Formative Research Report

Countrywide Mortality Surveillance for Action - Mozambique

NATIONAL STATISTICAL OFFICE

by

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INDEX

ABBREVIATIONS

APE	Elementary Multipurpose Agent
COMSA	Countrywide Mortality Surveillance for Action
FGD	Focus Group Discussion
HIV	Human Immunodeficiency Virus
IDS	Demographic and Health Survey
INAS	National Institute for Social Action
INE	National Institute of Statistics
INS	National Institute of Health
STI	Sexually Transmitted Infection
LOLE	Local Government Act
MICS	Multiple Indicator Cluster Survey
MIF	Women of Fertile Age
MDG	Millennium Development Goals
TMP	Traditional Medicine Practitioner
PROL	Local Organizations Reform Program
EN	Traditional Midwife
SMI	Maternal and Child Health
UNICEF	United Nations Children's Fund
US	Health unit

EXECUTIVE SUMMARY

With support from the Bill Melinda Gates Foundation, the Institute for International Programs at Johns Hopkins University (Baltimore, USA), in collaboration with the National Institute of Statistics (INE) and the National Institute of Health (INS), intends to implement the Countrywide Mortality Surveillance for Action (COMSA) project. This investment initiative, COMSA, has embraced the challenge of measuring and monitoring mortality and causes of death by providing support to Mozambique in developing and implementing a random sample registration system (SRS) approach for pregnancies, births, and deaths, This includes asking about causes of death across the population and using verbal autopsy, coupled with an innovative approach based on minimally invasive tissue sampling *(*MITS) to accurately determine causes of death in children under 5 years of age.

Before starting the implementation of the randomized system for the registration of vital events, it was planned to conduct a formative research with the objective of making known the existing platforms and structures for the identification and registration of pregnancies, births and deaths, the cultural context of registration of these events, and to propose credible strategies that allow the comprehensive registration of these events. Likewise, it is intended to assess the interest of communities in learning about the main causes of deaths and the acceptability of conducting verbal and social autopsy interviews.

The main purpose of the formative research was to produce information needed to design clear and effective procedures for identifying and recording vital events (pregnancies, outcomes of pregnancies, and deaths), a task that will now be performed by community surveillance assistants in their own communities and conducting interviews for verbal autopsies to determine the causes of deaths.

As a way to identify the existing structures and platforms in the communities that can facilitate the implementation of the registration of vital events, namely, pregnancies, births, and deaths, the present formative research was conducted between the months of December 2017 and January 2018. The research was designed to follow the qualitative method, in an exploratory dimension, using semi-structured interviews with key informants and focus group discussions, guided by the following questions:

1) What approaches currently exist for recording vital events at the community level?
2) Who is the person in the community who can assume the role of community surveillance assistant with responsibility for identifying and recording vital

events, including pregnancies and pregnancy outcomes such as miscarriages and stillbirths?

3) What is the appropriate strategy for identifying vital events at the community level, including pregnancies and pregnancy outcomes such as miscarriages and stillbirths?
4) How to involve (engage) the community in supporting the process of registering pregnancies, pregnancy outcomes, and deaths?
5) What cultural barriers may be encountered in the process of recording pregnancies, pregnancy outcomes, and deaths in communities? How can these barriers be addressed according to the perspective of community members?
6) How interested are community members in learning about the causes of deaths in the population? To what extent is it acceptable to conduct verbal autopsy interviews with bereaved families to learn about the causes of death? How would the population feel about informed consent while conducting vital events collection interviews compared to verbal consent?
7) What is the grieving period that should be respected for conducting verbal autopsy interviews with bereaved families?

These questions were transformed into two interview guides, one for key informants and one for focus groups, instruments that were accompanied by specific guidelines on interviewing procedures and an informed consent statement. Throughout the exercise, secondary data was collected, mainly programmatic documents from central, provincial and district levels, which are included in the list of documents consulted. The research process was centered on the search for a broad and deep understanding from the responses produced by each group of interviewees, considering the specific context at the community, district, provincial and national levels.

The research was designed to cover three provinces: one in the south, one in the center, and one in the north, as a way to capture the geographic and cultural diversity of Mozambique. The provinces of Niassa, Zambezia and Gaza were chosen. In each province, an urban area was selected, the capital city of the province, and two rural areas. The criterion used for this choice took into consideration the need to give greater weight to the rural areas and to cover the provincial capital, as a way to achieve in-depth knowledge about the data collection process of the research. Therefore, in Niassa the districts of Lago and Majune were selected in addition to the capital Lichinga. While the population of the district of Lago lives mainly by Lake Niassa and has part of its economic activities linked to the lake, the district of Majune is in the center of Niassa province, and its population concentrates its activities in agriculture. The distance between the capital and each of the two districts is equivalent.

For the formative research, inclusion criteria were defined as adult participants residing in each community selected for the study, intentionally selected. Exclusion criteria were all adult individuals not residing in the selected communities and all those who do not agree to participate voluntarily or who do not confirm their consent.

Based on the contextualization done, we highlight that there is no systematized mechanism for the registration of pregnancy situations at the community level. At the community level we found some experiences of registering people who live, visit or die in a jurisdiction of the traditional authorities. Pregnancies are among the vital events that are least referred to in the modalities of event registration mentioned by the participants. In contrast to pregnancies and births, the people we talked to were able to narrate some cases of people who died in their communities, including the time and circumstances in which the event occurred.

The Mozambican context is marked by a history of violent state-building, referring to the colonial state and the state that was established after national independence. In colonial times, for example, people were obliged to register for the purpose of tax collection and for the recruitment of labor, often in forced labor. Thus, people tended to run away from the registrars fearing reprisals or being forced to do hard labor such as opening roads, railway lines, and other construction activities.

This political-administrative historical context functions as the fundamental support for understanding the community dynamics of the registration of vital events in Mozambique. The inception of the registry was the initiative and intervention of the state, and in general it has remained of this nature since colonial times to the present day. This means that there are no "community approaches" *per se* to such registration. In some specific contexts community leaders do issue documents attesting to the death of a member for the purposes of acceptance in the mortuary and consequent funeral procedures, but in none of the cases where this happens do such leaders keep a record of the totality of documents issued in a given period.

Community members express an interest in knowing, for example, the causes of a death, but this is more due to the dramatic and painful nature of the event than to a more general knowledge about demographic aspects of their community. This is so that in the case of pregnancies and births - in theory less shocking events - general disclosure is not encouraged and, more than that, suspicion is cast on the intentions of those who seek to know. This taboo is most denounced in cases where, because of pregnancy, a woman reports physical changes and it is not tolerated for anyone to ask the reason for such changes or even if it is a prenatal state.

On the other hand, several communities are familiar with the formal and institutional processes of recording events (censuses, surveys, and other surveys) but these exercises do not demonstrate tangible and immediate comparative

advantages for them, hence these exercises are also not seen in their overall usefulness. This is true for cases of urbanized citizens who reveal that they have not yet registered two- three- or four-year-old children because this will only prove necessary when they have to be enrolled and start school.

RECOMMENDATIONS

The data collected by this research underscore that the setting up of a community-based system for recording vital events has as its main challenge the absence of a practice rooted over time. At the same time the wealth of knowledge existing in the field of anthropology and the study of communities reveals that they are not immune or indifferent to change or novel exercises.

Thus the approach to be followed in setting up such a system must be **reflexive-participatory**. This methodology takes the "participatory approach" to another level because, rather than approaching local structures and leaderships, it performs a critical assessment of the power relations present in the various contexts. As has been widely discussed throughout this paper, there is a diverse panoply of formal and informal structures at the community level in Mozambique. As was observed in each of the places visited, different types of actors have legitimacy, power, or the capacity to influence public opinion.

In some places, the ideal person to call for the adherence of others is the secretary of the neighborhood, in other cases the régulo enjoys greater ascendancy, and in still others the president of the locality. However, there is no guarantee that one can find a community in which none of the above-mentioned figures holds real power, and it is the turn of a healer or a teacher. This situation determines that the activity of evaluation and analysis of the key actor to be involved in the dissemination and operationalization of the system, is of capital importance, and therefore a fund of time compatible with this status must be allocated.

At the same time, it was verified that there is a practice of articulation among different institutions and local actors that materialize in the form of local committees and councils. There are health committees, school community liaison councils, natural resource management committees, water committees, child protection committees, and many others according to the characteristics of each community. These bodies can also be sources of legitimacy at the local level and it is important to make an assessment of their relevance in each case.

In general terms, a number of actors can be considered key to the implementation of a vital events recording system, always caveating the need for a re-assessment of their influence:

a) *Régulos*: considering that it comes from an uncontested lineage. Great capacity for mobilization.

b) *Neighborhood Secretaries*: assessed their political alignment and the potential influence of this for their contribution to the process.

c) *Heads of 10 Houses*: that brings together more limited numbers of families.

d) *Matron*: where they exist. With a critical role for the registration of pregnancies and births.

e) *Practitioners of Traditional Medicine* (of both sexes): highly dependent on the social prestige they eventually enjoy.

f) *Elementary Multipurpose Agents*: whose evaluation must be meticulous in relation to their current workload.

A final aspect to be considered is the involvement of ordinary community members, who have no public prominence whatsoever. Seemingly a minor detail, the notion that people from urban centers (especially from the country's capital) make a lot of material profit at the expense of rural dwellers is gaining ground. Phrases like "they come to make money at our expense and then leave" have been heard in this work and are increasingly reported in the research exercises. So we need to consider a consistent involvement of local actors that results in concrete material gains, even if not always in monetary form.

I. NATIONAL MORTALITY SURVEILLANCE FOR ACTION (COMSA) FRAMEWORK

I.1 INTRODUCTION

Mozambique is one of the few countries in sub-Saharan Africa that has achieved target 4 of the Millennium Development Goals (MDGs) by reducing infant mortality in children aged 0-5 years by more than 2/3, where the estimate for 2015 was 79 deaths per 1000 live births (75.9 is the Infant Mortality Rate in 2017). [1]

In the efforts to improve infant mortality indicators, and within the framework of the Sustainable Development Goals, the goal is to achieve the target of 25 deaths per 1000 live births by 2030. This goal poses additional challenges to low-income countries like Mozambique, which to be achieved will require the adoption of additional strategies and programs in the health sector, but will also require the existence of a mechanism capable of accurately and regularly measuring mortality and the causes of death so that the programs to be adopted will have the desired effectiveness.

Mozambique, like most low-income countries, does not have a functional civil registration and vital statistics system capable of producing complete and reliable mortality data, let alone being able to regularly monitor trends in mortality and causes of death. For the production of mortality and cause of death data, Mozambique has relied on periodic censuses such as the Demographic and Health Survey (DHS) and Multiple Indicator *Cluster Surveys (*MICS), which have not been able to produce up-to-date mortality data. Let's take the example of the IDS and MICS which are the tools used to estimate infant mortality, covering a 5 year period for the national level and a 10 year period for the provincial level. As one might imagine, the data collected from these tools, based on medium- and long-term estimates, fail to capture the effects of recent program implementation. What's more, the surveys do not produce estimates beyond the provincial level. This is why it is argued that new approaches are needed that are able to give countries an effective mechanism for monitoring the level and trends of mortality, as well as the causes of death.

With support from the Bill Melinda Gates Foundation, the Institute for International Programs at the Johns Hopkins Bloomberg School of Public Health (Baltimore, USA), in collaboration with the National Institute of Statistics (INE) and the National Institute of Health (INS), intends to implement the Countrywide Mortality Surveillance for Action (COMSA). This investment initiative, COMSA, has taken on the challenge of measuring and monitoring mortality and causes of death by

[1] http://www.ine.gov.mz

providing support to Mozambique in developing and implementing a random sample registration system (SRS) approach for pregnancies, births, and deaths, This includes asking about causes of death across the population and using verbal autopsy, coupled with an innovative approach based on minimally invasive tissue sampling *(*MITS) to accurately determine causes of death in children under 5 years of age.

Before starting the implementation of the randomized system for the registration of vital events, it was planned to conduct formative research with the objective of making known the existing platforms and structures for the identification and registration of pregnancies, births and deaths, the cultural context of registration of these events, and to propose credible strategies that allow the comprehensive registration of these events. Likewise, it is intended to assess the interest of communities in learning about the main causes of deaths and the acceptability of conducting verbal and social autopsy interviews.

I.2 OBJECTIVES

The project intends to institute a community-based Countrywide Mortality Surveillance for Action (COMSA) system throughout Mozambique, which will consist of random registration of pregnancies, births and deaths, and will be able to perform verbal and social autopsies of identified deaths. It is intended that it will be possible, at another level, to carry out hospital mortality surveillance in order to complement causes of deaths identified via verbal autopsy.

The main objective of the formative research was to produce information needed to design clear and effective procedures for identifying and recording vital events (pregnancies, outcomes of pregnancies, and deaths), a task that will now be performed by community surveillance assistants in their own communities, and conducting interviews for verbal autopsies to determine the causes of deaths. Specifically, the formative research aimed to find out about the following aspects:

- Community approaches, existing structures or platforms in communities for the identification and registration of pregnancies, births and deaths (e.g. records made by community authorities);
- Culturally accepted and sensitive pregnancy registration strategies, including knowledge about gestational age and birth weight (in general women may be reluctant to show or talk about their pregnancy during the first months. What aspects are culturally accepted by the population and how to get women and their partners to disclose their pregnancy?);

- Community perceptions of the value of mortality and cause of death surveillance and the acceptability of a verbal and social autopsy-based approach;
- Recommendations on effective strategies in identifying and recording pregnancies, births and deaths, including existing community resources and people able to serve as community surveillance assistants and key informants;
- Strategies to involve (and engage) the community in the process so that their participation is done effectively in the surveillance of mortality and causes of deaths (how should the population be approached for the registration of these events? What are the desired or required criteria for a community surveillance assistant in collecting data?);
- How does the population feel about being able to sign an informed consent during interviews for the collection of information about vital events such as pregnancies, births and deaths, as well as for verbal and social autopsy?

II. FORMATIVE RESEARCH

II.1 STUDY METHODS

As a way to identify the existing structures and platforms in the communities that can facilitate the implementation of the registration of vital events, namely, pregnancies, births, and deaths, the formative research described here was conducted between the months of December 2017 and January 2018. The study design used qualitative methods, in an exploratory dimension, using semi-structured interviews with key informants and focus group discussions, guided by the following questions:

1) What approaches currently exist for recording vital events at the community level?
2) Who is the person in the community who can assume the role of a community surveillance assistant with responsibility for identifying and recording vital events, including pregnancies and pregnancy outcomes such as miscarriages and stillbirths?
3) What is the appropriate strategy for identifying vital events at the community level, including pregnancies and pregnancy outcomes such as miscarriages and stillbirths?
4) How to involve (engage) the community in supporting the process of registering pregnancies, pregnancy outcomes, and deaths?
5) What cultural barriers may be encountered in the process of recording pregnancies, pregnancy outcomes, and deaths in communities? How can these barriers be addressed according to the perspective of community members?
6) How interested are community members in learning about the causes of deaths in the population? To what extent is it acceptable to conduct verbal autopsy interviews with bereaved families to learn about the causes of death? How would the population feel about informed consent while conducting vital events collection interviews compared to verbal consent?
7) What is the grieving period that should be respected for conducting verbal autopsy interviews with bereaved families?

These questions were transformed into two interview guides (attached), one for key informants and one for focus group discussions, instruments that were accompanied by specific guidelines on interviewing procedures and an informed consent statement (also attached). Secondary data were collected throughout the exercise, mainly programmatic documents from central, provincial and district levels. The research process was centered on the search for a broad and deep understanding from the answers produced by each group of interviewees, considering the specific context, at community, district, provincial and national level.

II.2 GEOGRAPHIC COVERAGE

The survey was designed to cover three provinces, one in the south, one in the center, and one in the north, as a way to capture the geographic and cultural diversity of Mozambique. Zambézia Province, in the center of the country, was chosen because it has a high population density, i.e. it ranks second in terms of population size (5 110 787) and population density (48.7hab/km2) and with an extension of 105 008km2. Niassa province in the north of the country is by far the largest province in terms of extension (surface area of 129 056km2) and, considering the ratio of extension versus population size, is considered the least populated (1 865 976 inhabitants) which corresponds to a density of 14.5hab/km2. Niassa is the province least served in terms of roads and infrastructure network, and an effort is currently underway to ensure regular road connections with the neighboring provinces of Cabo Delgado and Nampula. While in the south of the country the province of Gaza presents a variable demographic profile due to the historical process of exporting manpower to the mines and plantations of South Africa. It has an extension of 75 709km2, an estimated population of 1 446 654 inhabitants, corresponding to a density of 19.1hab/Km2. [2]

In each province it was determined to select one urban area, the capital city of the province, and two rural areas. The criterion used for this choice took into consideration the need to give greater weight to the rural areas and to cover the provincial capital, as a way to achieve in-depth knowledge about the data collection process of the research. Therefore, in Niassa the districts of Lago and Majune were selected in addition to the capital Lichinga. While the population of the district of Lago lives mainly by Lake Niassa and has part of its economic activities linked to the lake, the district of Majune is in the center of Niassa province, and its population concentrates its activities in agriculture. The distance between the capital and each of the two districts is equivalent.

For its part, Zambézia Province is made up of two large socio-economic (and geographical) areas, namely "Upper Zambezia", which covers the districts in the northern part of the plateau that serve as the border with Nampula Province, and "Lower Zambezia" which is the southernmost region and which borders on the Zambezi River and Sofala Province. In Zambezia the research was designed to cover the capital city of Quelimane, the coastal part of "Lower Zambezia", Mocuba in the

[2] INE. IV General Census of Population and Housing: Announcement of Preliminary Results. Maputo, 2017. http://www.ine.gov.mz/operacoes-estatisticas/censos/censo-2007/censo-2017/divulgacao-os-resultados-preliminares-iv-rgph-2017 (consulted February 27, 2018).

central region of the province, and Gurué in the northeast, which borders Niassa and Nampula provinces.

The province of Gaza, in the south of the country, presents a peculiar demographic profile for historically being the point of exit of labor for the mines and plantations of South Africa. In this province of Gaza the sociological and demographic characteristics are defined not only by the proximity to the coast but also by the distance from the National Road number 1 (EN1). The latter is a determining factor if we consider that it is around the EN1 that the main socio-economic infrastructures of the province are concentrated. In this sense, we selected the city of Xai-Xai, the provincial capital, the district of Mapai, very distant from the EN1 and close to the border with the Republic of South Africa, and the district of Bilene, which is crossed by the EN1 and equally close to the Indian Ocean.

II.3. SAMPLE SIZE AND SAMPLING METHOD

The purpose of sampling in this qualitative research was to identify and seek to systematically find the totality of responses from each group of respondents, and thus it is not a representative sample. It was defined that the sample size would not be predetermined, but rather would be defined during the course of the research, and it was hoped that the researchers would be able to make necessary adjustments as the research progressed, including finding alternative perspectives in terms of the research questions.

Overall, the research participants were defined according to the following specifications in Table 1 and Table 2, which present the indicative sampling criteria for the in-depth interviews and focus group discussions, including recruitment or selection criteria.

Table 1: Study participants

Participants	Selection	Forms of recruitment
National, provincial and district health officials; representatives of government institutions involved in civil registration of births	Non-probability sampling; the participant is identified by the position he/she occupies in the institution (e.g. National Director of Public Health or Community Health in MOH, Provincial Director of Health, District Health Officers; representatives of civil registry and notary	Contacted via official letter addressed by INE/INS; interview time arranged in personal contact or via telephone
Community and local leaders, key informants, volunteer or community health workers	Leaders in the selected communities will be contacted and invited to participate in the study, snowballing technique applied in cases where participants refer to other key informants	Research team conducts contact visits, information about the visits will be sent by INE or the research team where possible
Mothers of minor children, women of child-bearing age, parents of minor children, living in the communities	Participants will be identified with the help of community leaders	Research team personally contacts participants during the visit

Table 2: Plan for recruiting research participants.

District	Focus Group Discussion				Key Informant Interviews					
	Mothers of children under 5	Pregnant Women	Women of reproductive age	Parents of children under 5	Responsá-Civil Registry Records	Health Representatives	Community Leaders	Works - voluntary pains community rivers	Civil society representatives	Others
Central level					2	2				
Lichinga		1	1		1	1		1	1	1
Lake	1			1	1	1	1	1	1	1
Majune		1		1	1	1	1			1
Quelimane		1		1	1	1		1	1	1
Mocuba	1		1		1	1				1
Gurué	1		1		1	1	1	1	1	1
Xai-Xai			1	1	1	1		1	1	1
Soft	1			1	1	1	1			1
Mapai	1	1			1	1	1	1	1	1
	5	4	4	5	11	11	5	6	6	9
6 sites	18				48					

II.3.1 INCLUSION/EXCLUSION CRITERIA

For the formative research, the inclusion criteria was defined as adult participants residing in each community who were intentionally selected for the study. Exclusion criteria were all adult individuals not residing in the selected communities and all those who do not agree to participate voluntarily or who do not confirm their consent.

II.3.2 QUALITY ASSURANCE AND CONTROL

As provided in the protocol, lead researcher was responsible for ensuring that quality standards were met in the application of the data collection procedures. The research team, consisting of two social scientists, developed a list of quality criteria for the method used in data collection. The testing and refinement of the data collection instruments was carried out at two levels: first during the translation of the instruments from English to Portuguese, an exercise that involved the adequacy of the questions to the context of the research; second, the process of adequacy of the questions occurred during the training of the research assistants and the

translation of the instruments to the languages of each location of the research.

The research assistants, mostly female, were recruited from among health care personnel who were off duty whether due to disciplinary leave, time off, or otherwise. They were mainly maternal and child health (MCH) technicians who received a one-day training on the purpose of the research and the data collection techniques employed so that they could conduct the discussions with mothers and women of childbearing age themselves, using the local language and a tape recorder. At a second time a conversation took place between the researchers and the assistants to discuss how the discussion had gone and to clarify any inconsistencies present in their written reports.

II. 4 DATA COLLECTION AND ANALYSIS

The data collection work was carried out by two social scientists, one of them being the principal researcher, and in the districts assistants with the following profile were recruited: trained in healthcare, with experience in conducting research or working with the communities, and who could speak the vernacular language of the people interviewed.

The research protocol was sent to the provinces before the research team traveled and after it was signed by the director of the INS. In the provinces, the persons responsible for the provincial research centers, in the provincial health directorate (DPS), forwarded the protocol to the DPS for the appropriate administrative procedures. After signing the research protocol at the DPS level it was forwarded to the districts targeted in this research, specifically to the district services of health, gender and social action. The members of the provincial research group, in addition to facilitating the forwarding of the research protocols, collaborated in establishing the first contacts with key informants at the DPS level, including in the recruitment of the research assistants.

The key informant interviews were conducted by the two social scientists while the focus group discussions were conducted by research assistants recruited from each research site. The assistants were responsible for identifying women and men for focus group discussions, in addition to facilitating interviews with traditional authorities unable to communicate in Portuguese. The protocol foresaw that traditional authorities would be involved in the selection of research participants as a way to ensure that all participants would be recruited from among the inhabitants of the same community. This procedure was fulfilled only with the involvement of the research assistants as they were recruited at the local level. Prior to conducting the interviews, the assistants underwent training on the research objectives and

instruments, which included translating the informed consent and research questions into languages most commonly spoken in each research site.

Most of the interviews were audio recorded, except in cases where the interviewees did not agree to be recorded, and at the end of each interview a summary was made and then a transcription of all recordings was made for further analysis. Only a few key informants did not agree to do the audio recording and in these cases the interviewers recorded the responses on notepad which were then transcribed on computer.

II. 4.1. KEY INFORMANT INTERVIEWS

The plan for the formative research was to conduct interviews with key informants at the central level in Maputo, the provinces and the districts. The objective was to get a sense of how the formal registration system works from the top down to the local level. However, the amount of information initially collected at the district and provincial level led to saturation and a global understanding of the system, so that interviews with central bodies were dispensed with. In the provincial capitals, the interviews contemplated the provincial heads of maternal and child health, and since one of the districts contemplated in the research is the provincial capital, the key informants were defined as the heads of the health sector, the heads of the civil registry, community leaders or authorities, and representatives of civil society organizations (see the plan in table 2). However, in the course of the research, it became apparent that it was necessary to include those responsible for the National Institute for Social Action (INAS) in the set of key informants, due to the role they play in the (civil) registration of their beneficiaries.

II.4.2. FOCUS GROUP DISCUSSIONS

A total of 18 focus group discussions (FGDs) were conducted in the 9 districts visited. The focus group discussions integrated pregnant women, mothers of children under 5 years of age, women of childbearing age (MIF), and parents of children under 5 years of age. The recruitment of the participants followed, in most cases, a meeting with the chief physician, director of the health unit (US), or the district level health officer. A person was then appointed to assist the researchers, who in turn identified potential assistants from among off-duty maternal and ghild health (MCH) staff with some research experience. The assistant was tasked with creating the conditions for the discussions by selecting from the mothers and women of childbearing age who came to the US, some of whom were accompanied by their respective husbands.

In each district, two focus group discussions were held thus distributed: Lichinga district, interview with pregnant women and women of childbearing age; Lago, one FGD with mothers and one FGD with fathers of children under 5 years old; Majune,

one FGD with pregnant women and one FGD with fathers; Quelimane, FGD with pregnant women and women of childbearing age; Gurué, FGD with mothers and with women of childbearing age; Mocuba, FGDs with pregnant women and women of childbearing age; Xai-Xai, FGDs with women of childbearing age and with fathers of children under 5; Bilene, FGDs with mothers and fathers of children under 5; Mapai, FGDs with mothers of children under 5 and with pregnant women.

II.4.3 DATA ANALYSIS

The data produced in the field was partially transcribed. Then an analysis matrix was developed based on the main questions of the formative research. The matrix contained in its leftmost column the research questions and in the next column the general answers obtained for them in the course of the research. In the next column are any discrepancies, in terms of geography, for the response. The third column is space for anecdotal events or episodes that reflect the answer to the initial question, and the last column was reserved for quotes that are relevant and illustrative.

The transcribed data were analyzed using the criteria of saturation, triangulation and contextual analysis, since all interviewees answered the same guiding questions. The specific aspects collected from the interviews were grouped together to feed into the characterization of the districts visited, particularly the experiences of implementing specific vital events recording programs. Secondary sources were used to produce the profiles of the districts visited.

A preliminary analysis of the focus group discussions was conducted during the fieldwork and in interaction with the research assistants, and allowed the adaptation of some questions to the research context, especially in the act of translation and adaptation of some terminology to local languages. We also carried out a preliminary analysis of the key informant interviews, which allowed us to adapt some questions to the profile of the interviewees, thus meeting the criterion of being intentional when recruiting participants.

II.4.4 DATA HANDLING

As provided by the protocol the information collected during the key informant interviews and focus group discussions was audio recorded. The recordings as well as all the collected material were kept by the research team in safe and secure devices. The material is still in the possession of the researchers (each keeping one copy of each piece of material collected) for consultation purposes and will be destroyed once the analysis process is completed and the report approved.

II. 5. ETHICAL CONSIDERATIONS

The research followed the ethical guidelines defined in the project, regarding informed consent and preservation of the participants' anonymity. In the research protocol it was defined that the interviews could only occur after verbal consent was given by the participants, considering that part of the research participants would be illiterate. This strategy intended to guarantee the appropriation of the project by the population. It was foreseen that the informed consent would be read to the participants before the beginning of the interviews, and it could be on paper, cell phone or tablet, in Portuguese or in one of the local languages. Only the interview was to start after the participants consented to their participation, if consent was not given the interview would not take place. In case of refusal of participation, the researchers should ask about the reasons for it as a way to improve the conduct of the research.

In the act of consent to participate in the research, the presence of witnesses was waived, as a way to guarantee the privacy and confidentiality of the information provided. The social scientists and research assistants obtained verbal consent from the research participants before beginning the interviews.

In the case of representatives of central level institutions, it was established that they would be contacted by telephone or email to schedule the meetings or interviews. In this case, consent would be negotiated at the time of meeting for interview, before the interview starts. For the case of key informants and focus group discussions consent would be negotiated at the community level during participant recruitment.

Before starting the interview, each interviewee was informed about the research objectives. All research participants did so freely and voluntarily, after reading the informed consent form. Research participants were asked for their consent for audio recording of the interviews and only those whose participants granted their consent were recorded. In the focus group interviews, the informed consent was translated into the local language of the interviewees at each research site. The entirety of the interviews were audio recorded and the recordings were shared between the two principal researchers. In the report the anonymity of the interviewees is guaranteed and the attached list is for the purpose of this report only and should be omitted in the version for public release.

II. 6 LIMITATIONS OF THE STUDY

The study is of an exploratory nature, conducted from key informant interviews and focus group discussion with selected people in 6 districts in Niassa, Zambezia and Gaza provinces. The results presented here should be seen as general trends, whose

main objective is to provide elements for the formulation of specific questions for further research in the future.

III. DISTRICT PROFILES

III.1 LAKE

Lago District is located in the north of Niassa Province and is bounded in the north by the Republic of Tanzania, in the south by the district of Lichinga, in the east is the district of Sanga and in the west is the Republic of Malawi with which shares Lake Niassa (known as Lake Malawi in the neighboring country). It is connected to the capital of Niassa province, the city of Lichinga, by the EN 249 and for about 107 km, the only land exit in good condition. There is a connection with Tanzania, especially the southeastern part, from the contact between the border communities of the two countries. With Malawi the closest connection is to Likoma Island, in the Administrative Post of Cóbuè, and for the Malawi mainland there is a boat that guarantees the connection.

The district has one municipality and four administrative posts, namely municipality of Metangula and administrative posts of Lunho, Cóbuè, Meluluca, and Bandece. The administrative posts include several localities, namely: Messumba and Tulo in Lunho; Ngoo, Ngofi, Lupiliche, and Wikihi in Cobué; Timba in Meluluca; and Bandece in Maniamba.

With a population of about 163,982 inhabitants in 2017, in an area of 6,528km^2, the population density is approximately 25.1 inhabitants/km2 (density of the province is 14.5)[3] , which is a significant increase from the 2007 census, about 13 hab/km^2 and being that in 1997 it was 9.1 hab/km2 [4].

[3] INE. Dissemination of the preliminary results of the IV RGPH. Maputo, 2017. http://www.ine.gov.mz/operacoes-estatisticas/censos/censo-2007/censo-2017/divulgacao-os-resultados-preliminares-iv-rgph-2017

[4] Lake District Government. *Strategic District Development Plan (SDDP)* 2015-2024. Metangula, December 2014.

III.2 LICHINGA

The district of Lichinga is located in the west of Niassa Province and lies beyond the limits of the capital city, the city of Lichinga. Both territories, municipality and district, coincide geographically in many respects given their spatial contiguity. The boundary of the city of Lichinga is the district of Lichinga, as shown in the map above. In turn, the district of Lichinga borders the districts of Chimbunila, Sanga and Lago, to the North with the District of Ngauma, to the East with the District of Chimbunila, and to the West with the Republic of Malawi across Lake Niassa.

With an area of 5422 km^2 and a population of 213361 inhabitants[5], the district of Lichinga has a population density of about 39.4 inhabitants/km^2. The district includes two administrative posts (Lione and Meponda) and the municipality of Lichinga. The municipality of Lichinga is composed of four administrative posts and 15 communal districts.

Lichinga, like the center and south of Niassa province, depends on the connection with Nampula, via the CDN, and the connection with Malawi. The district has agricultural characteristics an important part of the economic activities of the population. As the capital of the province, of the municipality and of the district, it benefits from the concentration of administrative and social services of reference at the provincial level.

III.3 MAJUNE

The district of Majune is located in the central region of Niassa province and is about 115 km away from the capital city Lichinga, by the EN 14. It borders the districts of Muembe and Mavago in the south, the districts of Maúa, Mandimba and Ngauma to the north, in the east it borders the districts of Marrupa and Maúa, and in the west it borders the districts of Muembe and Chimbunila.

Majune is divided into three administrative posts: Malanga, Nairubi and Muequia. The registered population in 2017 is about 38453 inhabitants[6], in an area of 11327km^2 making a population density of 3.0 hab/km^2. The district headquarters, Malanga, is home to most of the district's population[7]. Like all rural districts, the

[5] INE, 2017.
[6] INE, 2017.
[7] EMBASSY OF SWEDEN. *Reality Findings in Mozambique: Building a better understanding of the dynamics of poverty and well-being. Annual report, year One*. Maputo, ORGUT, 2011.

population of Majune has agriculture as its main activity.

III. 4. GURUÉ

The district of Gurué is located in the north of Zambézia province and is geographically bounded by the district of Malema (belonging to the Nampula Province) to the north, with the district of Cuamba (belonging to the Niassa Province) to the northwest, to the southwest by the district of Milange, to the south by the districts of Namarroi and Ile and to the east by the District of Alto Molócue.[8] This geographic location allows the district to connect to the EN1 in Mutuali, via the Ile district, after traveling about 100km. From the Ile district it reaches the Northern Development Corridor (NDC) railway line. The road connecting Gurué to Cuamba district is under rehabilitation, which will facilitate the connection to Lichinga and Malawi (under construction the Cuamba Lichinga road).

With a population of 420,869 inhabitants[9]and an area of 5606 km^2, Gurué has a population density of 75.07 hab/km^2. These figures represent a population growth of about 80% in 10 years if we consider that in the 2007 census the registered population was 297,935 hab, making a density of 53.15 hab/km^2.

The district has two administrative posts and 10 localities. The administrative post of Lioma includes the localities of Lioma, Magige, Mualijane, Nintulo and Tetete) and the administrative post of Mepuagiua includes the localities of Incize, Mepuagiua, Mugaveia, Nicoropale and Nipive.

It is a rural district whose economy depends on agriculture, with both family farming and private plantations, with predominance for the cultivation of tea, soy, corn, cotton, and beans.

III.5 MOCUBA

The district of Mocuba is located in the central region of Zambézia province, and is geographically bounded by the Ile district to the north, across the Nampevo River, and by the Lugela district, across the Licungo River. In the South it borders the

http://www.swedenabroad.com/ImageVaultFiles/id_9943/cf_52/Relat-rio_Anual_Constata-es_da_Realidade_em_Mo-amb.PDF (*accessed February 23, 2018).*

[8] http://www.zambezia.gov.mz/por/A-Provincia/Perfis-Distritais/Gurue, query date 18 Feb 18).
[9] INE. "Divulgação os resultados preliminares IV RGPH 2017". Maputo, December 2017.

district of Namacurra, and in the east the Maganja da Costa and Ile districts. In the west it borders the districts of Milange (Liciro River) and Morrumbala (Liaze River).

The district has three administrative posts - Mugeba, Mocuba-sede, and Namnjavira. It also have six localities - Mocuba and Munhiba (belonging to the administrative post of Mocuba), Mugeba and Muaquiua (belonging to the administrative post of Mugeba), and Namanjavira and Alto Benfica (belonging to the administrative post of Namanjavira.)

With an area of 9 062 km^2 and a population of 422 681 inhabitants[10], it is the second most populous district of Zambézia Province, with a density of 46.6 inhabitants/km^2. The district headquarters continues to be the one that concentrates most of the population of the district.

The location of Mocuba along the EN1 ensures accessibility to other districts, to the provincial capital Quelimane and to several districts of Zambézia province. The district has access to the Indian Ocean through the district of Maganja da Costa. It belongs to the Zambezi River Basin and is crossed by ten rivers that form important hydrographic basins for the practice of agriculture, fishing and navigation.

III.6 QUELIMANE

In the district of Quelimane is located the city of Quelimane, the capital of Zambézia province. Located by the "Bons Sinais" river, Quelimane City is 20 km away from the Indian Ocean and is where the administrative services of the district and the province operate. On the waters of the "Bons Sinais" river and next to the city lies the fourth largest river port of Mozambique, a relevant infrastructure for the dynamization of economic activities, such as industrial fishing, export of agricultural products and forestry. [11]

Quelimane has an area of approximately 117 km^2, a population of 193,343 inhabitants, and is administratively divided into 4 administrative posts, which in turn are divided into neighborhoods.

[10] INE, 2017.
[11] [11] UNIVERSAL CONCERN. *Baseline Study of the Municipal Council of the City of Quelimane: Social Accountability Monitoring Program at the Municipal level - MuniSAM.* Maputo, April 2013.

III.7 MAPAI

The district of Mapai is part of the most recent districts created by the government of Mozambique in the year 2016 (Law no. 3/2016, of May 6, approves the elevation of the Administrative Post of Mapai to the category of district) and came into function in March 2017, with the appointment of the respective administrator and district directors. Before this process it belonged to the Chicualacuala district, reason for the presentation of the map above. The district is located in the north of Gaza province and borders the districts of Chigubo and Massangena to the north, Mabalane district to the south, Chicualacuala district to the west and Chigubo to the east. It includes two administrative posts and 6 localities, namely the administrative post of Mapai with the localities 16 de Junho, Mapai-Rio, Chidulo and Mepuzi, and the administrative post of Machaila with the localities of Machila-sede and Hariane[12] .

It has a population of 29 833 inhabitants[13] and an area of 10 200km^2. It is about 370 km away from the provincial capital Xai-Xai, via the EN221 road which intersects with the EN 1 at Macia village, Bilene district. The district is crossed by the railway line of the Limpopo Corridor, which connects Mozambique to Zimbabwe.

Despite its location in the Limpopo river basin, the fact of being in a semi-arid region, where the soils are mostly shallow, rocky and sandy, has not made the area strongly favorable for agriculture, except in the areas near the Limpopo, Guloso, Chingovo, Chefu and Chipelamalombe rivers that cross the district. Despite these conditions, agriculture is the activity practiced by the majority of the population in addition to the migratory activity due to its proximity to the border region of Phafuri.

III.8. XAI-XAI

The district of Xai-Xai is where the capital of the province of Gaza is located and is about 210 km away from the city of Maputo. The district has undergone changes in its territorial layout in the last 15 years, as a result of the process of creation of new districts[14]. Until 2016, the Xai-Xai district headquarters was located in the village of Chongoene, which in the meantime was elevated to the category of district. In that condition it had as geographical limits the district of Manjacaze to the north, the district of Chibuto to the west, the Indian Ocean to the east and the district of Bilene Macia to the south. With the creation of new districts in 2016, the current boundaries

[12] Mapai District Government. *Strategic development plan (draft).* Mapai, January 2018.
[13] INE 2017.
[14] Law No. 3/2016, May 6, approving the creation of new districts of Chongoene, Limpopo and Mapai in Gaza Province.

are: Chongoene district to the north, Limpopo district to the south, Chibuto district to the west and the Indian Ocean to the east.

It is crossed by the EN1, an important national corridor to and from Maputo connecting with almost all provinces of Mozambique. The estimated population in 2017 is about 143,128 inhabitants[15]. The location in the Limpopo river valley is an important feature for the economy of the region, which benefits from the irrigated areas for the practice of agriculture and animal husbandry. An important reference in relation to the economic situation of Xai-Xai is the proximity to the beaches of Xai-Xai, Chongoene and Zongoene, which are important tourist spots in the region. Moreover, the migratory nature of its population, mainly male, mainly to mine and plantations in South Africa, contributes to the transfer of foreign exchange[16] .

III.9 BILENE

The district of Bilene is located in the south of the province of Gaza, along the EN1, in the direction Xai-Xai - Maputo. It saw its territory reduced due to the creation of new districts in 2016. In its current situation, its geographical limits are the Limpopo district to the north, the Manhiça district to the south, the Chokwé district to the west and the Indian Ocean to the east. It consists of 4 administrative posts, namely, Macuane, Mazivila, Messano and Bilene Beach, the latter an important tourist spot. The PA of Bilene Village is a municipal territory together with the Village of Macia.

The registered population is 150,554 inhabitants[17] and an area of 3200 km^2, which gives a population density of 47.0 inhabitants/km^2. It is a rural district, which has in agriculture and animal husbandry its main activity. It flourishes a market for the sale of agricultural products with a strong connection to the region of the irrigated land of Chókwe, made possible by its location along the EN1. The Bilene Beach constitutes a source of income due to the practice of tourism and construction of leisure houses.

[15] INE, 2017. Population appears to include both district and Xai-Xai City data.
[16] http://www.gaza.gov.mz/por/A-Provincia & https://pt.wikipedia.org/wiki/Xai-Xai (*viewed February 23, 2018).*
[17] INE, 2017.

IV. STUDY RESULTS

The identification and registration of vital events is primarily a concern for institutions and competent bodies of states. It is the registration of such events that influences the processes of planning, design, and monitoring of public policies, the allocation of budgetary and other resources, the geographical distribution of social services such as health, education, and sanitation, in addition to greater public knowledge about the demographic characteristics of the country.

In Mozambique, the first Civil Registry Code was approved in 1930, therefore in a colonial context. This means that only after the abolition of the Indigenato Statute, in 1961, did registration start to cover the native population, now considered Portuguese citizens. However, for a long time modalities of registration of adults prevailed as part of the procedures of collection of the "palhota tax" and labor control. Thus, the registration system was "associated with taxation and the requirement to pay a fee to register, which discouraged the registration of children by their families[18]. After national independence in 1975, the code was amended and registration became mandatory.

The historical context of the recording of vital events reveals that this is not an exercise that emerges from secular community practices, or something that is embedded in the habits of the existing communities in Mozambique. On the contrary, the modalities of registration are associated with violent practices. This is the primary factor to which a 16-year civil war, cyclical natural disasters, and the weak capacity of the state to reach citizens in the most remote areas will be added in the characterization of the vital events registration system.

IV.1 COMMUNITY BASED APPROACHES TO VITAL EVENTS RECORDING

IV. 1.1. LOCAL STRUCTURES AND LEADERSHIP

The registration of vital events at the community level cannot be understood without a reflection on the form of organization of life and the exercise of public/state power at that level. According to the Local State Bodies Law (LOLE), which establishes principles and rules for the organization, competence and functioning of the state's local bodies, the locality is the basic territorial unit of the organization of the state's local administration and constitutes the territorial circumscription of permanent contact with the communities and respective authorities[19] .

[18] Siegrist, S. & M. O'Flaherty, *Birth Registration and Armed Conflict,* Florence, Innocenti Research Centre (UNICEF), 2005, p. 17.
[19] Law 8/2003 of June 30, Art. 14.

On the other hand, the configuration and the limits of competence and power of community authorities, among them the "traditional" chiefs, has varied not only over time but also in the geographical microcosms that make up the country. Such community-responsible authorities have also been targets of engaging analysis of political sociology. The dominant political narrative in the post-independence period placed traditional authorities as a) reactionary influence on society and b) instruments of oppression and exploitation of the people in the service of colonialism[20]. In the words of some authors, the state "labeled all political and social institutions that based their social reproduction on the logic(s) of kinship and ensured positions of political authority through hereditary succession as 'feudal,' 'obscurantist,' and 'retrograde'"[21] .

We speak specifically of the figures of the *régulos*, banned soon after independence, the figure of the *curandeiros* or other spiritual leaders equally stigmatized during colonization and after independence, and the figures of the *secretários dos bairros* (neighborhood secretaries) created with independence and that have been questioned since the establishment of the democratic governance system in Mozambique in the early 1990s.

Despite being unrecognized and ostracized by the state, traditional authorities continued to operate, amid ambiguities of various kinds, at the level of local communities in Mozambican territory. The 1990 Constitution of the Republic, which instituted greater political openness and a multi-party system, is an instrument to be integrated into the "decentralization" process that was already underway. In the new constitutional paradigm, the organs of local government are separated from the central administrative apparatus and are given their own legal personality. In 1992, the Local Organ Reform Program (PROL) was launched with the objective of reformulating the state's local administration system, giving it administrative and financial autonomy.

Despite the gloomy scenario mentioned above, since their institutionalization in the early 2000s (Decree 15, 2000, of June 15)[22], the community authorities are a reality with a tendency to consolidation throughout the country. According to the legislation in force in Mozambique, these are composed of traditional chiefs (and their entire traditional power structure), the neighborhood secretaries, and all those recognized as such by the respective communities, including traditional medicine practitioners,

[20] Rocha, J. & G. Zavale "The Development of Local Power in Africa: The Case of Municipalities in Mozambique", Caderno *de Estudos Africanos,* Vol. 30, 2015, pp 105-133.
[21] Lourenço, V. "Entre Estado e Autoridades Tradicionais em Moçambique: Velhas Aporias ou Novas Possibilidades Políticas?", *Res-Publica: Revista Lusófona de Ciência Política e Relações Internacionais*, Vol. 5/6, 2007, pp 197.
[22] Decree 15/2000, of 20 June, Boletim da República, I Série, n° 24, supplement, 20 June 2000; Decree 11/2005, Boletim da Republica, I Série n° 23, 10 June 2005; Article 118 of the Constitution of the Republic of Mozambique (2004).

traditional midwives, religious leaders, and other types of entities with recognized status among the people of the respective communities. In the experience of articulation between state institutions and communities, the constitution of various types of local committees and councils (for health, co-management, child protection, and the management of natural resources, among others) has also been consolidated.

The historical context described here reveals that the state's relationship with communities, or with representatives of power at the local level, is neither univocal nor simple. The result is that today a variety of power holders are found at the local level. One can find traditional chiefs whose source of power is their lineage, locality presidents who in technical terms represent an (ultimate) extension of state power, neighborhood secretaries whose legitimacy is conferred by a hegemonic party in the area, other leaders designated only by their "echelon" (from first to third), some figures holding the power of healing (metaphysical or religious); in addition to a wide range of actors who may sporadically exist in one place or another.

The diversity referred to here is present in the statements of the research participants who on several occasions referred to community authorities either as *régulos*, *secretários*, or simply as "leaders," where they include zone chiefs, heads of 10 houses, religious leaders, and administrative authorities such as heads of administrative posts and heads of localities. In all of the sites visited, participants referred to more than one type of community authority and expressed some insecurity about the actual role that can be attributed to each type of authority referred to.

In conversation with women of childbearing age interviewed in Lichinga, one of the problems raised was the poor relationship with the traditional chiefs, allegedly because they do not get involved in solving health-related problems. Second, the idea that it would be the responsibility of the community authorities to know the population numbers. At the same time they presented the complaint requesting more intervention from the community leaders, claiming to be the only entity capable of knowing the number of the community's population, which they considered to be the top leaders of their respective communities.

In the Lake area in Metangula, the participants identified as community leaders: the neighborhood secretary, chiefs of 10 houses and nduna, as those responsible for knowing, for example, the population numbers. It was clearly noted that these chiefs did not perform this task.

In Quelimane, the participants referred to religious leaders, the *régulos*, also known as "leader", *secretários dos bairros*, *chefes de zona*, *chefe de 10 casa*s, and *chefes dos postos administrativos*. Still in Quelimane, in conversation with members of the co-management committee of the US "17 de Setembro" it became clear the ambiguity in

relation to the figure of the neighborhood secretary, a fact that stems from the change in municipal governance, which since the year 2011 is governed by the MDM party, after about 4 decades of governance of the Frelimo party. From what was observed, this situation led to the overlapping of secretaries of the neighborhoods, between the former secretaries appointed by the Frelimo party and the current ones appointed by the MDM party. These participants referred to this situation as a way of suggesting that the best option would be to work with the *régulos*, even considering their reduced number. This situation corresponds to what was mentioned above in which the neighborhood secretaries are appointed by the hegemonic party in the municipality.

This last point about the perception of the role of community authorities we found in all of the interviews conducted with both key informants and focus group discussions, men and women. It was mentioned that community authorities have the responsibility to know the population numbers in each community. In another development, it was noted that community authorities are responsible for the fact that community members do not know the total number of the population in their community. To this end, the interventions pointed to the need for the community authorities to disclose the population numbers during meetings with community members.

These situations contribute to a failure to clarify the actual responsibilities of these types of authorities, even in cases where their tasks are specified in the respective laws. Looking at the contextualization it is also evident that rather than an exercise galvanized by the populations residing in the communities themselves, the registration of vital events is primarily an interest of the state and its institutions.

What we have just shown is the side that reveals the population's perception of the role of community authorities where the idea that they have not fulfilled their role stands out, especially that of intermediation between the wishes of the communities and state policies.

> *"No one in the neighborhood can tell how many we are. If there is a secretary of the neighborhood, he must know how many we are. And from that number he has to know how many were born and how many died. It will be possible to know the causes of death and thus help in knowing and controlling the causes of death. This can help to know if we are growing or not. In many neighborhoods we don't know how many people live. We don't know the exact number of the population"* (Civil Society representative, Metangula).

This quote was, taken from the interview with a research participant in Lago district in Niassa, and mirrors part of the reality that is experienced in the communities visited during the research. It is about the absence of community-based approaches to recording vital events, and the expectation among community members that this task should be undertaken. There reigns among community members a strong belief that community authorities should organize the registration of vital events as part of their leadership routines.

The community leaders with whom we interacted revealed significant differences with regard to the recording of vital events. It was possible to identify some cases in which community leaders had some type of register including vital events, such as population numbers (the case of Bilene), occurrence of deaths (in almost all the communities but without much systematization). From these experiences we could notice that there are some experiences of registration of vital events, however, these have proven to be not very effective, on the one hand, due to the absence of a structure of coordination, collection, treatment, and conservation of these events at the local level, and on the other hand, due to the instability that has been observed since the time of independence regarding the format and structure of the modalities of exercise of local power and community authorities recognized by the state, as we indicated in the introductory part of this section.

At another level, we can see that part of the attributions of the local representatives of the state (heads of localities and towns) and community authorities is to conduct annual censuses of the population in their respective territories. This task is not carried out in generality and where it is verified it is not done with rigor, since the information is not processed and much less forwarded to other entities. The following two cases, selected from among many that we registered during our research, portray part of this reality.

In the first case in Metangula we found a neighborhood secretary, appointed more than four years ago, who stated that his task is to listen to the concerns of the population and forward them to the city and district government. He cited as an example of his activities the referral to the hospital of sick people who are unable to travel. When asked about the number of people in the neighborhood he said he didn't know how many people live in the neighborhood. However, the administrative structure of the neighborhood is made up of block chiefs and heads of ten houses. He mentioned that with this structure he would be able to obtain information about the number of inhabitants, but this task is not performed.

In the same neighborhood there is also the figure of the *régulo*, whose residence is very close to the secretary's house, and he too does not keep an accurate record of events and population. The fact that the secretary has no record of the population, much less of events such as pregnancies and deaths, is contrasted by the presence of a book in which he keeps a record of the people who visit the secretary's house. In

the conversation we had at one point he revealed: "children born in the houses, I can't lie, I don't know, maybe only in the hospital. The secretary doesn't know how many people are born or who die.

The second case occurred when we talked to a representative of the community authority in the region of Bilene (Gaza) who has held the position since 2003. His profile says that he is a teacher by profession in a school in the district headquarters and assured us that he tried to read the legislation that regulates the community authorities and discovered that part of the tasks refers to the registration of the population. He then instructed the secretaries of the three neighborhoods that make up his community and the respective block chiefs to acquire notebooks for the population registry. This process has been going on since his appointment and is updated every year. However, he complains that no other community leader does the same registration and that there is no follow-up by the district or municipal government, and that the data collected is the responsibility of the respective block chiefs and neighborhood secretaries.

> *"The law says that we have to register the inhabitants annually. I got the books to register the inhabitants. I gave the books away three years ago. We register the names and date of birth. When there is a death in front of the names, the death is registered. You go house to house. It is a register that does not go to the proper instances of governance. It is updated every year. In April of each year it has to be renewed. If there is a family that has arrived and we haven't been informed. The block manager sends it to the secretary of the neighborhood. The neighborhood secretary records the total numbers without the details that the block chief records. The data is disaggregated into men and women. We do not have very skilled block chiefs and so the data is not very well disaggregated. The orientation is to immediately register births. But this is not always done accurately. The orientation is when a new person arrives, birth or death, is to register"* (community leader, Bilene).

The situations we have just described serve for the understanding of the context of the forms of organization of local communities in Mozambique, where we brought a historical, political and social dimension, with the purpose of identifying the existence or not of practices of registration of vital events, and not only this. What the situation reveals is part of the history of the constitution of the state in Mozambique, where local communities, especially rural ones, and their leaderships have deserved special attention, as they constitute an important dimension in the process of governance of the territories and the respective population.

As a result of our experiences, we suggest that it is not possible to conceive of local communities as being far removed from the state modalities of creation, transformation, and control of community authorities, regardless of the format in which they are presented in each region. Thus, we were able to identify that among those who have knowledge about important events in the communities are the people or entities that we identify here as community authorities and other influential people, such as the lineage chiefs, the person who assumes the position of head of the household in its various manifestations. These people have some kind of record, in many cases not systematized, and almost always the one from memory prevails. We will observe this last aspect when we talk specifically about who in the community holds knowledge about pregnancy, births, or deaths.

IV. 1.2. COMMUNITY EVENT REGISTRATION

The historical, political, and administrative context of community authorities presented above helps to explain and understand the concrete dynamics that occur around pregnancy, birth, and death registrations. We review what stand out as experiences of dealing with these events at the community level.

Pregnancies

Based on the contextualization made above it is highlighted that there is no systematized mechanism for the registration of pregnancy situations at the community level. At the community level we found some experiences of registering people who live, visit or die in a jurisdiction of the traditional authorities. Pregnancies are among the vital events that are least referred to in the modalities of event registration mentioned by the participants. Given this scenario, and based on the answers given by the participants, we seek to bring in this section the practices related to pregnancy situations.

> "*Is there a problem with going into the community and trying to find out how many women are pregnant. If you go there, other people may accede and others may be suspicious. It's not easy to have information about pregnancy. It is not easy for a woman to report that she is pregnant....Because this part is also difficult*" (GDF with members of the Cogestão Committee, Quelimane).

> *A woman when she gets pregnant usually informs her partner first, then she informs her maternal uncle or her brother, then it is these people who try to approach the partner to resolve the issue* (CSO member, Lake).

In this same context of the lake district in Niassa, the participants in the DGG identified the mother as the confidant in case of pregnancy. After the mother came the father figure followed by the maternal uncle. This is the matrilineal context, hence the emphasis given to the bonds traced from the matrilineage, here represented by the mother and maternal uncle, as the closest people.

The matter concerning pregnancies, especially in the first days of pregnancy, is dealt with among the closest people within the family, who may be a mother, grandmother, spouse or boyfriend.

Pregnancy, being an important event linked to the biological reproduction of families and groups and an important part of the establishment of social ties that contribute to the enlargement of community life, is cherished in a special way and surrounded by protective measures. Therefore, the announcement of a pregnancy is usually not made before the appearance of external signs, the most common being changes in body configuration, such as breasts, belly, weight gain, which corresponds to the approximate three-month gestation period.

In several communities of the districts visited, the elementary multipurpose agents (APE) stand out in the registration of events such as pregnancies, in addition to births and maternal and infant deaths, especially in the communities where they exercise their activities, since they deal with the situation of maternal and child health and the monitoring and follow-up of disease situations at the level of their communities. According to the data collected, the APEs have a particular presence in areas without health service coverage, so the registration of pregnancies that they carry out occurs not only when they are at an advanced stage, but also on the condition that the mother is interested in (or needs) such services. The APE does not have the prerogative to inquire of a woman about her condition when it is not evident, there is no health risk, or not requested by the woman.

The APEs have a more significant presence in the districts of Niassa and Zambezia provinces, where we found several initiatives to increase their number and coverage. In Gaza, the situation is not the same and is characterized by little presence of APEs. For example, the creation of a new district in Limpopo, which implied a reduction in the territory of the Bilene district, led to a reduction of APEs in the latter district. In Mapai, a district that had not yet one year of existence in January 2018, the presence of APEs was not yet consolidated, and the community Involvement part was mainly done with traditional medicine practitioners.

Births

We found only one case, in Bilene, of community authorities carrying out updated registration of their inhabitants, especially of new inhabitants and newborns. Even

in this case the registration of births is not done in a systematic way, as mentioned by the traditional chief.

In a conversation with INAS officials, the challenges of registering the beneficiaries of the Basic Social Allowance were narrated, precisely because of the absence of a birth registration system, either in the communities or at the level of the respective families.

> "*Some families have a record of vital events but few families record in writing. There is a mental record. In places without civil registration and notary services the family and the community leader have the information of what happens in the neighborhood, they do not always have a (written) record, the community leaders are able to recover the memory of events, associating them with natural events or happenings* (INAS representative, Lichinga, December 2017).

The civil registry and notary services revealed some challenges in registering children and adults precisely because of the absence of written or at least reliable birth registration at the community level. The episodes described by the district representatives of the civil registries involve people who seek the institutions to affect their birth registration, but are unable to say exactly when they were born, and at times of conducting civil registration campaigns, such as those that took place between the years 2016 and 2017, where they faced difficulties in retrieving people's birth data, especially the date of birth. In both situations, which involve INAS and the civil registry and notary services, estimates are used with the involvement of family members of the targeted people and community leaders in reconstituting the memory of events and which are then associated with the time of birth of the person in question, that is, neighbors and other members of the community, including traditional leaders, are able to witness the approximate time of birth and narrate events associated with the events.

The scenario described above describes the situation where civil registration services and health facilities are non-existent or are located very far from the places of residence. But we found statements that indicate that even in urban settings, where there are health units and civil registry offices relatively close to the places of residence, there are people who do not register births. In these cases, what often happens is that people hold the card that confirms the birth, which is given in the maternity hospitals.

One should also consider the existence of cases of birth registration in churches, because of various types of rituals such as the reception of newborns and the baptism of children. It is a practice that is common among Christian churches, such

as catholic and protestant, and there is evidence of its occurrence among pentecostal churches as well.

Deaths

In contrast to pregnancies and births, the people we talked to were able to narrate some cases of people who died in their respective communities, including the time and circumstances in which the event occurred. For example, in Lichinga women of childbearing age mentioned three deaths and pregnant women mentioned two deaths. From the conversation with the local authorities in Majune they indicated the occurrence of one death after childbirth in the year 2017. In Lake district, women of reproductive age reported the occurrence of one postpartum maternal death and in the same district parents of children under 5 years old made reference to the occurrence of one maternal death in the year 2016 and 2 maternal deaths in the year 2017. Some responses we obtained suggest that at the level of churches deaths are registered when funeral ceremonies of the respective members are held.

We found no case of systematized registration of deaths, even considering that community authorities have the responsibility to issue declarations confirming non-hospital deaths. Deaths in general are events known by all the people in a community since they mobilize all kinds of solidarity, so it is not difficult to find an adult who remembers their occurrence. During the conversations with the focus group participants on many occasions they were able to agree on the number of deaths that occurred in the community in the year 2017, some tried to refer to deaths in previous years. But this was no longer the case for pregnancies and births, for example.

IV. 1.3. PARA-COMMUNITY" REGISTRATION INITIATIVES

The National Institute for Social Action

In places without civil registration services, which are the majority of situations in Mozambique, since civil registration services are only found up to the level of district headquarters, INAS officers turn to families and community leaders. Only in these cases is it possible to retrieve information about significant events that occurred in the place, such as calamities, rains, plagues, diseases, visits by the president, among others, which are then associated with the time of birth of the person concerned. This provides an approximate estimate of the time of birth, which then allows for civil registration.

The Law of Social Protection, No. 4/2007 of February 7, the Regulation of the Subsystem of Basic Social Allowance, Decree No. 85/2009 of December 29, which facilitates the achievement of free birth registration. The partnership between the various delegations of the INAS and the Provincial Directorates of Justice are

supported by Article 381, paragraph 1, of the Civil Registry Code, which ensures that the most vulnerable people, part of the beneficiaries of the INAS programs. In the context of this partnership, INAS carries out brigades of civil registration of its beneficiaries, allocation of ID and NUIT, activities that rely on the collaboration of the Civil Registry and Notary, Civil Identification Services (SIC) and the Tax Authority.

INAS works with a figure known as the "Neighborhood Permanent", who is elected among the inhabitants of a community or neighborhood. This figure is responsible for identifying and locating people who are eligible for the basic social allowance, namely: elderly people, people with disabilities, child heads of household, identification and follow-up of people living with HIV and AIDS. The data collected by the neighborhood permanent is sent to the INAS offices for further analysis and follow-up until a decision is made on the applicant's eligibility.

The Elementary Multipurpose Agents (EPA)

APEs are elementary preventive medicine technicians and work at the community level. The tasks of APEs are: organizing lectures and treatment and active search (TB and HIV). In terms of treatment, they provide primary care for malaria, pneumonia in children, diarrhea, conjunctivitis and other diseases. Their responsibility is to make referrals to the nearest US for cases that require specialized care. In addition, they make referrals of pregnant women, deliveries outside the US, and perform active search of mothers for compliance with the vaccination plan.

The district community involvement officers monitor and supervise the APE coordinators at the US level. Requirements for recruiting APEs: recruitment is done after consultation with community members, and the person recruited must live in the respective community. Afterwards, the APE candidates undergo a period of 4 to 6 months of training on topics related to disease prevention, treatment of simple diseases such as malaria, administration of the IMS package, and nutrition. They work very closely with traditional medicine practitioners and traditional birth attendants since they both participate in the health committees.

During conversations with health sector officials and other participants from the community, the role of the APEs was emphasized. Their contribution is recognized for bringing health care to places without health facilities and for reducing the distances that people travel from their places of residence to the US. On the other hand, their role has helped in collecting information about the health situation of the population in places where there is no health unit.

> "*EPAs who work in the communities, they are the ones who give most of the information. We have community health committees. They function with some deficiencies but we have had a lot of*

> *information. There is not a very concise platform, like the PMTs and the PTs. The PHAs provide quantitative information and are required to report deaths, on the hygiene situation, if there has been an adverse event in the community. The health committees provide qualitative information about the perceptions and expectations of the communities regarding health situations*. (Chief District Physician, Bilene)
>
> *The APEs are within the health committees. Co-management committees work in the health unit and in the communities. They are the ones who report on the events that occur. In addition to the APEs, the committees are part of the entire grassroots structure* (APE coordinator, SDSMAS, Bilene).

Their connection with the US gives them a privileged place in the process of data collection on vital events, since they follow a procedure of registering their monthly activities in sheets made available for this purpose. These forms are part of the material used in the US of guardianship and by the District Health Services to produce information about the general health situation.

Their presence is recognized by the communities, as we mentioned above, since they were mentioned several times, especially when asked about the possible people who can be identified to be integrated into the community system for recording vital events.

IV.2 SOCIO-CULTURAL DYNAMICS AROUND VITAL EVENTS

Anthropology holds that culture represents the entire way of life of a given community, its shared ways of acting, feeling, and thinking. It [culture] is then disassociated solely from particular forms of artistic expression, from rituals of worship or passage, or from particular habits and beliefs about particular phenomena.

In terms of vital events, such an approach implies a holistic view of how they are represented and experienced by the populations in presence, and what different types of meanings are constructed about the various aspects of these events. It is in this context that there are studies that address the experiences of mourning, paying attention to the individual and collective processes of reintegration after death or death as a biosocial phenomenon because it has both valences but mainly because it

influences people's lives in its symbolic aspects.[23] There are also discussions about the importance of rites and rituals around life and death for society.[24]

Similarly, research abounds that navigates around the socio-cultural value assigned to the newborn, which encompasses pre-birth care, during childbirth, and postpartum procedures including social integration.[25] Studies that analyze taboos and social norms applied in the context of sexual and reproductive health are part of the same line.[26] It is in this apparatus that the representations and practices associated with the registration of pregnancies, births and deaths are inserted.

Pregnancies

The data we use for the description of practices regarding pregnancy we draw from the answers given to questions about possible cultural barriers to recording information in cases of verbal autopsy and recording pregnancies. The recorded responses suggest the existence of diverse beliefs that make it impossible to share this information with anyone who is not part of the family and within the established rules.

In talking with women of childbearing age in Mocuba about the possibility of registering pregnancies, responses initially indicated that there were no cultural barriers to doing so. In the course of the conversations, the participants acknowledged that members of their respective communities might find it strange or think negatively about the presence of someone concerned about knowing about the existence of pregnant women. One of the participants stressed that people would question where this kind of information about pregnant women would go.

> "*For other people who don't know it can give problems. They will wonder why a person will collect my name and I am pregnant. They may misunderstand the intention of collecting this information when a person gets pregnant, when they are 2 or 4 months pregnant, the one you don't see, it's hard to say you are pregnant, even for people close to you. It's hard to go out and inform people that I'm pregnant. There is fear or shame or embarassment in informing. Women are not able to go to the secretary and report pregnancy. They may feel embarassment about pregnancy"* (GDF, MIF, Mocuba).

These same questions were asked to the key informants and part of their answers are presented below:

[23] Lihahe (2010) and Isequiel (2014)
[24] Dias (2009)
[25] KULA (2007)
[26] Gune (2011)

> *"Now people have a different view. Even in the communities. There are barriers in registering the pregnancy, because of the myths. I cannot say how many months my pregnancy is. People can register but omit concrete data about the age of the pregnancy"* (INAS representative, Lichinga).

> *"You can talk about pregnancy at a month old. A woman when she becomes pregnant usually informs her partner first, then she informs her maternal uncle or her brother. Then it is these people who try to approach the partner to resolve the issue."* (CSO representative, Lago).

The situation reported here concerns pregnancies in girls (often teenagers) or in women who are still living within their families, before the formalization of their marriage relationship that often involves relocation. The narratives involve cultural barriers to recording pregnancies and their outcomes, such as abortions, stillbirths, and births.

> *"It's hard for someone to say they had an abortion; even in situations where the abortion was spontaneous. First, abortion has been hidden. Spontaneous abortion is also not reported. There is a way of thinking that the woman who had an abortion is not well regarded in the community. In the case of stillbirths, there is no public burial. The people close to the woman take care of the matter. Only people from the family know about what happened.* (CSO representative, Lago).

It is noted from the above quote that stillbirths, even in cases where the external signs of pregnancy are evident, are also treated as taboo and do not follow the same rituals that accompany the death of a child or an adult. It is the case here that reference is made to the fact that stillbirths are not subjected to public burial ceremonies, because they only involve the closest people within the families.

What is apparent from this data is that abortions are treated as taboo, surrounded by secrecy, and the women involved in these situations are subjected to ritual processes of cleansing and reintegration. From the point of view of social expectations, firstly, abortions should not occur, and secondly, if/when they do occur the situation is not seen as normal. As a result, processes are triggered for their clarification and the woman is subjected to various treatments that include her purification.

Causal explanations about abortions include the association of the woman with attitudes considered socially unacceptable and considered a violation of social

norms and precepts, the most serious being adultery. It is expected that the woman who suffers an abortion will inform her relatives and/or sexual partners as a way to undergo ritual treatment since the need for purification of the woman who suffers an abortion is revealed by the association of certain diseases such as tuberculosis or STIs in men with involvement with women who have suffered an undeclared abortion.

In an informal conversation with a representative of the Mapai district government, the latter recounted an episode in which an official of the same district government did not agree to undergo treatment for tuberculosis before treatment involving the woman with whom he had sexual relations and that he accused her of having had an abortion.

The significant difference can be found in we have of people closer to whom women report, firsthand, situations of pregnancy or pregnancy outcomes. A relevant indicator is the model of conjugality, referring to the way marriages are constituted, and the situations in which pregnancies occur, difference between married and unmarried women. In Mozambique there are recurrent cases of women who become pregnant living with their parents (and there is talk of early pregnancies in minors). From our interviews it was proven that in case of pregnancy, married women first inform their partner (husband). While for single women there is a difference between matrilineal (matrilocal) and patrilineal (patrilocal) contexts, and between urban and rural areas. In the first case, the maternal uncle, through the mother, will be the person of reference and with greater weight in decision-making. In the second case, the patrilineal side, sometimes the paternal aunt, becomes decisive.

In Mozambican societies, especially rural ones, it is not acceptable for anyone outside the family to ask questions to find out if a woman is pregnant or not. Situations such as bad omen and witchcraft are taken into account when a woman is pregnant, a fact that determines the precautions that must be taken until the moment of delivery, as well as about pregnancy and all its results, especially abortions and stillbirths.

Life in urban contexts greatly relativizes women's dependency networks and the idea of proximity. In this context the health units stand out as the place where women report situations of pregnancy and pregnancy outcomes. In the case of deaths the family context in each of the cases has greater weight, due to a series of rituals that accompany the event.

Births

In several places in Mozambique it is common to observe flooding in the civil registry and notary services in the months of January and December of each year. In our visits we found these situations in almost all the districts we passed through, specifically those visited in the month of January, namely Quelimane, Mocuba, Gurué, Xai-Xai,

Bilene and Mapai. It is during this interval that school examinations and registration are carried out, moments when the education services require the presentation of birth registration and identity card documents. This situation was confirmed by the research participants, mainly the representatives of the civil registry and notary, the INAS, and the community authorities, when asked about people's motivation to register. The idea prevailed that people resort to civil registration when they have a specific need, both for births and deaths.

We transcribe here part of a discussion with parents of children under 5 years old in Xai-Xai, on the specific question about the value people attach to the registration of children, especially civil registration:

> **Speaker A:** "*The level of education especially in rural areas. People can't see the importance of registering the child. They are only concerned when the child reaches grade 7. If we go to the registry now, there is a long line because people need documents to register.*
>
> **Speaker B:** *"I also want to go along with this issue. I am from Xai and the parents live 20km from national road no.1. There are many children who are not registered. The communities don't understand the value of registering. The situation gets worse when it comes to deaths.*
>
> **Speaker A: "***This issue that the community should give importance by itself to the registration of births and deaths, I think it is a theoretical issue. The truth shows that people need to see advantage. The example of the community where I have been making reference, a company that provides solar panels came in, because they don't have electricity, and they needed to know the number of people living there to know how much they would invest, very quickly the number of people was provided. I don't think it is a question of whether it is important to have ID. You have to know what for. It's not enough to say it's important. You have to explain the effects*.
>
> **Speaker C:** "*It's kind of important the 'what for' that hangs over the communities a lot. For example, the issue of institutional deliveries that are explained. But the discourse of mothers and mothers-in-law is that 'all the children were born here at home and nothing happened'. We may think that communities see an advantage but cannot see it. The case of a mother having had 9 children at home and nothing happened and so she cannot see the advantage of institutional delivery (in the maternity ward). We*

need to go beyond what for, we need to institutionalize the registration at the base and have a mechanism to control births and deaths."

What is common within the communities visited is the delay in civil registration of births. This situation is well documented and there are already several initiatives that seek to extend the coverage of civil registration service. [27] Part of the explanations we found for the delay or even the non-registration of newborn children relate to the ritual processes observed after the birth of a child in the family.

"People who do not accept to do the registration. After the birth and after 2 or 3 consultations they go to the civil registry. They take birth cards when it is a birth in the maternity ward. When it is outside the maternity ward they go with the leader or another responsible person. Beliefs/ cultural aspects - location and not accessing services. Localities that do not know the district headquarters. People have difficult access to services." (Chief doctor, Lake).

"When a child is born there are ritual practices that aim at the integration (acceptance) of the child into the family - called Khua. The communities contacted reveal the following reasons for not registering children: lack of knowledge, distance to the registration posts (which in almost all districts are located in the district headquarters) and finally the fees charged in case of late registration" (Save the Children representative, Quelimane).

In many of the reported situations, the newborn baby and its mother are subjected to a sequence of ceremonies whose rationale is the need for the integration of the new member into the family and the reintegration of the mother after the period of pregnancy. In many of these contexts, pregnancy is considered an exceptional period in which the woman is forbidden access to social life, such as going to cemeteries and other dietary prohibitions. The rituals recorded include the integration (acceptance) of the child into the family (e.g. Khua), the choice of a name, and the protection of the child from evil forces. In some cases these ceremonies involve consultation with healers or people in authority within the family.

For example in the Gurué context, where matrilineality and patrilineality converge, marked in some cases by residence after marriage in the territory of the woman's

[27] The Intersectoral Working Group for the Improvement of Civil Registry Information and Vital Statistics (Ministry of Justice, Ministry of Health, National Institute of Statistics and Eduardo Mondlane University) and the Social Mobilization Project for Strengthening Birth Registries in Mozambique (National Directorate of Registries and Notaries, Ministry of Justice) are just two that serve as illustrations

lineage, the maternal uncle has an ancestor in relation to the parents of the child. This situation is also common in Majune, Lichinga, and Mocuba. In any case, negotiations for naming involve the relatives on both the matrilineal and patrilineal sides, on the mother's side and on the father's side of the child.

In the case of Gaza province, where the men's main economic activity is migration to South Africa, birth registration awaits the father's return, which often happens in the December months of each year, as mentioned here by a GFD participant.

> "*In Gaza there are peaks of births associated with migratory labor. In December the men return. From August the maternity hospitals start filling up* (GFD, parents, Xai-Xai).

These situations are related to the fact that mothers do not register the child soon after birth, even in cases where civil registration services are available in health facilities, a practice that tends to be recurrent in the main maternity hospitals at the provincial capitals and district headquarters. Only in the districts of Lago and Mapai this registration activity in the maternity wards is not carried out.

Deaths

Unlike pregnancy and birth, death is a social event of greater impact and mobilizes all people living in a certain community. In the case of Metangula region, in the Lake district, when a death occurs almost all productive activities in the community are suspended, regardless of whether or not one is related to the deceased person, until the burial takes place. In all death situations the presence of community, and sometimes administrative, authorities was described as being mandatory.

We registered that it is common for community leaders to carry out visits to bereaved families, part of their responsibilities, along with the monitoring of all situations of misfortune that occur in the communities. Thus, the social practice in almost all the places visited, determines that when the bereaved family receives a visit from someone in authority or a relative who resides in a distant place, information about the circumstances of the death is provided. This information can be given at any time, before or after the burial takes place, and someone within the family is charged with this task.

> *"For matter of death can be known, the community can know, because it is a matter of great impact in the community. When someone dies rumors circulate about the circumstances of the death; people comment on the situation of illness, witchcraft. It has been frequent and it is normal for someone to be accused of witchcraft when someone dies"* (CSO representative, Lago).

The quote above translates the fact that the circumstances of death are a topic of conversation among people (often in the form of rumors), which reveals the interest in knowing the causes of death. We draw the conclusion of death as the most visible social event by crossing the data taken from the discussions where the participants were able to count the deaths that occurred, which no longer happened with the number of pregnant women, children born, or number of the population in the community.

However, the causal link of deaths is an integral part of the explanatory models prevalent in each community, which have in common the association of any vital event to the will of spirits (sometimes with evocation of the figure of God) and the action of witchcraft. These models are not mutually exclusive, and are often used concomitantly.

It was also mentioned by the research participants that when a person dies at home it is not usual to take him/her to the hospital, happening only in cases where the families are interested in waiting some time for the burial to take place, then the body is taken to the morgue, but only for people who have knowledge.

The causes or circumstances of a person's death are communicated during funeral ceremonies, which are generally accompanied by moments of Christian prayers (among Christians) or Muslim prayers. Three moments accompany the performance of these ceremonies, the departure from the home (sometimes the mortuary), the trip to the cemetery, and the return to the home of the deceased. It is at this last moment that the people close to the deceased, often family members, communicate to those present the circumstances that led to the person's death. At this time, the circumstances that led to the death are described by telling the story of the person and the situations that preceded the event.

> *"A lot of the time, even on the day of burial, return and at the ceremonies the causes of death are explained. What then stays with the family, the simplest things are explained. There you explain the causes of death. Then you have the eighth day when the immediate family returns to the cemetery and then people spread out. The neighborhood authorities are always present at the funeral ceremonies. In case of families without conditions, the authorities of the neighbourhood lead the mobilization of support to carry out the burial"* (GFD, MIF, Xai-Xai).

> *"The information about cause of death is provided on the same day as the burial. We are not happy when we go to the burial and are not informed about the cause of death. After coming back*

from the burial, we go to the house of the deceased, sit down and are informed about the cause of death" (GFD, mothers, Mapai).

"We can know the information about the death but we can hardly have access to the causes of death. You have to know how to get this information because people are reserved to talk about the causes of death. There is one person in the family who is held responsible to talk about the causes of death. The family asks: why are you asking me? What are the benefits? Is the person asking me to provide some support? Our SSB [Basic Social Allowance] *beneficiaries stop when they lose their lives; when we go to look for the cause of death the answers tend to be ambiguous; when it is about some elderly person: they simply say that he was already elderly"* (INAS representative, Lichinga).

What stands out from the intervention of these participants is the existence of a type of information shared with all the people, and the examples mentioned are illnesses, aggressions or accidents, and another type of information that is shared only among some members of the family. At this level it was noted that people can resort to healers to find out the causes. It should be noted that the fact that many interviews were conducted with the help of health technicians may have influenced the infrequency with which people referred to traditional healers. In any case it was clear that people understand that there are supernatural causes associated with death, witchcraft being one of them, as we can see in the following quote:

"P. Who determines the causes of death? A. In health is the nurse and at home, traditionally, it's the healer and then the person knows if it's a grandmother or a mother" (GFD, MIF, Mocuba).

"Q: Who determines the causes of death? A. It depends on the death, if it is illness, it is clear so you don't have to chase things. Each family has its practices, for example the other lady was told it's a tension problem.
P. What do you do to try to find out? A. That, for me, is a little difficult, because each family, well..., the other lady, they say it was a tension problem. What I followed is that this lady got together with a man who was married, his first wife died, and when this man was going to South Africa he died during the trip and during the preparation of the paperwork for her to receive the money, so he died, we don't know if it was an illness or something provoked. It depends on each family. (GFD, MIF, Xai-Xai).

The above quotes contain references to the causes of death and suggest the variation in attribution of causality, between those considered "natural", e.g. illness, and others that are "caused", a term meaning that witchcraft is the cause.

IV.3 BUILDING A COMMUNITY REGISTRATION SYSTEM

IV. 3.1. GENERAL APPROACH

Appropriate strategies for identifying vital events at the community level, including pregnancies and outcomes of pregnancies such as abortions or stillbirths, can be found within the experiences currently in place in communities, articulated with the expectations that communities themselves have regarding this situation, something we present below from clippings from the focus group discussion interventions:

> *"We don't have information about the exact number of the population, we think that the secretary of the neighborhoods, the administrator or even the leader himself are the right people to provide detailed information about the community. The right person to provide information about pregnancies, births and deaths has to be someone from the government or the secretary, but the community itself should be responsible for reporting this information"* (pregnant women, Majune).

> *"There is not a good relationship with community leaders because they don't get involved in solving community health situations. We don't know how many people there are in our communities. The secretaries and the administrator and the traditional leader should have this information. It is the responsibility of the government entities to know the total number of the population"* (parents of children under 5 years old, Majune).

> *"Include all the community and religious leaders; elect an ideal person who will become responsible; in the community, the entity that has detailed information about the number of deaths is the hospital because it is the entity responsible for the deaths not only hospital deaths but those that occur in the community"* (mothers of children under 5 years old, Lake).

> *"To determine the total number of people living in the community we have the heads of10 houses, neighborhood secretaries, régulos and indunas"* (parents of children under 5 years old, Lago).

> *"We don't know the number of people living in the community, we don't know how many women are pregnant, we don't know how many people were born*

or died because the community leaders never gave us this information" (mothers of children under 5 years old, Gurué).

"We don't know how many we are in each neighborhood. We think that the block or neighborhood secretary should have the number of the population in each neighborhood for better management of his activities and better identification of disadvantaged people in case a project or support appears in the community. The neighborhood secretaries have information about deaths because whenever there is a death in the community they always know about it. The secretaries of the neighborhoods can register this data after sensitizing the population" (Mapai, pregnant women and mothers of children under 5).

"The neighborhood secretary and leaders are the people who have the most information about population numbers, about maternal deaths or deaths in general that occur in the community. The leaders and the neighborhood secretaries are the ones who can provide more detailed information about number of pregnancies and deaths" (women of childbearing age, Mocuba).

From what was stated by the participants in the focus group discussions we drew some consequences. First of all, the involvement of the state's administrative structures at the local level seemed feasible to us, from the most elementary level, which are the heads of the localities (we are also thinking of the village) to the heads of the administrative posts and their respective administrators. Alongside these are the community authorities, which are equally important in mobilizing the population and even in direct involvement in the process of registering vital events, something that is part of their responsibilities and that was expressed by the people we talked to during the research.

Secondly, from what we have been given to understand, the community authorities have as one of their attributions to perform the annual registration of the population that inhabits the areas of jurisdiction. The fact that this task is not being carried out reflects the long process we described at the beginning of this section, in which the relationship between the community authorities and the state has historically been marked by conflicts and ambiguities, resulting in the lack of clarity of their attributions today. The community authorities we contacted speak of a lack of interest on the part of the state administrative structures at various levels in making their activities more effective, referring this lack of interest to the context of disputes for political legitimacy at the local and national levels.

In some places the secretaries of the neighbourhoods stand out, especially in more urbanized areas, in other places the traditional chiefs stand out, a trend in rural areas, and in still other cases there is a sharing of responsibilities between the secretaries of the neighbourhoods and the traditional chiefs, a characteristic that can be seen both in rural and urbanized areas. On yet another level, one finds that some

people who make up the community authorities are unable to read and write, and there are contexts where they also yield to the pressures of political disputes, with a tendency to affiliate with and defend the interests of political parties rather than those of the population.

There are two exercises that due to their specificity in setting up a community system for recording vital events deserve particular attention, namely verbal autopsy and informed consent.

Verbal Autopsy

As can be seen above, there is a favorable context for identifying the causes of death, part of the prevailing modalities in the communities in dealing with these types of events. From the data we present it is clear that in all the research sites the participants made reference to the existence of a structure within the families, a kind of authority or someone who holds power, which tends to be a male or female figure representing the elders in the family hierarchy who is responsible for disseminating the information.

Based on this record, conducting the verbal autopsy should begin with identifying the oldest person or leader of the family group, that is, the one who represents the highest level in the line of succession. It was mentioned that who gives information in families can vary depending on status and the circumstances and characteristics of social life in the given location. For example, the figure of the father or the mother, the husband or the wife was mentioned. In regions of matrilineal influence this role is assumed by the maternal uncle or the person who represents the branch of the maternal line in terms of kinship, the one who takes responsibility for funeral ceremonies. In the patrilineal context this role is assumed by the person who represents the paternal line of the one considered as "master of the house".

Regarding the time that should be observed for the verbal autopsy to be performed, the answers diverge between those who consider that it can be done right after the death and those who consider that it should be done after the burial. Those who stated that the autopsy should be performed on the same day or as soon as the occurrence of death is known were the community authorities and those responsible for the health sector, which corresponds, in the first case, to the need to formally register the occurrence and, in the second case, to the need to obtain data/material about the cause of death. Those who mentioned that the autopsy should be done after the burial were the women and men interviewed in the DGS, and the justification is linked to the emotional issue associated with the occurrence of death in a family, that is, that it is necessary to let go of the moment of shock and all the work involved in carrying out the burial.

> *"I believe the logic of the verbal autopsy has to be after the fact. As soon as the body arrives while it has a fresh memory. For the technical part, it would be ideal to make the occurrence of the death right away. But for the sociocultural part one could wait 7 days, by the time the death certificate comes up"* (Chief Doctor, Lago).
>
> *"Verbal or social autopsy can be done after 3 days after death because usually burial has already taken place. The family will have time to talk about what happened. In the family who gives information can be the father, the mother, the husband and wife. At the lake the mother's family, where the uncles are, are the ones who take responsibility for the ceremonies. To find out the causes of death, one tells the circumstances that led to the death by telling the story of the person and the situations that happened. To interview the family, the best thing to do is to talk to the chief first. If the person is already credible, and with the previous acceptance of the chief, he can go without the company of the chief. "*(CSO representative, Lago).

The mourning period varies between Muslim and Christian influenced regions in Niassa Province. We verified that among Muslims this period is counted from the 4th day after death and takes until the 40th day, also known as "Lent". Among Christians and Muslims in Lichinga, Majune, and Lago there is coincidence in the celebration of the 40th day (Lent) after death and the difference lies in the minimum period of mourning which is on the 3rd day among Christians and on the 4th day among Muslims. More in the center and south of the country, where there is a matrix of Christian influence, the mourning period goes from the day of death to the 7th day, and there are cases where it extends to the 30th day. In Gaza, where the population follows Christian principles, during burials, families tend to end the funeral ceremonies on the day of burial, justifying this change by the need not to exceed expenses, something very much encouraged by the churches (financial issues). Among Christian families it is common to hold prayers (religious ceremonies) for a period of 3 days after the death has occurred.

Informed Consent

From conversations with research participants it became apparent that there is space for verbal autopsy interviews, as we described above, which is grounded in the social practices of sharing information about the circumstances of death. It is in this context that participants showed openness in granting interviews for verbal autopsy referring this issue to the place of community authorities in legitimizing the

process and the person who might conduct the interviews. Because of this dimension the participants suggested that the verbal autopsy interview can be conducted using the two modalities of informed consent, the oral and the written.

For the first case we can cite as an example the discussion with parents of children under 5 years old in Majune district, who suggested that in order to create a system to record all vital events that occur in the communities it would be necessary to involve the health staff, the administrator, the matrons, and the APEs. However, they added that for the work of the APEs to be effective they should have a document issued by a neighborhood secretary. What the participants suggested is that it is mandatory to involve the administrative structures and local and community power structures in the process, as a way to ensure the legitimacy of the process, by recognizing the person who should conduct the interviews, as recorded in the intervention of a in Xai-Xai: "I would accept a person to go from house to house as long as they identify themselves, as long as they are doing their job" (FGD – Women of childbearing age, Xai-xai, January 2018)

For the second case we recorded interventions from participants who pointed out the advantage of written consent, especially the idea that information is recorded.

> *It is not possible to determine the number of people living in this community. To end by saying that every activity carried out has to have an unsigned document not only our verbal consent is enough (FGD with mothers under 5 years old, Lake,December 2017).*
>
> *Talking or writing about the births and deaths, I think it is better to write because the matter is recorded (FGD with MIF, Mocuba January 2018)*
>
> *Every activity done has to have an unsigned document, it's not enough just our verbal consent" (FGD with mothers of children under 5, Metangula December 2017).*
>
> *We can sign a document authorizing the collection of data on deaths (FGD with mothers of children under 5, Gurue January 2018*)

IV. 3.2. COMMUNITY INVOLVEMENT

There are already consolidated community involvement practices at the community level all over the country. In the places where we carried out the research, we identified the existence of several spheres where selected people in the communities are used to channel collective concerns or to mediate with the state and several NGOs. These are health committees, co-management committees and local councils.

These mechanisms tend to become more consolidated at the level of these places and in other parts of the country and have been providing support in various areas such as health, education, environmental sanitation, school education, and in various administrative processes.

It is also recognized that local governance in rural and urban areas is done in conjunction with community authorities, whose composition and effectiveness vary from place to place. These authorities have gained an unavoidable status when access to communities is sought; they are the real intermediaries between communities, the state, and NGOs. In urban areas we find the neighborhood secretaries standing out in the process.

In any case, in places like Lago, Majune, Mocuba, Gurué, Bilene, and Mapai the district headquarters accommodate both the neighborhood secretaries and the traditional leaders. The same situation we identified in Lichinga. In Xai-Xai, Quelimane and even Lichinga (municipality) the neighbourhood secretaries are the most prominent figures in community involvement, and in a way appear as administrative entities, with buildings and working facilities for the registration of events or the issuing of various types of documentation required by the neighbourhood population. As an example of the need for community involvement, we identify the implementation of the birth registration campaign held in the year 2017 (in some places it continues in 2018) that relied on the involvement of community authorities in the mobilization tasks.

In the case of the registration of pregnancies, pregnancy outcomes, and deaths, since these are matters that involve taboos and certain private forum rituals, community mobilization must be done with the involvement of community authorities, especially traditional authorities, in a forum that also includes traditional medicine practitioners, traditional birth attendants (TBAs), religious leaders, and APEs. At the present time the Health Committees have a constitution that resembles this and is therefore a relevant starting point.

The experience of the APEs is relevant in this sense considering that there is an already consolidated structure. However, the APEs face the challenge of their financial sustainability (who will pay and for how long?) and their capacity to perform one more task if we consider the fact that they are overloaded, as mentioned by several APE coordinators at the district health services level in the places visited, which can be checked in the following passage.

> *"There is a possibility of integrating the APEs in the surveillance of vital events, but they are overloaded. They perform multiple tasks and are few considering the number of the population they are supposed to cover. They are involved in nutrition monitoring,*

environmental and water sanitation, among other tasks"
(Community Health representative, DDSMAS, Gurué)

Associated with the above is the ability to monitor the activities of the APEs and to absorb and process the data they produce. In all conversations with representatives of the health sector, the following were identified as the main difficulties in the work of the APE: insufficient number considering the areas without US; means of work, in particular the insufficient number of kits that often do not cover 30 days; means of locomotion, a critical issue considering the areas of coverage. It should be noted that in some places like Zambezia and Niassa the distribution of bicycles was mentioned to facilitate their work.

IV. 3.3. KEY ACTORS

We have been suggesting, from the evidence we collected during the research, that a sustainable system of registration of vital events involves involving the administrative structures, that is, the local representatives of the state and the community authorities. However, we suggest the need to adopt certain cautions, thinking about the current context where they operate, marked by non-uniformity, a-systematicity and irregularity of the mechanisms of their action.

Having reached this part, where we have to think about the profile of the person who can occupy the position of assistant in the surveillance of vital events, we want to mention the other aspect, which is the difficulty of creating voluntary-based mechanisms in Mozambique, much because of the experiences of recruiting activists for the various NGOs that operate mainly in rural areas, which often contemplate remuneration in the form of salaries and allowances.

On this matter we referred above to the positive experience of the APEs but warned about their financial sustainability and the effectiveness of their action. We said that the APEs perform multiple tasks and are few in number, considering the universe of the population and the territorial dimension of the communities they cover: they are involved in monitoring nutrition, sanitation of the environment and water, disease prevention, and campaigns. What we want to underline here is the fact that the communities are used to their presence in dealing with aspects related to sexual and reproductive health, maternal and child health, diseases and deaths.

Within the framework we have outlined above, there are health committees that are present in practically every community. The members of the health committees work on a voluntary basis, without remuneration, except for some material incentives such as *capulanas* (a type of sarong). When we point out the health committees it is in the sense that they are able to assist in the recruitment and support of the person who can perform the recording of vital events, whereas the

members of the committees perform the counseling in SRH, sanitation, water and hygiene and their members receive regular training.

From what we observed, it was clear that a person to carry out this task at the community level should be identified by calling on the community authorities, mainly because the effectiveness of their work will depend in part on the information that these leaders must transmit to their respective communities. The research participants mentioned the importance of lectures and meetings oriented by the community authorities for the dissemination of these activities, before they begin.

The experience of the health, INAS and civil registry sectors are important references in the modalities to be adopted. At present, the health sector at the district level works with the person responsible for community involvement or the preventive medicine technician. The entry point is the community authorities in their most diverse manifestation, and in places where there are health units, health committees and co-management committees have been created, and on the ground, and very close to the communities, are the APEs.

INAS works with the figure of a "permanent" in the identification and follow-up of its beneficiaries in coordination with community authorities. NGOs working in mobilization and advocacy have established networks of locally recruited activists. These experiences have in common the importance of local recruitment and the involvement of local leaderships in identifying and legitimizing the person who can take on the task.

V. FINAL CONSIDERATIONS

The Mozambican context is marked by a history of violent state-building, referring to the colonial state and the state that was established after national independence. In colonial times, for example, people were obliged to register for the purpose of tax collection and for the recruitment of labor, often in forced labor. Thus, people tended to run away from the registrars fearing reprisals or being forced to do hard labor such as opening roads, railway lines, and other construction activities.

This political-administrative historical context functions as the fundamental support for understanding the community dynamics of the registration of vital events in Mozambique. The inception of the registry was the initiative and intervention of the state, and in general it has remained of this nature since colonial times to the present day. This means that there are no "community approaches" *per se* to such registration. In some specific contexts community leaders do issue documents attesting to the death of a member for the purposes of acceptance in the mortuary and consequent funeral procedures, but in none of the cases where this happens do such leaders keep a record of the totality of documents issued in a given period.

Community members express an interest in knowing, for example, the causes of a death, but this is more due to the dramatic and painful nature of the event than to a more general knowledge about demographic aspects of their community. This is so that in the case of pregnancies and births - in theory less shocking events - general disclosure is not encouraged and, more than that, suspicion is cast on the intentions of those who seek to know. This taboo is most denounced in cases where, because of pregnancy, a woman reports physical changes, and it is not tolerated for anyone to ask the reason for such changes or even if it is a prenatal state.

On the other hand, several communities are familiar with the formal and institutional processes of recording events (censuses, surveys, and other surveys) but these exercises do not demonstrate tangible and immediate comparative advantages for them, hence these exercises are also not seen in their overall usefulness. This is true for cases of urbanized citizens who reveal that they have not yet registered two- three- or four-year-old children because this will only prove necessary when they have to be enrolled and start school.

VI. RECOMMENDATIONS

The data collected by this research underscore that the setting up of a community-based system for recording vital events has as its main challenge the absence of a practice rooted over time. At the same time the wealth of knowledge existing in the field of anthropology and the study of communities reveals that they are not immune or indifferent to change or novel exercises.

Thus, the approach to be followed in setting up such a system must be **reflexive-participatory**. This methodology takes the "participatory approach" to another level because, rather than approaching local structures and leaderships, it performs a critical assessment of the power relations present in the various contexts. As has been widely discussed throughout this paper, there is a diverse panoply of formal and informal structures at the community level in Mozambique. As was observed in each of the places visited, different types of actors have legitimacy, power, or the capacity to influence public opinion.

In some places the ideal person to call for the adherence of others is the secretary of the neighborhood, in other cases the régulo enjoys greater ascendancy, and in still others the president of the locality. However, there is no guarantee that one can find a community in which none of the above-mentioned figures holds real power, and it is the turn of a healer or a teacher. This situation determines that the activity of evaluation and analysis of the key actor to be involved in the dissemination and operationalization of the system, is of capital importance, and therefore a fund of time compatible with this status must be allocated.

At the same time, it was verified that there is a practice of articulation among different institutions and local actors that materialize in the form of local committees and councils. There are health committees, school community liaison council, natural resource management committees, water committees, child protection committees, and many others according to the characteristics of each community. These bodies can also be sources of legitimacy at the local level and it is important to make an assessment of their relevance in each case.

In general terms a number of actors can be considered key to the implementation of a vital events recording system, always caveating the need for a re-assessment of their influence:

g) *Régulos*: considering that it comes from an uncontested lineage. Great capacity for mobilization.

h) *Neighborhood Secretaries*: assessed their political alignment and the potential influence of this for their contribution to the process.

i) *Heads of 10 Houses*: that brings together more limited numbers of families.

j) *Matron*: where they exist. With a critical role for the registration of pregnancies and births.

k) *Practitioners of Traditional Medicine* (of both sexes): highly dependent on the social prestige they eventually enjoy.

l) *Elementary Multipurpose Agents*: whose evaluation must be meticulous in relation to their current workload.

A final aspect to be considered is the involvement of ordinary community members, who have no public prominence whatsoever. Seemingly a minor detail, the notion that people from urban centers (especially from the country's capital) make a lot of material profit at the expense of rural dwellers is gaining ground. Phrases like "they come to make money at our expense and then leave" have been heard in this work and are increasingly reported in the research exercises. So we need to consider a consistent involvement of local actors that results in concrete material gains, even if not always in monetary form.

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VII. ATTACHMENTS

VII.1 LIST OF CONTACTED PERSONS

	Name	District	Position
1.	Luís Ferrão Mascarrenhas	Lake	Lab Technician
2.	Deolinda N. J.M. Alfeu	Lake	District Administrator
3.	Amisse Jewelry	Quelimane	District Chief Physician - Quelimane
4.	Muanacha Marumia	Quelimane	SMI Technician - Research Assistant
5.	Emília Chiau	Quelimane	Substitute Provincial Director - Save The Children
6.	Laura da Graça da Luz Alexandre	Quelimane	DDS-Quelimane
7.	Fernando Pinto	Mocuba	Substitute of the Head of Planning and Local Development - District Government
8.	Miguel de Sousa	Mocuba	Substitute for the INAS Delegate
9.	Mulássua Simango	Xai-Xai	Provincial Health Director
10.	Ana Tereza	Xai-Xai	District Chief Physician - Xai-Xai
11.	Samuel	Bilene	District Director
12.	Clésia Mabunda	Bilene	Head of Planning - SDS

VII.2 LIST OF PERSONS INTERVIEWED

	Name	Date	Local	Responsibility
1.	Sérgio Chaúque	04.12.17	Lichinga	Lichinga City Conservator
2.	Victory Uissiramo	05.12.17	Lichinga	Provincial Responsible of SMI
3.	Ilda Amélia Inácio	05.12.17	Lichinga	INAS Delegate

4.	Laura Medala	05.12.17	Lichinga	Notary Public Technical Conservator - Hosp Provincial Post
5.	Daniel Domingos	07.12.17	Majune	District Conservator
6.	Banza	07.12.17	Majune	District Chief Medical Officer
7.	André Matias Metula	11.12.17	Lake	Coordinator of the Platform of Civil Society Organizations
8.	Miconte Amado Cavere	11.12.17	Lake	Secretary of the Select Neighborhood - Metangula
9.	Clemente Matandiquila	11.12.17	Lake	District Conservator
10.	Elísio Francisco	16.01.18	Quelimane	Basic Social Security Officer
11.	Zito Álvaro	18.01.18	Gurué	Head of Community Engagement
12.	Ricardo Carvalho	18.01.18	Gurué	Community Health
13.	Arsénia Ana Arnaldo Samuel	18.01.18	Gurué	Registrar - substitute for District Registrar
14.	Herculano Carlos Cardoso	18.01.18	Gurué	Basic Social Allowance Officer - INAS
15.	Saize Santos	18.01.18	Gurué	Physician - ICAP coordinator in the district
16.	Nicolau Alferes Days	19.01.18	Mocuba	SSB Program Officer - INAS
17.	Arlindo Eurico Luciano	19.01.18	Mocuba	District Conservator
18.	Read Ivete B. Alice	19.01.18	Mocuba	Community Engagement Officer - SDS
19.	Ernista Matos Colaço	19.01.18	Mocuba	SMI Officer - SDS
20.	Pedro Magalhães Raúl	19.01.18	Mocuba	District Chief Medical Officer
21.	Amelia	19.01.18	Mocuba	SMI Nurse - ICAP

22.	Danilo	23.01.18	Bilene	Chief Medical Officer
23.	Claudia	25.01.18	Xai-Xai	Substitute for District Chief Medical Officer
24.	Matsinhe	25.01.18	Xai-Xai	Secretary of Mariam Ngoabi Neighborhood
25.	Renato	25.01.18	Bilene	Community Engagement Officer
26.	Mafalda Rosália	26.01.18	Xai-Xai	Registrar of the Civil Registry
27.	Sandra Moiane	26.01.18	Xai-Xai	Basic Social Allowance Officer - INAS
28.	Régulo Mateus Cuhabje	26.01.18	Bilene	Régulo - Muchabje Community
29.	Chauque	29.01.18	Mapai	District Health Director
30.	Maló	29.01.18	Mapai	District Permanent Secretary
31.	Stephen Laquene	29.01.18	Mapai	Community Leader
32.	Fenias Chauque	29.01.18	Mapai	President of AMETRAMO
33.	Carlos Soap Urema	29.01.18	Mapai	Vice-President of AMETRAMO
34.	Gloria	30.01.18	Mapai	District SMI Officer

NUMBER OF PARTICIPANTS IN THE FOCUS GROUP DISCUSSION

District	Mothers of children under 5	Pregnant Women	Women of Fertile Age	Parents of children under 5

Lichinga		16	9	
Lake	8			6
Majune	5			4
Quelimane	7	7		4
Mocuba	10		8	
Gurué	6		6	
Xai-Xai	5			7
Bilene	8			6
Mapai	8		7	
	57	23	30	27
6 sites	137			

VII. 4 KEY INFORMANT INTERVIEW GUIDE

INTERVIEW GUIDE FOR KEY INFORMANTS

QUALITATIVE FORMATIVE RESEARCH OF THE NATIONAL MORTALITY SURVEILLANCE FOR ACTION (COMSA) PROJECT

OCTOBER 2017

Facilitator/Interviewer Orientation Terms

1. The script is meant to facilitate and guide the conduct of the interviews, it is not meant to determine.
2. Start the interview by talking about general topics/themes for a minute or two

3. The purpose is to get the interviewee involved in the conversation
4. You should not pass judgment on the interviewee or his or her views;
5. Questions that require opinions or judgments from the interviewee should be asked following questions about hard facts, after some level of trust has been established and the atmosphere of the conversation is conducive;
6. The questions should be presented in simple language, should be short, and should use the participants' vernacular language. In general, questions should be designed to collect detailed information, not just to elicit "yes" or "no" responses.

7. The questions follow a certain order, however, do not hesitate to reverse it or make some deviation if the conversation suggests a different order. The interviewee can start talking and at once answer several questions in the survey even if they are not asked. It is also desirable for the interviewee to talk about topics that are not part of the questions posed. Let him/her talk. The central aspect is to let the person talk about his own story, including his particular knowledge, opinions and experiences. Allow the person to say whatever he wants. If the person goes completely off topic, have him/her return by always referring back to the original question.

1. Welcome and thank the interviewee for her willingness to participate in the interview;
2. Introduce the purpose of the research and the objectives of the interview;
3. Inform about the length of the interview - it will last up to 45 minutes;
4. Ask if the interviewee will have any initial questions or doubts about the purpose of the survey;
5. Ask for permission to record the interview. Explain that the recording is to avoid taking notes during the conversation. Explain that the recording will not be released to the news media and that the participants will not be identified;
6. Fill in the elements on the first page and then start the interview.

Key Informant Guide

Interviewer Name:

Interview location:

Date of interview (day/month/year):

Start of Interview : End of Interview:

Comments:
_____
_____
_____
_____
_____

Participant Identification and Profile

NAME	**DETAILS** (Register the institution, name, email, physical address, phone number, and gender)

I.1.1.1.1 QUESTIONS TO EXPLORE

1. Are there any approaches to identifying vital events in communities? How do the approaches work? (e.g. Records made by community authorities? Reports made by health workers assigned in the communities)	
PROBE	a. Can you say whether there are approaches for the systematic identification of vital events such as pregnancies, births, and deaths in communities? b. If yes, who is responsible for the registration? c. Where is the produced data sent to? d. Is the data used for any purpose? e. Are you aware of the quality of data collected? If you are not aware, what do you think about the non-existence of this type of approaches so far? f. Do you think this kind of approach can be adopted in the country (or in the community?) g. How can data produced from such a system help the country make decisions? What would you like to get from this kind of data? h. What do you think about the use of cell phones for sharing reports in communities?
2. Who is the designated person in communities to carry out surveillance in the community with responsibility for identifying and reporting vital events, including pregnancies and outcomes of pregnancies such as miscarriages and stillbirths.	
PROBE	a. In your opinion who is able to identify pregnancies, births and deaths at the community level? b. Are there people in this community who perform this task? c. Can the community designate and entrust someone to perform this task? d. How can the community support the right person to perform this task?
3. Who are the key informants in the community who are aware of events such as pregnancies, births and deaths and who work with the assistants in community surveillance	
PROBE	a. Are there people in the community who are aware of pregnancies, births, and deaths and who are in a position to support health workers in the community to ensure that pregnancies, births, and deaths are identified? b. Who are these people? c. What do these people know about these events? d. Would you trust these people to give information to health workers in the community about pregnancies, births, and deaths in the community?
4. What will be the appropriate strategy for identifying vital events in the community, including pregnancies and pregnancy outcomes such as miscarriages and stillbirths?	
PROBE	a. In your opinion who should be the most appropriate strategy to identify pregnancies in the community? b. And to identify births and deaths? c. To identify stillbirths? d. To identify abortions? e. Would community members easily agree to make events known to health workers?
5. How to involve the community to register pregnancies, births and deaths?	
PROBE	a. In your opinion what could motivate community members to accept a surveillance system to report situations of pregnancies, births and deaths? b. What might motivate community members to report such events, including pregnancies, births, and deaths to health workers in the community? c. How can the community support the system to ensure that it will work optimally?

6. Are there cultural barriers to reporting pregnancies, births and deaths in the community? How can these barriers be addressed from a community perspective?	
PROBE	a. Do you think community members would accept health workers going from house to house asking about pregnancies? b. What barriers might make it difficult to accomplish this task? c. In what ways could the community help explain the goals of community-based pregnancy surveillance?
7. How interested is the community in learning about the causes of death? Would it be acceptable to conduct interviews with members of the bereaved family to try to identify the causes of death (verbal or social autopsy)?	
PROBE	a. How do people learn about the causes of death in the community? b. Do you think community members would be interested in learning about the causes of death in the community? c. Would community members be willing to provide information about each death that occurred in order to allow the government to learn more about the causes of death?
8. What is the mourning period that usually must be respected in order to conduct verbal and social autopsy interviews?	
PROBE	a. What is the normal mourning period that the community follows? b. Do you think it is acceptable to conduct interviews to ascertain the cause of death immediately following the mourning period? c. What will be the acceptable period for conducting interviews? d. What is the appropriate way to approach the bereaved family to conduct an interview
9. Status of civil registration of births and deaths and barriers in registration	
PROBE	a. Do community members regularly register births and obtain certificates? b. When is the registration done? c. Do you register the deaths? d. Do you register dead children (child deaths)? e. In your opinion what are the barriers to birth registration? f. In your opinion what are the barriers to registration of deaths? g. How can the community help with the registration of births and deaths?

VII. 5. GUIDE FOR FOCUS GROUP DISCUSSIONS

FOCUS GROUP DISCUSSION GUIDE

QUALITATIVE FORMATIVE RESEARCH OF THE NATIONAL MORTALITY SURVEILLANCE FOR ACTION (COMSA) PROJECT

OCTOBER 2017

Facilitator/Interviewer Guide

8. The script serves to facilitate and guide the conduct of the interviews, not to determine the questions to be asked;
9. Start the interview by talking about general topics/issues for 1 or 2 minutes;
10. The purpose is to get all participants involved in the conversation and should ensure that everyone present has an equal opportunity;
11. Questions should be presented in simple language, should be short and in the participants' vernacular. In general, questions should be asked in a way that

allows for the collection of detailed information, not just for "yes" or "no" answers;

12. The facilitator should be able to lead the participants to establish a level of "consensus" around the topics under discussion, considering the diversity of the interventions made.

7. Welcome the participants, thank everyone for coming/participating, and ask everyone to sit in a circle;
8. Introduce the purpose of the research and the meeting;
9. Inform the participants that the interview will last up to a maximum of 60 minutes);
10. Ask participants to submit questions or concerns about the research - clarify any questions that are submitted;
11. Ask for permission to record the interview. Explain that the recording is to avoid taking notes during the conversation. Explain that the recording will not be released to the news media and that the participants will not be identified;
12. Fill in the elements on the first page and then start the interview.

Focus Group Guide

Facilitator Name:

Interview Location:

Date of Interview (day/month/year):

Start Time: End Time:

Comments:
_____
_____
_____
_____
_____

Identification and Profile of Participants

NO.	Marital Status	Age	Sex	Religion	Level of Education	Occupation	Years living in the community
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Questions to Explore

10. Can you describe the living conditions in your community?
11. What was the most important event that took place in this community during this year (2017)? And last year?
12. Can you tell how many people live in this community? What do you do to know the number of people living in the community?
13. Who are the people or entities that have more detailed information about the total number of the population in this community? Why?
14. How many people have died in recent years in this community? How many have died per year (can you disaggregate the number of deaths per year?)
15. Who are the people or entities that have more detailed information about the number of deaths in this community? Why?
16. Are you interested in knowing how many people are pregnant, born, died, or the number of boys, girls, adults and children? Why?
17. In your tradition is there anything that prohibits the recording of this data? What exactly?
18. What can be done to create a system for recording all events that occur in the community (including cultural barriers)? Who can be involved? How does it work?
19. When someone dies, do the people in the family try to find out the cause of death? Why?
20. Who determines the cause of death? Who are the people authorized to seek the cause of death?
21. How long does it take to determine the cause of death? After a person's death how long should one wait to release information about the cause of death?
22. Is there an official registration authority for the events mentioned before? Do people resort to these authorities? How do you evaluate their performance? What can be done to improve their performance?
23. Is there anything you would like to add in this discussion?