

The Philippines Civil Registration and Vital Statistics Strategic Plan 2014-2018



REPUBLIC OF THE PHILIPPINES
NATIONAL
STATISTICS OFFICE



Republic of the Philippines
Department of Health
Kagawaran ng Kalusugan



World Health
Organization

Contents

INTRODUCTION	1
CONTEXT AND BACKGROUND.....	2
Why is a quality Civil Registration and Vital Statistics System important?.....	2
The Civil Registration & Vital Statistics System and The Health Agenda	3
The Civil Registration & Vital Statistics System in the Philippine Context	4
STRATEGIC PLANNING FRAMEWORK.....	5
CRVS VISION AND MISSION	7
ASSESSMENT OF CURRENT STATE	7
STRATEGIC GOALS AND OBJECTIVES (2014-2018).....	11
Goal No. 1: Improved quality and completeness of Civil Registration data, especially death registration.....	11
Goal No. 2: Increased awareness and utilization of CRVS data.....	112
Goal No. 3: Enhanced capacity for CRVS	145
Goal No 4: Enhanced multi-sectoral coordination and collaboration.....	178
ACKNOWLEDGEMENT	19
ANNEX 1: CRVS Work Plan.....	21

INTRODUCTION

In response to the continuing efforts of improving the Philippine Civil Registration and Vital Statistics System, a multi-sectoral planning exercise is initiated to create an inclusive and participative environment in charting a four (4) Year Strategic Plan for the enhancement of the system.

The planning exercise began with the 2009 National Assessment conducted by Department of Health (DOH) and National Statistics Office (NSO) using the World Health Organization–University of Queensland (WHO/UQ) Assessment Framework. The framework has five (5) components as scope namely – (1) National Legal Framework for Civil Registration and Vital Statistics; (2) Registration practices, coverage, and completeness; (3) Forms and Data Quality; (4) Data Storage, Tabulation, Access and Dissemination; and (5) ICD-10. Recommendations were subsequently formulated.

Realizing the need to cascade the 2009 National Assessment at the sub-national level, DOH and NSO launched the joint project entitled “Assessment of the Civil Registration System and Conduct of Completeness Study of Death Registration”. Using the Focus Group Discussion (FGD) design, the assessment was conducted in seven provinces which included Rizal, Cebu, Palawan, Ilocos Norte, Leyte, Davao del Sur, and South Cotabato. Participants included the Local Civil Registrar and staff, NSO DVSS encoder, NSO provincial statistics officers, city/municipal health officers (C/MHOs), medical records/administrative officers, doctors, nurses and midwives. The study

included assessing the current under-registration of deaths by estimating the level of completeness using the 2007 census data. With the registration period covered from January to March 2011, the study employed three (3) methods namely; (1) Bennett-Horiuchi Method; (2) Courbage and Fargues; and (3) Brass Growth Method. The limitation of the study was the exclusion of registration beyond March 2011.

In keeping with the thrust of participative assessment and planning for the next four (4) years along with reviewing the past assessments for relevance and appropriateness, a follow-up Strategic Planning Workshop was conducted in October 2012 at DOH office. Participants included representatives from the National Statistics Office, National Statistics Coordination Board, UP Population Institute, City Civil Registrar, City Health Office, Municipal Health Office, DOH -- Information Management Service, National Epidemiology Center, National Center for Disease Prevention and Control -- and World Health Organization. All the results of the prior assessment studies were presented for consideration in formulating the plan. From this workshop, a draft of the vision, mission, assessment of current state and strategies were formulated during the February 5-6, 2013 CRVS Strategic Planning Workshop.

On February 5-6, 2013, the results to date of all assessments and plans were presented and further validated and improved to identify priorities and opportunities for synergism across different sectors. This document includes the latest assessment findings and plans

to enhance the Philippine Civil Registration and Vital Statistics System for the next four (4) years.

CONTEXT AND BACKGROUND

The Civil Registration and Vital Statistics System (CRVS), is here defined,

“as those systems which produce births, deaths and causes of death information, which are of fundamental strategic importance for countries development process and governance.”

- Lene Mikkelsen Dec. 2012

A vital element of the CRVS is the continuous, timely, accurate, consistent and complete registration and reporting of all human beings' life vital events such as birth, marriage and death in a given population using globally accepted standards. The CRVS underscores the *facts* of birth and the *causes* of death.

Why is a quality Civil Registration and Vital Statistics System important?

There are a number of benefits on why maintaining a quality CRVS is important in any country. Civil Registration and Vital Statistics data;

- provides the legal identity of a person to have access to government and private services such as but not limited to education, health & welfare support, travel documents issuance;
- creates permanent factual records of vital events such as birth, marriage & changes in status, and death with causes;

- establishes family relationships and inheritance rights;
- provides basis for proof of age to exercise rights such as right to vote, to drive, to study, to marry or re-marry, to insurance claims among others;
- establishes evidence on nature and cause of death;
- derives the fundamental demographic and epidemiological measures, such as population levels and trends, fertility, mortality and related studies;
- serves as key information in planning & research across multiple sectors and industries, such as commerce, education, labour and health for country's programs and policies.

In 2010, the United Nations Economic and Social Commission for the Asia and the Pacific (UNESCAP) reiterated to the world their priority and commitment to maintain a quality Civil Registration and Vital Statistics System in every country.

“Recognizing the importance of reliable vital statistics for producing timely and accurate population estimates and other demographic and health statistics, including the Millennium Development Goals, which are some of the most basic requirements for evidence-based planning and efficient resource allocation, the Committee supports the development of a regional program for improving vital statistics in the Asian and Pacific region and recommends that the secretariat, under the guidance of the Bureau, continue to develop the regional program fully in close collaboration with development partners.

- UNESCAP 2010

The Civil Registration & Vital Statistics System and The Health Agenda

One of the critical usage and application of the CRVS data is in planning and implementing the Health Agenda of a country. CRVS data in the health sector is used to;

- define patterns, trends and impact inclusive of the causes of mortality;
- understand emerging health issues and challenges;
- define appropriate and relevant health-sector reforms, poverty reduction and development efforts;

- define baseline levels and monitor and track progress towards both national and Millennium Development Goals (MDGs) and assess effectiveness of health programs.

Fast Facts & Figures:

- 1 in 3 births – 40 million annually – are not registered
- 2 in 3 deaths – 40 million annually – are unregistered
- 85 countries, with 66% of the world's population do not have reliable cause of death statistics

- Mark Landry 2013 CRVS in Regional & Global Context

MILLENNIUM DEVELOPMENT GOALS

to achieve by 2015

1 eradicate extreme poverty & hunger
to halve the proportion of people whose income is < \$1 a day and halve the proportion of people who suffer from hunger.

2 achieve universal primary education
to ensure that children everywhere will be able to complete full primary education.

3 promote gender equality & empower women
to eliminate gender disparity in all levels of primary and secondary education.

4 reduce child mortality
to reduce by two-thirds the under-five mortality rate.

5 improve maternal health
to reduce by three-quarters the maternal mortality ratio and to achieve universal access to reproductive health.

6 combat HIV/AIDS, malaria & other diseases
to halt and reverse the spread of HIV/AIDS, to achieve universal access to HIV/AIDS treatment and to halt and reverse the incidence of malaria and other diseases.

7 environmental sustainability
to integrate sustainable development into country policies. To reverse loss of environmental resources. To reduce biodiversity loss. **To halve the proportion of the population living without access to safe drinking water and sanitation.** To improve lives of at least 100 million slum-dwellers.

8 global partnership
To develop a non-discriminatory trading and financial system. To address the needs of least developed, land-locked and small island developing countries. To deal with developing countries' debt. To provide access to affordable drugs. To make technology more available.

A quality and robust Civil Registration & Vital Statistics System is needed to provide quality data in support of the Millennium Development Goals such as (1) reducing child mortality, (2) improving maternal health and (3) combatting HIV/AIDS, malaria & other diseases.

The Civil Registration & Vital Statistics System in the Philippine Context

Earliest account in history of the recognition of the CRVS dates back to June 1898 through the government's mandate on the creation of the Delegate of Justice and Civil Registration in Section 3 of June 1898 Decree.

In February 27, 1931, Act No. 3753, known as the "Civil Registry Law", took effect. Significant reforms with the passing of this law included (1) enumeration of acts and events concerning civil status of person which shall be recorded in the civil register, (2) the director of National Library was designated as the ex-officio Civil Registrar, (3) except in the city of Manila where civil registration function was continued to be performed by the City Health Officer, the civil registration function in other cities and all municipalities was performed by the city and municipal treasurers.

Various laws and ordinances were enacted since then with the last CRVS related law with most recent inclusion in the Local Government Code of 1991 incorporated in January 1, 1992.

Mandated by law to carry out the civil registration function in the country, the National Statistics Office has the primordial responsibility of enforcing Civil Registration and Vital Statistics laws, ordinances, promulgations in the Philippines. The NSO deals and reports any violations in the implementation of these. With the Local Civil Registry Office (LCRO) at the city or municipal level of

government and other stakeholders, the NSO plans and implements programs to ensure quality Civil Registration and Vital Statistics System in the country.

In a geographically dispersed country with over 7,100 islands and with a growing population of 92,337,853 Filipinos (source: May 2010 NSO Statistics), the process of collecting, compiling, processing, and validating CRVS data prove to be a continuing challenge. Previous methods of surveys in the different municipalities prove to be costly in effort, in time and in money. Coordination with Local Government Units (LGU) is key to ensure accurate, complete, and timely collection and processing of CRVS data. To date however, varying CRVS practices and support are noted among different LGUs. The outdated laws and ordinances are needed to be reviewed. To add, various political, social, cultural, and economic factors affect the realization of the overall goal of providing a quality CRVS in the country. For example, certain local cultural practice in the Muslim community of burying the dead within twenty-four (24) hours proves to be a challenge in accurate reporting of deaths from this sector.

"The Civil Registration and Vital Statistics System is now considered as the gold standard of health information in the country."

- Health Secretary Enrique T. Ona

With these in mind, a common framework for CRVS Strategic Planning is needed that underscores the importance of engaged and committed stakeholders on the vision, mission, and strategic

STRATEGIC PLANNING FRAMEWORK

To address a multi-sectoral optimal involvement in formulating the CRVS Strategic Plan, a Strategic Planning Framework is defined. The framework provides opportunities for a more comprehensive assessment of current state of CRVS and for a more collaborative approach in formulating mission, vision and strategies.



The planning framework considers past assessment studies made in improving the CRVS in the Pre-Strategic Planning Phase. The main components of the Strategic Planning Phase include the following;

(1) Strategic Planning Workshop

This was a 2-day event attended by the CRVS core team and stakeholders held last October 29-30, 2012 at the Department of Health compound. During the workshop, the past assessments were presented and

reviewed. Participants drafted the vision and mission statements for CRVS and did the latest assessment reviews of the CRVS environment. They listed the strengths, weaknesses, opportunities and threats to date affecting the CRVS system. From these assessments, a list of strategies was carefully formulated leveraging as much on the past and latest assessments made by the team. The rich, valuable and engaging discussions, built in the design of the workshop, helped participants share perspectives and validate a common

picture of current realities. The workshop allowed participants to own their vision and mission through their active participation in formulating these through several iterations. These went through validation after the initial workshop with a bigger representation of stakeholders in the country.

The participants included primarily representatives from the National Statistics Office (NSO), Department of Health (DOH) and local barangay.

(2) Strategic Plan Validation

This 2-day event held on February 5-6, 2013 in Manila was aimed to share and validate the results of the earlier Strategic Planning Workshop. With a broader representation of stakeholders, the rich discussions of issues and recommendations provided more depth in the earlier Strategic Plan document done in October 2012. The vision and mission statements were shared for greater commitment. A list of priority areas was drafted to be focused areas of work that will provide higher impact towards the realization of the CRVS vision and mission. As part of the design of the workshop, participants were encouraged to have active participation in the discussions to uncover deeper issues, brainstorm on solutions and approaches to form as basis for strategies moving forward.

Immediate follow-up meeting by the CRVS core team was done on February

18, 2013 to finalize the recommendations and define the priorities that shaped the final outcomes stipulated in this document. The process of involving people who will likely be part of the plan implementation is as important as the results of the planning exercise. Through the design of the planning methodology, participants were asked to comment and improve the earlier plans made. Increased understanding of the underlying critical issues was facilitated through open, honest and valuable conversations.

The participants of this 2-day exercise included representatives from National Statistics Office (NSO), Department of Health (DOH), World Health Organization (WHO), Department of Foreign Affairs (DFA), Philippine Health Insurance Corporation (PhilHealth), Philippine Association of Civil Registrars, University of the Philippines, City Civil Registrar's Office, Plan International, United Nations Children's Fund, US Agency for International Development and Department of Science and Technology.

(3) Strategic Plan Resources Mobilization

This last phase of the CRVS Strategic Planning exercise aims to list possible sources of funds, identify organizations and agencies who can assist in funding the various strategic initiatives.

CRVS VISION AND MISSION

After an active engagement with stakeholders, the Civil Registration and Vital Statistics System's Vision and Mission were formulated to capture and represent the aspirations of all stakeholders as they commit to these statements.

The CRVS Vision underscores the importance of a committed multi-sectoral stakeholders working together to realize the vision. Not only should the CRVS adapt to the needs of the Filipino people in making the system more accessible, easier to register and use, it is vital that emphasis is placed on making the CRVS system address the rights of every Filipino to be recognized and registered in all their vital events in life. CRVS shall not be proactive by providing the rights of every Filipino to being registered.

Providing quality data is critical for the CRVS system. The overall direction of a quality CRVS system is on generating quality data which the system manages.

The vision highlights the importance of "people-centric" approach to ensure that addressing the varied and complex needs of Filipino people is a continuing aspiration. CRVS shall be improved based on the needs of the people more than the demand of technologies.

CRVS shall be consistent to globally acceptable standards for reporting and classification.

CRVS VISION:

"The Civil Registration and Vital Statistics System, with committed stakeholders, will be more responsive to the needs and rights of the Filipino people and produces quality data through timely, accessible and people-centric approaches complying with globally acceptable standards."

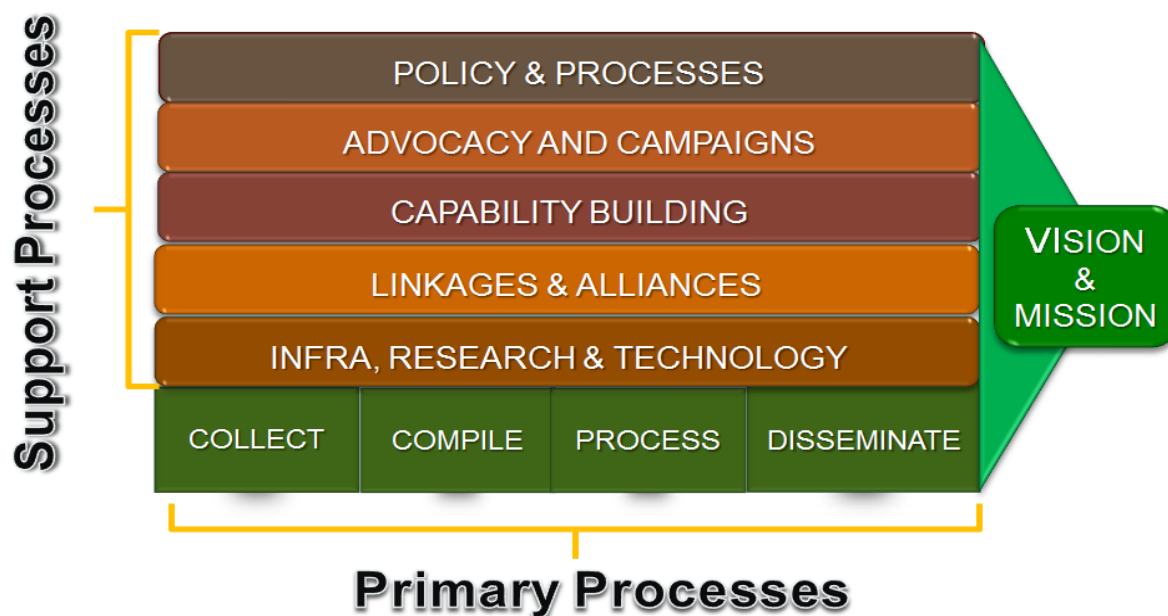
The CRVS mission, on the other hand, details the different processes involved in CRVS: from collection to processing of data, to generating vital records. The mission is aligned with the vision in meeting the needs of the Filipino people and the global community through compliance to global standards.

CRVS MISSION:

"The Civil Registration and Vital Statistics System, as a network, is committed to collect, compile, process and generate quality data on vital records through an effective and efficient civil registration system to meet the needs of individuals, the nation, and global community."

ASSESSMENT OF CURRENT STATE

In providing a common representation on the view of the current environment for analysis and discussions, Michael Porter's Value Chain Analysis is adopted to suit this need. The diagram below illustrates the components as used in the CRVS system to identify the parts of the system and how they are related.



The primary processes are identified to provide focus on key elements which impact the realization of the vision and mission directly. In this context, the primary processes of the CRVS system include *collect, compile, process and disseminate*. These all relate to producing quality data as captured in the vision and mission.

The support processes of CRVS system include policy and processes, advocacy and campaigns, capability building, linkages and alliances, infrastructure, research and technology. These processes are vital to ensure that the core processes are done effectively.

The common understanding of this diagram presents a more holistic view in identifying the strengths, weaknesses, opportunities and threats that exist today in the CRVS system.

"The 2000 census was used to estimate the number of births that occurred in the last 12 months and the deaths were estimated using the Preston and Coale method. The results were 65% completeness for deaths registration and 87% for birth registration."

-2004 Completeness Study by Carmelita ERICTA and Marites C. Espinoza

STRENGTHS
<ul style="list-style-type: none"> • clear charter and mandate on NSO office • presence of legal basis for improving registration of marginalized sectors • support for the improvement of CRVS through ICD-10 implementation • strong sponsorship from Secretary of Health on importance of CRVS • presence of committed civil registrars and cooperatives in certain areas • active support from certain Local Government Units with the Civil Registry Office to be a separate and permanent function in some areas • presence of funding support from development partners • presence of linkages and partnerships with stakeholders on data utilization in some areas • availability of documented manual of instructions • implementation of IT support through the DVSS and PhilCRIS • presence of procedures and forms in filling-up Civil Registration Data
WEAKNESSES
<ul style="list-style-type: none"> • need to strengthen the administrative arrangement between Local Civil Registry Office and National Statistics Office • lack of strict implementation of Internal Rules & Regulations (IRR) issued by NSO and DOH • inconsistent and different policies and procedures of stakeholders at national and local levels • limited financial resources and capabilities • lack of updated and compiled rules on regulations • non-permanent appointment of Local Civil Registrars at the Local Government Unit level • absence of direct line of accountability to NSO by City and Municipal Civil Registrars as they are directly appointed by mayors • lack of data aggregation on death certificates at the barangay level • delay in submission of civil registration forms from the local levels • absence of institutional and ongoing trainings to improve quality of CRVS data • presence of outdated laws and ordinances • lack of presence and reach in certain remote parts of the country • presence of varied practices such as fees deter collection of quality death registrations

<p>at local levels</p> <ul style="list-style-type: none"> • lack of office infrastructures for the Local Civil Registry Office in certain municipalities • differences in interpretation of laws on legitimate children if parents are not married
OPPORTUNITIES
<ul style="list-style-type: none"> • creation of the Philippine Health Information Network (PHIN) as a platform to address multi-sectoral issues • increased potential partnerships with organizations such as funeral parlors in registering quality death data • opportunity to tap on technical and financial support from international organizations • acceptance of the Barangay Civil Registration System for possible nationwide rollout • increasing awareness and support from stakeholders on the importance of the CRVS system
THREATS
<ul style="list-style-type: none"> • presence of some cultural practices (e.g. Muslims) affect CRVS data capture and reporting • limited commitment in several local leaders in Local Government Units to ensure quality CRVS • non-consistent practices of private doctors signing death certificates • lack of budget support for the Local Civil Registry Office by Local Government Units • lack of appreciation on importance of CRVS • lack of political will and sponsorship on some mayors

After a through identification of the strengths, weaknesses, opportunities and threats, the team went on analyzing and brainstorming on how these can be used to formulate the strategies. This was adopted from the Balanced Scorecard.

	Strengths	Weaknesses
Opportunities	<i>Capture opportunities using your strengths</i>	<i>Prevent your weaknesses from depriving you of opportunities</i>
Threats	<i>Use your strength from possible threat</i>	<i>Prevent your weaknesses from probable threats</i>

STRATEGIC GOALS AND OBJECTIVES (2014-2018)

With the vision and mission, the following strategic goals were identified for 2014-2018:

Goal No.1: Improved quality and completeness of Civil Registration data, especially death registration

Goal No. 2: Increased awareness and utilization of CRVS data

Goal No. 3: Enhanced capacity for CRVS

Goal No 4: Enhanced multi-sectoral coordination and collaboration

Goal No. 1: Improved quality and completeness of Civil Registration data, especially death registration

The core of civil registration is complete and timely data. This goal shall include all registration process with emphasis on death registration.

STRATEGIES	TARGETS	OUTPUT
1.1 By 2015, Assessment of the quality and timeliness of civil registration has been conducted	1.1.1. Assess the data quality using hospital, church, crematory, and funeral records and NSO's DVSS database	Report on the assessment of data quality using hospital, church, crematory, and funeral records and NSO's DVSS database
	1.1.2 Evaluate the quality of medical certification on death certificates	Report on the evaluation of the quality of medical certification on death certificates,
	1.1.3 Evaluate use of ICD-10 coding in death certificates quality of ICD-10 coding	Assessment report on the use of ICD-10 standards as a protocol in coding death certificates
1.2 By 2015, monitoring protocol for the compliance to performance	1.2.1. Develop performance standards for CRVS to include completeness of registration and	Established Performance standards for CRVS

standards of CRVS has been created	timeliness of submission	
	1.2.2 Develop procedures for monitoring compliance to CRVS processes and standards	Standard monitoring procedure and tool
	1.2.3 Develop a CRVS monitoring and evaluation plan to ensure that monitoring is done diligently.	
1.3 By 2015, procedures and structures to improve quality of CRVS data have been established.	1.3.1 Establish CRVS data standards to ensure the quality and comparability of data and information to facilitate data sharing	Policy on Standard data format for CRVS
	1.3.2 Revise vital registration protocols, guidelines, and procedures, to include review on the IRR of PD 856 Sanitation Code of the Phils.	Revised Handbook on Vital Registration Protocols, Guidelines and Procedures
	1.3.3 Design and pilot a “one-stop-shop” civil registration & helpdesk at the barangay centers (including assessment of initial implementation sites of BCRS) and integration of PHILCRIS and BCRS with upgrades	Two (2) pilot sites for the “one stop shop” civil registration and helpdesk has been identified, initial implementation of PhilCris and BCRS integration
	1.3.4 Enhance validation and control procedures to ensure correct, consistent and complete civil registration data	Validation and Control procedures established and institutionalized
	1.3.5 Provide disaggregated data at the national and local levels for trends and patterns on cause-specific death statistics	Disaggregated data available at local and national offices
	1.3.6 Update handbook on taxonomy of terms, competencies required among CRVS personnel, certification of cause-of-death, and process flow of CRVS	Updated handbook on taxonomy of terms competencies required among CRVS personnel, certification of cause-of-death, and process flow of CRVS

	1.3.7	Disseminate and implement the revised CRVS handbook	All local registrar received copy of the revised CRVS handbook
1.4 By 2014, a strategic and national approach has been adopted for the improvement of CRVS.	1.4.1	Memorandum of Agreement or joint memorandum circular between national government agencies	A memorandum of agreement between national government agencies has been approved and published
	1.4.2	Pledge of Commitment among stakeholders to ensure commitment to the strategic objectives	Stakeholders signed pledge of commitment to the civil registration strategic objectives
1.5 By 2016, a legislative and policy agenda that aims to strengthen civil registration system has been developed.	1.5.1	Conduct inventory of existing legislative and policy instruments for CRVS	inventory of existing legislative and policy instruments for CRVS
	1.5.2	Assess gaps and disparities of CRVS legal and policy structure	Assessment report on gaps and disparities of CRVS legal and policy structure
	1.5.3	Create /Develop an omnibus CRVS bill	Omnibus CRVS bill
	1.5.4	Create and manage lobby groups for senate, congress and local legislative councils to amend existing CRVS laws and appropriate funds (e.g., political mapping and stakeholder analysis, qualification standards of LCRs)	
	1.5.5	Review the implementing guidelines for hospitals and embalmers on procedures for disposal of deceased bodies (AO No. 2010-033)	A report on the review of the IRR of the Sanitation Code (particularly on the provisions concerning funeral parlors and hospital practices related to practices in handling deaths)
	1.5.6	Include vital statistics as an agenda to the inter-local health zones and local health boards assembly	Conduct CRVS fora to be participated by the members[AMSO1] from the ILHZ and local health boards.

	1.5.7	Lobby for the inclusion of civil registration and vital statistics as an indicator in the Local Governance Performance Management System	Inclusion of CRVS in the agenda of Local Health Board
1.6 By 2016, the importance of complete registration has been promoted especially death registration	1.6.1	Prioritize roll-out of advocacies and campaigns in low performing provinces, marginalized sectors such as Muslim communities, Indigenous People Communities, involving key stakeholders such as tribal leaders, Ulama/Ustadz, Imams, Shari'a courts	Campaigns to promote vital registration with focus on areas with low registration
	1.6.2	Develop an alternative scheme for registration-related fees for the indigents and marginalized	Protocol on registration of indigents and marginalized
	1.6.3	Hold fora, summits and other events on CRVS and invite health partners and professional organizations (e.g., league of mayors)	Fora, summits and other events on CRVS and invite health partners and professional organizations(e.g., league of mayors)

Goal No. 2: Increased awareness and utilization of CRVS data

The process of civil registration does not end in reporting and generating vital records. These vital statistics has to be used for program planning and policymaking.

STRATEGIES	ACTIVITIES	OUTPUT
2.1 By 2017, develop platform for sharing of information among stakeholders has been developed guidelines on access and sharing of information among stakeholder had been developed.	2.1.1 Develop protocol for information sharing	Protocol and Guidelines on information sharing
	2.1.2 Develop platform for information sharing infrastructure	Information sharing infrastructure in place
2.2 By 2018, CRVS data will be readily available for use on	2.3.1 Develop a social marketing strategy for CRVS especially for death statistics	CRVS communication plan

policy development, health planning and program management across all levels	2.3.2	Define dissemination channels such as but not limited to websites, lectures, forum, media, and publications on vital statistics data	List of identified distribution channel for dissemination of CRVS data (e.g., websites, lectures, forum, media, and publications)
	2.3.3	Create pool of champions for CRVS	Directory of resource persons championing the cause of the CRVS
	2.3.4	Enhance Information & Education Campaign Program to include orientation of newly elected local leaders and marketing kit on the importance of CRVS at the local level with focus on death statistics	Develop CRVS IEC and promotion kit

Goal No. 3: Enhanced capacity for CRVS

For CRVS to be more responsive to the needs of the Filipino people, human resources for civil registration must be well capacitated on the registration process and the utilization of vital records.

STRATEGIES	ACTIVITIES	OUTPUT
3.1 By 2018, qualifications of all designated civil registration personnel are in compliance with the standard competency requirement under the provision of RA 7160	3.1.1 Conduct inventory of all civil registry offices and permanent civil registrars	Directory of all civil registry offices and permanent civil registrars
	3.1.2 Maintain database for civil registrar and LCRO	An established database for civil registrar and LCRO
3.2 By 2018, Standardization of competency and staffing complement of local civil registry offices	3.2.1 Identify competencies required of CRVS at national and local levels	List of required competencies per position
	3.2.2 Conduct competency assessment among CRVS workers	Competency assessment among CRVS workers
	3.2.3 Develop a CRVS Competency manual	Published CRVS competency manual
	3.2.4 Recommend to Civil Service Commission for	Letter recommendation to Civil Service

	adoption of CRVS staff competencies	Commission for adoption CRVS staff competencies
3.3 By 2015, CRVS Capacity Development Plan is in place.	3.3.1 Assessment of LCR and health workers capacity for CRVS	Training needs assessment
	3.3.2 Develop CRVS training plan that will address the training needs of all stakeholders at the central, sub national and local levels	An approved training plan for CRVS
	3.3.3 Establish a CRVS training program with the academe to include basic orientation courses for LCRS, health workers, funeral workers and local officials on Civil Registration protocol	CRVS training program
	3.3.4 Establish a pool of trainers for CRVS-related courses such as ICD-10, death certification, and CRVS records management	
	3.3.5 Develop the CRVS training syllabi for health workers and civil registration personnel	Training syllabi for health workers and civil registration personnel
	3.3.6 Train LCR and local health staff on ICD-10 coding and related topics (e.g., verbal autopsy, completion of death certificate form, validation of diagnosis)	4 batches of ICD-10 training for LCR and local health staffs
	3.3.7 Conduct training of trainers on ICD-10, death certification and CRVS records management	Training of trainers on ICD-10, death certification and CRVS record management
	3.3.8 Train medical/health officers, hospital administrators, LGU staff, and other stakeholders on the CRVS procedures (including legal aspect and data management e.g., archiving and records management)	4 batches of training on CRVS procedures, participated by medical/health officers, hospital administrators, LGU staff, and other stakeholders

	3.3.9	Include ICD-10 in health and allied-health curricula (e.g., medicine)	Letter to CHED and other concern agencies to consider inclusion of ICD-10 in the curricula
	3.3.10	Psychosocial management for staff involved in civil registration	Establishment of psychosocial program for staffs involved in civil registration
3.5 By 2014, an eCRVS plan has been created to provide a long term vision for the computerization effort of CRVS to address issues on interoperability, accuracy, completeness and timeliness of CRVS data	3.5.1	Assess the functionality, connection, and interoperability of current CRVS information systems (i.e., PHILCRIS, BCRS, DVSS, LCR systems, hospital systems)	Assessment of functionality, connection, and interoperability of current CRVS information systems (i.e., PHILCRIS, BCRS, DVSS, LCR systems, hospital systems)
	3.5.2	Develop/Revise /Integrate the different CRVS systems	
	3.5.3	Capacitate LCRs and RHUs with ICT devices for vital event registration	80 % of LCRs and RHUs uses ICT devices for vital event registration
	3.5.4	Establish population registries (BCRS) at the lowest administrative levels to improve civil registration	Establishment of population registries
	3.5.5	Intensive promotion of electronic Civil Registration Information System (PhilCris)	
	3.5.6	Pilot Maternal and Neonatal Death Reporting System (MNDRS)	Pilot testing of MNDRS
3.6 By 2018, CRVS knowledge hub has been established	3.6.1	Set up a CRVS Knowledge Hub to contain pool of experts, researchers and their researches and publications addressing the CRVS vision and mission and providing alternate source of funds	A CRVS Knowledge Hub that contains pool of experts, researchers and their researches and publications addressing the CRVS vision and mission and providing alternate source of funds
	3.6.2	Enhance data warehouse to facilitate the management of the CRVS data storage, retrieval and analysis.	Data warehouse to facilitate the management of the CRVS data storage, retrieval and analysis

Goal No 4: Enhanced multi-sectoral coordination and collaboration

STRATEGIES	ACTIVITIES	OUTPUT
4.1 By 2018, commitment among stakeholders especially DOH and NSO at the national and the civil registrar and the health department at the local government level up to the barangay level	4.1.1 Conduct Provincial CRVS Planning and Program Review	Annual provincial CRVS planning and program review
	4.1.2 Develop CRVS engagement plan which should be made an annex to the MOA/Pledge of Commitment with LGUs	Developed engagement plan along with a signed pledge of commitment
	4.1.3 Ensure coordination mechanism within key stakeholders is in place	Community of practice and other coordinating mechanisms of CRVS stakeholders in place and operational
	4.1.4 Leverage on partners like PhilHealth, SSS, GSIS, DFA, OWWA, embassies, DSWD, ICAB to promote the value of CRVS	Forum participated by partners (PhilHealth, SSS, GSIS, DFA, OWWA, embassies, DSWD, ICAB) to promote to them value of CRVS
	4.1.5 Explore the possibility of the creation of a Provincial Civil Registration Council or Board to promote CRVS agenda at the provincial level	Forum participated by LCRs, Mayors, Governors and Board members to discuss importance of creating a Provincial Civil Registration council
4.2 By 2016, DOH, NSO, and local government units (LGUs) staff are utilizing CRVS data for evidence-based planning and program management	4.2.1 Train DOH, NSO, and LGU staff on data analysis and its applications	4 batches of data analysis and application training

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Dr.	Enrique Tayag	Department of Health-National Epidemiology Center
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Dr.	Agnes Segarra	Department of Health-National Epidemiology Center
Ms.	Lea Mylene Rebanal	Department of Health-National Epidemiology Center
Ms.	Fe Sinson	Department of Health-National Epidemiology Center
Ms.	Theresa Timbang	Department of Health-National Epidemiology Center
Ms.	Charity Tan	Department of Health-Knowledge Management and Information Technology Service
Dr.	Anthony Calibo	Department of Health-National Center for Disease Prevention and Control
Ms.	Mayleen Aguirre	Department of Health-Knowledge Management and Information Technology Service
Ms.	Jane Agar-Floro	Department of Health-Knowledge Management and Information Technology Service
Ms.	Jomilynn Rebanal	Department of Health-Knowledge Management and Information Technology Service
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Ms.	RacquelSabeñano	National Statistical Coordination Board
Ms.	EstrellaTuringan	National Statistical Coordination Board
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Dr.	James Salisi	University of the Philippines Manila-National Telehealth Center
Dr.	Josefina Natividad	University of the Philippines-Population Institute
Dr.	Grace Cruz	University of the Philippines-Population Institute
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Ms.	Ma. Robee Ponce de Leon	City Civil Registrar's Office Taguig
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CRVS Work Plan

ARGETS	ACTIVITIES	YEAR 0	YEAR 1	YEAR 2	YEAR 3	YEAR 4
Goal No. 1: Improved quality and completeness of Civil Registration data, especially death registration						
By 2015, assessment of the quality and timeliness of civil registration has been conducted	1.1.1. Assess the data quality using hospital, church, crematory, and funeral records and NSO's DVSS database					
	1.1.2 Evaluate the quality of medical certification on death certificates					
	1.1.3 Evaluate use of ICD-10 coding in death certificates quality of ICD-10 coding					
By 2016, monitoring protocol for the compliance to performance standards of CRVS has been created	1.2.1. Develop performance standards for CRVS to include completeness, timeliness and other quality standards					
	1.2.2 Develop procedures for monitoring compliance to CRVS processes and standards					
	1.2.3 Develop a CRVS monitoring and evaluation plan to ensure that monitoring is done diligently.					
By 2015, processes and structures to improve quality of CRVS data have been established.	1.3.1 Establish CRVS data standards to ensure the quality and comparability of data and information to facilitate data sharing					
	1.3.2 Revise vital registration protocols, guidelines, and procedures, to include review on the IRR of PD 856 Sanitation Code of the Phils.					

	1.3.3 Design and pilot a “one-stop-shop” civil registration & helpdesk at the barangay centers (including assessment of initial implementation sites of BCRS) and integration of PHILCRIS and BCRS with upgrades					
	1.3.4 Enhance validation and control procedures to ensure correct, consistent and complete civil registration data					
	1.3.5 Provide disaggregated data at the national and local levels for trends and patterns on cause-specific death statistics					
	1.3.6 Update handbook on taxonomy of terms, competencies required among CRVS personnel, certification of cause-of-death, and process flow of CRVS					
	1.3.7 Disseminate and implement the revised CRVS handbook					
By 2014, a strategic and national approach has been adopted for the improvement of CRVS.	1.4.1 Memorandum of Agreement or joint memorandum circular between national government agencies					
	1.4.2 Pledge of Commitment among stakeholders to ensure commitment to the strategic objectives					
By 2016, a legislative and policy agenda that aims to strengthen civil registration system has been developed.	1.5.1 Conduct inventory of existing legislative and policy instruments for CRVS					
	1.5.2 Assess gaps and disparities of CRVS legal and policy structure					
	1.5.3 Create /Develop an omnibus CRVS bill					

	1.5.4 Create and manage lobby groups for senate, congress and local legislative councils to amend existing CRVS laws and appropriate funds (e.g., political mapping and stakeholder analysis, qualification standards of LCRs)					
	1.5.5 Review the implementing guidelines for hospitals and embalmers on procedures for disposal of deceased bodies (AO No. 2010-033)					
	1.5.6 Include vital statistics as an agenda to the inter-local health zones and local health boards assembly					
	1.5.7 Lobby for the inclusion of civil registration and vital statistics as an indicator in the Local Governance Performance Management System					
By 2016, the importance of complete registration has been promoted especially death registration	1.6.1 Prioritize roll-out of advocacies and campaigns in low performing provinces, marginalized sectors such as Muslim communities, Indigenous People Communities, involving key stakeholders such as tribal leaders, Ulama/Ustadz, Imams, Shari'a courts					
	1.6.2 Develop an alternative scheme for registration-related fees for the indigents and marginalized					
	1.6.3 Hold fora, summits and other events on CRVS and invite health partners and professional organizations (e.g., league of mayors)					

Goal No. 2: Increased awareness and utilization of CRVS data						
By 2015, develop platform for sharing of information among stakeholders has been developed guidelines on access and sharing of information among stakeholder had been developed.	2.1.1 Develop protocol for information sharing					
	2.1.2 Develop platform for information sharing infrastructure					
By 2016, CRVS data will be readily available for use on policy development, health planning and program management across all levels	2.2.1 Develop a social marketing strategy for CRVS especially for death statistics					
	2.2.2 Define dissemination channels such as but not limited to websites, lectures, forum, media, and publications on vital statistics data					
	2.2.3 Create pool of champions for CRVS					
	2.2.4 Enhance Information & Education Campaign Program to include orientation of newly elected local leaders and marketing kit on the importance of CRVS at the local level with focus on death statistics					
Goal No. 3: Enhanced capacity for CRVS						
By 2016, qualifications of all designated civil registration personnel are in compliance with the standard competency requirement under the provision of RA 7160	3.1.1 Conduct an inventory of all civil registry offices and permanent civil registrars					
	3.1.2 Develop and maintain database for civil registrar and LCRO					
By 2016, Standardization of competency and staffing complement of local civil registry offices has been implemented	3.2.1 Identify competencies required of CRVS at national and local levels					
	3.2.2 Conduct competency assessment among CRVS workers					

	3.2.3 Develop a CRVS Competency manual					
	3.2.4 Recommend to Civil Service Commission for adoption of CRVS staff competencies					
By 2017, CRVS Capacity Development Plan is in place.	3.3.1 Assessment of LCR and health workers capacity for CRVS					
	3.3.2 Develop CRVS training plan that will address the training needs of all stakeholders at the central, sub national and local levels					
	3.3.3 Establish a CRVS training program with the academe to include basic orientation courses for LCRS, health workers, funeral workers and local officials on Civil Registration protocol					
	3.3.4 Establish a pool of trainers for CRVS-related courses such as ICD-10, death certification, and CRVS records management					
	3.3.5 Develop the CRVS training syllabi for health workers and civil registration personnel					
	3.3.6 Train LCR and local health staff on ICD-10 coding and related topics (e.g., verbal autopsy, completion of death certificate form, validation of diagnosis)					
	3.3.7 Conduct training of trainers on ICD-10, death certification and CRVS records management					

	3.3.8 Train medical/health officers, hospital administrators, LGU staff, and other stakeholders on the CRVS procedures (including legal aspect and data management e.g., archiving and records management)					
	3.3.9 Include ICD-10 in health and allied-health curricula (e.g., medicine)					
	3.3.10 Psychosocial management for staff involved in civil registration					
3.4 By 2016, DOH, NSO, and local government units (LGUs) staff are utilizing CRVS data for evidence-based planning and program management	3.4.1 Train DOH, NSO, and LGU staff on data analysis and its applications					
By 2016, an eCRVS plan has been created to provide a long term vision for the computerization effort of CRVS to address issues on interoperability, accuracy, completeness and timeliness of CRVS data	3.5.1 Assess the functionality, connection, and interoperability of current CRVS information systems (i.e., PHILCRIS, BCRS, DVSS, LCR systems, hospital systems)					
	3.5.2 Develop/Revise /Integrate the different CRVS systems					
	3.5.3 Capacitate LCRs and RHUs with ICT devices for vital event registration					
	3.5.4 Establish population registries (BCRS) at the lowest administrative levels to improve civil registration					
	3.5.5 Intensive promotion of electronic Civil Registration Information System (PhilCris)					
	3.5.6 Pilot Maternal and Neonatal Death Reporting System (MNDRS)					

By 2016, CRVS knowledge hub has been established	3.6.1 Set up a CRVS Knowledge Hub to contain pool of experts, researchers and their researches and publications addressing the CRVS vision and mission and providing alternate source of funds					
	3.6.2 Enhance data warehouse to facilitate the management of the CRVS data storage, retrieval and analysis.					
Goal No 4: Enhanced multi-sectoral coordination and collaboration						
By 2018, enhanced coordination among stakeholders specifically DOH and NSO at the national level and the civil registrars and the health officers at the local level	4.1.1 Conduct Provincial CRVS Planning and Program Review					
	4.1.2 Develop CRVS engagement plan which should be made an annex to the MOA/Pledge of Commitment with LGUs					
	4.1.3 Ensure coordination mechanism within key stakeholders is in place					
	4.1.4 Leverage on partners like PhilHealth, SSS, GSIS, DFA, OWWA, embassies, DSWD, ICAB to promote the value of CRVS					
	4.1.5 Explore the possibility of the creation of a Provincial Civil Registration Council or Board to promote CRVS agenda at the provincial level					