Rwanda

The Challenge
In Rwanda, complex CRVS regulations and registration procedures have hindered the access and expansion of the civil registration and vital statistics system to cover more of the country’s population.

CRVS Governance & Coordination: The government successfully integrated CRVS governance into existing government structures, which immediately improved CRVS coordination. At the national level, the National CRVS Steering Committee was established, while local government coordination committees were established at the subnational level. This structure allows local authorities to closely monitor and coordinate the progress of CRVS strengthening activities. The results of this effort include the recent national rollout of a standardized death registration process (detailed below) and the adoption of a new plan for integrated CRVS activities. These outcomes provide a foundation for the accelerated improvement of the overall CRVS system in the country.

Additionally, the government reviewed the CRVS legal and regulatory framework. As a result, Rwanda passed a new Births and Deaths Act in 2020, which decentralized birth and death registration for the first time. This progress sets the stage for Rwanda to align its CRVS system with global best practices for registering vital events.

Counting Every Birth and Death: As a part of its commitment to generating quality cause of death data, Rwanda was able to report on deaths that occur in the community for the first time in 2017. Rather than requiring family members to register community deaths at dedicated and hard-to-reach civil registries, hospitals and health facilities now serve as death registration agents, easing access to registration services for families of the deceased. To accommodate the expected increase in community death registration, Rwanda is creating a strategy to scale verbal autopsy efforts to cover all 2,148 cells across the country in order to improve cause of death data for community deaths nationally.

The Approach
The Bloomberg Data for Health initiative in Rwanda focuses on CRVS system-wide improvements, which are critical to the successful implementation of the national CRVS strategy. In order to overcome some of the administrative barriers for families seeking to register births or deaths, the government is reviewing and improving current legislation to include the decentralization of CRVS services for birth and death registration to health facilities and cell level. In addition, continuous capacity building to improve the quality of mortality data is required by improving low death registration completeness, especially for community deaths, and by decreasing unusable codes in cause of death data.

Better Facility Cause of Death Data: The process of medical certification of cause of death (MCCD) was standardized within the first year of the initiative. Previously, different versions of death certificates were utilized across different regions of Rwanda, creating inconsistencies in the information collected about the deceased. All hospitals throughout Rwanda have adopted the recommended WHO international MCCD standard tool and all physicians have been trained on using the form. As a result of establishing a fully trained cadre of health workers, health facilities have observed an increase in consistency of MCCD completion between hospitals, which has ultimately positioned health facilities to collect higher quality cause of death data nationally. Moreover, MCCD course content was embedded in Rwanda’s core curriculum for those pre-service medical students earning a Bachelor of Medicine and Bachelor of Surgery. These students now graduate with knowledge and skills for certification of deaths using the WHO recommendable MCCD tool. Four medical schools updated their medical school curriculums to incorporate MCCD course content for undergraduate medical students. An MCCD E-learning platform was developed and is available for in-service medical professionals as mandatory continuous professional development credits to licensure.

This effort generated data over 30,000 out of 75,712 expected deaths for the first time, a key input for policy and program decision-making.
Ongoing Work

**Counting Every Birth and Death**

The Data for Health Initiative will continue to support the government of Rwanda to institutionalize birth and death registration regulations and to create standard operating procedures to enforce the implementation of new regulations prescribed in the CRVS strategic plan.

Cell executive secretaries will soon become official registration agents alongside health facilities to increase coverage of birth and death registration. Trainings at the health facilities and cell offices have begun and will serve to orient staff on the new birth and death registration regulations and standard operating procedures. Supportive supervision and mentorship will also be offered to new civil registrars to ensure quality birth and death services.

**Better Facility Cause of Death Data**

To further improve upon the cause of death information in Rwanda, the Data for Health initiative continues to work to implement WHO MCCD standard tools in all 48 public health facilities in Rwanda, as outlined in the country’s 2017-2022 Strategic Plan for CRVS Improvement. As part of these activities, the government of Rwanda is working to establish MCCD as a continuing medical education (CME) requirement for in-service care providers. Separate pre-service physician trainings on MCCD best practices are also in development. To ensure quality, the Ministry of Health is designing a routine quality assessment approach that will be integrated into supportive supervision activities so that feedback can be provided to health facilities through the hospital mortality technical teams.

**Understanding Community Mortality**

The initiative will support the government through training and technical assistance to develop a new community-based strategy for the institutionalization and scale up of verbal autopsy at the cell level, and to complement the World Bank-funded initiative for decentralization of birth and death registration.

**Producing and Using Vital Statistics**

For the first time, Rwanda will produce a vital statistics report. The Data for Health initiative is supporting this effort by providing technical assistance, trainings, and workshops to develop local capacity and skills needed for producing vital statistics with available data. This effort is intended to cascade down from the national level to the subnational levels. Senior managers are being trained on data-driven leadership concepts, including reviewing the structure and content of vital statistics reports and integrating data analysis. The development of vital statistics reports will also be incorporated into the National Institute of Statistics Rwanda training program to encourage sustainability and ownership of these processes.