

Speakers

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Systems deliverables for SRS:

Essential process maps, Situational assessment

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SRS Webinar

15 June 2026

SRS PROCESS-MAPs TOOLKIT

Essential Process Maps for Sample Registration Systems

A generic, adaptable view of how an SRS works end-to-end



THE CHALLENGE

Untangling the complexity

An SRS spans many actors, data flows and institutional roles — from community-level event identification to national data analysis and use. That complexity makes it hard to define responsibilities, spot gaps, or standardise workflows.



Process map

A simple, structured overview of how the system works end-to-end , a shared picture teams can read, question and improve.

Generic by design meant to be adapted



Not country-specific

A generic representation of SRS operations, not prescriptive. It will vary across and within countries.



High-level by intent

The generic map shows the main flow, not every step, actor or decision point



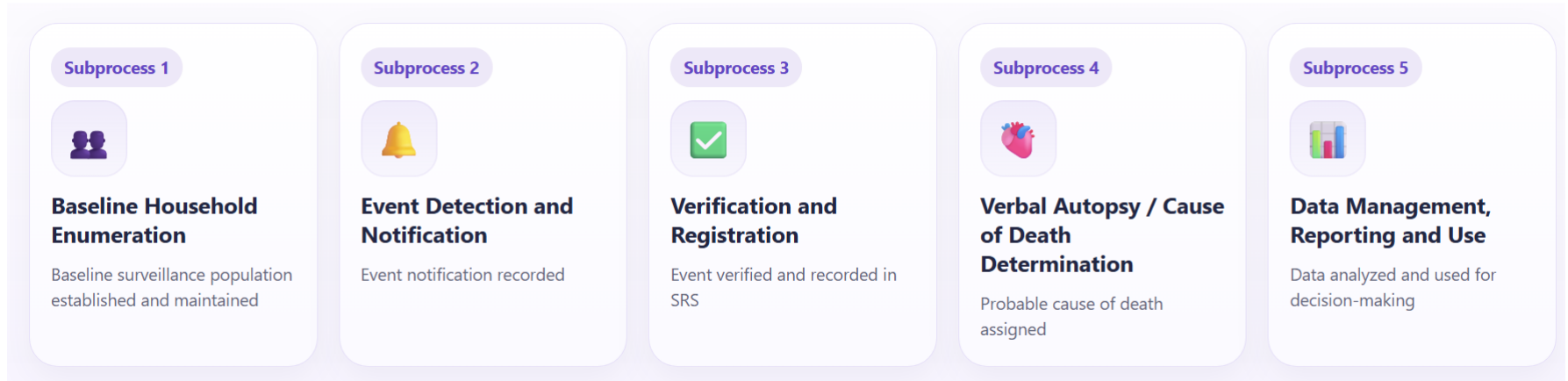
Varies by context

Pilot vs scale-up, rural vs urban, and differences in resources, institutions and system maturity all shape it.

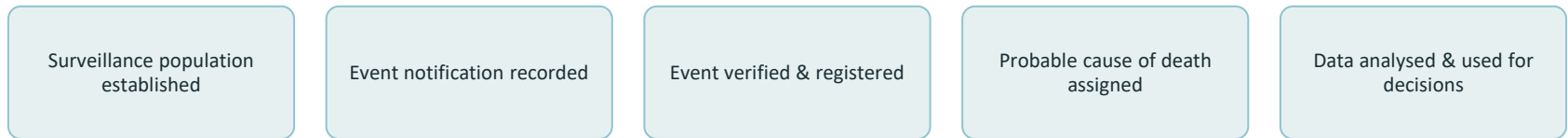
Use it as: a reference model · a starting point for adaptation · a tool for discussion & refinement

THE GENERIC MAP

Five core processes turn an event into usable data



MILESTONE (KEY OUTPUT)



HOW THE MAPS ARE ORGANISED

Three types of processes



Core processes

The main flow through which a vital event is transformed into usable data, from occurrence in the community to analysis and reporting.



Support processes

The operational and technical foundation required for the system to function, including training, tools, logistics, systems, and community engagement.



Management processes

The oversight, coordination, monitoring, quality assurance, and feedback functions that support continuous improvement.

EXPLORE THE MAPS

An interactive, adaptable toolkit



5 SRS essential process maps



Editable .bpm source files (Bizagi Modeler) as supplementary materials



Interactive web version, the SRS Process Navigator





CROSS-COUNTRY SYNTHESIS · SIX MORTALITY INFORMATION ECOSYSTEMS

Situational Assessments to Inform Sample Registration System Planning

*Cross-country insights from six mortality information ecosystems
Senegal, Mali, Ghana, Kenya, Tanzania and Pakistan*

SRS is not a stand-alone fix, it's part of a wider ecosystem



Incomplete CRVS

Deaths underreported , especially those occurring outside health facilities.



Weak cause-of-death data

Medically certified causes of death are limited and unevenly available.



Fragmented alternatives

Surveys, censuses, surveillance & disease platforms are infrequent and not interoperable.

WHAT WE DID

Six countries assessed their mortality information systems

 Senegal

 Kenya

 Pakistan

 Mali

 Tanzania

 Ghana

METHODS

A common, document-based qualitative synthesis

Qualitative, document-based synthesis inductive & interpretive thematic approach
Data collected across 2024–2025 using a shared approach, adapted to each country's context.



Key informant interviews

Ministries of health, CRVS authorities, statistics offices, surveillance units & partners



Stakeholder workshops

Validate emerging findings, identify system gaps, set priorities for strengthening



Field visits

Health facilities, civil registration offices & other reporting points



Document review

Laws & policies, CRVS strategies, HIS documentation & guidelines

CROSS-COUNTRY SYNTHESIS

1

Extract country-level findings



2

Compare patterns across countries

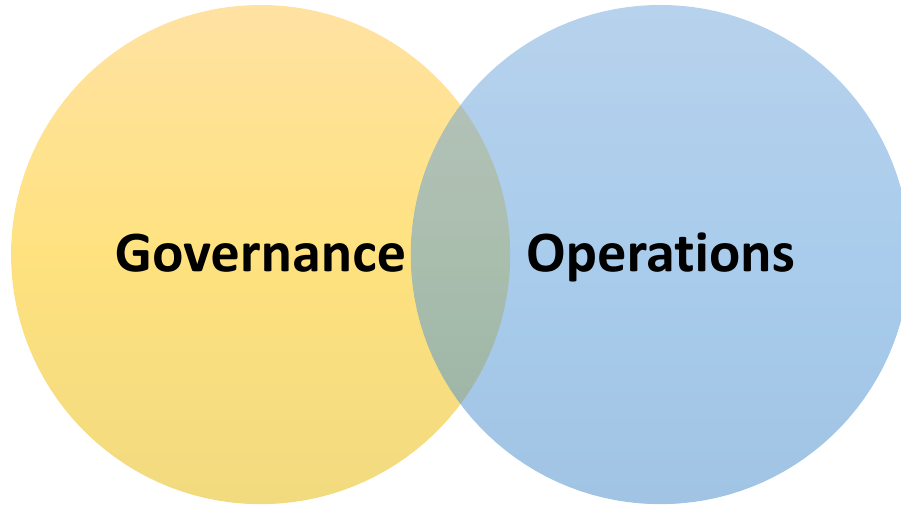


3

Interpret for SRS design

FINDINGS

Findings converged on two domains



Synthesizing lessons learned from situational assessment across 6 countries to inform global recommendations.



DOMAIN 1 · GOVERNANCE



Legal & institutional foundations

All six have death-registration laws, but they focus on formal registration — weakly enforced and often silent on community and non-medical actors.



Distributed responsibilities

Mandates split across many agencies; no single institution owns the full pathway from death to data use.



Health–CRVS fragmentation

Facilities certify deaths; registries hold the legal record — but routine, institutionalised linkage between them is weak.



Data governance & interoperability

Few clear protocols for data sharing, linkage, protection, joint analysis or ownership of mortality outputs.



Financing & sustainability

Recognised as important, yet reliant on external funding and vulnerable to donor and macroeconomic shifts.

The recurring gap: not the absence of laws, but their limited translation into working roles and processes.

DOMAIN 2 · OPERATIONS



Information architecture

Many sources, no coherent architecture. Deaths are recorded somewhere but not consolidated into complete national statistics.



Death notification

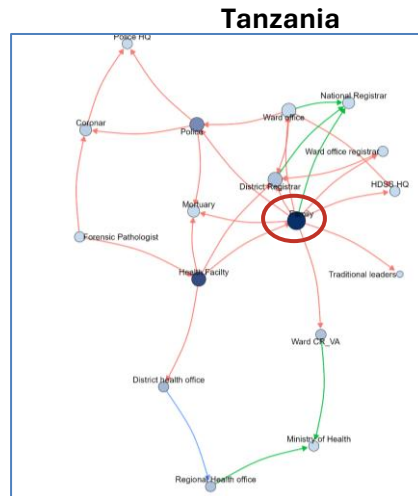
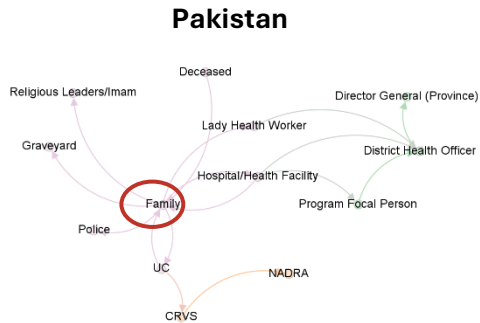
Passive and family-initiated. Community actors often know first but aren't formalised; geography & socio-cultural norms add barriers.

Death notification

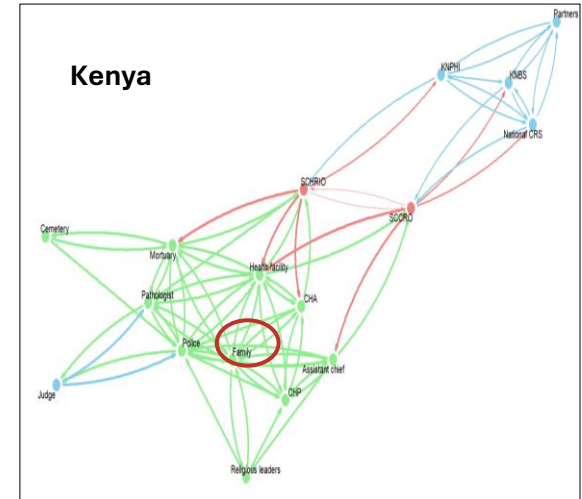
Domain: Operations

- **Families** and **informal actors** are **central**
- Reliance on families as the primary information brokers creates a **structural vulnerability**

→ Notification remains one of the weakest links



Families as Gatekeepers



DOMAIN 2 · OPERATIONS

Data exist somewhere, but don't move into national statistics



Information architecture

Many sources, no coherent architecture. Deaths are recorded somewhere but not consolidated into complete national statistics.



Death notification

Passive and family-initiated. Community actors often know first but aren't formalised; geography & socio-cultural norms add barriers.



Data quality assurance

Incomplete — especially for community deaths and cause of death. QA is program-specific, not system-wide, with little feedback to reporters.



System capacity

Gaps in staff, skills, digital readiness and supervision — uneven across rural, remote & conflict settings.

THE CENTRAL INSIGHT

The problem is not the absence of data sources , it's the **weak connections** between them.

Mortality information is distributed across health, civil registration, community, administrative, statistical and medico-legal systems — but these do not form a continuous pathway from death occurrence to usable mortality statistics.

Design SRS for system fit , not as a parallel channel



A complementary component

Build on existing workflows and institutional relationships. Designed in isolation, SRS duplicates effort; designed for fit, it connects sources.



Context-sensitive by design

Geography, burial norms, stigma and public perceptions shape whether deaths are notified — treat these as design inputs, not background.

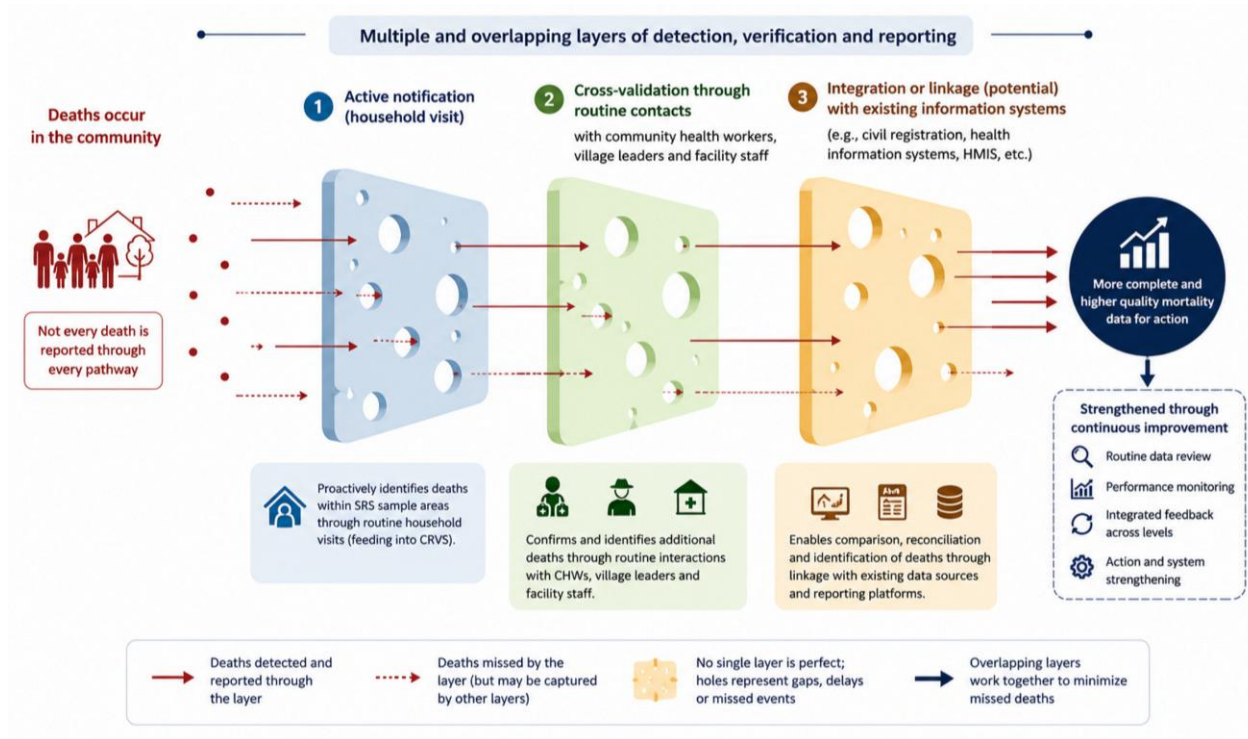


Fit-for-context cause of death

Choose MCCD, verbal autopsy or MITS by feasibility, acceptability and linkability — as a workflow, not a single default method.

A LAYERED APPROACH

Overlapping layers reduce the chance a death is missed



No single layer catches every death — but overlapping layers collectively close the gaps. (the “Swiss-cheese model”)

CONCLUSION

Start with the ecosystem, then design SRS to fit



Gaps are about pathways, not just the outcome

Fragmented flows, weak community roles, limited cause-of-death and uneven capacity.



SRS adds most value as a complement

Part of existing health, CRVS, demographic & community systems, not a parallel one.



A systems-oriented approach is feasible

Build on existing assets and connect what each system already captures.



Each country can design SRS to fit

Country teams can use their own assessment findings as the system inputs for tailoring SRS to their context.

SITUATIONAL ASSESSMENT → SRS DESIGN

Findings become the inputs for SRS design

- Existing assets & capacity
- Contextual factors
- Notification pathways
- Source linkage
- Cause-of-death workflows
- Feedback & data use

With thanks to all whose work made this synthesis possible:

- Country teams in Senegal, Mali, Ghana, Kenya, Tanzania and Pakistan
- All Technical Assistance partners
- Gates foundation

Thank you for your attention

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