



Guide to Developing Standard Operating Procedures (SOPs) for Civil Registration Using a Case-Based Scenario Approach

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Purpose of this guide

The purpose of this guide is to support civil registration authorities and other stakeholders in the civil registration and vital statistics (CRVS) system, including the health sector, with the development of manuals that include standard operating procedures (SOPs) for specific processes and based on identified case scenarios. In this document, we use the term “manuals” to refer to any handbook or other guidance for CRVS. The SOPs can be for notification, registration and certification processes as well as the processes for activities such as medical certification of cause of death. As applicable, this guidance can also be used to develop SOPs for related processes such as citizenship determination for all children.

Overall, manuals with SOPs for civil registration aim to achieve efficient and uniform registration and certification processes while reducing errors and failure to comply with laws and regulations. Having scenario-based SOPs typically used by the various cadres in the CRVS system is critical in helping the relevant officers to carry out complex operations. The SOPs should also address less-common cases to promote inclusivity and enable all events to be registered.

Target audience

CRVS stakeholders are the target audience of this guidance, in particular, leaders and managers of civil registration authorities and others who are seeking to develop or improve manuals with SOPs for civil registration services and processes.

What are CRVS SOPs?

SOPs for the CRVS system provide the clear and detailed instructions needed to perform a specific task or operation consistently and efficiently based on the applicable laws and regulations. The manuals contain the overall context and background of the local CRVS system and the specific processes being discussed. The SOPs provide short and concise guidance for specific processes.

In the CRVS system, consistent execution of processes and standardization is essential for the error-free registration of all events occurring within a territory. Especially for vital



events with complex circumstances (e.g., child is born in a health facility while the mother is serving a prison sentence), clear instructions need to be available for their registration.

Without well-developed SOPs, there is a considerable risk that frontline civil registrars will need to supplement incomplete instructions with their own judgment, interpretation and processes and procedures may not be consistently followed, or applicants aiming to register vital events may be refused. This may lead to vital events registrations being denied.

Therefore, having clear SOPs is crucial so that processes are followed consistently and correctly, and no event is left registered.

Key benefits of manuals with SOPs in the CRVS system

- **Consistency and Quality Assurance:** SOPs help to reduce ambiguity so that registration of vital events and other processes in the CRVS system are carried out exactly according to the existing legislation and in a consistent and standardized manner, leading to consistent high-quality work and outputs such as birth and death records and certificates.
- **Accountability and Responsibility:** SOPs enable managers to hold the responsible officials accountable for carrying out all of their responsibilities and activities as intended.
- **Onboarding, Training and Continuity:** SOPs support the onboarding and training/re-training of people involved in CRVS processes and help to maintain continuity in how registration of vital events is conducted. Manuals with SOPs are valuable repositories of institutional knowledge, helping to ensure that even with management and other personnel changes, organizations can continue to consistently carry out their activities in a standardized manner.

Characteristics of good manuals with SOPs for CRVS



- **All-Encompassing:** SOPs should be available for all cadres involved in a process (including supervisors) and all steps of that process (including, for example, quality control and monitoring steps).
- **Clear:** SOPs should be clear, concise and easy to follow for everybody involved in the process.
- **Scenario-Based:** SOPs should include case scenarios identified by all key stakeholders. New case scenarios can be added over time.
- **User-Centric:** SOPs should provide each cadre/stakeholder with easy reference to their responsibilities in the process, i.e., which steps of the process they need to carry out and how.
- **Step-by-Step Instructions:** SOPs must be detailed and provide step-by-step, clear, practical and actionable instructions for the relevant processes.
- **Up-to-Date:** SOPs should be regularly updated to ensure accuracy and reflect any changes in processes.

Structure of CRVS manuals with SOPs

The following is a proposed outline of a manual with SOPs and shows all the suggested components.

- **Front Page:**
 - Title, including the names of the processes to be covered in the document.
 - Most recent revision number and date.
 - Short description of most recent changes (if applicable; can be on the inside cover).
- **Contact Information:** Provide contact details for individuals or departments that users can contact for questions or assistance related to the document.
- **Definitions:** Include a glossary of key terms or acronyms used in the document to promote clarity and consistency.
- **Approval, Review and Authorization:** Specify who approved and authorized the document and how often it should be reviewed to ensure it remains up-to-date and relevant. This may include signatures or electronic approvals.
- **Purpose:** Reasons for developing the manual with SOPs, how they were developed, the key purposes, and issues the document will address.



- **Background:** Short description of the CRVS systems, key achievements and challenges, followed by a more detailed explanation of the processes, their history, and their relevance.
- **Legal Framework:** Short description of legislation and regulations governing the processes and SOP included in the manual and highlighting of key legal provisions from all relevant legislation and regulations.
- **Governing Principles:** List all cross-cutting principles or policies so they do not need to be repeated under each SOP in the manual. Examples of principles:
 - Registration is free of charge for all timely registration.
 - Late registration can only be approved by senior civil registrars.
 - If the mother/father are undocumented and born within the territory, the parents must be registered first through the late registration process or ID.
- **Step-by-Step Instructions:** This is the SOP section of the manual. This section provides details of the specific actions to be taken to carry out the process with clear instructions on who is responsible for each part of the process. This should also indicate the intended processing time of the different steps.
 - Name: Specify a clear name for the process.
 - Summary: Provide a brief summary of the process described.
 - Stakeholders involved: List all the stakeholders involved in the process and their overall responsibility (e.g., Data Entry Clerk: Responsible for accurately entering data into the CRVS system; Supervisor: Oversees the registration process and resolves any discrepancies).
 - Documentation needed: Specify the applicable pieces of documentation required for the process.
 - Step-by-step description: Specify exactly how to carry out the steps of the process using clear and concise language. Consider using visuals like diagrams or images of the forms to be used and/or process flowcharts as applicable. Clearly indicate who is responsible for which steps of the process and, as possible, show the responsibilities of the same cadre/stakeholder in one place.

This section can also include flowcharts. Such diagrams are particularly useful for documenting complex processes and to provide a visual overview of the workflow.



A flowchart also shows how one step is related to the other steps, enabling stakeholders to have an overview of the entire process and a clear understanding of their responsibility.

- **References:** Resources that users may need while implementing the manual. Examples may include sections of the national CRVS legal framework.
- **Appendices:** Including any supplementary materials, forms, templates, additional information and business process maps¹ related to the processes.

Approach to developing CRVS manuals with SOPs

To develop these documents, a collaborative and participatory approach is recommended, involving all relevant stakeholders (e.g., civil registration, health sector, national statistics office, ID authority). For such joint development, it will be necessary to deliberate and build consensus on the details of the process or processes.

The following steps are recommended for the development of manuals with CRVS SOPs:

Step 1: Identify stakeholders and processes: Decide which tasks or processes to develop the SOPs for. Study the laws and interview the stakeholders who own/participate in the process and who are directly involved in the day-to-day operations and determine exactly how the process works. Civil registration is very intersectoral, so this may require discussions with frontline civil registrars, health sector staff, staff from the statistics office, and others. This should also closely examine variations of processes depending on the circumstances of the applicants, making sure that all scenarios are included (see also: Annex 1. Examples of CRVS processes for which to develop manuals with SOPs).

Step 2: Choose a document structure and draft an outline: Use a clear and organized format. Use headings, bullet points and visuals (if necessary) to enhance readability. Create a basic structure with relevant sections. (See “Structure of CRVS manuals with SOPs,” above.)

¹ <https://www.vitalstrategies.org/resources/crvs-systems-improvement-framework/>



Step 3: Describe the steps: Write the step-by-step instructions of the SOP using plain language that is appropriate for the people who will carry out the steps. Refer to the elements of a manual with SOPs above and include all elements that are relevant to the document. Indicate in the step-by-step instructions who is responsible for each part of the process.

Step 4: Get feedback and pressure test: Share the draft SOP with stakeholders and get their feedback. This will help to ensure that the document holds true for anyone involved in the procedure being described. Feedback should be incorporated and the draft updated.

Step 5: Validation and finalization workshop or discussions: Hold a workshop or a set of discussions to validate and finalize the SOP. All relevant authorities should be at the workshop/take part in these finalization discussions.

Step 6: Approval and dissemination: Those with the authority and knowledge to approve the SOP need to be identified and given time to review and approve it. Once all approvals are received, the document can be disseminated using official channels and made available to all who may need it.

Step 7: Continuous improvement: A periodic review schedule to ensure the SOP remains current and effective should be established. Any insights gained should be used to update the document as needed.

Step 8: Implementation support and troubleshooting: Provide a mechanism for the person applying the SOP to have access to continuous support in case they have questions on how to carry out the steps of the SOP. Such questions can also feed into the eventual revision of the document.

Step 9: Updating: Regularly (e.g., every year) review, adjust and update the SOP as needed. Add new procedures for any registration scenarios that need a standard approach.

Implementing CRVS manuals with SOPs



The development of good quality manuals with SOPs is a step in the proper functioning of the CRVS system. However, the availability of manuals with SOPs alone will not ensure that stakeholders carry out their tasks as intended. It is essential that the relevant people are trained and re-trained on the processes and the implementation of the SOPs included in the manuals. This will require the development of training materials, conducting training sessions or workshops, and, as applicable, considering a training-of-trainers model with cascade trainings or e-learning courses so that all relevant individuals are familiar with the contents of the manual with SOPs. The trainees should understand each step, the associated responsibilities, and any other relevant information included in the SOPs. Such training will help equip people with the knowledge and skills needed to execute the procedure accurately and efficiently. Further, a supervisory structure should be in place to continuously monitor the implementation of processes and application of the manuals with SOPs. Indicators for that monitoring should be defined and a manual with SOPs for supervisory activities should also be available.

Examples of CRVS manuals with SOPs

- “Standard Operating Procedures (SOPs) for Civil Registration and Vital Statistics System In Rwanda”
<https://www.nida.gov.rw/index.php?eID=dumpFile&t=f&f=92643&token=7ea9d6c4602ce4d2ae43fc6b669787b89edad1c1>
- “Standard Operating Procedures for Civil Registration and Vital Statistics System of Ghana”
<https://statsghana.gov.gh/gssmain/fileUpload/Social/Standard%20Operation%20Procedures%20%20for%20Key%20CRVS%20institutions%20in%20Ghana%20.pdf>
- “Conducting the External Examination”
https://ocme.dc.gov/sites/default/files/dc/sites/ocme/service_content/attachments/External%20Examination.PDF
- “Hospitals’ and Physicians’ Handbook on Birth Registration and Fetal Death Reporting” https://www.cdc.gov/nchs/data/misc/hb_birth.pdf

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Annex 1. Examples of CRVS processes for which to develop SOPs

The following lists need to be customized to the local setting. As illustrated by the lists provided here, it should be noted that a wide range of circumstances of births or deaths should be considered when developing SOPs.

Standard Operating Procedures for Birth Registration and Certification

Children born to parents who are married (separate for citizen or non-citizen parents):

- Timely registration of birth in health facility.
- Timely registration of birth outside health facility.
- Delayed registration (after [specify] days) of birth in health facility.
- Delayed registration (after [specify] days) of birth outside health facility.
- Late registration (after [specify] days) of birth in health facility.
- Late registration (after [specify] days) of birth outside health facility.

Children born to parents who are not married with father declaring paternity (separate for citizen or non-citizen parents):

- Timely registration of birth in health facility.
- Timely registration of birth outside health facility.
- Delayed registration (after [specify] days) of birth in health facility.
- Delayed registration (after [specify] days) of birth outside health facility.
- Late registration (after [specify] days) of birth in health facility.
- Late registration (after [specify] days) of birth outside health facility.

Children born to single mother with father unknown or not declaring paternity (separate for citizen or non-citizen mother):

- Timely registration of birth in health facility.
- Timely registration of birth outside health facility.
- Delayed registration (after [specify] days) of birth in health facility.
- Delayed registration (after [specify] days) of birth outside health facility.
- Late registration (after [specify] days) of birth in health facility.
- Late registration (after [specify] days) of birth outside health facility.



Children born to mother who died during childbirth with father (or other close relatives) declaring paternity (or responsibility for the child) (separate for citizen or non-citizen parents):

- Timely registration of birth in health facility.
- Timely registration of birth outside health facility.
- Delayed registration (after [specify] days) of birth in health facility.
- Delayed registration (after [specify] days) of birth outside health facility.
- Late registration (after [specify] days) of birth in health facility.
- Late registration (after [specify] days) of birth outside health facility.

Abandoned infants:

- Timely registration of birth in health facility with known information about the parents (separate for citizen or non-citizen mother).
- Timely registration of birth in health facility with no known information about the parents.
- Timely registration of birth outside health facility with no known information about the parents.

Children living in orphanages/foster care:

- Abandoned child living in orphanages/foster care home with parents known (separately for citizen or non-citizen parents).
- Abandoned child living in orphanages/foster care home with parents unknown.

Homeless or street children:

- Registration of homeless or street children (separately if parents are / mother is known and separately if parents are citizens or non-citizens).

Children born abroad to citizens:

- Child born outside of the country to citizens (with or without a birth certificate from the country of birth).

Refugees, asylum seekers and stateless persons:

- Birth in health facility: Children born to recognized refugees or asylum seekers within a health care facility (reported within the timely reporting period).
- Birth outside health facility: Children born to recognized refugees or asylum seekers outside of health care facilities (reported within the timely reporting period).



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| <ul style="list-style-type: none">• Late registration: Children born to recognized refugees or asylum seekers. |
| Children born to mother in prisons: <ul style="list-style-type: none">• Child is born in health facility—the mother is in prison• Late registration or in community—the mother is in prison. Child living with relatives. |
| Children born to regularized migrants: <ul style="list-style-type: none">• Birth in health facility: Children born to regularized migrants, holding visas or permits issued by immigration.• Birth outside health facility: Children born to regularized migrants, holding visas or permits issued by immigration outside of health care facility.• Late registration: Children born to regularized migrants, holding visas or permits issued by immigration. |
| Children born to undocumented/stateless parents: <ul style="list-style-type: none">• Born in health facility: Parent(s) are undocumented/stateless.• Born outside health facility: Parents are undocumented/stateless.• Late registration: Parents are undocumented/stateless. |
| Children born in conflict separated from parents: <ul style="list-style-type: none">• Child born in conflict (separated from parents). |
| Children born to returnees outside of the territory: <ul style="list-style-type: none">• Children born to returnees in temporary host country. Birth certificate is at place of birth.• Children born to returnees in temporary host country. Birth certificate not issued by host country. |
| Amendment of details on the birth certificate: <ul style="list-style-type: none">• Correction of spelling of name, surname, date of birth, place of birth on birth record, birth certificate, etc.• Insertion of father or mother details if father or mother details were not included at the time of birth registration, |
| Legal name change: |



- Changing of first name (below a certain age) if parent(s) wish to change or add the first name of their child.
- Changing of first name (above a certain age) if the person wishes to change or add a first name.
- Changing of second name (below a certain age) if parent(s) wish to change the surname of the child.
- Changing of second name (above a certain age) if a person wishes to change their surname.

Registration of births during local or national, natural or health emergencies:

- Registration of births occurring in a health facility during an emergency with no electricity/internet access.
- Registration of births occurring in a health facility with no access to civil registration offices.
- Registration of births occurring outside of health facility during an emergency.

Standard Operating Procedures for Death Registration Certification and for Cause of Death Determination

Death occurring in a health facility:

- Natural death occurring in health facility with the identity of the patient known and verifiable.
- Unnatural death occurring in a health facility with the identity of the patient known and verifiable.
- Natural death occurring in health facility with the identity of the patient unknown.
- Unnatural death occurring in a health facility with the identity of the patient unknown.

Death occurring outside a health facility:

- Natural death occurring outside health facility with the identity of the patient known and verifiable.
- Unnatural death occurring outside health facility with the identity of the patient known and verifiable.
- Natural death occurring outside health facility with the identity of patient unknown and not verifiable.



- Unnatural death occurring outside health facility with the identity of patient unknown and not verifiable.

Registration of death occurring outside of country:

- Citizen has died outside of country with death certificate issued in the country of death.
- Citizen has died outside of country with no death certificate issued in the country of death.

Cause of death determination:

- Natural death occurring in a health facility.
- Unnatural death occurring in a health facility.
- Dead on arrival: A physician had attended to the decedent and/or is able to certify the cause of death.
- Brought dead/received dead: A physician had not attended to the decedent upon arrival yet or decedent showed no signs of life when received.
- Death in an ambulance and/or moving conveyance.
- Natural death occurring outside a health facility.
- Unnatural death occurring outside a health facility.

Registration of deaths during emergencies:

- Registration of natural death during an emergency.
- Registration of unnatural death during an emergency.