ST. MARY'S UNIVERSITY
SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF PROJECT MANAGEMENT

ASSESSMENTS OF THE PRACTICES AND CHALLENGES OF VITAL EVENTS REGISTRATION IN ADDIS ABABAAND MAIN REGIONAL STATES

A Thesis Submitted to Department of project Management, in Partial Fulfillment of the Requirements for the Degree of Master of Project Management

BY

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APPROVED BY BOARD OF EXAMINERS

Approved by the examining committee

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Declarations

I, Elias Mohammed Jibril ,hereby declare that this Thesis is my original work and that it has not been submitted partially or in full by any other person for an award of a degree in any other University /Institution.

Name of participant ………………………….Signature…………………Date …..

This Thesis has been submitted for examination with my approval as University supervisor

Name of advisor……………………………..signature…………………...Date…………

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List of Acronyms

COIA   Commission on Information Accountability

CR   Civil Registration

CRVS   Civil Registration and Vital Statistics

CSA   Central Statistics Agency

FGD   Focus Group Discussion

ICD   International Coding of Death

ID   Identity

ICT   Information Communication Technology

IS   Information System

MDG   Millennium Development Goal

MSP   Medical Service Plan

UNICEF United Nation children's Education Fund

VRS   Vital Registration System

VRTM Vital Registration Training Module

VS   Vital Statistics

Abstract

The purpose of the study was to assess the practice and challenges of Vital Registration and get feedback for the problem. The study employed both qualitative and quantitative approach. The participants of the research consisted of Addis Ababa City Administration Vital Registration employee and residents. In addition, stakeholders which are working with the Vital Registration Agency such as Ministry of Foreign Affairs, Justice bodies, Hospitals(Government and Private) were included in the study. Hence, 224 employees of Vital Registration Agency and 487 residents were participated. Both primary and secondary data were collected using structured questionnaires, interviews, Focus Group Discussion and observation. Quantitative data were analyzed by descriptive statistical tools such as frequency distribution and percentage. Qualitative data were obtained through semi-structured interview, FGD, and document reviews. The finding of this study also reveal that, existence of forged certificate and manual recording system almost half percent indicate higher level. Fore instance in Yekatit 12 Hospital they use manual recording system rather than the digital one. This led to influence the activities. Other major finding was lack of coordination work with institution not in efficient way. The major bottleneck were identified, forgery, cultural taboos, manual system, coordination, affordability and budgeting are affect the result getting from Vital Registration System. Therefore on these findings and conclusions the study recommended that, the Agency should give the pertinent focus to the supervision work on forgery, changing manual recording system into digital once, affordability of fees by poor householders need a discussion with residents or reducing fees, or make free the registration, coordination work with stakeholders, and the government also allocate regular budget.

CHAPTER ONE: INTRODUCTION

1.1. Background of the study

Vital event registration is the systematic, continuous, permanent, compulsory and universal recording of the occurrence and characteristics of vital events (Birth, marriage, divorces, and death) Civil registration is the foundation of a legal system for establishing the rights and privilege of individuals [5].

In social and development history, the present vital events registration takes it's structure and features has spent many years. The vital events registration together with civil right enclose the government low in France 1804, civil code involvement of registration system (Birth, Mirage, Divorce, and Death).

For this initial, the foundation laid by the government vital events registration on the basis of people material as well as spiritual need concern and together with the experience of other countries, which includes research and development of United Nations and internationally today has a features of modern public administration basis.

Birth registration opens the door for a newborn child to enter into a permanent identity. A birth certificate is considered as a ticket to citizenship, without which an individual does not officially exist and therefore lacks legal access to the privileges andprotection of a nation[5].

On the other hand, a death certificate is a mandatory proof for relieving a person from the entire social, legal and financial obligation and supports his/her family members on having the property rights and schemes like policy benefits and other entitled privileges. Marriage and divorce certificates are also proof of officially being married and separated from husband or wife [5].

In Ethiopia started from 1952 E.C. vital events registration was a part of civil code. However, low hadn't done more than 50 years ago. Before the vital registration, civil code was the part from 1930 E.C. In some city municipality including Addis Ababa provide the service by the request of residents. Vital events registration

rather than giving a service traditional way, and requesting personal service has spent many years without doing critical changes in terms of quality and coverage.

For that matter the government would realize the importance of the service provide and establish consistency proclamation manual. By considering this and other factors, the significance of vital events registration has influenced the country, meaning it has a role to planning the coming years direction, administration issues, forwarding the justice system, keeping consistent citizens right, avoiding traditional way of justice implementation, and giving enough information for the existence situation and delivering exact decision, including the right source of public service institution for strategic plan.

To benefit Ethiopia from the opportunity of civil registration, there were uncoordinated and unorganized administrative attempts. One of the major reasons for such uncoordinated efforts is the lack of adequate human and financial resources that to do coordinated and sustainable pilot studies that would enable to create national and regional permanent experimental areas of civil registration and vital statistics system. However in the past few years there is no mandatory exercise of civilregistration[11].

The coverage of vital events in the world hasn't progressed too far from the 50 percent level. The reasons for lack of progress vary. The following problems identified as affecting the availability and quality of vital statistics in many countries[12]. Under-enumeration of vital events, example, omission of registration of births when the newborn dies a few days after birth. Misreporting of information, such as the misreporting of age at death or the cause of death. Problems in the exchange of information with Hospitals, Ministries of Health…, general lack of awareness of the need to register, lack of political support at the highest levels of government for civil registration improvement projects and lack of long-term budgetary funding.

Moreoverthis, lack of information about the characteristics and importance of Vital Statistics, lack of adequate training of persons responsible for the registration. Often the place of registration is a great distance to travel, made more challenges by lack of roads and poor transportation facilities. Lack of personal motivation of employee, lack of training, supervision and encouragement of registrars. Lack of monitoring and

evaluation frameworks, limited expertise and experience, lack of or limited political commitment, forgery certificate practice, cultural taboos and traditional practice, using manual recording system, affordability of fees to obtain certificate are challenges as well as practices of Vital Registration [7].

Infrastructure, organization and management of the registration process, capacity constraints and legal framework are problems hampering development of civil registration in Africa[7].Consequently, in this study I will identify and get feedback on the assessment of challenges and practices of vital registration system.

1.2. Statement of the problem

According to United Nation reports (2013) specially the developing countries, vital eventregistration system hasn't followed modern system. Because of this the important data/information flow not available in a good manner and delay to the sector, this implies that the countries faces several hardship factors. To get a better access from the vital registration system, the people should have considered the benefits or the uses of vital registration system. It has a significance role to achieve the coming year's direction, administration issues, forwarding the justice system, giving enough information for the existence situation and delivering exact decision including the right source of public service institution for strategic plan.

Even though, lack of limited political commitment, organizational and infrastructural problems, limited understanding of multidisciplinary nature of civil registration, operational manual and guidelines, limited expertise, lack of monitoring and evaluation, long term vision and no regular resources or budget allocation were factors to contribute the problem [7].This study to fill the gaps of challenges and practices of vital events registration system and bring a solution for the system. Generally this study differs from the previous ones in terms of objectives, scope, and research design.

1.3. Research Questions

This study sought to answer the following research questions.

1. The occurrence of forged certificate practice in Vital Registration?
2. Do the data recorded by using manual system?
3. How poor households affordable fees to obtain certificate?
4. How we describe the Agency coordination work with stakeholders?

1.4. Objectives of the study

1.4.1. General objective

The main objectives of this research is to assess the practices and challenges of modern vital events registration system.

1.4.2. Specific Objectives

✓ To assess the practice of forged certificate in working places.
✓ To evaluate the coordination or collaboration with other stakeholders.
✓ To assessaffordability of fees by poor households to obtain certificate.
✓ To explore enoughbudgetallocation for the registration system.
✓ To identifycultural taboos and traditional practices.

1.5. Significance of the study

This study has an important element, to assess the practices and challenges of vital registration system.In terms of modernity, continuous, compulsory and having international standard elements and to showmultidisciplinary uses from vital registration system. Besides this after successful completion of this study proposed recommendations may have contributions to the improvement of the services in the Agency. Finally, the study may serve as a reference for the prospective research area.

1.6. Scope and Limitation of the study

This research hasbeen conducted in Addis Ababa city administration five sub-cities, considering four direction and one central sub-city, within 10woreda's. Besides that, main regional states like (Adama, Hawassa, Bahirdar, Mekele, Harar and Gambela) wereda's,kebelesand residents are included. Italmost covered 80 percent. In addition to this for the accountability of the research which includes stakeholders like,Ministry of

Foreign Affairs, Governmental and non-governmental Hospitals, and Justicebodies 20 percent of the population participated in the study.

The delimitation of the study was, getting information from primary data, some of the respondents had a doubt on the implementation of the result, this may lead not to deliver the necessary information. The other point was, because of the constraints of time and budget including the country insecurity, the study may not included other sub-cities, regional states and institution.The respondents may not have response the whole questions, in some region may have language barriers to respond the questions, they may be fill the questionnaire carelessly, They may not have understand some of the questions, and not have available in numbers.

1.7. Organization of the Thesis

The study were organized into, 5 chapters each dealing with different ideas for one common purpose. In chapter one ;introduction of the study, background of the study ,statement of the problems ,objective of the study both general and specific objectives ,research questions ,significance of the study ,scope of the study,and limitation in the study will included .In chapter two; brief review of related literatures will be included to support the study. In chapter three; the research methodology was briefly stated including the research design, sampling techniques, data source, and sample size, method of data collection and method of dataanalysis. Will be included. In chapter four; brief analysis of collected data and interpretation will be included. Under chapter 5; major findings of the study, conclusion and possible recommendations will be included.

CHAPTER TWO: REVIEW OF RELATED LITERATURE

2.1. The Theoretical Literature Review

This section tried to discuss the theoretical literatures related to practices and challenges of VRS which are related to the objectives of this study.

2.1.1. Concepts Relating to VRS

Vital Registration System (VRS) are concerned with the legal registration and analysis of vital events in the population. Vital events include births, deaths, marriages, divorces, fetal deaths, annulments, judicial separations and adoptions, and through the registration process these events are made legal and legitimate. Vital Registration System (VRS) is defined by the United Nations as the universal, continuous, permanent and compulsory recording of vital events provided through decree or regulation in accordance with the legal requirements of each country. Vital Statistics (VS) represents the statistical output of a well-functioning VRS and VS systems are intrinsically interconnected, and their combined information systems (IS) are termed Civil Registration Vital Statistics Information Systems (CRVS IS). A well-functioning CRVS IS has in recent times been recognized as a key ingredient in strengthening CRVS systems in general, and the United Nations Commission on Information Accountability (CoIA) for Women's and Children's Health has especially mandated that countries would need to strengthen their CRVS IS.

Specifically, Recommendation 1 of CoIA points to the key issue of systematic registration of vital events, stating: "By 2015, allcountries have taken significant steps to establish a system for registration of births, deathsand causes of death, and have well-functioning health information systems that combinedata from facilities, administrative sources and surveys. Within the domain of public health, data from the CRVS IS are critical, allowing tracking of individual births and building profiles of mortality and causes of death [12].

These data play a fundamental role in planning and monitoring of public health outcomes, for example relating to immunization planning, and monitoring of broader developmental process indicators such as for maternal and infant deaths, sex ratios and fertility rates. An effective CRVS can help ensure enrolment of every child into immunization programs, and VS indicators can be tracked to better support the prevention of avoidable diseases. If drawn from a well-functioning CRVS system, these

data also provide rigorous mortality data which are of significant public health concern, including those concerning the human immunodeficiency virus and acquired immunodeficiency syndrome (HIV/AIDS), tuberculosis and malaria. CR is crucial for individuals to establish legal identity and to access public health services, while VS provides essential information about the demographics and health of the population, making policies more effective and responsive to the needs of society (UN, 1998).

2.1.2. Performance (Practices) of VRS

The oldest systems of vital registration are found in the Scandinavian countries: Finland started in 1628 and Denmark in 1646, Norway and Sweden following in 1685 and 1686 respectively. In America, the General Court in Boston enacted a registration law for the colony of Massachusetts in 1639. In 1644 an explicit obligation was placed on "all parents, masters of servants, executors and administrators ... to bring unto the clerk of the writes the names of such belonging to them, as shall either be born or die." The law was tightened in 1692, when penalty clauses for failure to register were reinforced, but the system remained incomplete until the nineteenth century [9].

In Africa, VRS was started in countries such as Algeria, Madagascar, Mauritius and the Seychelles, the institutions of civil registration systems for the entire country date back to the nineteenth century or earlier. But in the majority of the countries, the official RSR was occurred only within the past two decades. For example, in Eastern Africa- Kenya, Uganda, Tanzania, Malawi and Somalia-birth and death registrations were made compulsory for the European population in the first two decades of this century [14].

Similarly in Ethiopia, though, there were uncoordinated and unorganized administrative attempts even before the 1960 civil code that were targeted on the issuance of marriage, birth and death certificates by municipalities. Accordingly, the issuance of marriage certificates by the Addis Ababa municipality dated back to 1942, and the issuance of birth certificates dated back to 1953.

On similar basis issuance of death certificates was started in 1970. However, all these attempts do not follow the conventional procedures of civil registration (CSA, 2001).

The conventional source for compiling vital statistics is the records of vital events generated through civil registration systems. However, in situations where civil registration is either inadequate or deficient, countries take recourse to data sources other than civil registration, such as censuses, sample surveys or facility-based records. Nevertheless, these provisional data sources only produce estimates on an ad hoc basis and would not provide disaggregated and smaller area estimates that are required for planning for and measurement of national and sub-national development programmed. Hence, due to the absence of complete civil registration, most countries in Africa are unable to provide up to date time series data on population, resulting to discrepancies in the measurement and monitoring of most of the MDG indicators [11].

Vital statistics generated from civil registration systems and complemented with denominators from censuses are the conventional data sources in the measurement of fertility and mortality estimates on a continuous and permanent basis. Provision of current population estimates and projections also depends on the availability of comprehensive and complete civil registration systems. Birth and death records are the conventional data sources for the generation of major health indicators, including infant, child and adult mortality rates, life expectancies, maternal mortality ratios and causes of death statistics [12].

According to UN (1998) the functioning and proper performing VRS institution must fulfill the following three criteria and if not it is not properly functioning its roles. These are:-

1. **Continuity**- continuous practice of the registration without any interruption;

2. **Permanence**- existence of an organizationally stable agency whose operation is not limited in time and;

3.**Compulsoriness**- existence of provisions establishing what persons are required to provide the information to the registry office, the time allowances for registration, and the penalties for not complying on time. Without these, the compulsory aspect of civil registration becomes meaningless.

Therefore, this can judge to decide whether the VRS in Ethiopia, Addis Ababa, is performing properly or not. Hence the **practice** is based on the willingness of the residents rather than the government attempts to do so.

The statistical information system should be periodically evaluated and improved and the statistical functions oriented toward the information needs and the utilization of the information.

It is essential that the Ministry of Public Health take a more active role in the promotion of activities designed to improve the registration of vital statistics and their collection, processing,and analysis.

The system of health post volunteers and communicators discussed earlier. Various innovative programs on the local level such as door-to-door campaigns to register vital events and provide other government services [4].

A need for uniformity in recording and reporting vital events exists. One reason for this lack of uniformity is the absence of supervision over local registrars. The supervisory personnel at the Registrar General's Office should be increased to provide adequate and frequent guidance to all (including institutions} involved in recording, reporting, and registering vital events. Another possible means of promoting uniformity and improvement in vital registration is periodic meetings of the local registrars. The responsibility for registration and notification is not understood by all because the obligations have not been expressed clearly.

 No overall coordinating mechanism for all the Government and non-Government agencies
involved or interested in an effective and efficient vital statistics system exists in the country[4].

Apart from defects in the individual systems, which will be commented upon later in this report, one serious obstacle to progress, which may be alleviated but cannot be cured quickly, exists; this is the fact that the countries are not economically fully developed. Registration systems are only successfully introduced at the stage of economic development when, simultaneously the *demands* of the economy both for statistics and

for the personal protection of registration provide strong motivation *and the capability* of the economy is adequate to provide educated manpower and other resources to operate the system [14].

It usually happens that it is when the economy has developed to a point at which it cannot function properly without vital registration (if only to link property or adjuncts to property, such as insurance and people), that it finds it possible to support such a system. This means that even if greater resources are provided than would, in the past, have been available, a country that is not yet economically developed is bound to face the problem of lack of personal motivation on the part of individual members of the population.

This is not a motivation to provide vital statistics-probably to the department of public Health, but this is beyond the normal awareness of the ordinary village or municipal informant); in Jamaica theMinistry of Health and Environmental Control has jurisdiction over the Registrar General (although his position is weakened by the fact that he is stationed 22 kilometers (about 14 miles)away from the Health Ministry and has no contact with other central government departments) [4].

The vital registration systems in the five countries have been shown to have many defects, many of them arising from the country's lack of economic development. These defects are:

A lack of incentive to register on the part of the public and a lack of encouragement and/or compulsion to register on the part of the government. Registration is incomplete, late, and inaccurate. Insufficient medical certification of death mainly because of a lack of medical manpower. Cause-of-death statistics are, therefore, inadequate.

Lack of training, supervision, and encouragement of registrars. A subsidiary failure is the lack of standard rules of practice, concepts, definitions, and so forth. Delays in aggregation of records and in dissemination of statistics [4].

2.1.3. The Benefits of VRS

VRS represents key institutions of a country as well as providing a basis for assessing a country's status and development in general. Most low and middle income countries have inadequate CRVS IS, contributing to the unfortunate situation where many births and deaths are not being registered, described as the "scandal of invisibility." A well-functioning CRVS IS has in recent times been recognized as a key ingredient in strengthening CRVS activity in general, exemplified by the CoIA recommendations. There is emerging evidence that technology can play a critical role in ensuring that births, deaths and causes of deaths are registered and that quality information is available to inform country and global development priorities. Both the United Nations Children's Fund (UNICEF) and HMN have sponsored activities in countries to strengthen CRVS systems through innovative use of ICT initiatives (UN, 1998).

However, there is yet no guidance for countries, international development partners or donors regarding appropriate technologies and architecture designs and principles to be promoted or invested in a CRVS system. So, despite increasing emphasis on CRVS IS, and growing investments in technology, it can broadly be inferred that the state of these systems in most low and middle income countries tends to be below desired satisfaction levels, and that ICT interventions have not yielded desired benefits – as yet. Most low and middle income countries have CRVS IS that are primarily paper based, and many of them are in the process of applying ICTs for their modernization. The Health Metrics Network, a secretariat of the WHO (WHO), initiated in 2007 a set of projects called Monitoring of Vital Events using Information Technology (MOVE IT) which explicitly sought to understand how ICTs can be innovatively applied to strengthen CRVS systems. Various countries, such as Albania, Bangladesh and Liberia, have also undertaken ICT-based CRVS reform initiatives either on their own or with support from donor agencies [12].

2.2. Empirical Literature

Under this section empirical literatures related to Vital Registration System challenges and prospects were discussed.

2.2.1. Challenges of VRS

At the same time as the birth and death statistics project was underway, the Vital Statistics Agency had been working on a system to accurately compile population estimates for the Status Indian population of British Columbia. These population estimates are based on the Status Indian Entitlement File maintained by the Medical Services Plan of British Columbia which contains the name, gender, date of birth and mailing address of each Status Indian person registered with the Plan. The Medical Service Plan (MSP) file was adjusted for births and deaths by cross matching with historical annual files from the British Columbia Vital Statistics Agency. Population estimation is a complex undertaking. Using the MSP file as the basis for deriving population estimates has both strengths and weaknesses. On one hand, the addresses in the MSP file enable the project to produce regional population estimates not available elsewhere. On the other hand, since declaration of Indian Status is voluntary, the file might not include Status. Indian persons who are registered with the Medical Services Plan but whose premiums are already paid by a spouse, an employer or a social assistance program. Overall, the MSP file was considered to be the best available source for estimating the Status Indian population living in British Columbia. The British Columbia Vital Statistics Agency is working with First Nations and Inuit Health Branch to further develop the population estimate methodology (Martin, 2002).

Most of the records in the central record room and the Divisional offices are damaged or in danger of becoming illegible due to frequent handling and various other reasons including time factor. It is, therefore, desirable that following steps be taken in order to arrest this situation. Prepare a list of all missing or damaged documents by examining the documents in serial order and substitute therefore copies obtained from the duplicate or original to which legal provision exists. In order to avoid the need to turn pages manually to trace entries, a computer data base should be evolved for speedier identification of records. A broader method of indexing can be developed in consultation with the other countries having direct interest in the civil registration system. There are

millions of records stored in the central record room and the floor space is hardly sufficient to receive future records (UN, 1993).

Generally, the challenges of VRS were traced as follows;

Lack of or limited politicalcommitment-In the past years, the issue of CRVS has not been brought to the attention of political leaders and policymakers. They were dealt with at technical and institutional levels in an uncoordinated manner, with limited efforts in presenting these issues in a comprehensive and through a multi-sectoral approach. Hence, policymakers were largely unaware of the value and importance of civil registration records and the statistics generated from the systems in delivering efficient public services, good governance and developmental planning.

Outdated laws and registration procedures- Most African countries have not taken Innovative, proactive measures to improve civil registration laws inherited from colonial times. The rationales and objectives of civil registration laws in many cases do not reflect current social and cultural realities of the countries. Registration procedures currently prevailing in the majority of the countries are derivatives of these old laws and regulations.

Organizational and Infrastructural problems-In many African countries, civil registration structures are inherited from the colonial times and are often not in sync with the existing administrative structures. The registration offices are not easily accessible to majority of the rural community and are inadequately equipped. Lack of a coordination mechanism is another organizational deficiency that hinders the smooth functioning of the system. Past efforts and initiatives in revitalizing civil registration in Africa did not bring much improvement in the structural and organizational aspects of civil registration as most interventions were designed to address problems related to a few components of the systems.

Limited Understanding of the multidisciplinary nature of civil registration- The dual role of civil registration, namely, the legal and vital statistics is well established. However, most countries are yet to realize and recognize the intrinsic nature of linkages of the CRS with social and economic development, day-to-day governance and human rights.

The inadequacy of literature on the multidisciplinary nature of civil registration and absence of systematic curriculain academic institutions either statistical, legal or public administration courses also contributed to the lack of understanding of its operational linkages.

The problems and challenges listed below, which are usually found in the literature are simple derivatives of the above-mentioned core challenges. For instance, shortage or lack of budget, human and logistical resources are largely a product of lack of political commitment and inappropriate structural and organizational arrangement of civil registration. In the past, efforts were made to improve human and budget constraints by allocating additional budget and human resources that failed to bring sustainable improvement due to shortcomings in addressing the root cause at macro level. Similarly, the following problems and challenges need to be considered as those arising out of the above-mentioned core challenges and should be addressed in reference to these core issue such as :-shortage or lack of budget, human and logistical resources, lack of motivation or cultural barriers to register events from the public side,lack of or limited incentives for registration personnel,limited awareness and use of registration records by the public and government offices,limited use of statistics at lower administration levels,problems of data completeness, quality and timeliness,lack of or inadequate interface between civil registration and vital statistics organs, presence of disincentive factors for registering vital events,inadequate efforts in mainstreaming CRVS in monitoring and evaluation of national, development programs and MDGs ,lack of or limited awareness among health professionals[11].

In many developing countries, computers are not used at the local level where events are initially registered, and this can make the transfer of micro data to higher administrative levels cumbersome and subject to error. In many countries, computerization at all levels of the system has greatly facilitated the managing and maintaining effective registration systems, with the increasing use of relatively inexpensive information and communications technology (ICT) helping to solve many of the issues involved. These and other improvements have been made in a number of countries that have made large investments in ICT over the last decade or so, including Bangladesh, Chile, India and Thailand. Concerns have however been raised about security and confidentiality, and

problems experienced with long-term retrieval due to the rapidly changing nature of computer hardware and software. One important advantage of electronic records is that they permit cross-matching and linking, for example across birth and death registers. Although record linking can be done manually, it is an arduous process usually undertaken for special research purposes only. Electronic record linkage enables large numbers of records to be linked and scanned, and has proved to be a valuable tool for improving the ascertainment of causes of death [12].

Vital registration system is crucial, when to get the important benefit and play a role to development, however it has faced several hardship in country as well as the continent. In general we can concluded the challenges of VRS are:-

- ✓ lack of or limited political commitment
- ✓ outdated laws and registration procedure
- ✓ organizational and infrastructural problems
- ✓ limited understanding of multidisciplinary nature of civil registration
- ✓ lack of comprehensive national action plan
- ✓ lack of properly articulated national standards
- ✓ operational manuals and guidelines
- ✓ lack of monitoring and evaluation frameworks
- ✓ lack of long term vision and commitment
- ✓ no regular resources or budget allocation
- ✓ limited expertise and experience [7].

Despite the remarkable progress achieved in the past few years, there remain a number of major challenges facing the African Civil Registration systems. According to the study report (2014) responses obtained from 39 countries out of the 54 member states expected to fill-in the online monitoring form, which makes 72% response rate.

i.) All countries in the region, except South Sudan, have laws and legal provisions for civil registration. However, in many countries the existing laws are outdated and not aligned to the recommended international standards. In more than one-third of the countries, the civil registration law does not distinguish late and delayed registration. Registration of marriage and divorce are not compulsory in many countries. The

monitoring result shows that divorce registration is compulsory only in 17 out of the 39 countries completed the monitoring questionnaire. Nearly half of the countries (46%) have no legal provision for transferring of data from civil registration offices to a government agency in charge of compiling national vital statistics and producing annual report.

ii.) Most of the countries responded to the monitoring survey indicated that the national government allocate budget for the maintenance of the civil registration system. Nonetheless, more than two-thirds of the countries reported that the government budget is either inadequate or irregular. For five countries, the government does not make budgetary allocation for the civil registration system.

iii.) The monitoring result shows that only 11 countries (28%) have adequate human resource at all levels of their CR system, yet for 27 countries (67%) their human resource is inadequate at the local registration offices. More than half of the countries have no routine training schedule for civil registrars and trainings are conducted occasionally in an ad hoc basis.

iv.) Nearly three-quarter (74%) of the countries have constituted high-level coordination body to oversight and provide guidance for national CRVS systems, but the coordination system is not effective in half of these countries. Although many countries have a formal inter-agency committee to facilitate Civil Registration operations, the collaboration remains to be insufficient.

v.) Some countries charge fees for vital events registrations in legally specified time and for issuing first copy of a certificate. Monitoring result shows that fees are charge for current registrations of birth and deaths in 5 and 9 countries, respectively. More countries charge fees for marriage (21 countries) and divorce (14 countries) registrations. In many countries, customers requiring registration certificate have to pay fees to get first copy of the certificates, for birth and death in 14 countries and for marriage in over 20 countries.

vi.) About half of the countries have fully or partially computerized civil registration system; whereas a large number of countries are still fully depend on paper-based registration system. One-third of the 39 countries capture birth and death records electronically at all local registration offices. Only few countries employ mobile phone technology to notify birth and death occurrences at home or in health facilities.

vii.) The monitoring result reveals that 29 out of the 39 countries have national identification database and 20 countries maintain computerized database on civil registration records. However, the two systems are interoperable only in 13 countries.

viii.) The result indicates that only 13 countries (33%) use the standard international form to certify cause of death and apply the latest version of the ICD-10 for coding of cause of death.

ix.) Only few countries compile annual vital statistics and compute completeness of vital events registered in a given year. According to the monitoring results, the regional average completeness rate of birth registration has increased from around 40% to 56% from 2012 to 2015, while completeness of death registration remained below 40 percent.

In conclusion, countries in the region show wide variation in their civil registration and vital statistics systems. In some of the countries, the existing civil registration laws are outdated and have not been reviewed and aligned to the international standards. Countries have different levels of registration coverage and completeness. Only few countries compile and produce annual vital statistics report from civil registration, while most of the countries do not use registration records to compile vital statistics. There is also lack of effective coordination and collaboration between stakeholders at national level, civil registration systems are underfunded and understaffed [6].

Moreover, fraudulent activities related to using VRS certificates for immigration, for job opportunities, justice purposes and for registrations of condominium houses are common challenges and stringent criteria for gaining the certificates compel the residents for fraud. Another challenge is that the Gulelle and/or Addis Ababa city administration VRS agency does not accept customary certificates like marriage certificates given at religious institutions. Yet the archival system of VRS agency is also outdated and operated manually[12].

From the total respondents 95(79.2%) of the respondents reacted that there were challenges related to services of VRS and 25(20.8) replied there were not. From those who said yes 35(36.8%) reasoned out as there was no due attention given to the sector by the government, 8(8.7%) reasoned out lack of available equipments in the area, 39(40.6%) justified lack of available equipments in the area and some 13(13.9%) replied all factors as challenges. Similarly, the interviews result indicates that the VRS agency in Gulelle sub-city and/or Addis Ababa is not providing coherent and standardized services. The observations the archives of the agency are also weak, manual and outdated which is susceptible for fraudulent manipulations by someone[12].

CHAPTER THREE: RESEARCH METHODOLOGY

3.1. Research Approach and Design

This research has tried to assess the practices and challenges of modern vital events registration system. In order to make the research successful, both **quantitative and qualitative** approaches has been used.

The quantitative approach which prepare selected items of questionnaires will rate based on the perception of the respondents using "Likert Scale" and fill in the blank space based on the perception of the respondents. Thequalitative approach has been followedby qualitative method analyzed, using selective stakeholders based on focus group discussions and individual interview.

This way of discussing the issue could help reduce inconsistency of information. The qualitative aspect focused on finding key challenges, their main causes and their respective solutions.

3.2. Source of Data

In order to assess the practices and challenges of Vital Registration System properly, the researcher was used both primary and secondary data sources.

Primary data was collected through questionnaires, interviews, personal observation and group discussions from the sample respondent.

Secondary data was collected from reports and documents of Federal Vital Event Registration Agency and other statistical data. In addition to these, previous research findings, reports and manuals considered.

3.3. Methods of Data Collection

These data was collected by using the following data collection tools:

1. Questionnaire

The researcher was prepared questioners to collect data on prospects, and impacts in the current practices of Vital Events Registration System . Semi structured questions has been presented in the questionnaires to capture more information on research gap openly and structured questions to collect various data from a lot of respondents within the schedule time.

2. Interview

Wider concept and ideas on the issue of factors which affect the Vital Events Registration System; unstructured interview was presented to capture rich knowledge and experiences without limit from concerned bodies. From the representatives of stakeholders.

3. Focus Group Discussion (FGD)

Focus group discussion would be conducted with Foreign Affairs Minister, Yekatit 12 Hospital, and Hemen Mothers and children Hospital of representatives, were participated in the discussion.

3.4. Population and Sample of the Study

A sample design is a definite plan for obtaining a sample from a given population. It is the technique or the procedure the researcher would adopt in selecting items for the sample.Thus it consists of the techniques of sampling, population, and sample size.

The study sample size consisted of 5 sub-cities in City Administration within 10 woreda's 6 regional state sub-cities, woreda's and kebele. Residents,employeeand stakeholders of Vital Event Registration System included. The sample size is determined using the sample size determination table, were selected from among **722** employees and residents.

NO	Cities	No of Sub-cities	No of kebele/woreda in sub-city	RecivedQuestionniares		Returned Questionniares		Total Returned Questionniares
				Employee	Residents	Employee	Resident	
1	Addis Ababa	5	10	140	100	137	99	236
2	Hawassa	4	8	15	80	11	78	89
3	Mekele	2	7	14	70	14	70	84
4	Bahirdar	6	6	24	60	24	60	84
5	Harar	6	6	22	60	21	60	81
6	Adama	6	6	7	70	7	70	77
7	Gambella	5	5	10	50	10	50	60
Total			**48**	**232**	**490**	**224**	**487**	**711**

Table 1 distribution of respondents

The above **722** sample size figure is decided by the following reasons. According to Wiersma theory of sampling(1995), in the case of area or Geographical cluster sampling, the sample size selection focus on the geographical area, woredas, regional states etc.. not determined by the number of participants or things. Hence, Geographical cluster sampling method was used in this study. This is because to include the participants from different geographical area, which is to create mutually exclusive environment, enable as to get limited sampling small representation of the entire population and the people who have an information about Vital Registration System called practicality viewpoint also included [12].

In this sampling technique participants were identified according to their geographical direction (North, South, East, west and the centre) and considering their number of population. This research couldn't study the entire population. Therefore by purposive random sampling method also giving them equal proportion of sampling in their sub-cities, woredas and kebeles.

To select samples from sub-cities, in Addis five sub-cities identified (Gulelle, Lafto, Kolffe, Yeka and Addis Ketema) in each sub-city 2 woredas selected by using their performance, the samething also in 6 main regional states depending on their woredas and kebeles. From Addis Ababa City Administration 10 employees of VRS, from one sub-city 10 employees and 8 employees in woredas have been participated in the study. In regional states all the Vital Registration workers involved. In addition to this stakeholders like: Ministry of Foreign Affairs, Addis Ababa Police Commission, Yekatit 12 Hospital, Hemen Mothers and Children Hospital were the part of the study.

3.5. Methods of Data Analysis and Presentation of Results

The obtained/collected data were edited, coded, and tabulated according to its nature, before the actual data analysis process. The data collected using the structured questionnaires was analyzed using statistical package for social science (SPSS) software.The result of the data analysis are presented using charts, figures, photographs and tables.

CHAPTER FOUR

DATA ANALYSIS AND INTERPRETATION

4.1.   Characteristics OfThe Respondents

This study was designed to assess the challenges and practices of VRS. To do so, this chapter discussed respondent demographics and results of data analysis. The results of data analysis was discussed by considering the given data which was getting from questionnaires, interview and focus group discussion of employees and residents.
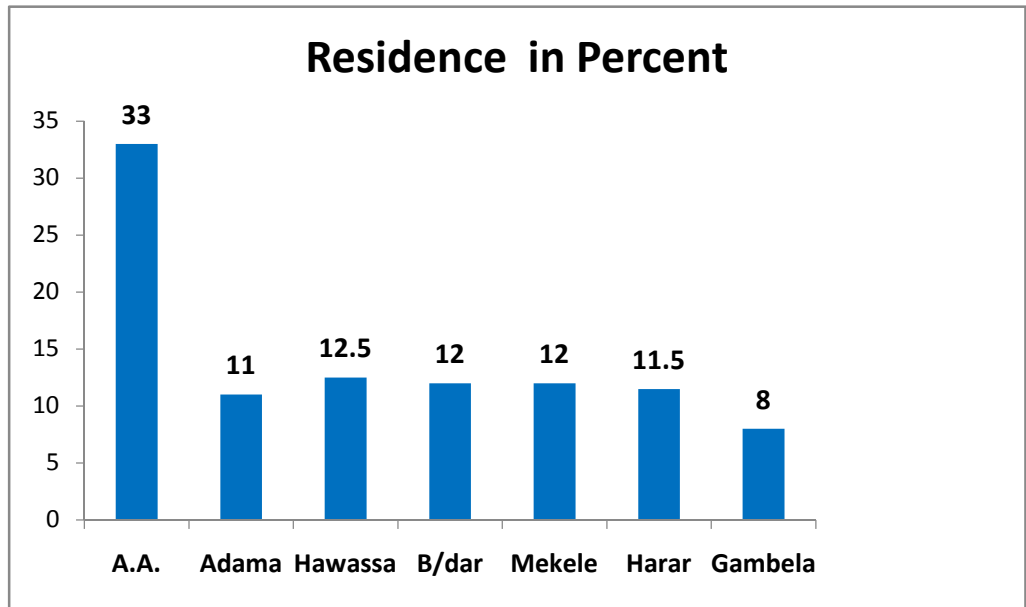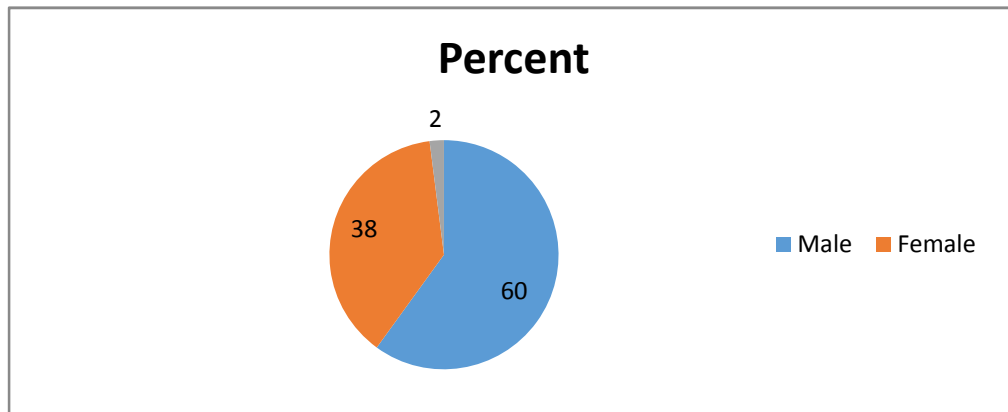
Figure 1: Respondents in Regional States

Figure 2: **Sex**

When the research carried out from 224 Vital Registration workers the majorities are female 121(54%). Bahirdar, Mekele, and Gambella regions have showed that the female number had equal proportion of the male once. Among the 487 residence respondents 67 percent male and 31 percent were female participation.

Table 1: **Age**

Age	Vital Registration Professionals	Residence	Total	Percent
18-31	111	234	345	48.5
32-46	96	195	291	41
47-59	15	36	51	7
Above 60		10	10	1.5
No Answer	2	12	14	2
Total	224	487	711	100

Regarding the participants age, the majorities half of the respondents is between 18-31 years. They were 345 in numbers and included both gender. The age between 32-46 had also a proportion of 41 percent. The remaining 10% are above 47 years.

Table 2: Education

Education Background	Vital Registration Professionals	Residence	Total	Percent
Primary	15	59	74	10.5
Secondary	7	80	87	12
Diploma	59	125	184	26
Degree	133	188	321	45
Masters and Above	6	29	35	5
No Answer	4	6	10	1.5
Total	224	487	711	100

When we see their education, the majorities were first degree holders respondents, had a proportion of 321(45%).

Practices

4.2. Existenceof forged certificate

Table 3: The existence of forged certificate in working places.

	Frequency	Percent
High	95	42.4
Medium	62	27.7
Low	65	29
No Answer	2	0.9
Total	**224**	**100**

In the case of people who uses forged certificate, the majorities were indicated that, 42.4% appears "High" in their working areas. Among the respondents 45% of male participants took greater number, and 39% of Hawassa interviewed employees has more in numbers than the other regional states.

4.3. Cultural taboos and traditional practice

Cultural taboos and traditional practice in registering some of the events (Mirrage& Divorce)

Figure 3: cultural Taboos and Traditional Practices
G

Cultural Taboos and Traditional Practices

The above graph shows that, cultural taboos and traditional practice 117(52.2%) indicated "higher" . 25% has "Medium" proportion. In Harar region 34% and

Bahirdar 29% were saying higher taboos and traditional practices participated more in numbers.

4.4. Manual Recording System Practice

Table 4: The practice of manual Registering Vital Events System

	Frequency	Percent
Agree	94	41.9
Slightly Agree	68	30.4
Disagree	56	25
N0 Answer	6	2.6
Total	**224**	**100**

The figure shows that, data by using manual record 42% of the employee mentioned that, they use manual recording system in their daily work. Among the respondents $1/_{4th}$ of the respondents were "Disagree".

In Mekele 31%, Gambella 20%, Harar 16% of respondents were "Agree" respectively.

The result obtained from Focus Group Discussion (FGD) has also indicated that, in Yekatit 12 Hospital, using manual system, it's difficult to sort out the necessary document easily, specially, when the year back-up.

On contrary, we can easily getting and identifying data in Foreign Affairs Minister, Addis Ababa Police Commission and Hemen Mother's and Children's Hospital.

Figure 4: The manual recording system of VRS in Yekatit 12 Hospital
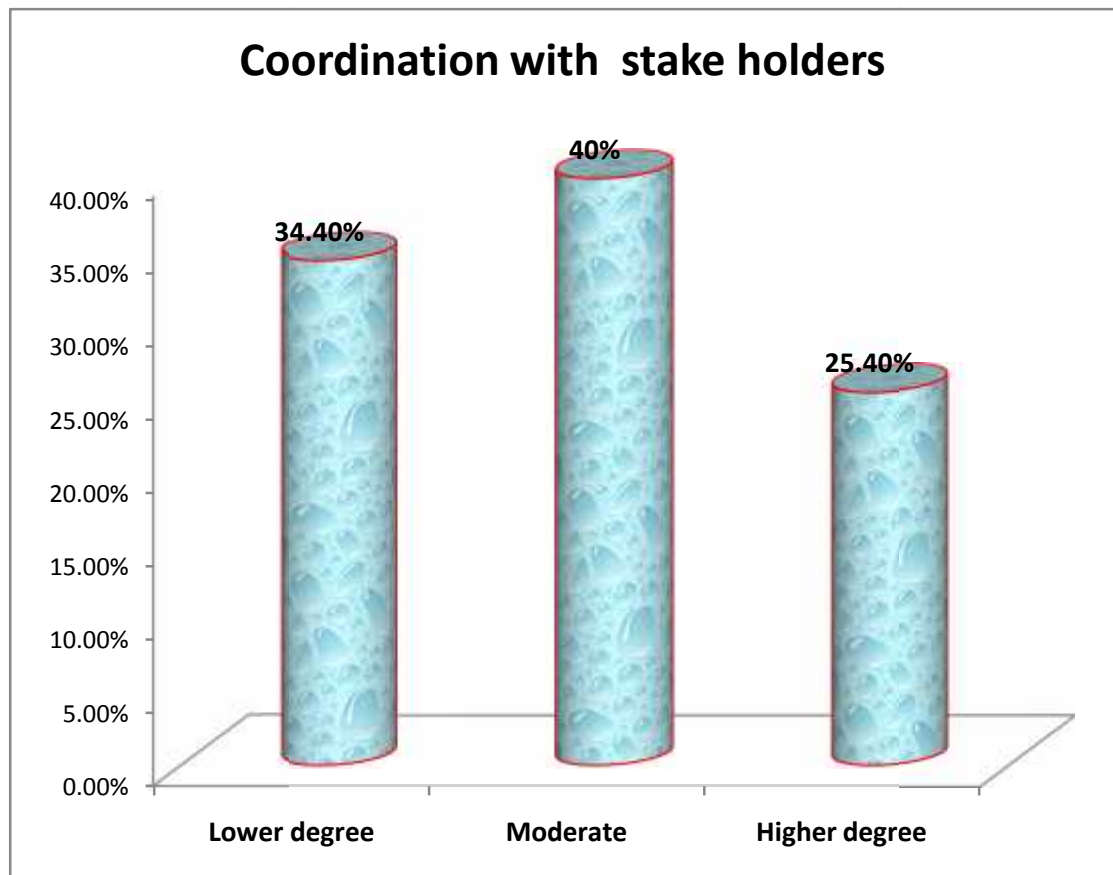

Challenges

4.5. Coordination Work

Coordination system with stakeholders/ Justice bodies, Religious institution, Education bureau etc…/ on Vital Registration System activities.

Figure5: coordination with stake holders

According to this study finding, the respondents were saying "Medium" 90 participants took greater number, 77 were saying " lower" coordination work.

Among the interviewed respondents were 43 and 46 men and women participants respectively.

The previous study indicated that, [8] there were a lack of coordination work with Health center, specially, government and non-government Hospitals of regional states, except a few of them the majorities of the justice bodies had a gap to work together.

Similar study showed that [9]. lack of coordination with woreda Health center and stakeholders, current gaps of data exchange, no evaluation of work together, and lack of training on registration system.

In some health center, morning session, they give a lesson focused on Vital Registration, because client registered in their woreda by getting the "Notification Paper" from the Health center. This make a role people who registered seriously. However, the previous study and the current discussion indicated that, Yekatit 12 Hospital and Addis Ababa police Commission which registered from Hamle 2010-Thahisas 2011 E.C. it's 6month duration, killing crime 118, traffic accident 234, other crime (suicide, natural disasters etc…) 742 which is totally 1094 death crime didn't registered by Vital Registration System, there were not also any computerized system to exchange data with the institutions, this influence on the result of getting the information.

4.6. Affordability of fees

Affordability believed to be within one's financial means. That is the residents who manage to buy the Vital Registration certificate.

Table 5: Affordability of fees by poor households to obtain certificate.

	Frequency	Percent
High	54	11.1
Medium	105	22
Low	324	67
N0 Answer	4	0.8
Total	**487**	**100**

As we have seen the results on the table, the majorities of the residents who afford fees on the service of Vital Registration system was "Low" which is above half (67%) of the entire population.

Addis Ababa 24%, Bahirdar 15%, similarly, Adama and Hawassa 13%, Mekele and Gambella 12% and Harar 10% participation in the study.

4.7. Budget allocation

Budget allocation for Vital Registration System activities, in central, regional states, and registration offices.

Table 6 Budget allocation

	Frequency	percent
Strongly low	91	41
Low	57	26
Medium	52	23.2
High	14	6.2
Strongly high	9	4

No, answer	1	0.5
Total	**224**	**100**

With regard to budget allocation from the whole respondents above half of 67% indicated that the "lower" level their were a number of 148.

Regarding the participants gender, from 224 respondents nearily 74(33%) of male and 72(32%) of female mentioned "lower" level of using budget.

Among the respondents all the Adama and Gambella participants indicated "lower" level of budget allocation. Whereas, the "higher" budget allocation not exceeds 10%.

Concerning on this issue, previous study on 54 African countries (Reports on Africa) indicated that the government of every country allocate budget to implement the Vital Registration System program. However, above $^2/_{3\,rd}$ of the countries also mentioned the government did not allocate enough budget or not having a regularity. Besides that 5 countries described, the government not allocate any budget at all on the report.

4.7. The Agency oncoming direction

How would the Agency moved forward and perform the oncoming activates?

This question was open ended, and the respondents fill the blank space.

Workers/ Professionals opinion

✓ Make the interruption of network system
✓ Should follow modern efficient system/ Information technology in woreda's level/
✓ Using modern technology in regional states by reducing Vital Registration System.
✓ Fulfill the skilled manpower.
✓ Substitute the vacant place of employee
✓ Increase the wage and reward of employee.

- ✓ To fulfill the necessary materials/ Computer, printer, fingerprint device etc.…/
- ✓ Put job description clearly
- ✓ Give to the employee related training
- ✓ Giving information to the residence by using mass media
- ✓ Prepare standard software to Vital Registration System
- ✓ Nominate the Agency director/management by their own knowledge and skill, not for the political appointee.
- ✓ Continuous follow-up and supervision on performance of work
- ✓ Collaboration of work with Ethiopian Electricity and Tele-com
- ✓ Committed and mandatory work on Vital Registration bodies
- ✓ Research work on problems of Vital Registration System
- ✓ Change the manual System to digital in kebele and woreda level
- ✓ The residence document should be placed secrete number or identification code
- ✓ Experience sharing with better performance of regional states
- ✓ Marriage registration should be placed, either male or female contact because, if one of them out of the country, make the registration difficult.

Residents opinion

- ✓ The Agency should be used online system
- ✓ The assigned workers must be out of racialism and nationalism
- ✓ We return always by the problem of system activation, so resolve the problems and make sure that efficient technology system.
- ✓ Create good system of work which is not boring the customers
- ✓ Coordination with Kebele and woreda level
- ✓ Use mass media to transmit message on Vital Registration System
- ✓ Increase manpower on the necessary place to make a service actively
- ✓ Make sure that, the employee working hour wisely

- ✓ Serve the customer in a good discipline
- ✓ Not all places you don't have a better customer place of rest
- ✓ Use another option to overcome the problem of electricity/ Generator
- ✓ Discussion with residence on implementation of work performance
- ✓ The people who do not afford the payment for getting the document, make
- ✓ Don't say that we serve only four people in a day

CHAPTER FIVE

MAJOR FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1. Summary ofMajor Findings

This chapter is last part of the researchwhere in the conclusions drawn from the findings were precisely presented and then the recommendations were forwarded accordingly. The objective of the study was to assess the practice and challenges of VRS, for that matter, when we see the existence of forged certificate indicated that, 42.4% of interviewed was high level.Almost in a similar way, 28% and 29% of proportion "Medium" and "Low" level respectively.

This study revealed that, data using manual record also high in figure, it is almost 42%.The other $1/_{4th}$of respondents was saying "Disagree" . In Focus Group Discussion (FGD), the result revealed that data by using computer isn't appropriate to implement the objectives of the Agency.

Affordability of fees by poor households to obtain certificate was low, which is a proportion of 324(67%).The data which was collected from the residents also indicated that, because of the affordability of fees poor householders didn't go to the Vital Registration System.

Coordination with other stake holders was "Medium level" 90(40%) were the majorities respondents feedback, whereas the " lower level" 77(34.4%) were not a

simple figure . The Focus Group Discussion   also   indicated that,   the majorities institution/Stake holders/ have not yet, collaborate with the Agency.

5.2. Conclusion

The   experience   of forged   certificate,   which   was   happening in   different institution was high. This implies that, there are people who use forged instead of using the actual   documents.

The study identified data using manual was high . There are also woredas and kebeles using   manual system, which doesn't change into digital once. Thus, an influence to the effectiveness of the exchange   information as well as to retain the document. The result of the qualitative analysis showed that, In Yekatit 12 Hospital, there was not a system connected with computer, hence it's difficult to identify easily, when the year back and it's take time to find out. To the contrary, I appreciate Foreign Affairs Minister, Addis Ababa Police Commission, and Hemen Mothers and Children Hospital can identified and take a few minute(within 10sec) to deliver the necessary document.

When we see the affordability of fees by poor households to obtain certificate the majorities of the respondents feedback were "low" .

Cultural taboos and traditional practices are higher. Specially, the Vital Registration of people who use more mirage and divorce make the system difficulties when they registered.

Most respondents stated that, the coordination work with stakeholders 40 percent was "medium" response. However 34.4 percent also indicated that the coordination work was "lower" level. Previous study also illustrated that, there was not a coordination work with stakeholders, lack of current data exchange, and adding another things had influenced the out coming of the result. Getting the information by interview and focus group discussion described also, the Agency was not creating an opportunities to work collaboration with the stakeholders, for this reason the Agency not used the data effectively rather than the institution using data their own purpose.

Concerning the regular budget allocation, the majority of the respondents indicate that, above half percent (67%) "lower" level. The other study on Africa countries showed that, the government not allocate enough budget or not allocate regular budget.

5.3. Recommendation

✓ Regarding existence of forged certificate results was 42.4% high. According to the Focus Group Discussion (FGD) in Ministry of Foreign Affairs some customers used forged certificate, but they checked the document with the Agency. Therefore the Agency should protect and supervise the corrected data together with woreda's, kebele's and stakeholders.

✓ Based on the study a data using manual record is higher. As we have seen the result like Yekatit 12 Hospital they use manual record system, this has an impact on giving a better service. Whereas, the others Ministry of Foreign Affairs, Addis Ababa Police Commision, and Hemen Mothers and Children Hospital have good experience of data using computerized system. Focused on the study, in some kebele, woreda, health institution etc… have seen manual documentation system rather than the digital one. The African countries study also mentioned that, the majority countries focused on the paper work, not using the computer system. Therefore, the Agency identified such areas and make a solution to create modern system and address the community.

✓ This research revealed that, on the issue of cultural taboos and traditional practices were high. Thus, has influenced on Vital Registration System. The written opinion shows that, people who use more mirage and divorce make a system more difficulties when they registered. So, the Agency should create awareness to the people, specially in the regional states.

- ✓ Affordability of fees, the result has shown that low. The written opinion also affordability of fees by poor households to obtain certificate, hampers to come to the Vital Registration System. Therefore, to protect this challenges the Agency should discuss with the residents and make a solution or reduce fees, or make free the registration.

- ✓ Coordination with stake holders were the majorities respond " Medium level" . The coordination with others was lower 34.4%, in fact the Agency collaboration with others wasn't better, according to the respondents. They said that, and I observe from the institution they use only the data for their own purposes rather than giving the information to others, no connection to evaluate the work. Besides that, based on the Agency studied result revealed that, a barrier with stake holders, no current data exchange, and others influence to the lower efficiency. For this reason, the important data not available for users, so the Agency must be collaborate with health center, specially regional health institution both government and private, Justice bodies and other stakeholders..

- ✓ Regarding the budget allocation, in this study above half percent (67%) the regular budget was low. Thus, had an impact on the result. The research has shown that, between the African nations, the government allocate to the Vital Registration System was not enough, or it doesn't have a regular time. However, the government make attention seriously and allocate the necessary budget, because it can uses first from the outcome.

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Appendices

QuestionnairesAmharic Version

የኮድቁጥር............................

የፌዴራልወሳኝኩነቶችምዝገባውላይየሚታየዩአሠራርና�-ገባርልምዶችንተገዳሮቾችንበጥናትለመለየትናግብረመ ልስለማግኘትየሚያስችልየዳሰሳጥናትለማካሄድየቀረበመጠይቅ።

የመጠይቁዓላማ፦-የፌዴራልወሳኝኩነቶችምዝገባላይየመረጃልውውጥሥርዓትትግበራውዘመናዊአሠራርንበመከተል፣የ መረጃቅብብሎሽሥርዓቱንበበቃትናበጥራትለመሰብሰብእንቅፋትሆነውየሚታዩልምዶችንናተገዳሮቾችንበመለየትናግ ብረመልስበማግኘትአፈፃፀሙሊሻሻልየሚችልባቸውንየትናስነድማዘጋጀትነው።

የጥናቱውጤትየሚተነተነውበጥቅልልአስተያየትላይተመርኩዞመሆኑስምዎንበመጠይቁላይአያስፈሩ።በቅንነትለሚሰጡ ንምላሽከብእያመሰገንንየሚሰጡንንማንኛውምአስተያየትምስጢራዊነቱየተጠበቀእንደሆነልናረጋግጥልእንወዳለን።

ክፍልአንድ

የአስተያየትሰጪዎችአጠቃላይመረጃ

1. እባክዎንቀጥሎለተመለከቱትየግልሁኔታያጥያቄዎችባደቦታውንበመሙላትናየልስዎንትከከለኛምርጫበ**ማክበብ**ይመ ልሱልን።

1.1. **የሥራቦታከተማ**................ከፍለከተማ/ቅርንጫፍ............... ወረዳ/ቀበሌ..............

1.2. **ጾታ፦** 1/ወንድ 2/ ሴት

1.3.**እድሜ፦**

   1/ ከ18-31 2/ ከ32-46 3/ ከ47-59 4/ ከ60 በላይ

1.4.**የትምህርትደረጃ፦**

   1/ የመጀመሪያደረጃ 2/ ሁለተኛደረጃ 3/ ዲፕሎማ

   4/ የመጀመሪያዲግሪ 5/ሁለተኛዲግሪናከዚያበላይ

ክፍልሁለት

2. ከዚህበታችለተዘረዘሩትጥያቄዎችመልሱንብቻ**ማክበብ**ምላሽዎንይስጡ።

2.1. የወሳኝኩነትምዝገባበክልል፣በዞን፣በወረዳእናበቀበሌያለውየመረጃቅብብሎሽሥርዓትመናዊነትን (በመረጃቴክኖሎጂየታገዘ) እናፍነትንየተከለነው።

1/ እስማማለሁ   2/ በመጠኑእስማማለሁ   3/ አልስማማም

2.2. የምዝገባሥሮፑቴጊዜያለፈባቸውህጎችናየምዝገባሂደቶችን……

1/ የተከተለነው 2/ የማይከተልነው 3/ መሻሻልየሚያስፈልገውነው

2.3. ኤጀንሲውየወሳኝኩነትምዝገባሥራትበመገንባትሂደትያጋጠሙተግዳሮቶችንለመቅፍየጥናትናምርምር ሥራዎችንያካሂዳል።

1/ እስማማለሁ   2/ በመጠኑእስማማለሁ   3/ አልስማማም

2.4. በማንዋልየተደራጁመረጃዎችንሲፈለጉበቀላሉየምዝገባቅጾቹየተደራጀበትንቦታለመለየትናለማውጣትየሚያ ስቸልአሥራትፈጥሯል።

1/ እስማማለሁ   2/ በመጠኑእስማማለሁ   3/ አልስማማም

2.5. የወሳኝኩነትምዝገባማስረጃዎችንየትኞቹተቋማትበሥራዎቻቸውእየተጠቀሙበነው።

1/   የውጭጉዳይሚኒስቴር   2/የፍትሕአካላት   3/ጤናጥበቃሚኒስቴር 4/ስደተኞችናከስደተተመላሾቱዳይአስተዳደር   5/የኢትዮጵያባህርትራንስፖርትናሎጂስቲክአገልግሎትሌላካለይጥቀሱ------
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ክፍልሦስት

3.   በሚከተለውሠንጠረዥየቀረቡትንመመዘኛጥያቄዎችበተቀመጡትትይዮቶታዎችእናደረጃዎች   / /
ምልክትበማድረግምላሸትንይስጡ።

የመመዘኛደረጃዎች:- 1/ በጣምዝቅተኛ   2/ ዝቅተኛ   3/ መካከለኛ

4/ ከፍተኛ   5/ በጣምከፍተኛ

ተ.ቁ	*መመዘኛዎች*
3.1	የወሳኝኩነትምዝገባሥርዓቱላይበተደጋጋሚየማግባትናየመፍታትአካባቢያዊልምድ
3.2	ህብረተሰቡየወሳኝኩነትምዝገባንለማካሄድየሚጠቀምባቸውሐስተኛየመረጃስነዶች
3.3	በወሳኝኩነቶችምዝገባሥርዓቱከማዕከላዊስታትስቲከስጽ/ቤት፣ከፍትህአካላት፣ከሃይማኖትተቋማት፣ከጤናቢሮ፣ከትምህርትቢሮወዘተ…ጋር
3.4	የወሳኝኩነትተቋማትንየማጠናከርናየፕሮግራምአመራርጋፍከትትልናቁጥጥርሥራንበተገዉትኩረተየመምራትሁኔታ
3.5	ቀደምሲልተደመሩየለደት፣የጋብቻ፣የፍቺእናየሞትኩነቶችምዝገባየአሠራሩጤታማነት
3.6	የወሳኝኩነትምዝገባሥርዓቱንበማዕከል፣በማስተባበሪያናበምዝገባጽ/ቤቶችበአግባቡለማከናወንየሚውልየመደበኛበጀትአቅርቦት
3.7	የምዝገባመሣሪያንናሌሎችየግብአትአቅርቦትናሥርጭት

ክፍልአራት

4. የፌዴራልወሳኝኩነትምዝገባኤጀንሲቀጣዮንሥራተሻለማድረግምንአይነትመንገዶችንቢጠቀምውጤታማይሆናል?

_____

_____

_____

                    መጠይቁንሞልተውስለሰጡንከፍያለምስጋናችንንእናቀርባለን!!!

Guideline for Focus Group Discusstion

በወሳኝኩነትምዝገባላይየቀረቡቃለ-መጠይቅእናቡድንተኮርውይይትጥያቄዎች

1. እናንተጋርእየተመዘገቡያለውየወሳኝኩነትምዝገባየትኛውነው?/ልደት፣ሞት፣ጋብቻ፣ፍቺ/

2. የሳኝኩነትማስረጃዎችንእንዴትትጠቀሙበታላችሁ? / ለውሳኔአሠጣጥ

3. በአብዛኛውእየተመዘገበያለውኩነትየትኛውነው?

4. የምትመዘግቡበትቅጽየተደራጀበትንቦታለመለየትናስፈላጊሆኖሲገኝበቀላሉለማውጣትየሚያስችልአሠራርአላችሁ?/ወዲያውይገኛል?

   - በኮምፒውተርየተደራጀነው?

5. ምዝገባውንለማካሄድበአማካይምንያህልጊዜይወስድባችዋል?

6. መረጃውያስፈልጋቸዋለምንላቸውተቋማት (ወኩምኤጀንሲ፣ሴንትራልስታትስቲክስኤጀንሲ… መረጃየምታስተላልፉበትሁኔታአለ? /ቅንጅታዊአሠራራችሁ

7. ከወሳኝኩነትምዝገባኤጀንሲጋርመደበኛየግንኙነትጊዜአላችሁ?/ሥራዎችንለመገምገም

8. አስፈላጊየምዝገባቁሳቁሶች (Materials) እናበጀትየተሟሉናቸው?

Questionnaire English Version

This questionnaire prepared to identify the implementation, practices and challenges of Federal Vital Registration System and get feedback from employee as well as the residents.

Questionnaires   Objectives -to assess the practices and challenges of modern Vital Registration System. The study results analyzed and discussed by the general opinion of respondents. Therefore, no need of writing the name on the paper.

We thank you for kindly giving the response keeping your ethical consideration.

Part One

Demographic Data
1. Fill in the blank space and circle the alternative based on personal data request.

1.1. Occupational place City.............Sub-City................. Weredas / Kebeles...................

    1.2. Sex 1/Male   2/ Female

1.3.Age

    1/ 18-31   2/ 32-46   3/ 47-59   4/ >60

1.4.Education

    1/ Primary   2/ Secondary   3/ Diploma

    4/ Degree   5/Masters and above

Part Two

    2. Circle your answer in the following questions.

2.1.   Vital Registration System of information/ Data exchange is using updated technology, modernity, and efficiency in weredas, kebeles and reginal states.

1/ Agree   2/ Slightly agree   3/ Disagree

2.2.   The VitalRegistration System outdated laws and procedures……

 1/ Has existed   2/ Not existed   3/ Needs amendment

2.3.   The Agency carried out research work on different issues that faces the problems.

1/ Agree   2/ slightly agree   3/ Disagree

2.4.   We can get a data easily, when we need on its identified places.

1) Agree   2) Slightly agree   3) Disagree

2.5.   Which Institution use highly on its activities of Vital Registration System.

1) Ministry of Affairs   2) Justice bodies   3) Ministry of health

4) Migrants and Returnees of Refugee Administration

5) Ethiopia Maritime and logistic service   6) others_____

Part Three

Put your answer on the table below parallel to the question by using a sign / /.

Criteria level;   1/ Very low   2/ Low   3/ Medium   4/ High   5/ Very high

NO	Criteria	Very low	Low	Medium	High	Very high
3.1	Cultural taboos and traditional practice of mirage and divorce					
3.2	The society who use forged certificate of Vital Registration System					

3.3	Coordination work with stakeholders/ Justice bodies, Religious institution, Education bureau etc…/					
3.4	Monitoring and Evaluation work to strength Vital Registration System sectors					
3.5	The previous work effectiveness on birth, mirage, divorce and death implementation					
3.6	Budget allocation for Vital Registration activities, in central, regional states, and registration offices					
3.7	The supply of registration tools, other materials and its distribution					

Part Four

4. How would the Agency moved forward and perform the oncoming activities?

_____

_____

We thanks for giving your response!!!

Guideline for interview and focus group discussion

1. Which type of registration record in your institution? /birth, death, mirage, and divorce/
2. How we use Vital Registration data in your institution? /For decision making /
3. Which type of registration more?
4. Do you have well organized place of registration form and available when its necessary?
   - Is that computerized system?
5. How long it takes registration on average?
6. How you exchange data with institution? /Coordination work/
7. Do you have a time with Agency to monitor and evaluate activities?
8. Do you have necessary materials and budget?