



Papua New Guinea Civil Registration and Vital Statistics Action Plan (2020-2021)



Ministry of Health

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List of Acronyms

ADB	Asian Development Bank
API	Application Programming Interface
CIR	Civil Identity and Registry Office
CRVS	Civil Registration and Vital Statistics
DCDR	Department of Community Development and Religion
DHIS	Discharge Health Information System
DNPM	Department of National Planning and Monitoring
DPLGA	Department of Provincial and Local Level Government
eNHIS	Electronic National Health Information System
ESCAP	United Nations Economic and Social Commission for Asia and the Pacific
LLG	Local Level Governments
MOU	Memorandum of Understanding
NDOH	National Department of Health
NHIS	National Health Information System
NID	National Identity Card
NSO	National Statistical Office
PNGCIR	Civil Identity and Registry Office
POMGH	Port Moresby General Hospital
SPC	Pacific Community, previously know as the Secretariat for the Pacific Community
UQ	University of Queensland
UNICEF	United Nations Children’s Fund
WHO	World Health Organisation

1.0 Executive Summary

Papua New Guinea has the lowest birth and death registration levels in the Asia-Pacific region with less than 1 in 6 babies registered and less than 1 in 50 deaths registered. To identify the key challenges constraining the registration of these key vital events, and the overall performance of the civil registration and vital statistics (CRVS) system, in June 2019 the Papua New Guinea CRVS Committee, with support from the Pacific Community undertook an assessment of the CRVS system. The findings of this assessment were used to identify key actions form the basis of this action plan.

The vision is that by 2050 there will be universal and timely civil registration of all births and deaths occurring in Papua New Guinea so that every citizen has a legal identity and the country is able to produce vital statistics from civil registration records for social and economic planning. The focus will be on improving access to registration services by utilising available health infrastructure and providing registration services which are easily accessible to local people.

In the short-term, this action plan will focus the efforts of all government and partner agencies to maximize the effectiveness of available resources and achieve an immediate improvement in birth and death registration levels as well as related outputs from the CRVS system. This plan identifies improvement actions that can be achieved in 2020-2021:

- Implement the new civil registration legislation currently before Parliament
- Establish a civil registration service desk for birth and death registration at Port Moresby General Hospital
- Trial using health workers and ward recorders for birth notifications in Alotau
- Create Memorandums of Understanding for collaboration between key government agencies
- Establish an interface between eNHIS and the civil registration system to allow data transfer
- Purchase more mobile kits for use in registering births and deaths in remote areas
- Transfer knowledge using international exchanges and domestically based consultants, focused initially on archiving and information technology
- Conduct public and government employee awareness campaigns about the value of registration
- Establish a team of dedicated, full-time mortality coders who enter directly into eNHIS
- Release of birth and death registration completeness information annually
- Actively lead the implementation of this plan through regular CRVS Committee meetings and collaboration between development partners

This plan was prepared by Jeff Montgomery, on contract to the Pacific Community for the PNG National CRVS Committee. The Committee endorsed the plan on 26 November 2019.

2.0 Background

2.1 Importance of civil registration and vital statistics

Civil registration is the continuous, permanent, compulsory and universal recording of the occurrence and characteristics of vital events in the population in accordance with the legal requirements of a country (United Nations, 2014). It is undertaken for the primary purpose of creating legal records and documents provided for by the law. The registration records created by the system ideally serve as the primary input for the construction of related population databases, such as those maintained for issuing national identification, passports and voter registration. The second critical role of the system is to provide a national source of vital statistics. Since they record vital events as they occur, civil registration systems are particularly useful in the provision of cause of death information, between-census population data and demographic estimates which would otherwise be derived from population projections.

The importance of civil registration systems is recognised in Target 16.9 and Indicator 17.19.2 of the United Nations Sustainable Development Agenda. This commits countries to establishing a legal identity for all members of the population through birth registration and achieving high levels of birth and death registration. Numerous human rights provisions outlined within the agenda are also founded on the ability of an individual to identify themselves to the state, which can only be realised through birth registration. The United Nations further recognises civil registration as being the most credible source of vital statistics.

2.2 Regional commitments and plans

At a Ministerial gathering held in November 2014 at the United Nations ESCAP, the governments of Papua New Guinea and other countries in Asia and the Pacific declared 2015-2024 to be the Asian and Pacific Decade for Civil Registration and Vital Statistics and committed to accelerating action and investments in developing CRVS systems. Progress in realising these commitments is measured using three primary goals, ie Universal registration of births deaths and other vital events, universal certification of registered vital events, and the production of timely vital statistics.

The overarching aim is to have a complete civil registration system that can: (i) provide all members of the public with foundational identity documents through which they can claim their civil and human rights, including access to services; (ii) provide the government with individual identification records needed for governance; and (iii) provide the government with a national source of vital statistics.

2.3 Assessments of the CRVS system

Two assessments have been completed using methodologies developed by the World Health Organisation and the University of Queensland. A Rapid Assessment was completed in 2014 and concluded that overall the Papua New Guinea system was classified as “dysfunctional”. A Comprehensive Assessment was commissioned by the Papua New Guinea National CRVS Committee and funded by the Pacific Community in 2019. It comprised a desk review of all available information and reports, followed by interviews with key system participants and a stakeholder’s consultation workshop held on 22 July 2019 in Port Moresby. As well as government officials, representatives from several partner agencies attended the workshop including Bloomberg Data for Health (University of Melbourne and the Global Health Advocacy Incubator), UNICEF and DFAT. Several areas were identified for possible future interventions. These were further developed in a workshop held on 24 September 2019 which also endorsed, with a small change, the proposed high-level, ‘as-desired’ processes for birth and death registration (see Annex 1). It also noted that an ‘as desired’ process for late birth registration (more than 30 days after birth) would be useful.

2.4 Purpose of the plan

This plan is developed based on the findings of the Comprehensive Assessment completed by Jeff Montgomery, and is aimed at supporting the Government of Papua New Guinea in achieving a coordinated approach to the development of the CRVS system in the country. The plan outlines existing long-term development initiatives but mostly focusses on shorter-term actions that can support the larger initiatives where multi-agency collaboration is necessary to deliver immediate and sustainable results. It was developed with assistance from the Pacific Community and Brisbane Accord Group¹ from information gathered during meetings and workshops held with CRVS stakeholders in Papua New Guinea during August and September 2019. The plan was endorsed by the PNG National CRVS Committee on 26 November 2019.

While civil registration is primarily the responsibility of the Registrar-General, there is a crucial role for the public and other government agencies in facilitating registration or as users of civil registration records and data. This plan is therefore envisaged to support Papua New Guinea to focus the efforts of all stakeholders, and maximize the effectiveness of available financial and human resources. Donor and partner agencies play a key role in targeting their efforts in a coordinated way to support achievement of Papua New Guinea’s goals.

¹ Members of the BAG include the Pacific Community (SPC), the Queensland University of Technology (QUT), the Pacific Civil Registrars Network (PCRN), UNFPA, WHO, UNICEF, Pacific Health Information Network (PHIN), Australian Bureau of Statistics (ABS), the Global Health Advocacy Incubator, the University of Queensland, Fiji National University (FNU) and Vital Strategies

3.0 Situation Analysis and overview of the status of the CRVS system

3.1 Legislative framework

Civil registration in Papua New Guinea is regulated by the 1963 Civil Registrations Act and the 1967 Civil Registrations Regulations. In 2014, the Civil Registration (Amendment) Act 2014 established a national register and the Papua New Guinea National ID system. The legislation also established the Office of the Registrar-General and provided the Registrar-General with the power to facilitate the establishment of an Office of the Registrar-General in each province, headed by a Provincial Registrar. The Civil Registration (Amendment) Act 2016 repealed the power of the Registrar-General to prescribe fees in relation to civil registration. The current legislation has many problems; it neither clearly states that registration is compulsory nor details the roles and responsibilities of the different stakeholders, therefore much of the burden falls on parents or family members to drive the registration process.

The Civil and Identity Registration Bill 2019² will soon go before Parliament. This repeals the 1963 and 2014 Acts and generally strengthens the civil registration systems in line with international best practice. It also puts in place changes which will improve the ability to share information between different parts of the CRVS ecosystem. There may need to be consequential changes to legislation that governs other parts of the CRVS ecosystem. It is anticipated that the Bill will be passed early 2020 and will need to be enacted within 12 months. Some aspects, such as the establishment of 89 District Registration Officers, may take until 2050 to achieve.

3.2 Management framework

Papua New Guinea's CRVS system is composed of three main agencies: the Papua New Guinea Civil Identity and Registry Office (PNGCIR) headed by the Registrar-General; the National Statistical Office (NSO) headed by the National Statistician; and the National Department of Health (NDOH) headed by the Secretary of Health. Each agency has its own data collection systems. The PNGCIR is responsible for the registration of vital events pursuant to the Civil Registration Act and for the issuance of identity documents. NDOH is mandated to establish and maintain a National Health Information System (NHIS) and Discharge Health Information System (DHIS) that each contain mortality and morbidity data collected from health facilities. The NSO, as the central statistical authority, is empowered, through the 1980 Statistical Services Act, to access the records of, or enter into an agreement with, PNGCIR and NDOH in order to produce vital statistics. However, the 2014 CIR Amendment Act allowed for the Registrar General, in consultation with the National

² The Bill and accompanying Regulations have been prepared by the Constitutional and Law Reform Commission with support from Bloomberg Data for Health.

Statistician to disseminate vital statistics to government agencies for planning and for developing government policies. This makes it unclear who is ultimately accountable for vital statistics.

Civil registration is also overseen by a National CRVS Committee which is mandated to meet quarterly, although it has met regularly only recently and sometimes struggles to achieve a quorum. There is also the e-Health Steering Committee which provides a platform for recommendations to NDOH. A major aspect of this is the eNHIS system which could play a key role in improving PNG's CRVS systems through notification of deaths and births. Also there is National Mortality Technical Working Group which oversees collection of mortality and burden of disease information. Currently there appears to be no collaboration between the National CRVS Committee and these NDOH-based committees. Collaboration could be valuable in addressing issues relating to data flows between the civil registration and health systems.

3.3 Coverage, completeness and incentives for civil registration

Most births and deaths are not captured by the civil registration system. Between 2015 and July 2019 a total of only 18,113 children between aged 0 and 5 years, with a total of 176,524 registered who were between 0 and 18 years. This is less than 15% of estimated births. In the same five year period only 612 deaths were recorded in the central registry, which is less than 2% of estimated deaths of a population expected to exceed 8 million.

The civil registration office is currently strongly focused on registration of adults for issuance of ID cards, with almost 1.2million citizens over the age of 18 being registered. Very little resource is focused on registration of new-borns and children, or recent deaths. Due to incompleteness of civil registration records, Papua New Guinea does not analyse or publish vital statistics based on civil registration data.

There appears to be little incentive for parents or families to register births or deaths. In Port Moresby it is necessary for a child's birth to be registered before they can enrol in school at age 5 but this is not the case in other provinces; in remote areas there is a high proportion of children who do not regularly attend school and are unlikely to get registered. The only other reason to register a birth is for issuance of a passport, or for those over the age of 18 to receive the new national ID card. There is no compelling reason for the vast majority of families to register a death. The main barrier to registration is the capacity of the civil registration office to engage with parents and families.

3.4 Funding for civil registration

The annual budget for civil registration has been K800,000 per year since at least 2012. This is insufficient to record basic birth and death data for a population of the size and diversity of PNG. There has been a K20,000,000 per year additional investment since 2017 into the national identification project, which has included retrospective registration of 1.178m adults registered as of July 2019. It is unknown how much is spent by local administrations to support local registration functions, but it likely to be low.

3.5 Potential for recording of births and deaths within the health system

The government is currently piloting an electronic national health information system (eNHIS) which uses tablets for electronic data collection directly from the facility level. This is currently being implemented in eight provinces. There are 340 facilities (including Provincial and District Hospitals, Health Centres and Community Health Posts) using the tablets to report from the field. That is about 40% of those required to do so when the system is fully rolled out nationally. Bids are currently being evaluated to achieve nationwide coverage by the end of 2020 and to expand eNHIS to collect patient level data. The eNHIS could capture and report all the details required to register a birth which occurs in a health facility (estimated at 45% of all births). It can also capture information to register deaths where the person dies in a health facility and will soon integrate with VA software to capture and report data about non-facility deaths. The eNHIS developments have yet to result in data flowing through to the civil registry but there is a strong desire to do so.

3.6 Death certification and quality of death data

There is low quality and low coverage of cause of death data with only 4,000 to 6,000 deaths a year (about 12% of all deaths) captured within the health system. There are processes in place for registering deaths which occur within hospitals but these are not applied in a standard way. Very few non-hospital deaths are recorded. Information does not flow beyond the health system. Registration of a death requires the family to present evidence to a registration office and as a result very few deaths are registered.

Coronial processes for suspicious or unexplained deaths seem to be patchy and rely on a police or family request for an autopsy. In Port Moresby the district court serves as the coroner but is not considered to be working well. Many provinces do not currently have a coroner.

There has been significant investment by Bloomberg Data for Health (Melbourne) into encouraging death certification within the health system. Deaths occurring outside the health system are unlikely to be certified so verbal autopsy is currently being trialled in three areas with 129 health workers trained and almost 1500 verbal autopsies completed. It has

been agreed to include a verbal autopsy reporting component in the next stage of eNHIS, to commence in 2020. Currently any data collected stays within the health system and is not shared with Statistics or Civil Registration.

3.7 Mortality coding practice, coder competency and quality of coding

Any deaths captured within the health system (about 12% of all deaths) are coded for the medically certified cause-of-death by a small team located within the NDOH. The quality of information provided by medical practitioners is variable. Where coding is possible, it is done to a satisfactory standard although there are backlogs. If more medical practitioners completed cause-of-death reporting or if more underlying causes were recorded, there would be insufficient trained coders. Papua New Guinea is in the early stages of developing its mortality coding practice. Advice or support to periodically review coding would be appreciated.

3.8 Data quality, tabulation, access and dissemination

The Statistical Services Act 1980 established the National Statistical Office as the central statistics authority. It grants the National Statistician the power to access records from other state agencies. The Act does not require publication of, nor does it prescribe a schedule for, periodic reports. There is limited specialist capacity in the NSO for data analysis. The only data available through the national statistics system relating to births, deaths and causes of death is collected through the census. Due to incompleteness of civil registration records, Papua New Guinea does not analyse or publish vital statistics based on civil registration data.

3.9 Data storage and transmission

The Ministry of Community Development and Religion (previously responsible for registration functions) have paper-based, historical registers from pre-2014 however these are not accessible to the current civil registration office. There may also be paper records held by local ward recorders which have not been shared. Local registration offices have only recently been established. There is data transfer between local registration points and the central registry, but very few new births or deaths are registered. These are currently not available to registration offices. All current records are stored electronically and on paper. Historic records, where they exist, are on paper and are rapidly deteriorating. Sound electronic and physical storage infrastructure is in place, however staff capacity is restricting ability to adequately archive historic as well as current paper records. There is currently no data transfer between the health, the registration and the statistics systems.

3.10 Links between civil registration and national ID system

A legislative amendment in 2014 established the national register and linked it to the national ID system. This required retrospective birth registration for adults and dual use of the birth registration number for national ID purposes for new-borns. The focus of the ID

programme is to have all adults registered by December 2021, for the April 2022 elections. This link between birth registration and the national ID system has resulted in 1.05 million retrospective birth registrations. It is estimated that 80% of these are for adults; however registration of new-borns remains very low. Around half of all adult ID registrations so far have been in the southern province, however the use of mobile registration kits and the establishment of provincial and district registration offices is expected to increase registration in more remote areas. There is no link between death registration (which is very low) and the ID system.

4.0 Problem statement

Papua New Guinea has the lowest birth and death registration levels in the Asia-Pacific region with less than 1 in 6 babies registered and less than 1 in 50 deaths registered. The incomplete civil registration system fails to provide a universal source of individual identification documents for the population which heightens the risk of child exploitation and fails to provide a national source of vital statistics, particularly around population growth and causes of death.

The registration process is constrained by numerous factors, ranging from the capacity of the civil registration office, to the lack of awareness within the general population about the importance of civil registration. The wide geographic distribution of the population further compounds the challenge and is a significant barrier to accessible registration services and timely certification of vital events. Nevertheless, in areas where access is less of a problem, such as in the National Capital District, registration rates are also very low. Geographic isolation is not the sole reason for low registration rates.

The certification, coding and collation of cause of death information are similarly a challenge. Almost all deaths that occur outside health facilities are not medically certified and therefore not captured within health and civil registration records. There are also concerns about the quality of certification and coding of causes of death, even for events that occur within a health facility.

Due to the inadequacy of registration records, PNG doesn't have an established practice of producing vital statistics and relies entirely on expensive surveys and an infrequent, possibly incomplete, census.

In summary, Papua New Guinea falls considerably short of international standards. The 2014 Rapid Assessment classified the Papua New Guinea CRVS System as “dysfunctional”. Little had changed by 2019, although there have been developments in some sectors, particularly in the implementation of the national identification system and the electronic recording of health information (eNHIS). There are a number of short-term as well as longer-term improvements that could be made to bring immediate results.

5.0 Vision, Strategic Direction, Goals and Targets

5.1 Vision

By 2050 there will be universal and timely civil registration of all births and deaths occurring in Papua New Guinea so that every citizen has a legal identity and the country is able to produce vital statistics from civil registration records for social and economic planning.

5.2 Strategic Direction

To achieve the vision, Papua New Guinea will focus on improving access to registration services through utilising available health infrastructure and providing registration services which are easily accessible to local people.

5.3 Goals and Targets

Papua New Guinea has committed to achieving the goals listed below as part of the Asia Pacific Decade for Civil Registration and Vital Statistics.

Goal 1: Universal civil registration of births, deaths and other vital events

- By 2024, at least 90 per cent of births in PNG in the given year are registered.
- By 2024, at least 90 per cent of children under 5 years old in PNG are registered.
- By 2024, at least 70 per cent of all individuals in PNG will have their birth registered.
- By 2024, at least 25 per cent of all deaths that take place in PNG in the given year are registered.
- By 2024, at least 50 per cent of all deaths recorded by the health sector in PNG in the given year have a medically certified cause of death recorded using the international form of the death certificate.

Goal 2: All individuals are provided with legal documentation of civil registration of births, deaths and other vital events, as necessary, in order to claim identity, civil status and ensuing rights

- By 2024, at least 50 per cent of all births registered in PNG are accompanied with the issuance of an official birth certificate that includes, as a minimum, the individual's name, sex, date and place of birth, and name of parent(s) where known.
- By 2024, at least 20 per cent of all deaths registered in PNG in the given year are accompanied with the issuance of an official death certificate which includes, as a minimum, the deceased's name, date of death, sex, and age.

Goal 3: Accurate, complete and timely vital statistics (including on causes of death) based on registration records, are produced and disseminated.

- By 2024, annual nationally representative statistics on births – disaggregated by age of mother, sex of child, geographic area and administrative subdivision – are produced from registration records or other valid administrative data sources
- By 2024, annual nationally representative statistics on deaths – disaggregated by age, sex, cause of death defined by ICD (latest version as appropriate), geographic area

and administrative subdivision – are produced from registration records or other valid administrative data sources.

- By 2024, at least 20 per cent of deaths occurring in health facilities or with the attention of a medical practitioner have an underlying cause of death code derived from the medical certificate according to the standards defined by ICD (latest version as appropriate)
- By 2024, at least 50 per cent of deaths taking place outside of a health facility and without the attention of a medical practitioner have their underlying cause of death code determined through verbal autopsy in line with international standards.
- By 2024, key summary tabulations of vital statistics on births and deaths using registration records as the primary source, are made available in the public domain in electronic format annually, and within one calendar year.
- By 2024, key summary tabulations of vital statistics on causes of death using registration records as the primary source, are made available in the public domain in electronic format annually, and within two calendar years.
- By 2024, an accurate, complete and timely vital statistics report for the previous two years, using registration records as the primary source, is made available in the public domain.

6.0 Longer-term initiatives

There has been considerable investment in new initiatives which address parts of the CRVS system. These have been detailed above and include:

- Legislation review and the introduction of a new civil registration bill to Parliament.
- Implementation of the National Identity Card and retrospective birth registration for adults.
- Trialling verbal autopsy processes in three areas.
- Trialling the use of tablets for data collecting into the Electronic Health Information (eNHIS).

7.0 National CRVS Action Plan 2020-2021

A long list of possible actions was developed from the Comprehensive Assessment and was workshopped by government and development partners (Annex 3). This list was further refined during the workshop and ranked by urgency, feasibility, cost, timeliness and impact using the criteria detailed in Annex 2. This resulted in the proposed improvement actions below.

Papua New Guinea National CRVS Action Plan 2020-2021

	Significant financial investments		Requires partner TA & financial support
	Minimal financial investments		Fully covered by government
			Requires partners TA support

Action	Lead agency responsible	Timeline								Resource investment					Likely Impact
		Year 1				Year 2				Scale		Source			
		Jan –Mar	Apr –Jun	July–Sep	Oct –Dec	Jan –Mar	Apr –Jun	July–Sep	Oct –Dec						
1. Implementing a robust legislative framework for civil registration and vital statistics															
a. Introduce civil registration Bill to Parliament and support consultation processes	CLRC, PNGCIR													Strengthens CRVS in line with international best practice and will improve the ability to share information between different parts of the ecosystem	
b. Develop and finalise the regulations and rules (with a focus on the high priority action areas). See full list of priority regulations and rules to be completed in the Annex															
c. Develop a detailed implementation plan for the legislation including costing for implementation of the provisions of the Bill ³ .	CLRC, PNGCIR														
d. Mobilise and secure funding from Government and partners to implement provisions of new Act	CRVS Committee														
2. Purchase more mobile kits for use in registering births and deaths in remote areas, initially in conjunction with the 2020 census and then beyond															
a. Request funding from Government for 100 new kits or if funding not available seek support from donors	PNGCIR													Will extend reach of CRVS to 85% of population living outside main cities.	
b. Develop a plan to use the kits to register new-borns and children beyond the 2020 census															

³ See the Comprehensive Assessment for the full list of the 24 areas needing immediate attention (source: Imagine Law)

3. Knowledge transfer through international exchanges and domestically based consultants, focused on archiving and IT												
a. Archives – Develop a plan to ensure that historic records, including those scanned by the Church of Latter Day Saints, and current records are efficiently archived and accessible to the civil registry for public use.	PNGCIR											Will ensure historic and current records are available for future generations.
b. Archives – Build in-house capacity on the handling and preservation of historic registry documents.												
c. IT – Scope areas where assistance is needed.	PNGCIR											Build IT capacity for system integration initiatives
d. IT – Work with possible donors to secure support.												
4. Establish a civil registration service desk for birth and death registration at Port Moresby General Hospital												
a. Engage with Port Moresby General Hospital to get agreement to base CIR staff at the hospital	PNGCIR											Will register up to 10,000 extra births and notify an extra 1000-1500 deaths a year – an estimated increase of more than 20% on current birth registration and more than 600% on death registration levels (from around 44,000 to 54,000 births nationally and from 153 to 1000+ deaths nationally).
b. Confirm “mobile process” is fit for purpose at the new service desk and procure laptop and scanner												
c. Determine improved process for parents to collect birth certificates printed at PNGCIR, eg from the hospital outpost or from the baby’s immunisation clinic												
d. Determine process for collecting death records and inputting them into the CIR database												
e. Obtain donor support for pilot, including for advocacy materials												
f. Implement the pilot	PNGCIR											
g. Monitor success of pilot and consider extending to large provincial hospitals or to immunisation clinics	PNGCIR, NDOH											

	Significant financial investments		Requires partner TA & financial support
	Minimal financial investments		Fully covered by government
			Requires partners TA support

5. CRVS Process Trial Training on birth notifications in Alotau												
a. Draft MOU between PNGCIR and DPLLGA	PNGCIR											Will register up to 500 extra new births a year – an estimated increase of than 1% (440 = 1% nationally) on current national registration levels. Up to 8900 under 18s will also be registered.
b. Obtain donor support for the trial												
c. Review SOPs for a paper-based approach and ensure aligned with “as desired” for Birth Notification and that the health system receive paper copies on non-facility births												
d. Train health workers in the 5 Trial Wards (Bou, Ahima, Ipouli, Laviam and Red Hill Wards)												
e. Recorders work with CIR Provincial Team Leader to register backlog births below 18 in the 5 respective wards.												
6. Establish MOUs for collaboration and data-sharing between PNGCIR and NDOH, DPLLGA and NSO												
a. Complete work already started on agreements and get them signed	PNGCIR, NSO, NDOH, DPLLGA											Allows other actions to be implemented successfully and data to be shared
7. Establish an interface between eNHIS and the civil registration system to allow data transfer												
a. Discuss implementation options with ADB/Rural Health Project for connection/API with eNHIS	PNGCIR, NDOH											All births and deaths recorded in eNHIS will be available to the civil registry
b. Confirm that data from eNHIS can be ingested into the CIR system												
c. Obtain donor support for detailed system needs analysis, data security assurance and implementation												
8. Conduct public awareness campaigns about value of civil registration												
a. Conduct advocacy on importance of civil registration among key government departments and high-level officials	CRVS Committee											Improved commitment from staff and increased demand for civil registration documents from the public and other government departments.
b. Work with a donor agency to develop a Communications Strategy	CRVS Committee											

	Significant financial investments		Requires partner TA & financial support
	Minimal financial investments		Fully covered by government
			Requires partners TA support

9. Create a team of dedicated, full-time mortality coders to undertake mortality coding and to enter codes directly into eNHIS												
a. Determine number of coders needed for current level of death certification as well as for when certification levels increase. Consider use of IRIS automated coding,	NDOH											Eliminate current backload of coding, improve quality of cause of death data and the ability to respond to increased death notification levels resulting from other Actions.
b. Obtain government and development partner funding for coders												
c. Capacity building delivered by partner agencies												
10. Annual release of birth and death registration completeness information to show progress and monitor impact of initiatives												
a. Determine data needed. Should include registrations within year of birth, within 5 years, and for the population as a whole plus annual death registration numbers	PNGCIR, CSO											Enables monitoring and reporting of other Actions, as well as meeting PNGs reporting commitments to international agencies.
b. Confirm that CIR system is able to produce the data needed												
c. Provide data to government and to key agencies such as Pacific Community, UNICEF and ESCAP												
11. Leadership and multi-agency coordination to actively lead the implementation of this plan												
a. CRVS Committee to adopt ‘as desired’ process maps for birth and death registration as endorsed at Action Planning Workshop	CRVS Committee											Ensures Actions 1-10 are successful
b. Bi-monthly meetings of the CRVS National Committee starting in December 2019 with a commitment from all members to attend throughout 2020												
c. Meeting of donor/development partners in November, Registrar-General and NDOH to coordinate support												
d. Circulate to all stakeholders the ‘as desired’ process maps												
e. Ensure any new initiatives align with the ‘as desired’ process maps												
f. Review status of implementation of national CRVS action plan (every six months) and update the timelines on the plan												

8.0 Resources Needed and Coordination Approach

Implementation of this National CRVS Action Plan will rely on the availability of people to lead and coordinate activities. Civil registration involves a wide range of stakeholders such as members of the public, facilitators of information collection, registration staff and those using the output of registration. It is essential to coordinate and prioritise the work. This is the role of the National CRVS Committee which should ensure progress is made and that there is a multi-sectoral approach to implementation. This is key to ensuring that existing resources are maximised and that there is no duplication of effort.

The Registrar-General chairs the National CRVS Committee with NDOH acting as co-chair. Other members are the National Statistics Office, Department of National Planning and Monitoring, Department of Provincial and Local Level Government Affairs, Department of Community Development and Religion (attend on invitation), DFAT, WHO, UNICEF, and UNFPA. However, often meetings do not occur due to a lack of quorum which is three members from PNGCIR, NDOH, NSO or DNPM. This issue needs to be urgently addressed if this Action Plan is to become a reality. The committee is required to meet every three months, but for the implementation of this plan it is recommended that at least bi-monthly meetings of the committee are planned and scheduled at least 12 months in advance to ensure good attendance.

National resources and political commitment are vital in driving implementation of this plan. The National CRVS Committee endorsed this plan on 26 November and a Working Group will develop detailed budgets for this plan with assistance from DNPM by the end of 2019.

Core, operational aspects of civil registration need to be funded by the national government. However, Papua New Guinea can draw on technical and financial assistance from development partners for short-term and focussed projects which will significantly boost performance of the system and lay the foundations on which government can then maintain operations. Key partners are likely to be members of the Brisbane Accord Group (BAG) including the Pacific Community (SPC), the World Health Organisation (WHO), UNICEF, UNFPA, the Australian Bureau of Statistics (ABS), the Economic and Social Commission for Asia and the Pacific (ESCAP), the Pacific Civil Registrars Network (PCRN) and Bloomberg Data for Health partners. Support can be mobilised by the SPC as secretariat of BAG. Other agencies that may also assist include the Australian and New Zealand High Commissions in PNG, Asian Development Bank and the World Bank.

9.0 Monitoring

Under the leadership of the Registrar-General's Office, with support from the NDOH co-chair, it is suggested the National CRVS Committee hold bi-annual meetings focused on mobilising resources from across government, initiating action and monitoring progress in implementation of the plan. The Committee will provide an annual progress report to Secretaries of the Departments or Ministries represented in the CRVS committee.

At the international level, PNG has committed to reporting progress on an annual basis against the Asia Pacific Regional Action Framework. This reporting is to be done by the national CRVS focal point (currently the Registrar-General) on behalf of the National CRVS Committee.



Plan drafted by Jeff Montgomery, endorsed by the PNG National CRVS Committee November 2019

Annexes

Annex 1 – As Desired Process Maps

See separate file. Too large to include here.

Annex 2 – Ranking criteria for long list of potential initiatives

Criteria	Scores	Scenarios
Urgency – the extent this is considered to be critical at this moment and needs to be implemented urgently	4	Must start immediately
	3	Could be delayed up to 6 months
	2	Could be delayed up to 2 years
	1	Could be delayed until it is able to be done
Feasibility – the ease with which this could be implemented, given agency roles and responsibilities or cultural tradition	4	Action can be decided at an agency level
	3	Requires inter-agency agreement
	2	Requires legislative change
	1	Requires change in traditional/culture/policy
Cost – the expected cost of implementing this <u>and</u> the likelihood of obtaining funding internally or externally	4	No cost implications
	3	Can be funded from current budget
	2	Need to apply for government funding
	1	Need to find external funding
Timeliness – the period required to fully implement this	4	Less than 3 months
	3	3 month to a year
	2	1 – 5 years
	1	More than 5 years
Impact – the likely effect on levels of registration, quality of information or production of vital statistics	High	Significant improvement
	Medium	Gradual or some improvement
	Low	Little improvement

Annex 3 – Long list of potential initiatives before prioritisation

<i>(shaded items were prioritised for inclusion in the action plan)</i>	Urgency	Feasibility	Cost	Timeliness	Total	Impact	Responsible agency	First steps
A1. Legal Framework (Implementation of new Act)								
Finalise Regulations	4	4	4	4	16	High	CLRC/CIR	Finalise CIR Bill Regulations
Establish Provincial Civil Registration Offices in all Provinces (with delegation of civil registration functions)	4	3	2	2	11	High	CIR	1. Identify Provinces without PCRO. 2. Appoint Provincial Registrar. 3. Establish PCRO.
Establish District Civil Registration Offices in all Districts at District Health Facilities (with delegation of civil registration functions)	3	3	2	2	10	High	CIR	1. Identify Districts without DCRO. 2. Identify most accessible health facility in the district and establish an office. 3. Appoint District Registrar. 4. Distribute mobile kits at DCRO.
Convene High Level Coordinating Committee	4	4	4	4	16	Medium	CIR	Organise first meeting of Coordinating Committee
Prepare 10-year CRVS Action Plan	4	3	3	3	13	Medium	CRVS Committee	Organise Action Plan workshops
Issue rules mandating all health facilities to use and transmit birth and death registration forms to CIR for registration.	4	3	4	4	15	High	NDoH	Issue and disseminate rules to all health facilities, including flow charts
Establish mechanisms for transmitting anonymized civil registration data from CIR to NSO	3	3	3	3	12	Medium	CIR/NSO	1. Jointly issue rules 2. Connect CIR to NSO electronically
Consolidate DCDR records with DNPM records	4	3	4	4	15	High	CIR	MOA between DCDR and DNPM on turnover of documents

Issue rules on designation of collecting agents by PCRO or DCRO	4	4	4	4	16	High	CIR	
Designate collecting agents in all provinces / districts	4	3	2	2	11	High	PCRO/ DCRO	Identify and establish partnerships with agencies that have high presence at local or ward level, to be designated as collecting agents.
Issue guidelines on recording of vital events occurring abroad	3	3	3	2	11	Low	DFA/CIR	Jointly develop rules / guidelines.
Issue guidelines for conduct of verbal autopsy for deaths occurring outside health facilities	2	4	1	2	9	Medium	NDoH	
Issue rules prescribing forms	4	4	4	4	16	High	CIR	Issue and publish.
Publish schedule of fees	4	4	4	4	16	Low	CIR	Issue and publish.
Issue guidelines on corrections and amendments	3	4	3	2	12	>Low	CIR	Develop guidelines on processes for corrections and amendments.
Issue guidelines for applying for authority to perform marriage ceremonies.	2	4	4	2	12	Low	CIR	Develop guidelines.
Issue guidelines on registering overseas adoption	2	3	3	2	10	Low	CIR	Develop guidelines.
Issue guidelines on prohibited names	2	2	4	4	12	Low	CIR	Develop guidelines.
Information, Education, and Communications Campaign on CRVS processes (for the public)	3	4	1	2	10	High	CIR	Develop communication plan
A2. Registration Infrastructure and Resources								
CRVS Committee submit joint budget bid to Minister as part of annual funding round	2	2	2	4	10	Medium	CRVS Committee	Budgets already submitted. Legislation needed to improve likelihood of success
Purchase more mobile kits	4	4	3	2	13	Medium	CIR	Request for 100 new kits in budget
Knowledge transfer through international attachments and domestically based consultants, focussed on archiving and IT	4	4	1	2	11	Medium	CIR	Assess need. Work with possible donors.
Training of notifiers, such as ward recorders or health facility staff	3	3	1	1	8	Medium	CIR/ NDOH	Develop training materials

Infrastructure for new local offices	3	4	3	2	12	Medium	CIR	Establish remaining provincial offices
Establish a civil registration service desk for birth and death registration at Port Moresby General Hospital	4	3	4	1	12	High	NDOH/ CIR	Engage with POMGH, establish MOU
Establish registration outposts in health facilities, including at baby immunisation points	4	3	2	3	12	High	CIR	Identify region and facilities for trial
Establish registration outposts at school enrolment time in provinces (except for Port Moresby as a birth certificate is needed to enrol in school so this is too late)	2	3	3	3	11	Medium	CIR/ MoE	Identify region, outside Port Moresby to trial, as Port Moresby children need to be registered to start school
Focus on death registration at Port Moresby General Hospital (see outpost action item), and then use verbal autopsy for community deaths in southern areas of Port Moresby and move to other regions once stable	4	3	3	4	14	High	CIR/ NDOH	Establish MOU between PNGCIR and NDOH and POMGH
Conduct CRVS Process Trial Training on birth notifications in Alotau: 1. Ward Recorders to be incentivised for the purpose of this trial (Draft MOU between PNGCIR and DPLLGA in progress); 2. Training for Health workers in the 5 Trial Wards of Alotau 3. Establishment of the SOP for Birth Notification relevant to current paper -based circumstance 4. Recorders work with CIR Provincial TL to register backlog births below 18 in the 5 respective wards.	4	4	2	3	13	High	CIR	MOU with DPLLGA/NDOH
Extend CIR Alotau ward recording pilot to Talasea and Tambul-Nebilyer	4	3	1	3	11	High	CIR	Assess original Alotau trial, identify lessons, seek funding
e-registers on tablets in districts with the wardbook converted to electronic form enabling transmission to health and CIR systems	2	3	1	2	8	Low	CIR	Improve manual processes before embarking on digitising the process

B. CRVS System coverage and interagency connection								
Establish an interface between eNHIS and the civil registration system to allow data transfer	4	3	1	2	10	High	NDOH/CIR	Discuss implementation options with ADB for connection/API with eNHIS and the ability of CIR system to ingest health data
Establish MOUs between NDOH, PNGCIR and NSO to facilitate relevant CRVS collaborative arrangements	4	3	4	3	14	High	CIR	Develop agreements and get them signed
Public and staff awareness campaigns about value of registration	4	3	1	3	11	High	CIR	Develop a Communications Strategy
Endorse 'as desired' process maps and circulate top key stakeholders	4	3	4	4	15	High	CRVS Committee	November meeting to endorse and then share with key stakeholders
Obtain a copy of clinic book for birth and use for PNGCIR purposes	4	3	4	1	12	High	NDOH	Already being used in some facilities. Roll out to others
Consider translating forms, advocacy materials and operating manuals for into pidgin field staff	3	4	3	4	14	Medium	CIR	Assess where most impact can be made, eg guides for agents in areas who may have poor English
Add Education, the Electoral Commission, Justice, Immigration, and Department of Communication to CRVS committee	4	3	4	4	15	Medium	CIR	Invitation letter to agencies
Electronically capture old paper registrations	4	2	1	2	10	Medium	CIR	Quantify number of pages to be captured. Engage with possible partner (possibly NZ or SPC)

C and D Death Certification and Mortality Coding								
Conduct an annual audit, through an external party, of the quality of doctor certification to identify specific errors and training needs.	3	4	1	3	11	Medium	NDOH	Bloomberg training of doctors is underway. The audit could also assess the effectiveness of this training.
Create a team of dedicated, full-time mortality coders with necessary training and support	4	4	2	3	13	Medium	NDOH	Budget bid for funding
Conduct an annual audit through an external party, of the quality of coding and certification to identify specific errors and training needs.	2	4	1	2	9	Medium	NDOH	Implement after new team established and operating
E. Data quality, tabulation, access and dissemination								
Annual release of birth and death registration completeness	3	4	1	3	13	Medium	CIR/ CSO	Important to show progress and monitor impact of initiatives

Annex 4 - References

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