Draft CRVS Indicative Investment Plan for Mozambique [i]

Contents

Abbreviations

COD	Cause of Death
Conservatorias	Civil registration post (higher level than Postos)
CRVS	Civil Registration and Vital Statistics
DNRN	National Directorate of Registries and Notaries
eNUIT	Electronic Número Único de Identificação Tributária (Electronic Unique Tax Identification Number)
FTE	Full Time Equivalent
ICD	International Classification of Diseases
ID	Identification
INE	National Institute for Statistics
IT	Information Technology
LAN	Local Area Network
Localidades	Localities
MCT	Ministry of Science and Technology
MOASIS	Mozambican Open Architecture Standards and Information Systems
MoH	Ministry of Health
MoInterior	Ministry of Interior
MoJ	Ministry of Justice
MoTechnology	Ministry of Technology
MZN	Mozambican Meticals
Postos	Lowest level civil registration post
SIS-MA	Sistema de Informmacao de Saude – Monitoria e Avaliação (Health Information System - Monitoring and Evaluation)
SIS-ROH	Sistema de Informmacao de Saude – Registo Obitois Hospitalares (Health Information System - Hospital Mortality Registry)
SMS	Short Message Service
UNICEF	United Nations Children's Fund
USD	United States Dollars
WHO	World Health Organisation

PART 1: CRVS in Mozambique

1.1 The Case for CRVS in Country Mozambique

Mozambique is constantly working to strengthening its capacity to improve the civil registration and vital statistics. This places the country in a good position for modernising and improving the vital statistics system to make it more useful for both administrative and statistical purposes. Technological development has made it easier to progress in this area.

Civil registration and vital statistics is a multi-sectorial endeavour involving the Ministries of Justice, Health, National Institute of Statistics, and Ministry of interior, among others. This situation represents a clear indication of the need of an integrated and coordinated approach when dealing with civil registration.

Different national stakeholders have different interests in CRVS. While the Ministry of Health, (MISAU) primary need revolves around providing adequate health services to the population, the Ministry of Justice (MINJUST) envisions a register of the total population that can be used to secure people's rights and obligations in the society. National Statistical Institute (INE) first interest is to produce data for evidence guided policy making.

Unregistered people have a higher threshold to take part in society. Avoiding registering the population will make it difficult for marginalised population groups to improve their situation. It will also make it difficult to guide resource allocation in the sectors based on evidence.

The current system is the result of a gradual development. Further improvements ought to result from a continued evolution, allowing for national capacity to be built. To build national capacity long term investments on a lower scale are preferable to more intensive investment schemes.

1.2 Objectives for CRVS

Civil Registration and Vital Statistics (CRVS) make the Ministry of Health better able to address the needs of the people of Mozambique. This includes among other things improved provision of health services and resource allocation based on knowledge of causes of preventable deaths.

To the Ministry of Justice the core of CRVS is to register and to give people an identity. To be part of a modern society, with its advantages and obligations, an identity is needed. For the government to provide schooling, health services and to know who should be eligible to vote, it needs to know who you are. It also needs to know who are to pay taxes, do military service and contribute to society in other ways.

CRVS systems and coordination mechanisms already exists in Mozambique. The system does however need to be developed. A modernisation of the birth registration process is on the way, and efforts are also needed to increase the registration of deaths and causes of death. Further, plans are made for digitalization of existing paper based registered in 265 local registrar offices through Mozambique. This can form the base of a future population register.

CRVS is also a tool that can be used to inform decisions made by the government. It can guide decisions on how many health workers and hospitals, pupils and schools that are needed. CRVS is a tool for good governance.

1.3 Past Performance and Current State of CRVS

The Mozambican society has since long had a focus on registering vital events. The system has however remained virtually unchanged for decades, and does not meet today's standards: it is costly to run, and does not deliver the benefits of a modernised system.

The war for independence and the following civil war has not only made the people of Mozambique suffer, but it also destroyed infrastructure. Registrar offices and registration books were destroyed, creating a gap in registers securing the registration and identity to citizen.

What is the situation today? Almost half of the children under the age of five are registered. This is the case both for children registered in urban and in rural areas. Even though the figure for urban areas is slightly higher, the uncertainty associated with the statistical sampling process makes it impossible to conclude that there is a difference between urban and rural areas.

More children are registered among the richest 20% of the population than the poorest part, but even among the poorest as many as 4 out of 10 children are registered. Among the richest, 6 in 10 children are registered. There are no gender differences in registration: Girls are registered just as often as boys.

The highest proportion of children registered is found in the province of Tete (76%), Manica (67%) and Nampula (59%). The most notable change has happened in Tete, that in 2008[1] was recorded with the lowest birth registration rate in Mozambique (11%). The last population census in 2007 indicated several explanations for low coverage of registration. Among the most common reasons for not registering the birth of a child are: Distance (26%), lack of knowledge (25%) and costs (23%). These obstacles for registration will be addressed in the present investment plan.

Quadro 2.9 Registo de nascimento de crianças menores de 5 anos

Percentagem de crianças residentes habituais menores de cinco anos que foram registadas ao nascimento pelas autoridades do registo civil, segundo características seleccionadas, Moçambique 2011

Características seleccionadas	Crianças com registo de nascimento		Percentagem das registadas	Número de crianças
	Percentagem das que tem certificado de nascimento	Percentagem das que não tem certificado de nascimento		
Idade				
<2	23.1	13.1	36.2	4,562
2-4	31.7	24.8	56.5	6,156
Sexo				
Masculino	28.7	19.1	47.8	5,356
Feminino	27.4	20.5	47.9	5,362
Área de residência				
Urbana	35.2	15.4	50.6	2,986
Rural	25.3	21.5	46.8	7,732
Província				
Niassa	25.8	9.3	35.1	676
Cabo Delgado	14.5	29.1	43.6	899
Nampula	45.1	13.8	59.0	1,675
Zambézia	5.5	21.3	26.8	2,222
Tete	44.9	31.4	76.3	1,339
Manica	38.1	29.0	67.1	760
Sofala	22.3	18.0	40.2	1,021
Inhambane	37.0	6.1	43.2	579
Gaza	15.4	15.9	31.2	582
Maputo Província	40.4	16.9	57.3	597
Maputo Cidade	43.0	11.8	54.8	368
Quintil de riqueza				
Mais baixo	20.3	22.0	42.3	2,482
Segundo	24.4	18.6	43.1	2,292
Médio	27.2	20.6	47.8	2,162
Quarto	30.2	20.0	50.2	2,149
Mais elevado	43.1	17.1	60.2	1,633
Total	28.0	19.8	47.9	10,718

. INE. (2013).*Moçambique Inquérito Demográfico e de Saúde 2011.*

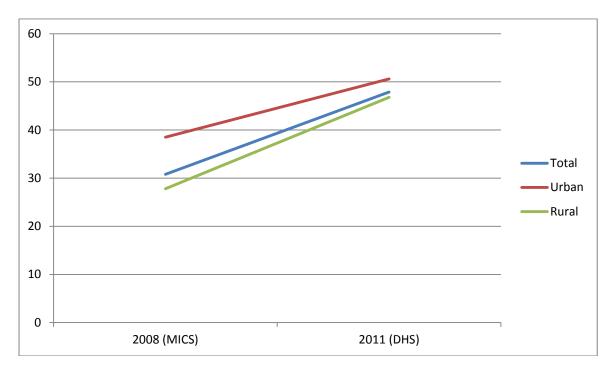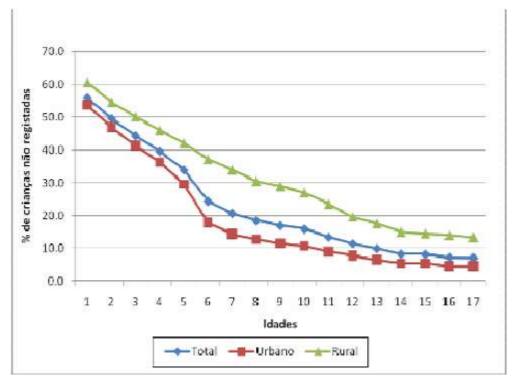[1] http://www.childinfo.org/files/MICS3_Mozambique_FinalReport_2008.pdf

The percentage of children being registered has increased from 2008 to 2011. In 2008 3 out of 10 children under five years were registered, whereas the figure three years later was almost 5 out of 10. The increase in birth registration has been highest in rural areas.

The majority of children in are eventually registered, but for most of them registration takes place long after their birth. In Maputo, less than one in ten is still not registered when reaching her or his 18th birthday (Population Census 2007, INE 2010).

Percent of children 1-17 years not registered, Maputo Province 2007

Mozambique: Baseline 2011 Population: 23 050 000	Estimated births and deaths	Number of births registered and causes of death recorded	Current Annual Completeness	Intended Annual Completeness	
				Year 2015	Year 2020
	Births: 1 037 000	497 000 births registered among children under 5 years	48% (DHS 2011)	75%	90%
	Deaths: 311 000	15 063 deaths registered (SIS-Roh)	5%	40%	50%

Births, deaths and causes of death in Mozambique 2011. Figures, completeness and targets. Source: Statistical Yearbook 2012 – Mozambique (number of deaths calculated from the Crude Death Rate), Birth registration rate from DHS 2011.

1.4 Political Commitment and Policy Environment

The present national five-year plan, Plano Quinquenal do Governo 2010/2014 specifies the following priorities within the health and justice sector:

Health priority actions:
- Implement the strategic plan for Health Information Systems
- Implement Hospital Health Information Systems in all hospitals
- Computerize all central and provincial hospitals.
- Integration of birth registration at health facilities.

Justice sector priorities:
- Continue to upgrade services of Registries and Notaries
- Expanding the network of registration offices to areas where there are no established services, so that more and more citizens have access to registration of their personal situation and property.

Mozambique has legislation and policies on Civil Registration and Vital Statistics. It is the case of the Constitution (CRM) which enshrines the fundamental rights, the Civil Code, the Family Law Act, the Code of Civil Registration, which constitute the main legal instruments that deal with the matters relating to the right to a name, family and birth registration. The policy relevance of CRVS is specified in the Population Policy, the eGovernment Strategy and finally the Strategic Plan of Health Information System

There is a strong political commitment to improve the CRVS system in Mozambique. Coordinating mechanisms are set up at agency and secretary level to facilitate the necessary actions and cooperation between key stakeholders.

In 2012 a Memorandum of Understanding signed by the Ministries of Justice, Health, National Institute of Statistics and by the University Eduardo Mondlane, was created the Inter-ministerial Working Group for the improvement of civil registration and Vital Statistics (GITEV). This group includes the Ministries of Home Affairs (Interior), State Administration, Science and Technology, as well as some non-governmental organizations such as Jembi-Moasis

The UN organisations have a CRVS working group mirroring the GITEV. The aim of the group is to coordinate efforts of the UN organisations to support the Government of Mozambique to improve CRVS.

1.5 CRVS Investment Priorities

The Mozambican CRVS investment plan has three strategic objectives, focusing on improving the CRVS production process.

- **First: Strengthen legislation and raise awareness.**
- **Second: Increase the registration of vital events**
- **Third: Integrate databases and produce vital statistics**

Strengthening legislation and raising awareness are prerequisites for the success of the plan. Several laws and regulations have to be adjusted in order to accommodate for the objectives of the plan. Further, it is necessary to raise awareness and to give access to registration for a country developing into a modern society. It is imperative to constitute the rights and obligations of the citizens of Mozambique.

The core of the investment plan is to increase registration of vital events. Registration of births, deaths and causes of deaths will increase as a result of the measures suggested in the plan. Registration of marriages and divorces will also benefit from the planned modernisation and streamlining of the information collection process. The aim is to register 90% of births, 60% of deaths by 2020. In the same year the aim is to register the cause of death for 50% of people dying.

Integration of databases will give new possibilities. First, integration of information from multiple sources will make it possible to achieve a more complete registration of vital events. Second, information collected in registers can be used to produce vital statistics. As an example, statistics on causes of deaths can provide important guidance for priorities within the health sector. Statistics based on registers is generally cost-efficient to produce and do not impose a reporting burden to the health sector, registration offices or to the general public.

Figure X: The process of improving the Civil Registration and Vital Statistics system in Mozambique. The three strategic objectives of the plan work together to improve the CRVS system.

1.6 Summary Investment Plan and Budget

The Strategy Area 1, Birth & death registration, represents 81.54% of the investment budget, while the second strategy area will absorb around 15.01%. The last strategy represents 3.45% of investment budget

Priorities	Activities	Implementation period					Total costs (USD)*
		2015	2016	2017	2018	2019	
Strategy Area 1: Birth & death registration		**282,728,696**	**239,948,190**	**82,145,069**	**83,485,403**	**83,755,069**	**24,126,951**
1 Develop digital software for the management of CRVS data and to generate eNUIC number for citizens	1.1 Develop system framework to link the digital CRVS system with SIS-ROH, INE and other relevant database systems	899,000					28,094
	1.2 Train technicians in the use and management of the digital CRVS system (including SMS component)	4,957,100	4,957,100				309,819
	1.3 Supervision from DNRN to technicians in Provincial, Conservatorias and Postos level civil registration posts in the use and management of digital CRVS system	52,358,400	26,179,200				2,454,300
	1.4 Purchase infrastructure and computer equipment for the Conservatorias and Postos level civil registration posts	54,409,821	54,517,648				3,414,092
	1.5 Purchase central IT system for CRVS system	6,845,600					213,925
	1.6 Installation of IT system for CRVS system	10,250,000	7,500,000				554,688
	1.7 Ongoing IT support for CRVS system	9,900,000	9,900,000	9,900,000	9,900,000	9,900,000	1,546,875
2 Retrieve and digitalize existing registration and vital data from paper-based forms	2.1 Digitise existing registration and vital data in Conservatories	63,050,000	63,050,000				3,940,625
3 Strengthen and improve access to civil registration posts	3.1 Purchase equipment to open 330 additional Postos offices	8,582,794	8,706,346	8,706,346	8,706,346	8,706,346	1,356,506
	3.2 Salary costs for additional staff in 330 Postos	2,376,000	4,752,000	7,128,000	9,504,000	11,880,000	1,113,750
	3.3 Purchase equipment to upgrade 40 Postos civil registration posts to Conservatorias level civil registration posts	1,880,144	1,910,096	1,910,096	1,910,096	1,910,096	297,517
	3.4 Salary costs for additional staff in Conservatorias civil registration posts	672,000	1,344,000	2,016,000	2,688,000	3,360,000	315,000
	3.5 Build new provincial level Conservatorias civil registration posts	2,596,800	2,596,800	2,596,800	2,596,800	2,596,800	405,750
	3.6 Salary costs of additional staff in new provincial level Conservatorias civil registration posts	1,680,000	3,360,000	5,040,000	6,720,000	8,400,000	787,500
4 Increase coverage of death registration nationally	4.1 Support the installation and roll out of SIS-ROH and SIS-MA	23,276,520					727,391
	4.2 Roll out SIS-ROH and ICD death registration and COD system in each public hospital and train staff in collecting and generating statistics for monitoring hospital performance	2,810,550	2,810,550	2,810,550	2,810,550	2,810,550	439,148
	4.3 Recruit human resources (epidemiologists) to build capacity to analyse mortality data	1,200,000					187,500
	4.4 Strengthen the Statistics and Planning Units at Provincial and District level	24,640,100	24,640,100	24,640,100	24,640,100	24,640,100	3,850,016
	4.5 Purchase equipment for the Statistical Planning Units at Provincial and District level		6,435,000				201,094
	4.6 Operating and management costs for the Verbal Autopsy Central Unit		1,881,250	1,881,250	1,881,250	1,881,250	235,156
	4.7 Train community health workers on liaising with the Central Unit to conduct verbal autopsy		4,458,333	4,458,333	4,458,333		417,969
5 Establish SMS system for reporting of vital events (births and deaths)	5.1 Adapt existing and piloted SMS system and development of plan to roll out system nationally	910,000					28,438
	5.2 Acquire mobile phone equipment for community leaders and outreach health workers	2,496,000	3,244,800	3,244,800			327,600
	5.3 Train community leaders and community health workers on using the SMS notification system	891,667	891,667	891,667			83,594
6 Strengthen capacity of the National Directorate of Registries and Notaries (DNRN) to manage the CRVS system	6.1 Strengthening the organizational and administrative capacity of DNRN to respond to the needs of the digital CRVS system	6,046,200					890,606

Stategy Area 2: Vital statistics & integration with existing databases			**2,457,300**	**1,708,500**	**39,560,583**	**39,560,583**	**39,560,583**	**3,838,986**
7	Ensure that registration information collected is used by INE, MINJUST and MoH for generating and disseminating vital statistics	7.1 Purchase equipment for generation of vital statistics	748,800					23,400
		7.2 Salary costs for additional staff to generate vital statistics	900,000	900,000	900,000	900,000	900,000	140,625
		7.3 Train INE and MoH staff to generate vital statistics and disseminate on a monthly and annual basis	808,500	808,500	808,500	808,500	808,500	126,328
		7.4 Use of 2017 census to assign NUIT numbers to the population, and support, improve and add to the information contained in the CRVS system			37,852,083	37,852,083	37,852,083	3,548,633
Strategy Area 3: Strengthening legislation and raising awareness & advocacy			**10,742,750**	**10,175,250**	**9,425,250**	**9,425,250**	**9,425,250**	**1,537,305**
8	Review and plan for the development of the legislation relating to CRVS	8.1 Review current legislation and make recommendations for required changes to accommodate suggested changes to CRVS system	567,500					17,734
		8.2 Inform civil registration workers on revised legislation and implications for civil registration	750,000	750,000				46,875
		8.3 Follow up with civil registration workers to ensure compliance with the revised legislation	2,225,250	2,225,250	2,225,250	2,225,250	2,225,250	347,695
9	Raise awareness and enhance access to sensitised population on CRVS	9.1 Raise awareness among the population and advocate the importance of CRVS	7,200,000	7,200,000	7,200,000	7,200,000	7,200,000	1,125,000
		Sub-total	**295,928,746**	**251,831,940**	**131,130,903**	**132,471,236**	**132,740,903**	**29,503,241**
		Contingency (5%)						**1,475,162**
		Total budget						**30,978,404**

Part 2: Detailed Investment Plan

2.1 Consultation process

Mozambique is in the process of drafting an operational plan for improving CRVS. The plan will be finalized by October 2014. Since not completed, the country found itself in the contingency of finding other ways to identify the based priorities for the Investment Plan based on the recent CRVS national assessment and inspired by the Five Year Government Plan (Plano Quinquenal) as well as the Economic and Social Plan. Sectorial plans also contributed to the final result. Several drafts were discussed at GITEV and the Investment Plan has been approved at high political level in Mozambique.

2.2 CRVS Investment Priorities

In this section the three strategic objectives will be elaborated in detail, focussing on areas in need of investments.

Strengthening legislation and raising awareness

 The improvement of civil registration and vital statistics system necessarily involves the introduction of modern information and communication systems, training technicians in the use of these new technologies, and hence the adaptation and dissemination of legislation. To implement the plan now presented, legislation should be adapted so as to contain:

1. Use of ICT in registration
2. Requirements for registering a vital event
3. The validity of a birth certificate
4. Reporting from private health facilities
5. User fees
6. More actors for registration such community Leaders, health workers and among others
7. Use of the notification of birth and death from sms process in places where are not offices register and health facilities
8. Other health workers on certificating of death

Further, awareness raising and advocacy is needed to inform the population of the importance of civil registration. Examples of activities to raise awareness among the population on the importance of CRVS: Advocacy campaigns, films, brochures, cartoons, community radios, and targeted materials for teachers and religious leaders are means that can be used for awareness raising and advocacy.

To increase the registration of vital events

Increasing registration of vital events is a set of complex tasks. The registration process has been assessed to identify areas in need of improvements.

Establishing an electronic system for registration of vital events

An important contribution to improving the efficiency of registration of vital events is modernising registration at registrar offices (Conservatorias and Postos). This is best done by introducing an electronic system for registration. This requires investments in infrastructure, software and training. Core elements in the plan are:

1. Develop digital software for the registration and management of CRVS data
2. Develop system framework to link the digital CRVS system with SIS-ROH, INE and other relevant database systems
3. Training technicians in the use and management of the digital CRVS system
4. Supervision from DNRN to technicians in Provincial, Conservatorias and Postos level civil registration posts in the use and management of digital CRVS system
5. Purchase infrastructure and computer equipment for the Conservatorias and Postos level civil registration posts
6. Purchase of central IT system
7. Installation of IT system and ongoing IT support

The planned system will generate a personal identification number (eNUIC) that can be used to uniquely identify each citizen of Mozambique. The eNUIC can be used in all public (and perhaps also in private) administration, and can simplify administration and life for people living in Mozambique. This unique number would also facilitate and simplify the use of data from different administrative registers for statistics and research. Examples of administrative use of person registers include lists of voters for elections; lists of children for health and education institutions, e.g. for vaccination programmes and school enrolment, and also for planning purposes; vital statistics, including birth and death rates, infant mortality rate and total fertility rate; total population and the population by age and sex for local areas. Currently, different numbers are used for personal identification on official documents in Mozambique, such as on:

- Birth register and birth certificate
- Marriage certificate
- Divorce certificate
- Death certificate
- Personal history card (Cédula pessoal)
- Identification document (Bilhete de Identidade)
- Driver's license
- Passport
- Tax records
- Health card and health records
- School records and certificates
- Social grants

Some of these numbers are permanent, such as Birth registration number and the identity number, while other numbers may change from time to time (or from transaction to transaction, such as health records)[2]. eNUIC can replace all these numbers with one.

Establish a SMS system for reporting of vital events (births and deaths)

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[2] http://dst.dk/ext/416781653/0/mozambique/MZ-2010-13-Vital-Statistics-by-Helge-Brunborg-Revised-5-January-2011--pdf

Registration of vital events in rural areas is a challenge in Mozambique. Hence, the plan suggests the adaptation of SMS system for registering births and deaths to Mozambique and development of plan to roll out system nationally. Core elements in the plan are:
1. Adapt and set up the required ICT infrastructure
2. Acquire mobile phone equipment for community leaders and outreach health workers
3. Train community leaders and community health workers on using the SMS notification system

Increase coverage of death and cause of death registration nationally
Registration of causes of deaths is so far restricted to hospitals using SIS-ROH. Implementation of Verbal Autopsy is suggested to establish causes of deaths in rural areas. Core investments include:
1. Roll out death registration systems in each public hospital (SIS-ROH) and train staff in collecting and generating statistics for monitoring hospital performance.
2. Training provincial and district hospitals workers in use of the Model International Certificate of Death, ICD and Verbal Autopsy
3. Purchase of equipment to establish central units to certify death according to ICD and to do Verbal Autopsy.
4. Salary costs for staff for ICD and Verbal Autopsy Central Units.

Strengthen and improve access to civil registration posts
A large part of the population in Mozambique does not have access to civil registration services. The main reason for this is the distance to registration offices. Necessary investments to increase access to registration:
1. Opening of 330 additional Postos offices (including in health facilities)
2. Salary costs for additional staff in 330 Postos
3. Elevation of 40 Postos to Conservatorias
4. Salary costs for additional staff in Conservatorias
5. Build new provincial level civil registration Conservatorias
6. Salary costs of additional staff in new provincial level Conservatorias

Further it is necessary to strengthen the capacity of the National Directorate of Registries and Notaries (DNRN) to manage the CRVS system. This is done by developing a framework for reforming the organizational and administrative structure of the DNRN to more adequately respond to the needs of the digital CRVS system

Establish a population register

Mozambique already have a birth registration system. Even though it is paper based and not complete, more than 780 000 births were registered in 2013 (administrative data from DNRN). A modern civil register can be created by retrieving and digitalizing existing registration and vital data from registry books.
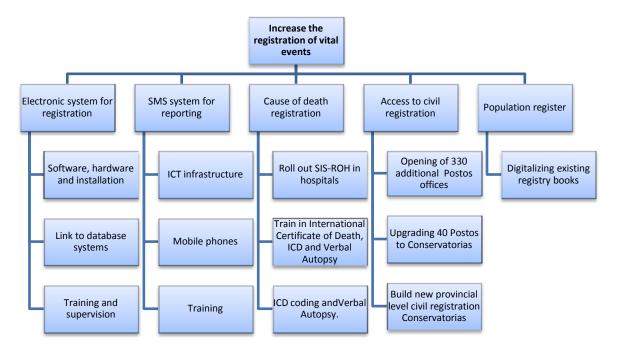

Figure X: Plan logic for increasing the registration of vital events

Integrate databases and produce vital statistics

The Registration information that is collected must be used by INE and MoH for the generation and dissemination of vital statistics. The necessary investments are needed:

1. Salary costs for additional staff to generate vital statistics
2. Training and capacity building of INE staff to generate vital statistics on a monthly and annual basis
3. Use data from the 2017 Census as a base for a population register, or to add additional records (notify/register people) in the existing register.

2.3 Risks and risks management

Risk	Rating of Risk LMH impact on objective	Mitigation strategy	Rating of risk after mitigation
High level political support is needed to make the necessary adjustments in the legal and administrative environment needed to improve CRVS in Mozambique. The necessary support is presently available, but changes in political priorities, may change the situation.	Low to medium	Elections are to be held in October 2014. This will clarify political stability. High level advocacy and partner interest may contribute to a continued focus of CRVS in Mozambique.	Low
The plan to strengthen CRVS in Mozambique is comprehensive. It addresses several weaknesses in the present system, many of which are costly to implement. This necessitates substantial and stable funding.	Medium	The Government of Mozambique will gradually take a larger part of the expenses associated with building CRVS in Mozambique. In general, the Government will assume costs associated with running the system, while international partners are invited to contribute to investments necessary to establish the system.	Low
The responsibility for registration of vital events and issuing of identity cards rests with different Ministries. Delivering these related services through two different channels is probably not efficient.	High	Coordinating registration and ID-card services may give a better product at a lower prize. The services to the public ought to be integrated and offered in the same office. Closer cooperation between RC and DIC, preferably combined into one body, would contribute to this.	Low
Introducing new vital statistics may give increased respondent burden in conservatorais and health facilities.	High	Using information collected electronically through Registro Civil and SIS/SISMA to produce vital statistics, and limit the use of paper forms (verbetes) as much as possible.	Low
Technical capacity in registry to support widespread community collection is not sufficient.	High	Conduct training and give technical support. Strengthen supervisory structure.	Low

Risk	Rating of Risk LMH impact on objective	Mitigation strategy	Rating of risk after mitigation
People failing to register vital events or register the same event twice. Even though underreporting is much higher than over-reporting, both induce errors in the register.	High	Incentives can be established that contributes to making registration a mainstream practice. Some examples: Registration can be made a prerequisite for receiving child benefit. Users of public services such as health and education can be asked to show their birth certificate or ID card. If they do not have such identification they should be helped to register, e.g. by a community health worker or village leader. In some cases registration could be made a requisite for receiving a public service, such as water, electricity and telephone. Increasing the number of posts where registration is possible to do, and other measures to reduce the burden of registration for the general public. Introduce A personal identification number (NUIC) to uniquely identify individuals.	Medium
A population register will not be complete based on the current registry books and the proposed registration procedures	High	The next population Census in 2017 can serve as a base for the population register, being supplemented and updated by the present civil registration system. The Census may alternatively be used to update and correct the birth register on variables such as date of birth, place or residence and marital status. A personal identification number (NUIC) may also be given to people that report not to be registered and fulfil certain criteria (e.g. being Mozambican nationals, being born in Mozambique etc).	Low to medium
Technical challenges: Lack of power, electricity, connectivity, maintenance. Mobile equipment often have a short life spam and	High	Use simple and robust technology that has proven to work under similar conditions. This includes the use of robust portable computers or	Low to medium

can easily be stolen or lost.		tablets, mobile internet and solar chargers. Set up a system for maintenance and replacement of equipment.	
Some Postos and Conservatórias do not operate from their own office, but lend office space from other institutions. This makes some of them having to move often, and hence being more difficult to access for the public. It may also be a challenge for keeping track of equipment.	High	Supply more Postos and Conservatórias with own offices, preferably in cooperation with Ministry of State Administration – (MAE)	Low to medium
It can be difficult to do Verbal Autopsy over the phone, as the sensitive nature of the interview may make it challenging to do it by phone. The length of the interview will also be challenging to the battery capacity of many mobile phones.	High	When possible do Verbal Autopsies as a face-to-face interview, conducted by trained health personnel. Use of telephone interviews should be limited to use where a face-to-face interview would imply substantial travelling distances or if trained health workers are not available.	Medium
SIS-MA, SIS-ROH and other reporting from health facilities will not be complete as private facilities are not included in systems for reporting.	High	Change the law to make reporting compulsory for private health facilities. Interact with private facilities to identify ways to report. Create incentives for private facilities to report, e.g. by relating it to distribution of medicines and other commodities.	Medium
Collecting data from multiple sources (like SMS and Conservatorias) will increase the probability of registering the same person twice	High	Search the register for doublets, comparing information on name, area of residence and the name of the father and mother.	Low