

ZAMBIA



2017 VITAL STATISTICS REPORT



Republic of Zambia

2017 VITAL STATISTICS REPORT

Zambia Statistics Agency
Lusaka, Zambia

Ministry of Home Affairs
Lusaka, Zambia

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Abstract

Vital Statistics are a key ingredient for evidence-based planning and for monitoring implementation of development goals and health interventions. In an effort to provide informative vital statistics, the Department for Civil Registration has embarked on reforming and improving civil registration and this report is the outcome of such efforts with the help of stakeholders and cooperating partners.

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PREFACE

Vital Statistics are a key ingredient to good governance, national planning and monitoring of development programmes including health interventions and provision of quality education. It is therefore critical for countries to have a reliable and continuous source of vital statistics. One of such sources of vital statistics is a well-developed Civil Registration and Vital Statistics (CRVS) system that is continuous, permanent, compulsory and universal. For Zambia, like the case maybe for other African countries, the Zambian Government has been implementing strategies aimed at reforming and improving the civil registration and vital statistics system. These efforts among others, have resulted in the routine generation and publication of the civil registration based annual vital statistics reports from 2016. This vital statistics report therefore, covers events that were registered and certified in 2017 with focus on births, deaths and causes of death. Annual production and publication of vital statistics reports is expected to respond to a number of vital statistical needs for the country, including monitoring the implementation of the Seventh National Development Plan (7NDP), Vision 2030 and the Sustainable Development Goals (SDGs).

It is important to state that, the country is still faced with a number of challenges affecting the compilation of vital statistics. Key among them is the low coverage and completeness rate for birth and death registration which limits the compilation and usage of vital statistics based on civil registration data. The implementation of the 2015 – 2017 National Strategic Action Plan (NSAP) for reforming and improving the CRVS system has created a conducive platform for achieving increased coverage through collaborative effort with CRVS stakeholders and cooperating partners. This vital statistics report, therefore, showcases how much progress has been made in this respect and also highlights the short comings and limitations that need to be addressed in order to achieve a comprehensive Civil Registration and Vital Statistics System.



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ACKNOWLEDGEMENTS

The Department of National Registration, Passport and Citizenship in the Ministry of Home Affairs appreciates the invaluable contributions of all stakeholders in the CRVS system in the notification, registration and certification of the vital events highlighted in this report. Civil registration is so multifaceted that without collaboration, no meaningful results can be recorded, especially in a system that is in its infancy of development. Further, compilation, analysis and presentation of the statistics that emanate from civil registration can only be a result of a coordinated team in the CRVS system

Special thanks go to the following Ministries, institutions and partners: the Ministry of Health, Ministry of National Development Planning, Ministry of Local Government and Housing, Ministry of Community Development and Social Services, and Ministry of Chiefs and Traditional Affairs for their contribution to the registration of births, deaths and the compilation of causes of death information. Collaboration with the Zambia Statistics Agency (formerly Central Statistical Office) has been key in the production of vital statistics from registered vital events.

The Government of the Republic of Zambia appreciates the United Nations Economic Commission for Africa for driving the CRVS agenda and compelling UN member countries to generate Vital Statistics reports regardless of the level of completeness. Further, financial support from Global Fund and the Bloomberg Data for Health Initiative (BD4HI) towards data processing and writing of the report is highly appreciated.

Lastly, but not the least, I would also like to specially recognize the tireless efforts and commitment of the Civil Registration and Vital Statistics Technical Working Group members towards the improvement of civil registration in Zambia.



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EXECUTIVE SUMMARY

The African Union (AU) and the United Nations Economic Commission for Africa (UNECA) through the Africa Programme for Accelerated Improvement of Civil Registration and Vital Statistics (APAI - CRVS) have been encouraging AU member Countries to start producing Vital Statistics from Civil Registration. In Zambia, production of Vital Statistics is spearheaded by the CRVS Technical Working Group (TWG) chaired by the Zambia Statistics Agency while the Department of National Registration, Passport and Citizenship (DNRPC) serves as secretariat. Global Fund (GF) and Bloomberg Data for Health Initiative (BD4HI) provided financial and technical support towards the development of this report. The team further utilised technical assistance from Statistics Norway and UNECA provided during the vital statistics writing workshop held in Nairobi, Kenya in October 2017.

This vital statistics report has been generated based on births and deaths registered and certified in 2017 by the DNRPC, which is the country's civil registration authority. The report reveals that an overall coverage rate for Birth Registration is 19.2 percent while certification is 15.3 percent. On the other hand, death registration completeness rate stands at 20.6 percent while death certification is at 19 percent. With regards to data from regions, birth certification rates are 17.5 percent for urban and 13.9 percent for rural areas. The rates for death certification are 45.2 percent for urban areas and 0.9 percent for rural areas. The data suggests that both birth and death registration is higher in urban areas than in rural areas.

The report shows that the national sex ratio at birth for 2017 was 100. This indicates that there were 100 males born per 100 females born, suggesting that there was an equal number of males and females registered live births.

The crude death rate (CDR) was 1.9 deaths per thousand midyear population which is far below the 2010 census figure of 13.0 and 12.3 in the 2015-16 SAVVY Report. This suggests low completeness of death registration in the civil registration system. Rural areas recorded a much lower crude death rate (0.1%) compared to urban areas (4.3%).

ABBREVIATIONS AND ACRONYMS

BD4HI	Bloomberg Data for Health Initiative
CR	Civil Registration
CRC	Convention on the Rights of a Child
CRVS	Civil Registration and Vital Statistics
CSO	Central Statistical Office
DHS	Demographic Health Survey
DNRPC	Department of National Registration, Passport and Citizenship
ICD	International Classification of Diseases
ICT	Information and Communication Technology
INRIS	Integrated National Registration System
MCDMCH	Ministry of Community Development, Mother and Child Health
MDD	Management Development Division
MDG	Millennium Development Goals
MoH	Ministry of Health
MoHA	Ministry of Home Affairs
MoLGH	Ministry of Local Government and Housing
MoYS	Ministry of Youth and Sport
NSAP	National Strategic Action Plan
NGO	Non-Governmental Organization
RSA	Republic of South Africa
SAVVY	Sample Vital Registration with Verbal Autopsy
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations International Children Education Fund
UNDP	United Nations Development Fund
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
USAID	United States Agency for International Development
VA	Verbal Autopsy
VS	Vital Statistics
ZDHS	Zambia Demographic Health Survey
ZLDC	Zambia Law Development Commission
SDGs	Sustainable Development Goals

Definitions

The United Nations defines **Civil Registration** as the continuous, permanent, compulsory and universal recording of the occurrence and characteristics of vital events pertaining to the population in accordance with legal requirements of each country (UNSD, 2014).

A **vital statistics system** is defined as a “process of compiling, processing, evaluating, presenting and disseminating civil registration information in statistical form” (UNSD, 2014).

Vital Events are events concerning life and death of individuals, as well as their family and civil status (UNSD, 2014). These vital events are live births, adoptions, legitimations, recognitions, deaths and foetal deaths, marriages, divorces and separations.

Crude death rate; is the number of deaths per thousand midyear population

Coverage; means the extent to which the registration system applies to the entire population - a basic requirement within a vital statistics system is that each vital event occurring within the geographical area covered by the system be registered once and only once for legal purposes and reported for statistical purposes within the time period stipulated by law.

Completeness; means the extent to which all births and deaths are reported where the registration system applies, whereas the coverage refers to the extent to which the registration system applies to the entire population.

Notification; is the provision of all the information on and all the characteristics of an event that is to be legally registered by the local registrar or legal agent (UNSD, 2014).

Registration; A vital event is registered when a local civil registrar makes an entry of the occurrence and characteristics of the vital event in the appropriate register (World Bank Group, 2014).

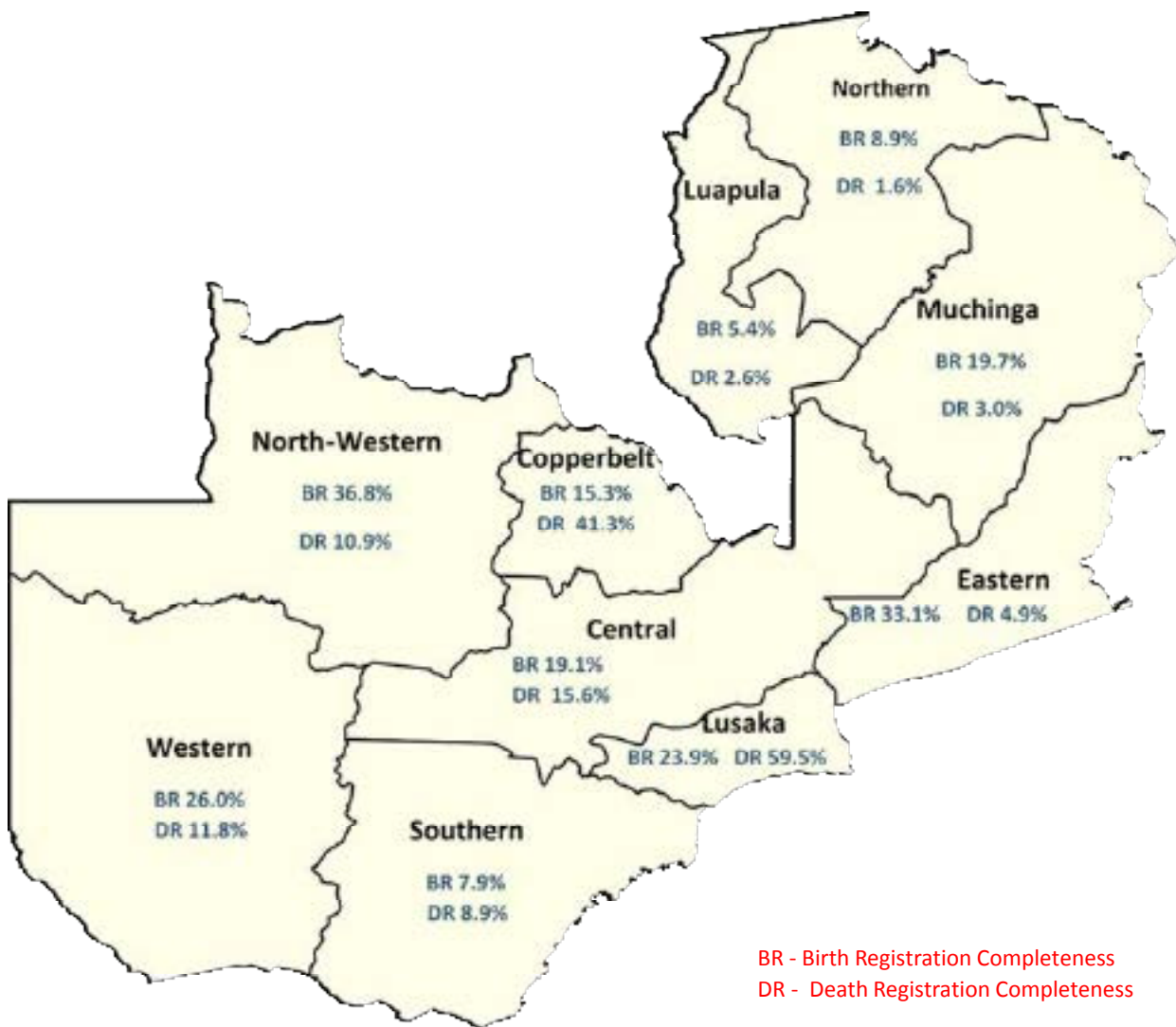
Live birth as “the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached; each product of such a birth is considered live born (all live-born infants should be registered and counted as such, irrespective of gestational age or whether alive or dead at the time of registration, and if they die at any time following birth, they should also be registered and counted as deaths), (UN, 2014).

Causes of death: All diseases, morbid conditions or injuries that either resulted in or contributed to death, and the circumstances of the accident or violence that produced any such injuries.

Underlying cause of death: The disease or injury which initiated the train of morbid events leading direct to death, or circumstances of the accident or violence which produced the fatal injury, (UN, 2014).

Death: The permanent disappearance of all evidence of life at any time after the occurrence of live birth, i.e., the postnatal cessation of vital functions without capability of resuscitation. This definition excludes foetal deaths.

Birth and Death Registration Coverage, Zambia 2017



Chapter I: Introduction and Background

Measuring the progress towards the realisation of Sustainable Development Goals require a sustained source of data that speaks to the outlined indicators. Several SDG indicators require data from civil registration to measure progress. For this reason, Zambia has embarked on improving the Civil Registration and Vital Statistics system. Beginning 2016, the country started producing Vital statistics based on civil registration data. This report provides vital statistics from civil registration on births, deaths and causes of death for the years 2017.

Further, the report provides an insight of the occurrence and characteristics of births and deaths which assist in formulation of evidence-based education and health policies. Information on the mortality levels and trends is important for the identification of emerging diseases and conditions. It is also helpful in tracking population health.

Civil Registration in Zambia is the mandate of the Department of National Registration, Passport and Citizenship (DNRPC) whereas the Zambia Statistics Agency is the sole designated entity responsible for the publication of official statistics. The Agency is also mandated to develop and coordinate an integrated National Statistical System coupled with promoting the usage of statistics. The 2017 Vital Statistics report is a product of the collaborative efforts between the two institutions.

The country needs a functional CRVS system that can enable it not only to measure the performance towards achieving Sustainable Development Goals (SDGs), but aspirations in the Seventh National Development Plan (7NDP) and successive Development Plans and other health interventions especially those related to reproductive, maternal, child and adolescent health. The causes of death derived from a functional civil registration system are key in monitoring progress made in reducing deaths attributable to HIV and AIDS, tuberculosis, malaria, non-communicable diseases and external causes such as road traffic accidents.

Analysis of 2017 civil registration data highlighted a number of issues that should inform efforts aimed at improving data collection. The analysis team worked with certain assumptions to be able to code a number of key variables such as region, occupation, relationship, education level to make the analysis possible. For example, to be able to analyse region, place of birth was used.

Chapter 2: Civil Registration and Vital Statistics System

2.1. The Civil Registration and Vital Statistics System

The CRVS system records vital events such as births, deaths, marriages, divorces and foetal deaths. The civil registration authority creates a permanent record of each event and other interlinked institutions mandated to produce vital statistics then generate vital statistics from the civil registration records for publication. The CRVS system in Zambia captures vital events through an administrative system in line with the relevant pieces of legislation. In Zambia, the Civil registration system in its current form does not capture or record all UN recommended vital events but only captures, births, deaths and causes of death information. Information on marriages and divorces is fragmented between the judiciary and local authorities with a few statutory marriages recorded in the civil registration system.

2.2. History

Registration of vital events was introduced in the Country by the Colonial government in the early 1900s. However, the system only provided for the registration of events occurring among the whites and those of Asian origin, thus, leaving out the registration of indigenous people. This was the case even after independence in 1964 until 1973 when a law was enacted to provide for the registration of “every birth and every death that occurs within the boundaries of Zambia without distinction to origin or descent”. This law is called the Births and Deaths Registration Act Cap 51 of the Laws of Zambia.

Zambia is among African Countries implementing the Africa Programme for Accelerated Improvement of CRVS (APAI-CRVS). After conducting a comprehensive CRVS assessment in 2013, the country formulated a five year strategic plan with implementation period running from 2015 to 2019. The plan has helped to address organizational and administrative issues, legal framework and integrating civil registration in the health system. It has also helped towards improving birth and death registration coverage and generation of vital statistics including causes of death from civil registration.

2.3. Legal and administrative issues

Registration of vital events in the country is provided for in the following pieces of legislation;

- i. Birth and Death Registration Act Cap. 51,
- ii. Marriage Act Cap. 50,
- iii. Adoption Act Cap 54.

The Department of National Registration Passport and Citizenship has a mandate of vital event registration in collaboration with other key players. These players in the civil registration system include; Ministry of Health who issue birth records and medical certificates of cause of death which documents form the basis for birth and death registration respectively. Local Authorities participate in the registration process of statutory marriages through solemnization and issuance of certificates of marriages. On the other hand, the Department of Social Welfare in the Ministry of Community Development and Social Services facilitates the adoption process to the point when adoption orders are granted by the Courts of Law.

Birth and Death registration is compulsory as provided for under the Births and Deaths Registration Act Chapter 51 of the Laws of Zambia. The Law further provides for the time frames within which these events must be registered as shown in Table 1.

Table 1: Birth and Death Registration Timelines

No.	Registration Timeliness	Birth	Death
1	Current Registration	1 Month	1 Month
2	Late registration	2-12 Months	2-3 Months
3	Delayed registration	After 12 months	After three months

An event registered within the required registration time frame is free. However, the Law provides for penalties for late and delayed registration. In order to encourage reporting and registration of births and deaths, penalties for late and delayed registration are not enforced.

2.4. Registrars and Registration Officers

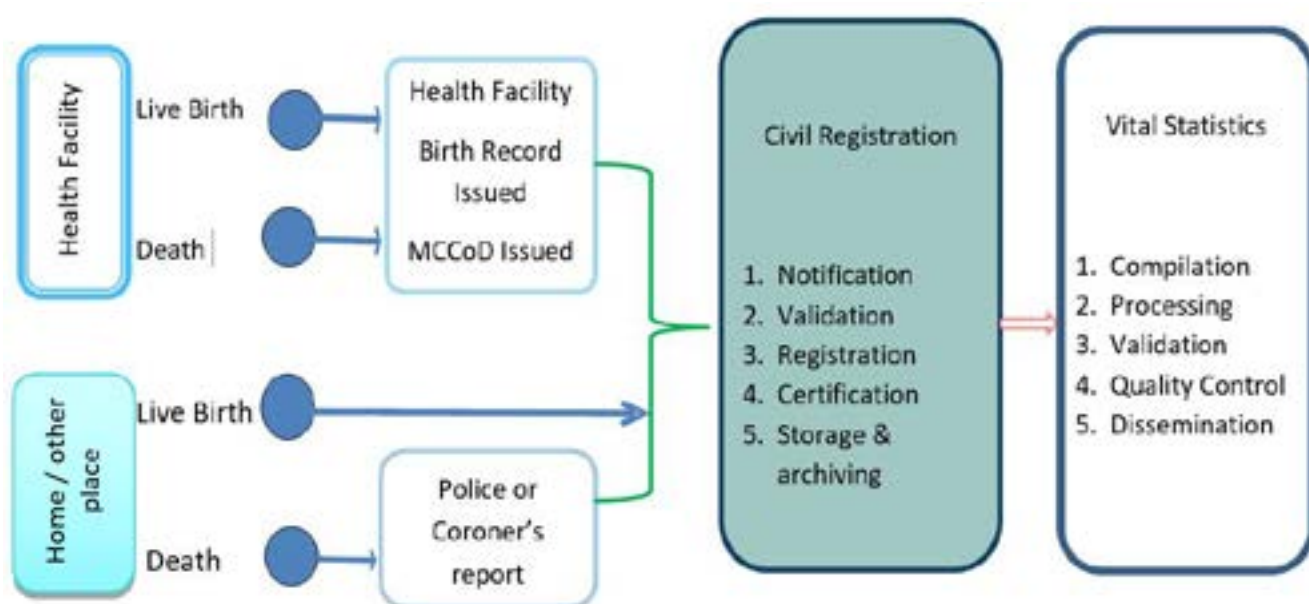
The birth and death registration Act provides for the appointment of Registrars and establishment of registration centres. According to the Law, the Minister may appoint any person in the country, in addition to appointed civil registrars, to act as a Registrar of births and deaths.

2.5. Institutional arrangements for civil registration and vital statistics

The registration process for vital events is such that, the target events are registered from various registration points. Completed notification forms are verified and processed into the civil registration system.

In Zambia, the issue of collaboration and inter-ministerial engagements is at the heart of interventions being employed to improve the CRVS system. For example; the 2013-14 ZDHS report shows that 67 percent of all births occur in health facilities while the 2015 SAVVY report indicates that 53 percent of all deaths occur in health facilities. This places the Ministry of Health at a strategic position with respect to capturing of facility events, such that if all health facilities would register each and every birth, then coverage for under five children would rise to about 67 percent birth registration coverage.

Figure 2.1 Simplified Process Flow for Registered Vital Events



To produce vital statistics, data from the civil registration system is electronically shared with the national statistical authority for data processing, analysis and publication.

2.5.1 Transfer of records and information flow in the civil registration system

Birth and Death notification takes place in the district of occurrence as stipulated in the Birth and Death Registration Act. Once the vital event is notified, the District Registrar validates and enters it in the district register. The notification forms are then entered in the electronic civil register and certificates are issued at provincial level. Certificates are then sent to the registration districts for issuance to the respective applicants.

Since 67 percent of all births occur in health facilities, the civil registration authority has partnered with the Ministry of Health to start completing birth notifications at the point of occurrence (selected health facilities).

2.5.2 Systems for checking, editing and validating data

Data quality is ensured in the process of registration, there are mandatory fields that must be completed and validation is done by the District registrar. During processing in the civil registration system, the second level involves quality checks and editing.

2.5.3 Organization of vital statistics production and dissemination

Registration of vital events happens to be the process of data collection for vital statistics. Previously, the focus for the civil registrar was to collect data for the purpose of issuing a certificate. However, forms were updated in 2016 by including statistical variables in line with UN recommendation. The inclusion ensures that statistical variables are collected and processed. The events data are de-identified for onward transition to the statistical authority.

Chapter 3: Data Quality and Completeness

3.1 Birth Registration Completeness

Civil registration and Vital statistics from different sources need to be of the highest quality to serve as the basis for good decision-making. Completeness of the data is key in ensuring quality. According to World Bank (2014), there are six milestones for birth registration; notification, validation and verification, registration, certification, sharing, storage and archiving. In this report only birth registration and certification milestones are analysed. The completeness of birth registration and certification is shown in tables 3.1 to 3.3 while that of death registration and certification is shown in Tables 3.4 and 3.5.

Overall, birth registration completeness was 19.2 percent. At provincial level, North Western had the highest at 36.8 percent, followed by Eastern with 33.1 percent. Western was third with 26 percent. Luapula had the lowest birth registration completeness at 5.4 percent and Southern was second from bottom with 7.9 percent.

Table 3.1: Birth Registration Completeness by Province, Zambia 2017

Province	Estimated Annual Births	Number of Births		Percentage of Completeness
		Registered		
Zambia	683,189	131,208		19.2
Central	67,227	12,854		19.1
Copperbelt	91,795	14,008		15.3
Eastern	84,877	28,057		33.1
Luapula	54,435	2,953		5.4
Lusaka	117,161	28,042		23.9
Muchinga	45,161	8,872		19.7
Northern	62,434	5,578		8.9
North Western	37,823	13,907		36.8
Southern	81,960	6,456		7.9
Western	40,316	10,481		26.0

Information on birth certification is shown in Table 3.2 and Table 3.3. In 2017, the country recorded 15.3 percent certification as shown in Table 3.2.

Table 3.2: Birth Certification by Province, Zambia 2017.

Province	Estimated Annual Births	Number of Births		Percentage of Completeness
		Certified		
Zambia	683,189	104,816		15.3
Rural	411,260	57,045		13.9
Urban	271,929	47,600		17.5
Central	67,227	13,748		20.5
Copperbelt	91,795	16,438		17.9
Eastern	84,877	22,597		26.6
Luapula	54,435	3,807		7.0
Lusaka	117,161	28,462		24.3
Muchinga	45,161	1,385		3.1
Northern	62,434	2,864		4.6
North Western	37,823	4,308		11.4
Southern	81,960	8,964		10.9
Western	40,316	2,243		5.6

Table 3.3 shows the completeness of birth certification by province for the years 2013 to 2017. Despite the gradual increase in overall births certified over the period 2013-2017, the completeness has been below 20 percent. The top three provinces that recorded the highest increases in completeness were Eastern with 26.6 percent followed by Lusaka with 24.3 percent and Central with 20.5 percent. The bottom three provinces with the lowest registration completeness were Muchinga with 3.1 percent, Northern with 4.6 percent and Western with 5.6 percent.

Table 3.3: Birth Certification by Province, Zambia 2013-2017

Province	2013	2014	2015	2016	2017
Zambia	1.3	7.1	9.3	14.7	15.3
Central	3.2	2.4	5.9	27.7	20.5
Copperbelt	0.4	5.2	14.6	16.4	17.9
Eastern	3.0	13.1	6.4	8.9	26.6
Luapula	1.1	14.0	8.9	16.8	7.0
Lusaka	0.3	5.5	20.2	28.8	24.3
Muchinga	0.2	16.3	7.5	4.8	3.1
Northern	0.2	1.4	1.5	3.4	4.6
North Western	0.4	3.4	3.9	4.2	11.4
Southern	1.3	6.1	3.6	8.7	10.9
Western	3.0	5.4	9.4	8.5	5.6

3.2 Death Registration Completeness

Table 3.4 shows a 20.6 percent death registration completeness at national and provincial levels for the year 2017. This represents a 0.6 percent increase from 2016. At provincial level, Lusaka Province had the highest death registration completeness at 59.5 percent, followed by Copperbelt Province at 41.3 percent. Northern province had the lowest death registration completeness at 1.6 percent.

Table 3.4: Death Registration Completeness by Province, Zambia 2017.

Province	Estimated Annual Deaths	Number of Deaths Registered	Percentage of Completeness
Zambia	206,224	42,453	20.6
Central	19,701	3,067	15.6
Copperbelt	30,249	12,501	41.3
Eastern	28,620	1,392	4.9
Luapula	19,154	492	2.6
Lusaka	33,204	19,745	59.5
Muchinga	13,080	398	3.0
Northern	17,616	280	1.6
Northwestern	9,309	1,016	10.9
Southern	20,618	1,832	8.9
Western	14,673	1,730	11.8

Table 3.5 shows the death certification completeness at national and provincial levels for the year 2017. Overall, death certification completeness was at 19.0 percent. It was much higher in urban areas, 45.2 percent as opposed to rural areas 0.9 percent. At provincial level, Lusaka Province had the highest death registration completeness at 61.2 percent, followed by Copperbelt Province at 43.0 percent. Northern and Western provinces had the lowest death registration completeness at 0.1 percent each.

Table 3.5: Death Certification Completeness Rate by Province, Zambia 2017.

Province	Estimated Annual Deaths	Number of Deaths Certified	Percentage of Completeness
Zambia	206,224	39,150	19.0
Rural	122,109	1154	0.9
Urban	84,115	37,996	45.2
Central	19,701	3696	18.8
Copperbelt	30,249	12,997	43.0
Eastern	28,620	704	2.5
Luapula	19,154	365	1.9
Lusaka	33,204	20,336	61.2
Muchinga	13,080	166	1.3
Northern	17,616	22	0.1
Northwestern	9,309	314	3.4
Southern	20,618	535	2.6
Western	14,673	15	0.1

Chapter 4: Births

This chapter presents data on registered live births. It presents information on the number of births registered in the electronic civil registration database from 2013 to 2017. There is an under-representation for the first two years as a large number of births registered in those years was not entered in the electronic civil registration system. Registration was done using the paper-based system.

4.1 Registered Live Births by Province

Table 4.1 presents the trend in the number of registered births by province. Since 2013, there has been an increase in the number of registered births in the country. The number of registered births increased from 8,111 in 2013 to 104,816 in 2017. The biggest increase in the number of registered births was recorded in Lusaka Province from 313 in 2013 to 28,462 in 2017. Western Province recorded the lowest increase from 1,179 in 2013 to 2,243 in 2017.

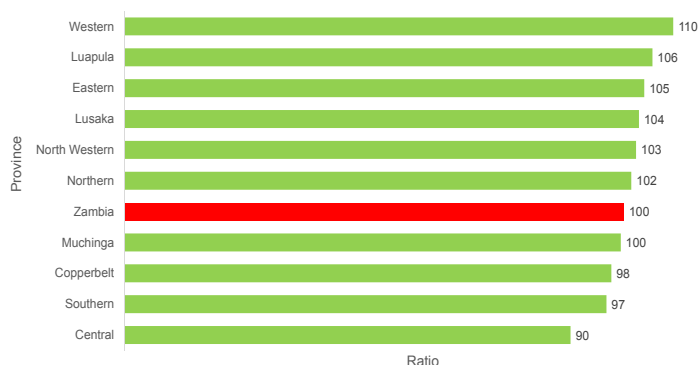
Table 4.1 Total Number of Live Births Registered by Province, 2013-2017

Province	Year				
	2013	2014	2015	2016	2017
Zambia	8,111	45,661	60,973	98,448	104,816
Central	2,030	1,562	3,808	18,280	13,748
Copperbelt	363	4,499	12,846	14,775	16,438
Eastern	2,361	10,593	5,290	7,459	22,597
Luapula	582	7,364	4,754	9,043	3,807
Lusaka	313	5,883	22,195	32,726	28,462
Muchinga	63	6,737	3,179	2,109	1,385
Northern	107	823	875	2,078	2,864
North Western	140	1,255	1,423	1,550	4,308
Southern	973	4,801	2,851	7,025	8,964
Western	1,179	2,144	3,752	3,403	2,243

4.2 Sex Ratio at Birth

Sex ratio at birth is defined as the number of males per hundred females born in a specified period of time. Figure 4.1 shows the sex ratio at birth by province. The national sex ratio at birth based on registered live births in 2017 was 100, indicating that there was an equal number of male and female registered live births. These results are not consistent with the census and other survey results which have consistently shown a higher sex ratio at birth. At provincial level, Western had the highest sex ratio of registered live births at 110, whereas Central had the lowest at 90.

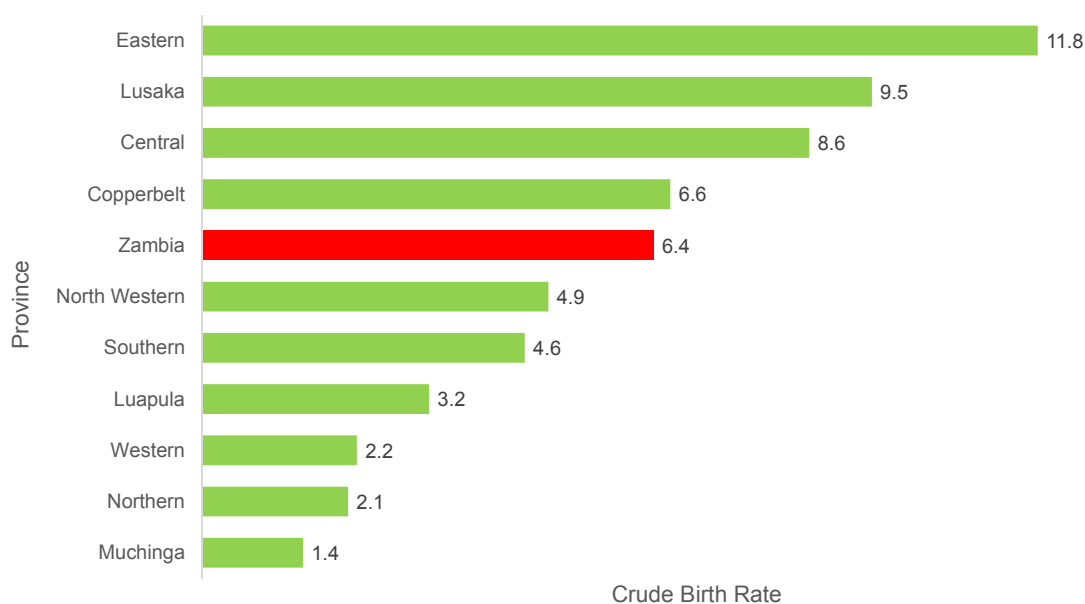
Figure 4.1: Sex Ratio at Birth among Registered Births by Province, Zambia 2017



4.3. Crude Birth Rate

Crude Birth Rate (CBR) is the number of births in a given year per thousand midyear population in that given year. To derive the CBR, registered births in 2017 were divided by the projected midyear population for the same year. The 2010 Census projections provided the estimated population for the year 2017. The CBRs derived from the civil registration births were very low, implying that the country's fertility rate was low which is not the case. This could be attributed mainly to the low birth registration completeness. According to the Zambia Demographic and Health Survey (ZDHS 2013-14), the crude birth rate was 37 births per thousand mid-year population. Hence a national crude birth rate of 6.4 in 2017 suggests very low birth registration completeness as opposed to low birth rate. The pattern is similar at provincial level.

Figure 4.2: Crude Birth Rate by Province, Zambia 2017



The number and percentage of registered births by sex and province is shown in Table 4.3. The pattern on registration by sex of the child is close to what is depicted by the sex ratio at birth. Overall, more male children (50.2 %) were registered than girls (49.8 %). The difference in the percentages could only

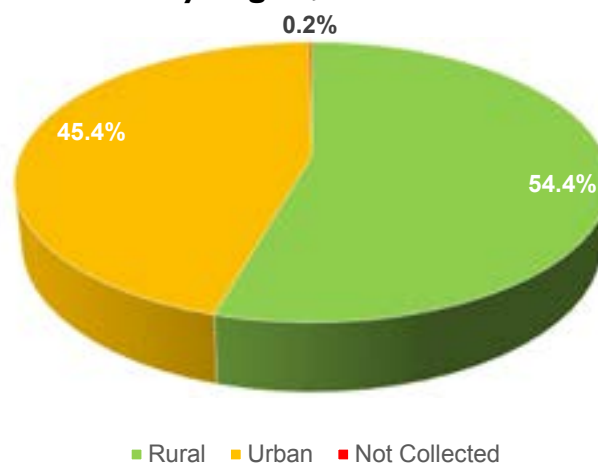
be due to the fact that there were more males born in the year than females. This pattern can also be observed at provincial level; the provinces that recorded the lowest sex ratio at birth (Central, Eastern and Western) had a higher percentage of female children registered as opposed to male children.

Table 4.3: Number and Percent of Registered Births by Province and Sex, Zambia 2017.

Province	Sex					
	Total		Male		Female	
	Number of Births	Percent	Number of Births	Percent	Number of Births	Percent
Total	104,816	100	52,537	50.1	52,279	49.9
Central	13,748	100	6,502	47.3	7,246	52.7
Copperbelt	16,438	100	8,134	49.5	8,304	50.5
Eastern	22,597	100	11,551	51.1	11,046	48.9
Luapula	3,807	100	1,961	51.5	1,846	48.5
Lusaka	28,462	100	14,476	50.9	13,986	49.1
Muchinga	1,385	100	692	50.0	693	50.0
Northern	2,864	100	1,446	50.5	1,418	49.5
North Western	4,308	100	2,185	50.7	2,123	49.3
Southern	8,964	100	4,413	49.2	4,551	50.8
Western	2,243	100	1,177	52.5	1,066	47.5

The percentage distribution of registered births by region is shown in figure 4.2.1. The figure shows that more births that occurred in rural areas (54.4 percent) were registered than those that occurred in urban areas (45.4 %).

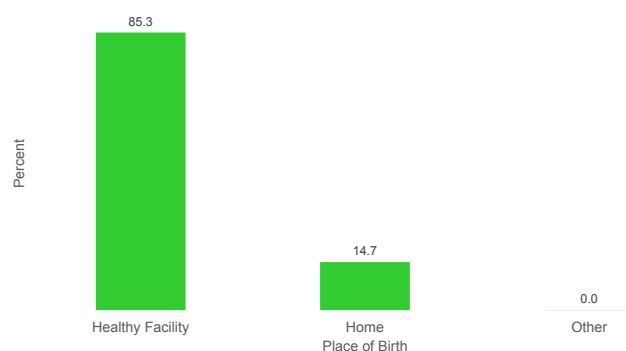
Figure 4.2.1 Percentage Distribution of Births by Region, Zambia 2017



4.4 Place of Birth

The percentages of births by place of occurrence are shown in Figure 4.3. About eighty five percent of births that were registered in 2017 occurred at health facilities while 14.7 percent of the births registered took place at home. Less than 1 percent occurred from any other place.

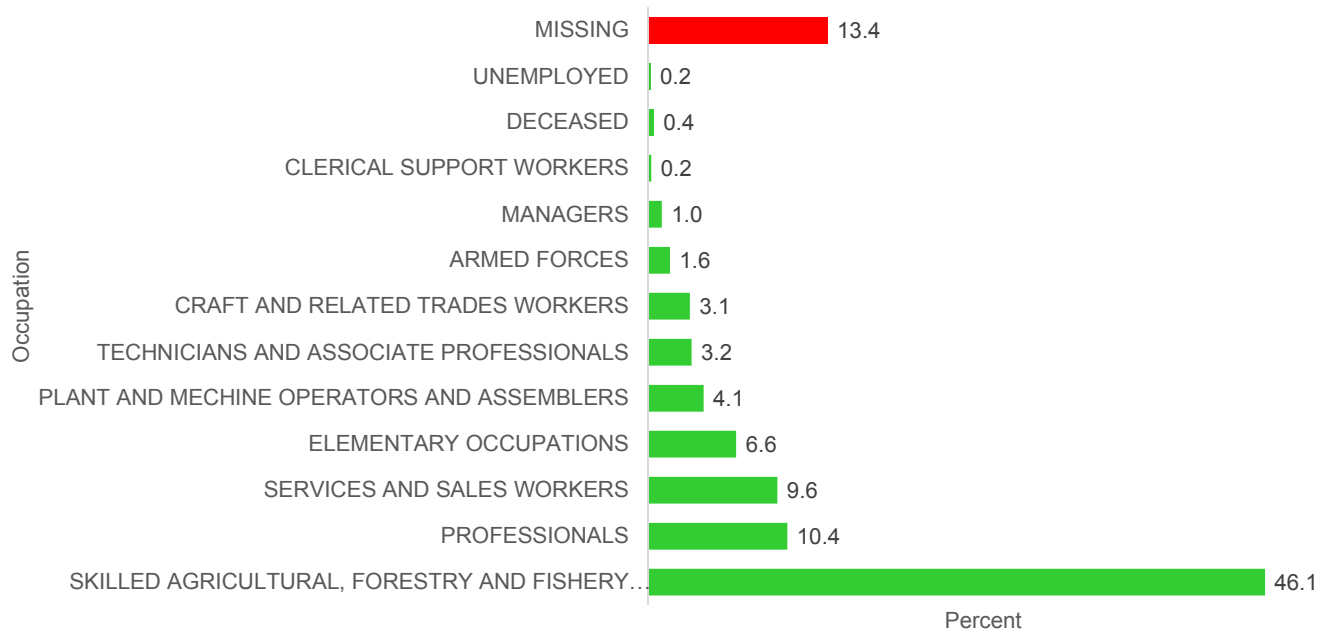
Figure 4.3: Percent of Births by Place of Occurrence, Zambia 2017



4.5 Birth Registration by Occupation

Information on registered births by occupation of the child's father is presented in Figure 4.4. The highest percentage of registered births were among children whose fathers were engaged in "skilled agriculture, forestry and fisheries" representing 46.1 percent. This was followed by those whose fathers were "professional workers" representing 10.4 percent. The least registered births were among children whose fathers were "unemployed" representing 0.2 percent.

Figure 4.4: Birth Registration by Occupation of Father, Zambia 2017



Chapter 5: Deaths

As discussed in chapter three, a total of 42,453 deaths were registered in 2017 of which, a total of 39,150 were certified. This chapter therefore, presents data on the certified deaths. Table 5.1 shows the number of certified deaths by age and sex in 2017. Of the total number of deaths certified, 16,610 were for males and 22,537 females. A total of 944 deaths certified had missing age variable, out of which 3 deaths had missing sex variable.

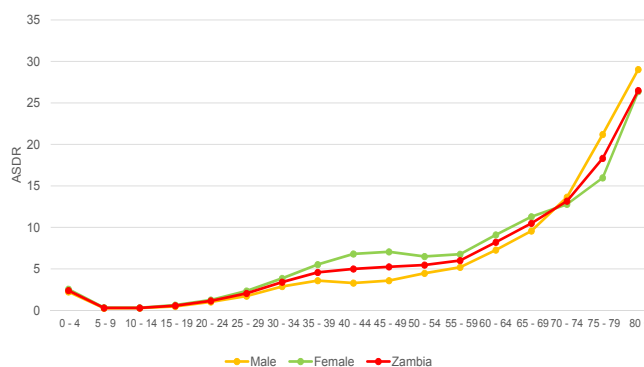
Table 5.1 Certified deaths by Age and Sex, Zambia 2017

Age Group	Sex - Number			Total	Percent
	Males	Female	Missing		
Less than 1 year	2,249	2,405	0	4,654	11.9
1-4 years	988	1,225	0	2,213	5.7
5-9 years	325	399	0	724	1.8
10-14 years	286	320	0	606	1.5
15-19 years	423	559	0	982	2.5
20-24 years	776	972	0	1,748	4.5
25-29 years	989	1,485	0	2,474	6.3
30-34 years	1,323	2,060	0	3,383	8.6
35-39 years	1,431	2,307	0	3,738	9.5
40-44 years	1,103	2,156	0	3,259	8.3
45-49 years	895	1,610	0	2,505	6.4
50-54 years	793	1,126	0	1,919	4.9
55-59 years	689	970	0	1,659	4.2
60-64 years	661	888	0	1,549	4.0
65-69 years	639	863	0	1,502	3.8
70-74 years	659	768	0	1,427	3.6
75-79 years	696	640	0	1,336	3.4
80-84 years	595	538	0	1,133	2.9
85+ years	726	669	0	1,395	3.6
Missing	364	577	3	944	2.4
Total	16,610	22,537	3	39,150	100

5.1. Age specific death rate

The age specific death rates are shown in Figure 5.1. Figure 5.1 shows that there are more deaths recorded per 1000 population in the ages 55 years and older. The age specific death rates are lowest in the age group 5 to 14. The rates, rise in the ages 20-49 and slightly reduce between ages 50 to 59. The pattern is similar for both males and females.

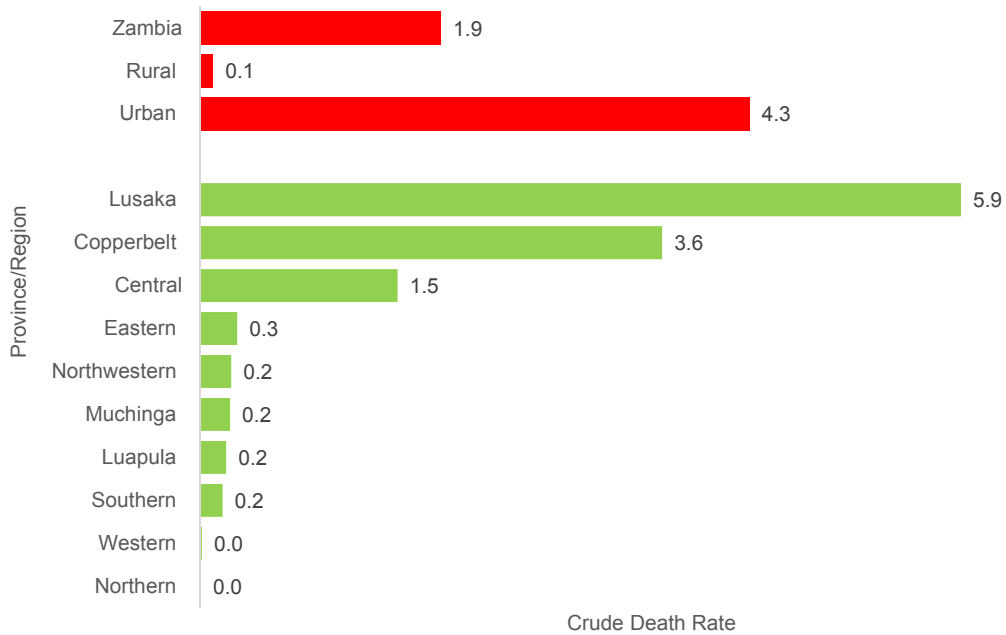
Figure 5.1: Age Specific Death Rates by Sex, Zambia 2017



5.2 Crude Death Rate

Figure 5.2 shows the Crude Death Rate (CDR) by Province and Region for the year 2017. The figure shows that CDR was 1.9 deaths per thousand midyear population, which is far below the 2010 census figure of 13.0 and 12.3 in the 2015-16 SAVVY Report. This suggests low completeness of death registration in the civil registration system. Rural areas recorded a much lower crude death rate (0.1) compared to urban areas (4.3). At provincial level, Lusaka had the highest crude death rate at 5.9 and North Western and Western had the lowest with less than one.

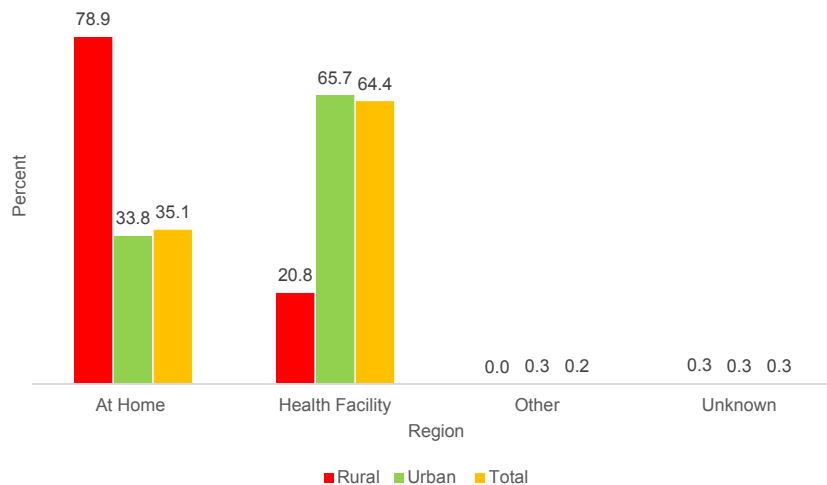
Figure 5.2: Crude Death Rates by Province and Region, Zambia 2017.



5.3 Place of Death

Figure 5.3 shows that there are more certified deaths occurring at Health facilities (64.4 %) than those occurring out of health facilities (35.6 %). Of the deaths occurring out of health facilities, 35.1 percent occur at home, 0.2 percent occur in other places and 0.3 percent at unknown places. On the other hand, the highest proportion of deaths in rural areas occurred at home (78.9 %) and about a quarter occurred from health facilities.

Figure 5.3: Registered deaths, Place of Death and region, Zambia 2017



Chapter 6: Causes of Death

This chapter presents causes of death information from the civil registration system for the year 2017. Figure 6.1 shows the change in the distribution of natural and non-natural causes over the age groups. The data shows that with advancing age, there is a reduction in the number of deaths due to non-natural causes. Inversely, there is an upward trend in natural causes of death as the age advances.

Figure 6.1 Percentage distribution of natural and non-natural causes of death, Zambia 2017

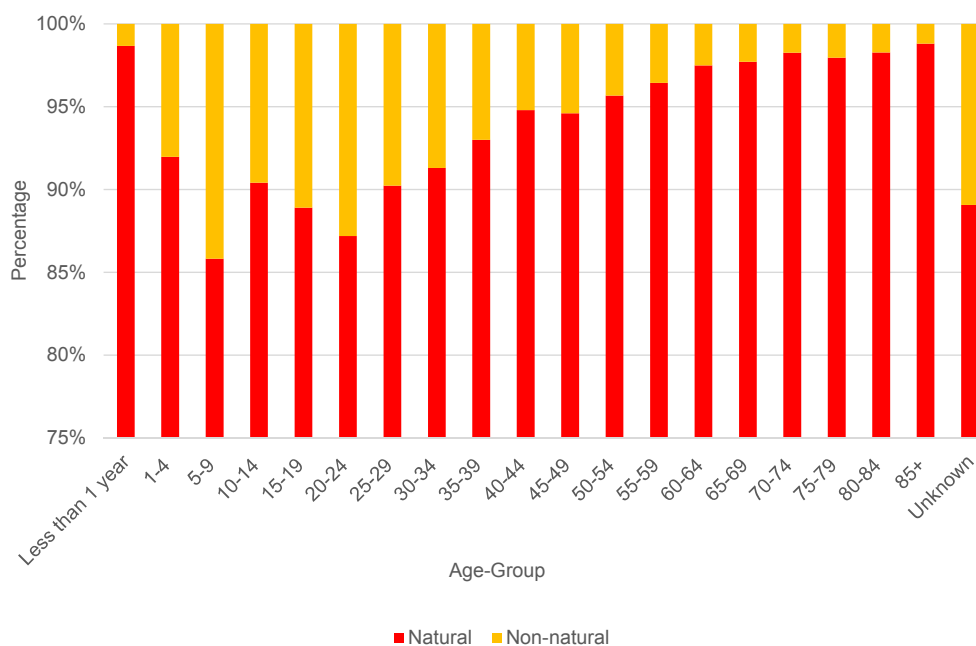
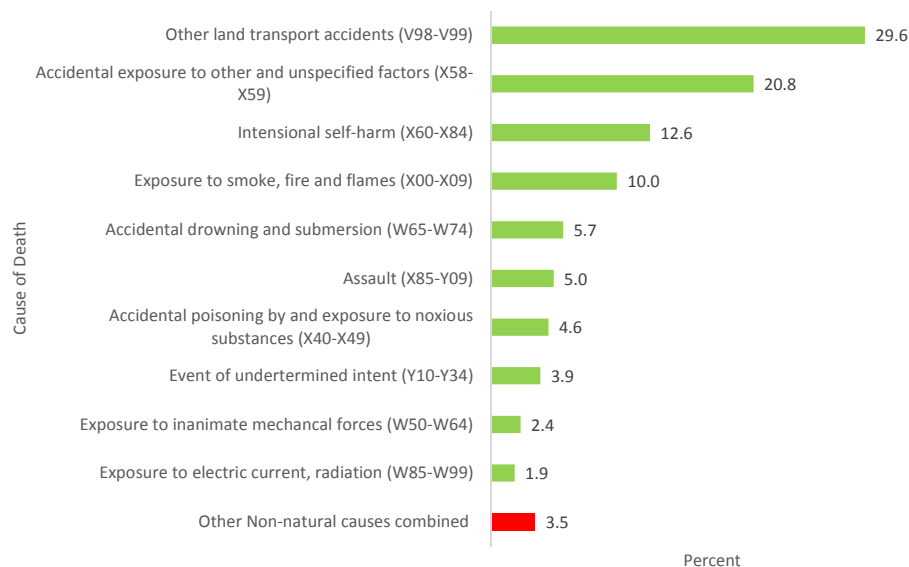


Figure 6.2 shows the top ten non-natural causes of death in 2017. The figure shows that, “Other land transport accidents” (29.6 %) were the leading cause of death in this category, followed by Accidental exposure to other and unspecified factors at 20.8 percent. The least cause of non-natural causes of death was Exposure to electric current, radiation at 1.9 percent. All other non-natural causes of death in 2017 accounted for 3.5 percent of the deaths. For details refer to Appendix I.

Figure 6.2: Percentage Distribution of Top Ten All Non-Natural Cause of Death, Zambia 2017



Causes of deaths usually differ by region. Figure 6.3 shows the top ten non-natural causes of deaths in rural areas in 2017. The leading non-natural cause of death were “Other land transport accidents” at 29.3 percent, followed by “Accidental exposure to other and unspecified factors” at 21.5 percent “Intentional self-harm” was third at 12.3 percent. The least cause of death was “Exposure to electric current, radiation and extreme temperature or pressure” at 1.9 percent. All the other non-natural causes of death combined made up 3.5 percent. For details refer to Appendix I.

Figure 6.3: Percentage Distribution of Top Ten Non-Natural Causes of Death, Zambia Rural 2017

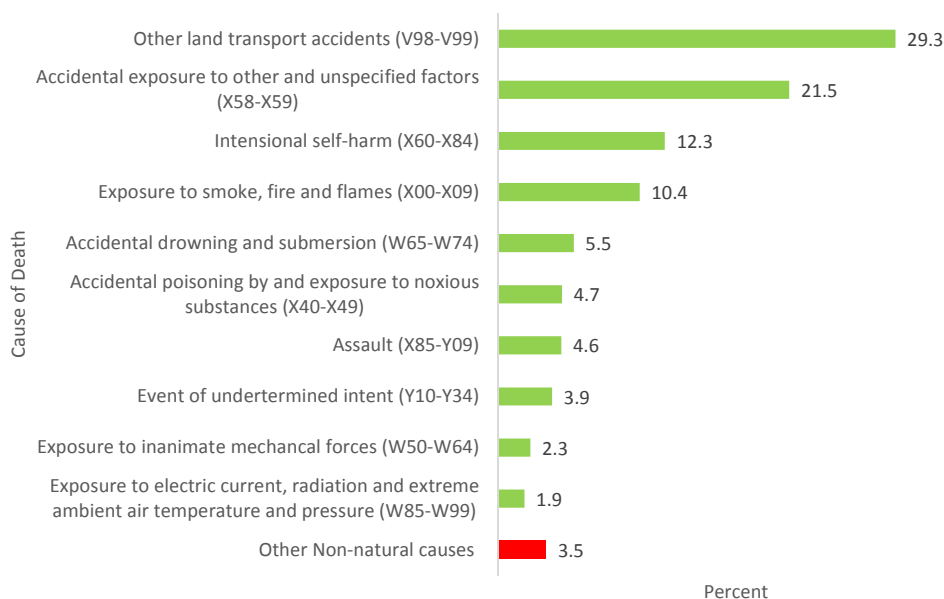
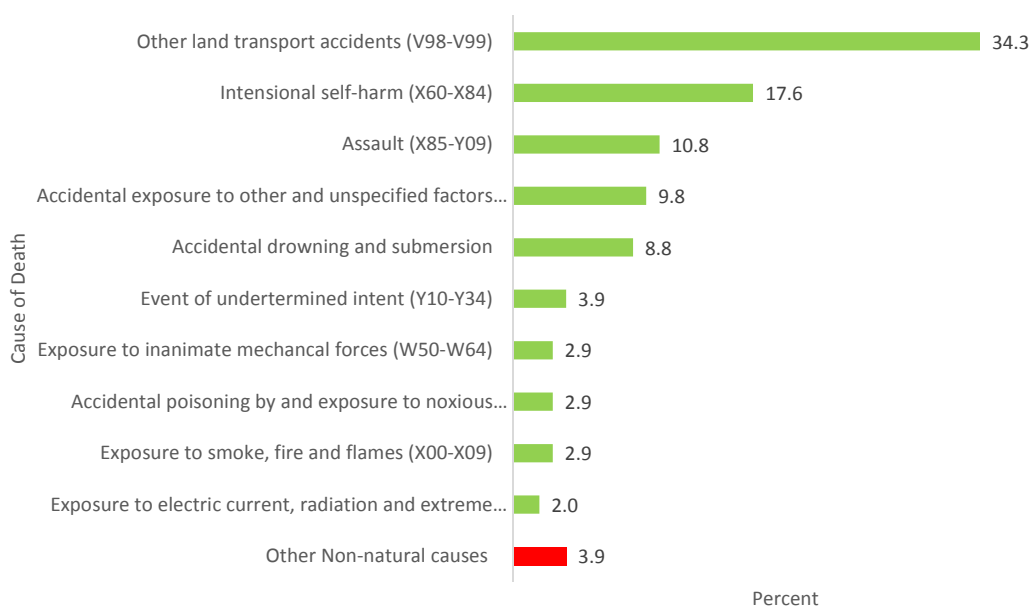


Figure 6.4 shows the top ten non-natural causes of deaths for urban areas in 2017. “Other Land transport accidents” was the leading cause of non-natural deaths at 34.3 percent. The second leading cause of death was “Intentional self-harm” at 17.3 percent. “Exposure-electric current, radiation & extreme temperature/pressure” was least at 2.0 percent. The remaining non-natural causes of deaths combined stands at 3.9 percent. For detailed information, refer to appendix I.

Figure 6.4: Percentage Distribution of Top Ten Non-Natural Causes of Death, Zambia Urban 2017



The top ten leading natural causes of death for deaths certified in the year 2017 are shown in Figure 6.5. The leading natural cause of death was HIV at 23.4 percent. Tuberculosis was the second leading cause of death at 5.0 percent, followed by “Other bacterial diseases” at 3.6 percent. Ill-defined and unknown causes of mortality accounted for 15.2 percent of deaths while all other natural causes of death combined accounted for 31.3 percent.

Figure 6.5: Percentage Distribution of Top Ten All-Natural Cause of Death for MCCD, Zambia 2017

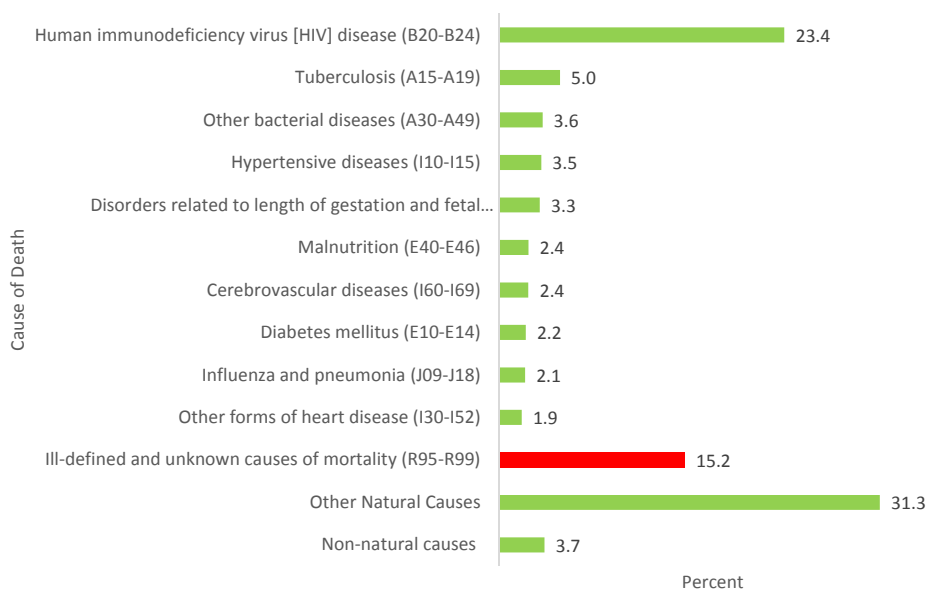
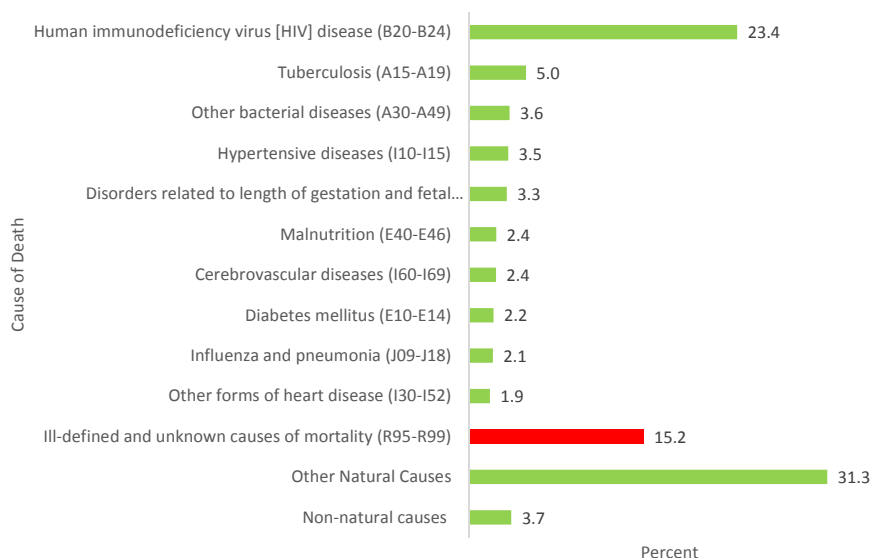


Figure 6.6 shows the top ten natural causes of death in urban areas for the year 2017. “HIV related” deaths were leading at 23.5 percent followed by “Tuberculosis” at 5.0 percent and “Hypertension” was third at 3.5 percent. “Diabetes” was number 4 among the top 10 natural causes of death accounting for 2.2 percent. “Other natural causes” of death combined accounted for 31.2 percent while the deaths resulting from “Ill-defined or unknown” causes accounted for 15.1 percent.

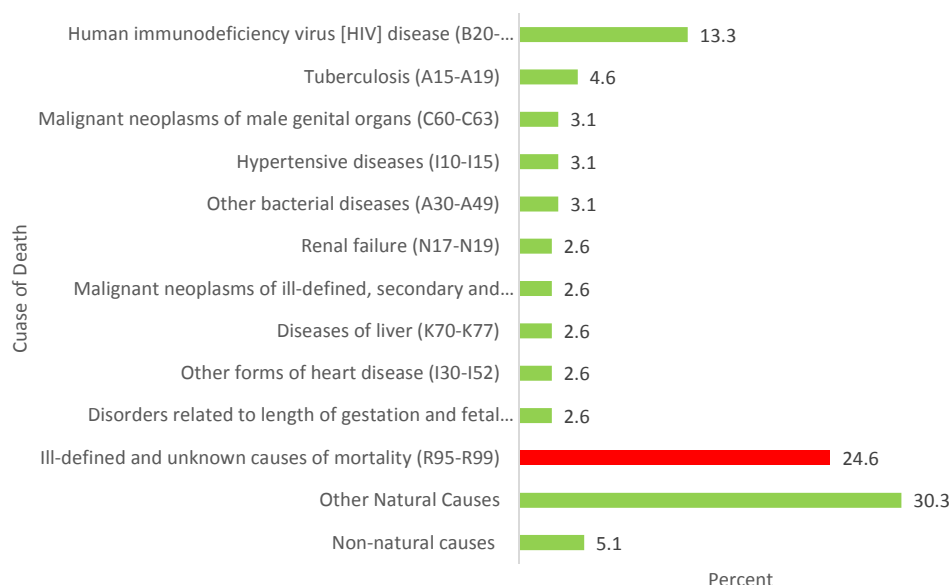
Figure 6.6: Percentage Distribution of Top Ten Natural Causes of Death for MCCD by Region, Zambia Urban 2017



*For the breakdown of all other natural causes combined in urban areas’ refer to appendix 1

For rural areas during the year 2017, figure 6.7 shows the top ten natural causes of deaths affecting rural areas. HIV related deaths were leading at 13.3 percent, Tuberculosis accounted for 4.6 percent and followed by malignant neoplasms which accounted for 3.1 percent. Diabetes was number 4 among the top 10 natural causes of death accounting for 3.1 percent. Other natural causes of death combined accounted for 30.3 percent while the deaths resulting from ill-defined or unknown causes accounted for 24.6 percent. The ill-defined and unknown causes of deaths are higher in rural areas than in urban areas.

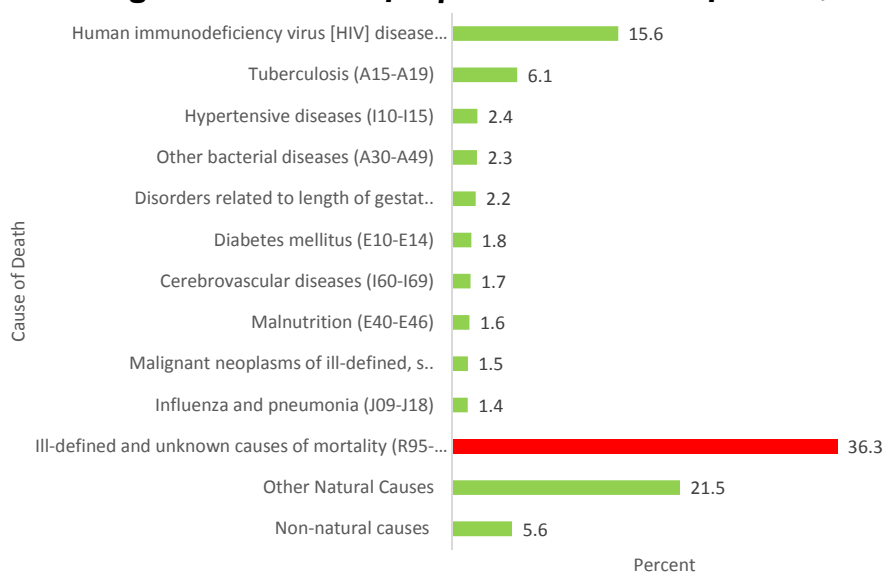
Figure 6.7: Percentage Distribution of Top Ten Natural Causes of Death for MCCD, Zambia Rural 2017



*For all other combined natural causes of death in rural areas, refer to appendix 1

The preceding sections have shown the distribution of causes of deaths disaggregated by natural and non-natural and also by region. Figure 6.8 shows the distribution of top ten causes of registered deaths for the 2017 without disaggregation. The highest contributor is HIV at 15.6 percent, followed by tuberculosis at 6.1 percent and Hypertension at 2.4 percent. Other natural causes of death combined accounted for 21.5, Other non-natural causes of death combined accounted for 5.6 percent while the deaths resulting from ill-defined or unknown causes accounted for 36.3 percent

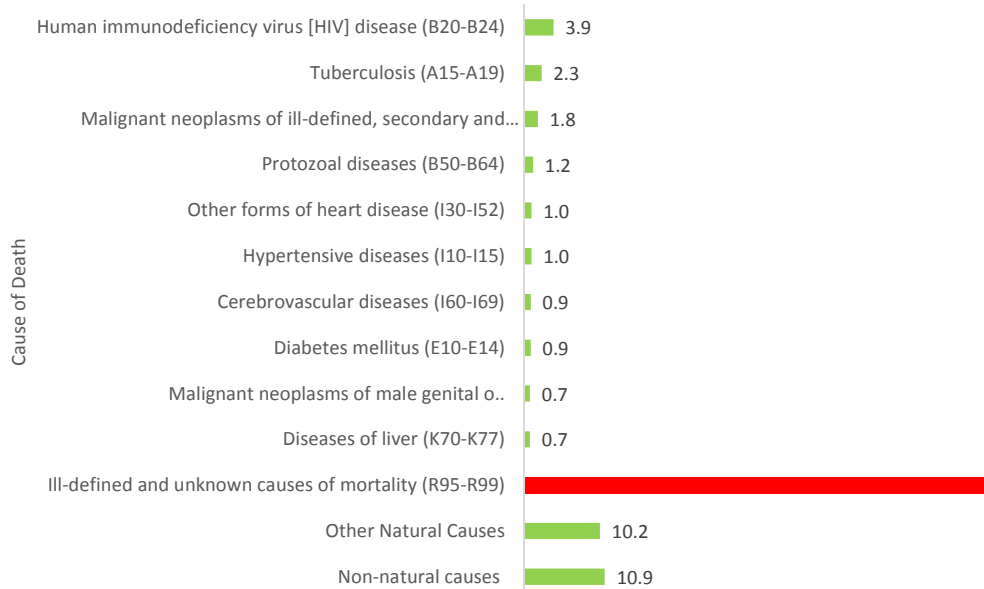
Figure 6.8: Percentage Distribution of Top Ten All Causes of Death, Zambia 2017



*For all causes of death combined, refer to appendix 1

The Distribution of all causes of deaths combined in rural areas for the year 2017 is shown in Figure 6.9. The figure shows that, the highest proportion of deaths recorded was as a result of HIV at 3.9 percent, followed by tuberculosis at 2.3 percent. Hypertensive diseases (1.0 %) and diabetes mellitus (0.9 %) were part of the top 10 causes of death in rural areas. Notably, more than half of all the deaths in rural areas were undefined and unknown (64.5 %)

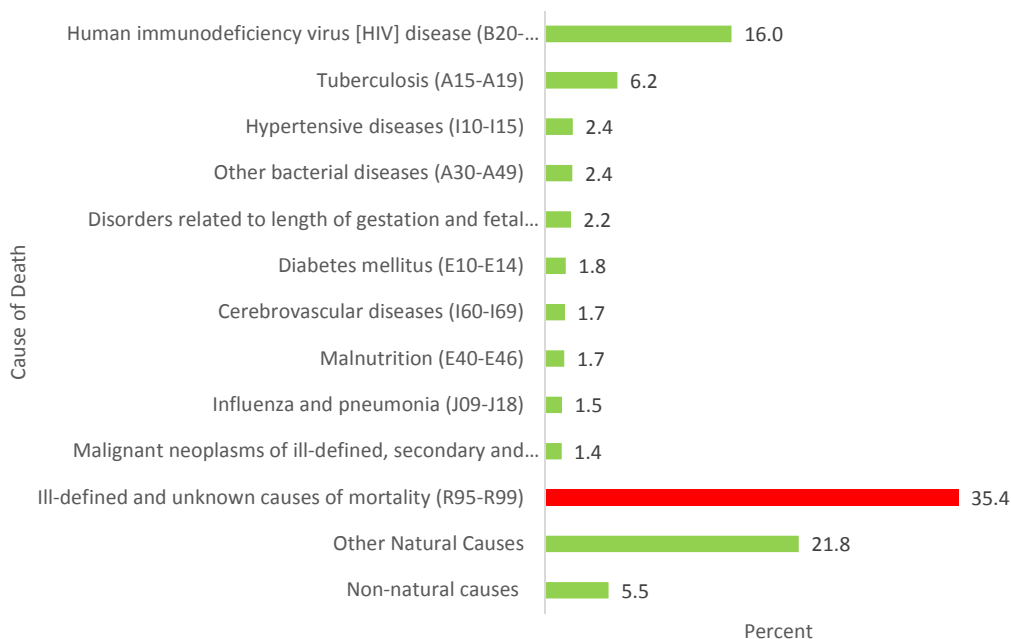
Figure 6.9: Percentage Distribution of Top Ten All Causes of Death by Region, Zambia Rural 2017



*For detailed all causes of death combined' refer to appendix 1

Figure 6.10 shows the distribution of top ten all causes of deaths combined in urban areas for the year 2017. HIV related deaths were leading at 16.0 percent, Tuberculosis accounted for 6.2 percent. Diabetes mellitus is number five at 1.6 percent. Other natural causes of death combined accounted for 21.8, Other non-natural causes of death combined accounted for 5.5 percent while the deaths resulting from ill-defined or unknown causes accounted for 35.4 percent

Figure 6.10: Percentage Distribution of Top Ten All Causes of Death, Zambia Urban 2017



*For all 'Other causes combined' refer to appendix 1

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Appendix I: All underlying causes of death, 2017

Natural Causes of death (based on the 10th revision, International Classification of Diseases)	Number	Percentage
All underlying causes	30,635	100
Ill-defined and unknown causes of mortality (R95-R99)	11,126	36.3
Human immunodeficiency virus [HIV] disease (B20-B24)	4,789	15.6
Tuberculosis (A15-A19)	1,871	6.1
Hypertensive diseases (I10-I15)	723	2.4
Other bacterial diseases (A30-A49)	709	2.3
Disorders related to length of gestation and fetal growth (P05-P08)	671	2.2
Diabetes mellitus (E10-E14)	544	1.8
Cerebrovascular diseases (I60-I69)	520	1.7
Other land transport accidents (V80-V89)	510	1.7
Malnutrition (E40-E46)	494	1.6
Malignant neoplasms of ill-defined, secondary and unspecified sites (C73-C75)	446	1.5
Influenza and pneumonia (J09-J18)	443	1.5
Other forms of heart disease (I30-I52)	391	1.3
Accidental exposure to other and unspecified factors (X58-X59)	358	1.2
Aplastic and other anaemias (D60-D64)	353	1.2
Malignant neoplasms of digestive organs (C15-C26)	324	1.1
Protozoal diseases (B50-B64)	318	1.0
General symptoms and signs (R50-R69)	299	1.0
Respiratory and cardiovascular disorders specific to the perinatal period (P20-P29)	276	0.9
Inflammatory diseases of the central nervous system (G00-G09)	267	0.9
Infections specific to the perinatal period (P35-P39)	261	0.9
Diseases of liver (K70-K77)	259	0.9
Malignant neoplasms of female genital organs (C51-C58)	253	0.8
Renal failure (N17-N19)	232	0.8
Intentional self-harm (X60-X84)	217	0.7
Intestinal infectious diseases (A00-A09)	206	0.7
Exposure to smoke, fire and flames (X00-X09)	172	0.6
Malignant neoplasms of male genital organs (C60-C63)	150	0.5
Other disorders originating in the perinatal period (P90-P96)	147	0.5
Other diseases of intestines (K55-K64)	112	0.4
Haemolytic anaemias (D55-D59)	110	0.4
Lung diseases due to external agents (J60-J70)	104	0.3
Accidental drowning and submersion (W65-W74)	99	0.3
Malignant neoplasms, stated or presumed to be primary, of lymphoid, haematopoietic and related tissue (C81-96)	95	0.3
Assault (X85-Y09)	86	0.3
Accidental poisoning by and exposure to noxious substances (X40-X49)	79	0.3
Other diseases of the respiratory system and soft tissue (C45-C49)	76	0.3
Other disorders of the nervous system (G90-G99)	76	0.3
Glomerular diseases (N00-N08)	73	0.2

Natural Causes of death (based on the 10th revision, International Classification of Diseases)	Number	Percentage
Metabolic disorders (E70-E90)	73	0.2
Malignant neoplasms of breast (C50)	70	0.2
Malignant neoplasms of mesothelial and soft tissue (C45-C49)	70	0.2
Event of undertermined intent (Y10-Y34)	68	0.2
Malignant neoplasms of respiratory and intrathoracic organs (C30-C39)	66	0.2
Chronic lower respiratory diseases (J40-J47)	65	0.2
Symptoms and signs involving the circulatory and respiratory systems (R00-R09)	65	0.2
Diseases of oesophagus, stomach and duodenum (K20-K31)	62	0.2
Haemorrhagic and haematological disorders of fetus and newborn (P50-P61)	62	0.2
Episodic and paroxysmal disorders (G40-G47)	58	0.2
Other respiratory diseases principally affecting the interstitium (J80-J84)	54	0.2
Malignant neoplasms of urinary tract (C64-C68)	52	0.2
Other disorders of kidney and ureter (N25-N29)	52	0.2
Mycoses (B35-B49)	47	0.2
Pulmonary heart disease and diseases of pulmonary circulation (I26-I28)	47	0.2
Coagulation defects, purpura and other haemorrhagic conditions (D65-D69)	45	0.2
Neoplasms of uncertain or unknown behaviour (D37-D48)	44	0.1
Other diseases of peritoneum (K65-K67)	43	0.1
Other congenital malformations (Q80-Q89)	42	0.1
Exposure to inanimate mechanical force s (W20-W49)	41	0.1
Other diseases of the digestive system (K90-K93)	40	0.1
Complications of labour and delivery (O60-O75)	39	0.1
Other disorders of glucose regulation and pancreatic internal secretion (E15-E16)	39	0.1
Congenital malformations and deformations of the musculoskeletal system (Q65-Q79)	37	0.1
Malignant neoplasms of eye, brain and other parts of central nervous system (C69-C72)	37	0.1
Other disorders of the skin and subcutaneous tissue (L80-L99)	35	0.1
Chronic rheumatic heart diseases (I05-I09)	34	0.1
Ischaemic heart diseases (I20-I25)	34	0.1
Congenital malformations of the circulatory system (Q20-Q28)	33	0.1
Disorders of gallbladder, biliary tract and pancreas (K80-K87)	33	0.1
Exposure to electric current, radiation and extreme ambient air temperature and pressure (W85-W99)	33	0.1
Malignant neoplasms of lip, oral cavity and pharynx (C00-C14)	32	0.1
Edema, proteinuria and hypertensive disorders in preganacy, childbirth and the puerperium (O10-O16)	31	0.1
Cerebral palsy and other paralytic syndromes (G80-G83)	29	0.1
Mental and behavioural disorders due to psychoactive substance use (F10-F19)	28	0.1
Other accidental threats to breathing (W75-W84)	27	0.1
Other disorders of urinary system (N30-N39)	27	0.1
Viral hepatitis (B15-B19)	27	0.1
Digestive system disorders of fetus and newborn (P75-P78)	26	0.1

Natural Causes of death (based on the 10th revision, International Classification of Diseases)	Number	Percentage
Noninfective enteritis and colitis (K50-K52)	26	0.1
Symptoms and signs involving the digestive system and abdomen (R10-R19)	25	0.1
Chromosomal abnormalities, not elsewhere classified (Q90-Q99)	23	0.1
Diseases of male genital organs (N40-N51)	23	0.1
Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified (I80-I89)	23	0.1
Melanoma and other malignant neoplasm of skin (C43-C44)	21	0.1
Pregnancy with abortive outcome (O00-O08)	21	0.1
Diseases of oral cavity, salivary glands and jaws (K00-K14)	18	0.1
Congenital malformations of the nervous system (Q00-Q07)	15	0.1
Infections of the skin and subcutaneous tissue (L00-L08)	15	0.1
Disorders of other endocrine glands (E20-E35)	14	0.1
Malignant neoplasms of thyroid and other endocrine glands (C73-C75)	14	0.1
Other congenital malformations of the digestive system (Q38-Q45)	14	0.1
Other obstetric conditions, not elsewhere classified (O94-O99)	14	0.1
Renal tubulo-intestinal diseases (N10-N16)	14	0.1
Benign neoplasms (D10-D36)	13	0.0
Infections with a predominantly sexual mode of transmission (A50-A64)	13	0.0
Other diseases of pleura (J90-JJ94)	13	0.0
Other nutritional deficiencies (E50-E64)	13	0.0
Fetus and newborn affected by maternal factors and by complications of pregnancy, labour and delivery (P00-P04)	11	0.0
Other acute lower respiratory infections (J20-J22)	11	0.0
Viral infections of the central nervous system (A80-A89)	11	0.0
Malignant neoplasms of bone and articular cartilage (C40-C41)	10	0.0
Suppurative and necrotic conditions of lower respiratory tract (J85-J86)	10	0.0
Abnormal findings on diagnostic imaging and in function studies, without diagnosis (R90-R94)	9	0.0
Diseases of arteries, arterioles and capillaries (I70-I79)	9	0.0
Exposure to forces of nature (X30-X39)	9	0.0
Congenital malformations of eye, ear, face and neck (Q10-Q18)	8	0.0
Inflammatory disorders of female pelvic organs (N70-N77)	8	0.0
Maternal care related to the fetus and amniotic cavity and possible delivery problems (O30-O48)	7	0.0
Transitory endocrine and metabolic disorders of fetus and newborn (P70-P74)	7	0.0
Urticaria and erythema (L50-L54)	7	0.0
Acute upper respiratory infections (J00-J06)	6	0.0
Behavioural and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98)	6	0.0
Disorders of thyroid gland (E00-E07)	6	0.0
Hernia (K40-K46)	6	0.0
Other and unspecified disorders of the circulatory system (I95-I99)	6	0.0
Other diseases of blood and blood-forming organs (D70-D77)	6	0.0

Natural Causes of death (based on the 10th revision, International Classification of Diseases)	Number	Percentage
Viral infections characterised by skin and mucous membrane lesions (B00-B09)	6	0.0
Abnormal findings on examination of blood, without diagnosis (R70-79)	5	0.0
Conditions involving the integument and temperature regulation of fetus and new-born (P80-P83)	5	0.0
Helminthiases (B65-B83)	5	0.0
Misadventures to patients during surgical and medical care Y60-Y69)	5	0.0
Obesity and other hyperalimentation E65-E68)	5	0.0
Organic, including symptomatic, mental disorders (F00-F09)	5	0.0
Cleft lip and cleft palate (Q35-Q37)	4	0.0
Complications predominantly related to the puerperium (O85-O92)	4	0.0
Congenital malformations of the respiratory system (Q30-Q34)	4	0.0
Extrapyramidal and movement disorders (G20-G26)	4	0.0
Nutritional anaemias (D50-D53)	4	0.0
Other digestive diseases of the nervous system (G30-G32)	4	0.0
Other soft tissue disorders (M70-M79)	4	0.0
Pedestrian injured in transport accident (V01-V09)	4	0.0
Congenital malformations of the respiratory system (Q30-Q34)	3	0.0
Contact with venomous animals and plants (X20-X29)	3	0.0
Demyelinating diseases of the central nervous system (G35-G37)	3	0.0
Disorders of sclera, cornea, iris and ciliary body (H15-H22)	3	0.0
Falls (W00-W19)	3	0.0
In situ neoplasms (D00-D09)	3	0.0
Inflammatory polyarthropathies (M05-M14)	3	0.0
Noninflammatory disorders of female genital tract (N80-N98)	3	0.0
Other diseases of upper respiratory tract (J30-J39)	3	0.0
Other infectious diseases (B99)	3	0.0
Other osteopathies (M86-M90)	3	0.0
Other viral diseases (B25-B34)	3	0.0
Polyneuropathies and other disorders of the peripheral nervous system (G60-G64)	3	0.0
Schizophrenia, schizotypal and delusional disorders (F20-F29)	3	0.0
Symptoms and signs involving the urinary system (R30-R39)	3	0.0
Systemic atrophies primarily affectin g the central nervous system (G10-G14)	3	0.0
Acute rheumatic fever (I00-I02)	2	0.0
Arthropod-borne viral fevers and viral haemorrhagic fevers (A92-A99)	2	0.0
Bus occupant injured in transport accidents (V70-V79)	2	0.0
Certain disorders involving the immune mechanism (D80-D89)	2	0.0
Contact with heat and hot substances (X10-X19)	2	0.0
Delivery (O80-O84)	2	0.0
Diseases of appendix (K35-K38)	2	0.0
Diseases of middle ear and mastoid (H65-H75)	2	0.0
Disorders of muscles (M60-M63)	2	0.0
Exposure to animate mechanical forces (W50-W64)	2	0.0
Neurotic, stress-related and somatoform disorders (F40-F48)	2	0.0
Other maternal disorders predominantly related to pregnancy (O20-O29)	2	0.0

Natural Causes of death (based on the 10th revision, International Classification of Diseases)	Number	Percentage
Symptoms and signs involving the urinary system (R30-R39)	2	0.0
Systemic connective tissue disorders (M30-M36)	2	0.0
Arthrosis (M15-M19)	1	0.0
Car occupant injured in transport accident (V40-V49)	1	0.0
Certain zoonotic bacterial diseases (A20-A28)	1	0.0
Congenital malformations of genital organs (Q50-Q56)	1	0.0
Dermatitis and eczema (L20-L30)	1	0.0
Disorders of bone density and structure (M80-M85)	1	0.0
Disorders of breast (N60-N64)	1	0.0
Disorders of psychological development (F80-F89)	1	0.0
Disorders of skin appendages (L60-L75)	1	0.0
Disorders of vitreous body and globe (H43-H45)	1	0.0
Infectious arthropathies (M00-M03)	1	0.0
Mood [affective] disorders (F30-F39)	1	0.0
Motorcycle rider injured in transport accident (V20-V29)	1	0.0
Other diseases caused by chlamydiae (A70-A74)	1	0.0
Other joint disorders (M20-M25)	1	0.0
Overexertion, travel and privation (X50-X57)	1	0.0
Sequelae of infectious and parasitic diseases (B90-B94)	1	0.0
Surgical and other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure (Y83-Y84)	1	0.0
Visual disturbances and blindness (H53-H54)	1	0.0
Water transport accidents (V90-V94)	1	0.0

Appendix 2: Registration forms



Form VIII(2016 Rev.)
(Rules 16, 17, 18 and 23)
(To be completed in duplicate)
(Stocked by DNRPC)

NOTICE OF BIRTH

WARNING: In terms of section 9 of the Births and Deaths Registration Act, Cap. 51; any person who is obliged to make a registration and refuses or neglects to state any particular required on this form or gives any false information for the purpose of registration commits an offence and may, on conviction, be fined or imprisoned, or fined and imprisoned.

Please complete in block letters	Shaded fields for official use only	Serial No.:									
		District:									
Information Required	Information Provided	Date and Time:									
1. DETAILS OF BIRTH PLACE OF BIRTH: _____ Health Facility Name: (if born at health facility) _____ Home Address: (if born at home) _____ Other (Specify): _____ Surname: _____ Given Name: _____ Other Name(s): _____ Birth Weight: _____	DATE OF BIRTH <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;">D</td> <td style="width: 25%; border: 1px solid black;">D</td> <td style="width: 25%; border: 1px solid black;">M</td> <td style="width: 25%; border: 1px solid black;">M</td> <td style="width: 25%; border: 1px solid black;">Y</td> <td style="width: 25%; border: 1px solid black;">Y</td> <td style="width: 25%; border: 1px solid black;">Y</td> <td style="width: 25%; border: 1px solid black;">Y</td> </tr> </table> Health Facility: _____ Other (specify): _____ Home: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F	D	D	M	M	Y	Y	Y	Y		
D	D	M	M	Y	Y	Y	Y				
2. DETAILS OF FATHER Surname: _____ Other Name(s): _____ Date of Birth: _____ National Identity No.: _____ Occupation: _____ Social Security No.: _____ Village of origin: _____ Tribe: _____ Nationality: _____ Residential Address: _____ Contact No.: _____	_____ _____ <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;">D</td> <td style="width: 25%; border: 1px solid black;">D</td> <td style="width: 25%; border: 1px solid black;">M</td> <td style="width: 25%; border: 1px solid black;">M</td> <td style="width: 25%; border: 1px solid black;">Y</td> <td style="width: 25%; border: 1px solid black;">Y</td> <td style="width: 25%; border: 1px solid black;">Y</td> <td style="width: 25%; border: 1px solid black;">Y</td> </tr> </table> _____ _____ _____ _____ Chief: _____ District: _____	D	D	M	M	Y	Y	Y	Y		
D	D	M	M	Y	Y	Y	Y				
3. DETAILS OF MOTHER Surname: _____ Other Name(s): _____ Maiden Surname: _____ Date of Birth: _____ Age of Mother at Birth of Child above (Years): _____ Years National Identity No.: _____ Occupation: _____ Social Security No.: _____ Village of Origin: _____ Tribe: _____ Education: _____ Residential Address: _____ Usual Place of Residence: _____	_____ _____ <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black;">D</td> <td style="width: 25%; border: 1px solid black;">D</td> <td style="width: 25%; border: 1px solid black;">M</td> <td style="width: 25%; border: 1px solid black;">M</td> <td style="width: 25%; border: 1px solid black;">Y</td> <td style="width: 25%; border: 1px solid black;">Y</td> <td style="width: 25%; border: 1px solid black;">Y</td> <td style="width: 25%; border: 1px solid black;">Y</td> </tr> </table> _____ _____ _____ _____ Chief: _____ District: _____ Never Been to School <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/>	D	D	M	M	Y	Y	Y	Y		
D	D	M	M	Y	Y	Y	Y				
4. ACKNOWLEDGEMENT OF PARENTHOOD (To be completed by Biological Parents) Marital Status of Parents: <input type="checkbox"/> Married <input type="checkbox"/> Not Married If not married, Parents must complete the following:	Qualified Midwife <input type="checkbox"/> Traditional Birth Attendant <input type="checkbox"/> Others (specify): _____ I,acknowledge myself to be the natural Father of the child in Part 1. Signature:..... Date:..... (Mother) I, hereby request and consent that the above named be registered as the Father of the child in Part 1. Signature :..... Date:.....										

5. LATE NOTICE	
If the child is above 12 months: complete the following:	That the reasons I failed to notify the birth of my child within twelve months after birth are:
	I, therefore respectfully request that authority be given for the Registration of the Birth of the child in Part 1: Signature of Declarant Date
6. DETAILS OF INFORMANT.	
Surname	
Other Names	
National Identity No.:	
Nationality:	
Relationship to Child:	
Residential Address:	
Postal Address:	
Contact No.:	
7. APPENDICES (Attachments)	
Original Birth record	
Copies of Parent's National Identity Document	
8. INFORMANT'S DECLARATION:	
I hereby declare that the information provided above is true, correct and complete to the best of my knowledge. I understand that any incorrect, misleading or untrue information or the withholding of any relevant information is an offence.	
..... Name Signature
 Date
FOR OFFICIAL USE ONLY	
..... Name of Assistant Registrar Signature
..... Name of Registrar Signature
	OFFICIAL STAMP

NOTE 1- The informant should be Father or Mother of the child and only if neither is able to give necessary information is one of the following persons entitled to give notice:

- the occupier of the house or the person in-charge of the hospital or institution where the child was born;
- a person present at birth; or
- The person now having charge of the child.

NOTE 2 – In terms of section 15 of the Act, a Registrar shall not enter in the Births Register the name of any person as father of an illegitimate child except at the joint request of the mother and the person acknowledging himself in writing in the presence of the Registrar to be the father of the child.

NOTE 3 – If you are a member of the National Pension Scheme Authority please quote your Social Security Number as this will assist the fund in the payment of benefits.

INSTRUCTIONS FOR COMPLETING NOTICE OF BIRTH

- Fill in all applicable spaces using BLOCK LETTERS only without ERASURES or use of CORRECTING FLUID.
- Use black or blue ink only.
- Ensure that the information provided on the Form is correct to the best of your knowledge.
- Once the forms have been submitted, the information provided will be considered correct details of the child.



REPUBLIC OF ZAMBIA

Form XIII (2016 Rev)
(Rule 32)
(To be completed in duplicate)
(Stocked by DNRPC)

NOTICE OF DEATH

WARNING: In terms of section 9 of the Births and Deaths Registration Act, Cap. 51; any person who is obliged to make a registration and refuses or neglects to state any particular required on this form or gives any false information for the purpose of registration commits an offence and may, on conviction, be fined or imprisoned or fined and imprisoned.

Please complete in block letters		Shaded fields for official use only		Application No.						
				Date and Time						
Information Required		Information Provided								
A. DETAILS OF THE DECEASED	SERIAL No.:	DISTRICT:								
Surname of the Deceased										
Other Name(s)										
Occupation										
Residential address										
Date of Death		D	D	M	M	Y	Y	Y	Y	
Place of occurrence of death	Health Facility					Home				
	Other (specify)									
Name of place of death										
Date of Birth		D	D	M	M	Y	Y	Y	Y	
Age at Death		Years			Months			Days	Sex M F	
Nationality of Deceased										
National Identity No.:										
Social Security No./NAPSA										
Level of education	NBTS		Primary		Secondary		Tertiary			
B. CAUSE OF DEATH:	(FOR OFFICIAL USE ONLY)									
Healthy Facility Death (attach medical certificate of the cause of death), Home Based (attach letter from traditional leader); Brought in dead (Police to complete Part C or attach Police Report); un-natural cause (attach coroner's report)										
Immediate Cause				ICD CODE						
Antecedent Cause				ICD CODE						
Underlying Cause				ICD CODE						
C. POLICE REPORT: BROUGHT-IN-DEAD CERTIFICATE										
This is to certify that:MR/MRS/MS										
Place of Residence										
Confirms having brought in the body of his/her (relationship)										
Surname:										
Other Names:										
Age:	He/She passed away on	D	D	M	M	Y	Y	Y	Y	Time:
At (Place):										
Suddenly / Suffering from:										
Treatment was at:										
1. And this is natural death	<input type="checkbox"/>									
2. And this is sudden death post mortem examination to be conducted (Tick applicable situation)	<input type="checkbox"/>									
No. and Rank	Formation:									
Name:.....										
Signed:.....	Date:.....									
Authorised Medical Practitioner's Remarks:										
Pupils dilated and fixed:										
Certified by (Name):.....										
Signature:..... Date:.....										

D.	DETAILS OF INFORMANT.	
	Surname	
	Other Names	
	Relationship to the Deceased	
	Contact No.:	
	National Identity No.:	
	Nationality:	
	Residential Address:	
	Postal Address:	
	Date of Registration:	
E.	APPENDICES (Attachments)	
	Original Medical Certificate of the Cause of Death	
	Original NRC for the Deceased	
	Copy of Informant's National Identity Document	
	Coroner's Report in case of unnatural death requiring investigation	

INFORMANT'S DECLARATION

I hereby declare that the information provided above is true, correct and complete to the best of my knowledge. I understand that any incorrect, misleading or untrue information or the withholding of any relevant information is an offence.

.....
Name Signature Date

FOR OFFICIAL USE ONLY

.....
Name of Assistant Registrar Signature

.....
Name of Registrar Signature

**OFFICIAL
STAMP**

NOTE 1 – The informant should be a relative present at the death or in attendance during the last illness of the deceased, and in default thereof the person from the following:

- (a) A relative living in the district where the deceased died;
- (b) A person present at the death; and
- (c) The undertaker.

NOTE 2 – The Medical Certificate showing the cause of Death must be attached to this form.

NOTE 3 – If the deceased was a member of the National Pension Authority, please quote his/her Social Security Number as this will assist the Fund in the payment of benefits.

INSTRUCTIONS FOR COMPLETING NOTICE OF DEATH

- 1. Fill in all applicable spaces using BLOCK LETTERS only without ERASURES or use of CORRECTING FLUID.
- 2. Use black or blue ink only.
- 3. Ensure that the information provided on the Form is correct to the best of your knowledge.
- 4. Once the forms have been submitted, the information provided will be considered correct details of the applicant.

