at the local level.	No standardized supervision plan, checklist, or schedule, and unclear roles and responsibilities for conducting systematic supervision.	Management IT	*Institutionalize structured field supervision through standard checklists, supervision plans, and reporting formats focused on registration practices, data quality, and procedural compliance.* *Define supervision roles and responsibilities clearly across administrative levels and link supervision findings to regular review meetings and capacity-building activities.*
		No standardized supervision plan, checklist, or schedule, and unclear roles and responsibilities for conducting systematic supervision.	Management	*Digitize supervision reporting where feasible, enabling timely submission, tracking, and aggregation of findings for management use.*
	CRVS review meetings are infrequent and primarily administrative, without drawing on performance data, operational reports, or field supervision findings, reducing their effectiveness in driving system improvements, service efficiency, and outreach.	Lack of a formal mandate or schedule for CRVS review meetings and weak coordination between the Office of the Registrar General and local administration.	Management	*Institutionalize periodic CRVS review meetings at national and subnational levels through a formal schedule and mandate.*
		Absence of consolidated data inputs from performance monitoring, operational readiness, and field supervision systems, leading to administrative reviews without evidence-based discussion or follow-up.	Management	*Ensure CRVS review meetings draw on consolidated inputs from performance monitoring, operational readiness, and field supervision systems to support evidence-based discussions and strengthen documentation*

				and follow-up mechanisms by preparing action plans, tracking implementation, and integrating review outcomes into policy and planning processes.

STRATEGIC OUTCOME 9

Adequate financing ensured for improvement and sustainability of CRVS system

Key performance indicator[17]	What it measures	Baseline	Data sources and challenges	Target (2030)
9.1 Percentage of Ministry of Local Government's budget allocated to RG's office.	Measures the extent of financial commitment toward the CRVS system, indicating the priority given to civil registration within government planning.	Budget 2024-2025: 12% Budget 2025-2026: 16%	Budget documents of Ministry of Local Government	Budget 2030-2031: -25%
9.2 Percentage of CRVS budget allocated to system strengthening activities (e.g., digitization, process improvement, capacity building, awareness creation), excluding routine expenditures (e.g., salaries, administrative costs)	Measures the extent to which financial resources are directed toward improving and modernizing the CRVS system, rather than just maintaining routine operations.	Not available	Analysis of expenditure of RG's office	50%

Positive practices/steps	Pain points or bottlenecks	Root cause analysis	Category of root causes	Regesign ideas/strategies
No significant positive practices yet.	Inadequate and inconsistent budget allocation for CRVS activities under the ORG has led to heavy reliance on ad hoc or donor funding, even for core institutional functions such as system maintenance, monitoring, and capacity development. This not only constrains investment in system improvement but also threatens the continuity of ORG's coordination and oversight role, undermining sustainability.	Budget allocation under the Ministry of Local Government is insufficient, leaving limited resources for essential institutional activities such as monitoring, supervision, and system upkeep.	Policy	*Advocate for enhanced and predictable government budget allocation to the ORG within the Ministry of Local Government, ensuring adequate resources for core functions such as monitoring, supervision, and system maintenance.* *Develop a costed strategic action plan outlining resource needs for institutional functions and system improvement, to support evidence-based budget negotiation and resource mobilization.*
		Dependence on development partner funding to finance key system improvement and operational support functions leads to gaps when external funding ends.	Policy	*Gradually transition development partner–supported activities to domestic financing by prioritizing sustainability planning and phased inclusion of key activities in the national budget.* *Establish a CRVS financing coordination mechanism within the ORG to align domestic and external resources, prevent overlap, and ensure continuity of priority activities once external funding concludes*
	Inadequate staffing in the ORG limits its ability to manage routine	Absence of sanctioned posts and dedicated staff	Human resources	*Review and update the organizational structure*

institutional functions such as coordination, data management, reporting, and follow-up. The shortage of dedicated personnel results in operational delays and constrains the ORG's capacity to support subnational implementation and system improvement activities.	positions within the ORG for key CRVS functions, such as data management, system monitoring, coordination, and follow-up has reduced efficiency and continuity of operations.		*and staffing norms of the ORG to align with its expanded technical and coordination responsibilities under a digitized CRVS system, incorporating specialized roles where required.* *Advocate for the creation and approval of dedicated staff positions within the ORG to manage key CRVS functions such as data management, system monitoring, coordination, and follow-up, ensuring efficient and continuous operations.* *Introduce interim staffing measures, such as redeployment, contractual appointments, or secondments until permanent positions are established to maintain continuity of essential institutional functions*

STRATEGIC OUTCOME 10

Timely and quality vital statistics based on civil registration data produced and disseminated

Key performance indicator	What it measures	Baseline	Data sources and challenges	Target (2030)
10.1 Is annual vital statistics report based on CR civil registration records produced?	Indicates whether the country produces an official annual vital statistics report using data derived from civil registration records. It reflects the functionality of the CRVS system in generating regular, timely, and reliable statistics on vital events such as births and deaths.	No	BBS	Annual vital statistics report based on CR civil registration records produced.
10.2 Does annual vital statistics report meet the quality standards and is produced on time? a. Percentage of missing data b. Percentage of inconsistent data	Measures the quality of the annual vital statistics report based on civil registration records, with emphasis on completeness (e.g., percentage of missing data), internal consistency, and adherence to timelines. It reflects the reliability and usability of the data for policy, planning, and statistical purposes.	No	BBS	Annual vital statistics report meets the quality standards and is produced on time.
10.3 Number of tables produced out of the total number recommended by the UN (separately for births and deaths)	Assesses the extent to which the country produces the recommended set of vital statistics tables for births and deaths, as per UN guidelines. It reflects the completeness and comprehensiveness of statistical outputs derived from civil registration data.	No	BBS	Number of tables produced out of the total number recommended by the UN (separately for births and deaths)

Positive practices/steps	Pain points or bottlenecks	Root cause analysis	Category of root causes	Regesign ideas/strategies
A Memorandum of Understanding (MoU) has been finalized between the Office of the Registrar General (ORG) and the Bangladesh Bureau of Statistics (BBS), under which the ORG will share unit-level anonymized civil registration records with the BBS for the compilation of annual vital statistics reports based on civil registration data. A Technical Working Group, led by the BBS and supported by a Working Group, has been established to provide oversight and guidance and to operationalize the MoU between the ORG and BBS.	Despite the MoU between the ORG and BBS and the establishment of institutional mechanisms, data sharing for the production of vital statistics has not yet been operationalized due to several procedural and technical barriers.	The operationalization of data sharing has been delayed due to technical and procedural challenges, including the need to establish secure data transfer protocols, finalize data formatting and validation standards, and align system interfaces between the ORG and BBS.	Management IT Coordination	*Develop and implement a joint technical roadmap between the ORG and BBS to operationalize the MoU, including clearly defined data standards, secure transfer protocols, and agreed timelines for sharing anonymized records.* *Facilitate regular coordination between the technical teams of ORG and BBS under the guidance of the Technical Working Group to resolve outstanding procedural issues and pilot-test the data exchange process before full-scale implementation.*

STRATEGIC OUTCOME 11

Timely and quality statistics on causes of death based on data from the civil registration system produced and disseminated

Key performance indicator	What it measures	Baseline	Data sources and challenges	Target (2030)
11.1 Is statistics on causes of death based on data obtained using WHO recommended MCCD form produced on annual basis?	Assesses whether statistics on causes of death are regularly produced using data derived from the WHO-recommended MCCD form. It reflects both the use of international standards in death certification and the system's capacity to generate reliable mortality and cause-of-death statistics annually.	The first cause of death report for a five-year period 2019-2023 based on MCCD from 532 government and 62 private hospitals was published in 2024	Facility Death Analysis Report of Bangladesh 5-year analysis 2019-2023	Cause of Death Report based on MCCD report to be produced every year.
11.2 Percentage of medically certified out of the total expected deaths?	Measures the extent of coverage and implementation of medical certification of cause of death across health facilities, expressed as the percentage of medically certified deaths out of the total registered deaths. It reflects how widely and effectively the MCCD process is applied within the health system.	16.2%	Facility Death Analysis Report of Bangladesh 5-year analysis 2019-2023	60%
11.3 Percentage of deaths with invalid and ill-defined cause?	Measures the quality of cause-of-death data by identifying the percentage of deaths assigned ill-defined or non-specific ICD codes. A high proportion indicates issues in data collection, medical certification, or coding practices that undermine the reliability and utility of mortality statistics.	9%	Facility Death Analysis Report of Bangladesh 5-year analysis 2019-2023	3%

Key performance indicator	What it measures	Baseline	Data sources and challenges	Target (2030)
11.4 Does the country have any system for collecting and compiling causes of death for deaths occurring at home?	Assesses whether a system exists to collect and compile cause-of-death information for deaths occurring outside health facilities, particularly at home. It reflects the country's capacity to capture comprehensive mortality data, including through tools like verbal autopsy or community-based reporting mechanisms.	Yes, SmartVA system for recording cause of death occurring at home exists in 61 sub-district out of 69. Report published in 2025 based on 45 upazila	Exploring Community Cause of Death Through Verbal Autopsy Implementation in Bangladesh Insights from 46 Upazila, 2023	The VA system for home deaths be strengthened using the WHO VA questionnaire to be implemented in sample areas Annual Report based on above will be published on above

Positive practices/steps	Pain points or bottlenecks	Root cause analysis	Category of root causes	Regesign ideas/strategies
A Cause of Death System based on Medical Certification of Cause of Death (MCCD) has been established, and the first-ever national report was published in 2025. The first attempt to institutionalize a Verbal Autopsy (VA)-based system for collecting, classifying, and compiling cause-of-death statistics for deaths occurring at home has been successfully implemented, with the first report, based on data from 46 Upazilas, published in 2025.	Incomplete medical certification coverage limits the representativeness of mortality data and weakens evidence for public health policy and planning.	Inadequate institutional capacity to implement MCCD in all facilities. Focus mainly on tertiary hospitals; weak inclusion of lower-level and private facilities. Lack of monitoring on completeness of certification.	Management Human resources Policy Management	*Establish continuous feedback and quality review mechanisms between hospitals, coding units.* *Ensure sustained implementation of MCCD by allocating dedicated resources and staff, and by tracking certification completeness through routine CRVS performance indicators.*
	Variable quality and validity of medical certification reduce the accuracy of cause-specific mortality statistics and lead to misinformed health priorities.	Inadequate training and supervision of physicians, compounded by limited coding capacity resulting in inconsistent and poor-quality certification.	Human resources	*Institutionalize regular training and refresher courses on MCCD completion and ICD coding.*

Positive practices/steps	Pain points or bottlenecks	Root cause analysis	Category of root causes	Regesign ideas/strategies
	Limited implementation of VA within selected areas with VA completed for only small proportion of registered deaths results in major data gaps even within the intended sample, leading to incomplete cause-of-death information for home deaths.	Inadequate operational capacity and trained personnel to conduct and code VA interviews.	Management Human resources	*Strengthen field-level capacity through training, supervision, and clear operational protocols for conducting and coding VA.* *Integrate VA implementation with the death registration workflow to enable automatic case identification and follow-up of eligible deaths.*
		Weak follow-up and supervision mechanisms.	Management	*Institutionalize routine monitoring of VA coverage and data quality through CRVS governance mechanisms and feedback loops.*

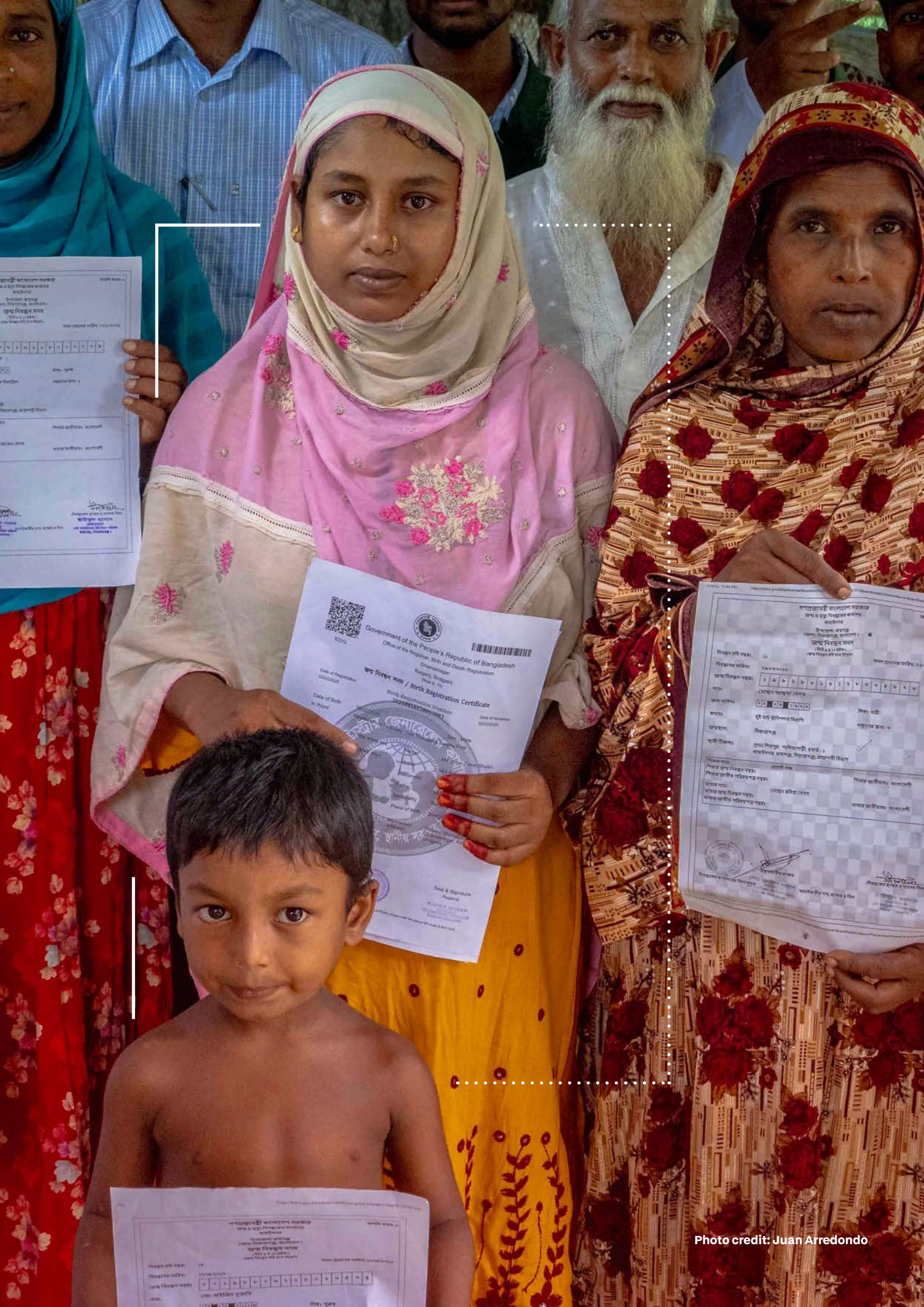


Photo credit: Juan Arredondo

Photograph (pg 139):

A family proudly displays their birth registration certificates alongside members of the civil registration outreach team in Dhamainagar Union, Sirajganj District. The Union has achieved 100% birth registration thanks to the efforts of this dedicated team, which visits households to help residents document vital events such as births and deaths. Their work is part of Bangladesh's national civil registration system and is guided by the Kaliganj Model—an approach that shifts responsibility for registration to frontline workers, reducing the burden on families. The model has since been expanded nationwide.

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