PLANNING A SAMPLE REGISTRATION SYSTEM FOR MORTALITY MONITORING

AGENDA

March Webinar

- Implementation of the situational assessment tools (Daniel)

- Feedback on situational assessment tools (Country teams)

- Experiences with setting up governance structures for SRS planning (Dr. Masanja and Dr. Bashir)

- Orientation to new GitHub and YouTube sites (Fred and Emma)

- Next steps

Want to hear from you! Please let us know which topics will be helpful to cover during our next webinar

IMPLEMENTATION OF SITUATIONAL ASSESSMENT TOOLS

The assessment seeks to understand existing systems and platforms of mortality data collection and use, their functioning, interoperation, stakeholders, and how they can contribute to the development and sustainability of a sample registration system for mortality and cause of death in the country.

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IMPLEMENTATION OF SITUATIONAL ASSESSMENT TOOLS

Form 1.5 – Information architecture
Form 1.6 – Business process mapping

Form 1.1 – Inventory of systems
Form 1.5.1 – Information architecture

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Form 1.2 – KII with stakeholders
Form 1.3 – KII with managers
Form 1.4 – Power grid analysis

IMPLEMENTATION OF SITUATIONAL ASSESSMENT TOOLS

Existing Systems and Platforms

Which IT solutions or paper-based systems are recording, transmitting or producing statistics about the fact and cause of death

PLANNING OF MORTALITY DATA ASSESSMENT

FORM 1.1. INVENTORY OF MORTALITY DATA SYSTEMS OR INITIATIVES

The list of mortality data platforms or initiatives can be developed through a desk review and brief key informant interviews. The preliminary list is established as a starting point for interviewing key informants of the identified systems to collect further data. This table should be completed as much as possible based on information from rapid desk review and discussion with key resource persons.

#	Mortality data platform / Initiative	Managing institution	Other partner institutions	Geographic scope (national, subnational)	Type of mortality data collected (deaths, causes of death, other/specify...); Specify whether individual or aggregate data	Levels of data collection (community, facility, other/specify)	Digital tools used if any	Contact person	Comments / Any special features/
1	CRVS	Ministry of Justice	Ministry of health; National Statistics Office; UNICEF; etc...	National	Births, Deaths, CoD, individual	All	Yes (partial?)	XX	Interview national and selected provincial level
2									

IMPLEMENTATION OF SITUATIONAL ASSESSMENT TOOLS

System functioning and interoperation

How different mortality sub-systems are (dis)connected and the main flows of mortality information
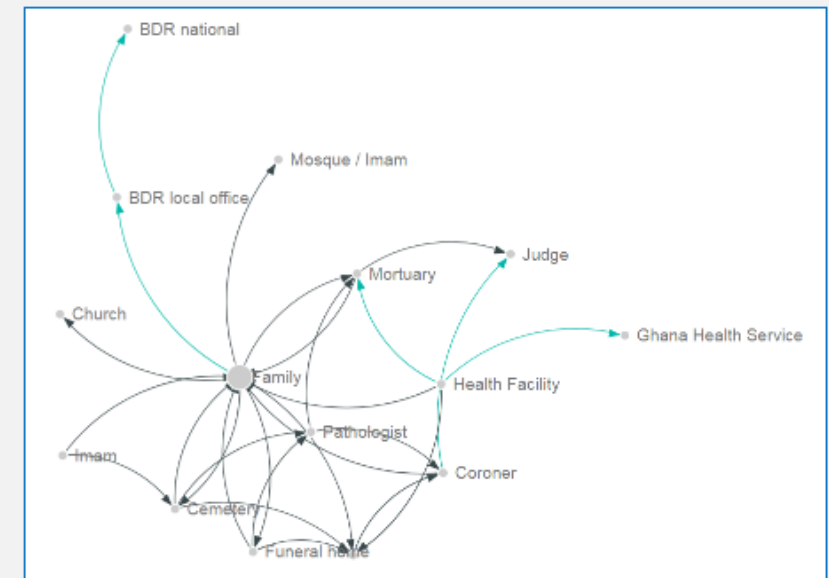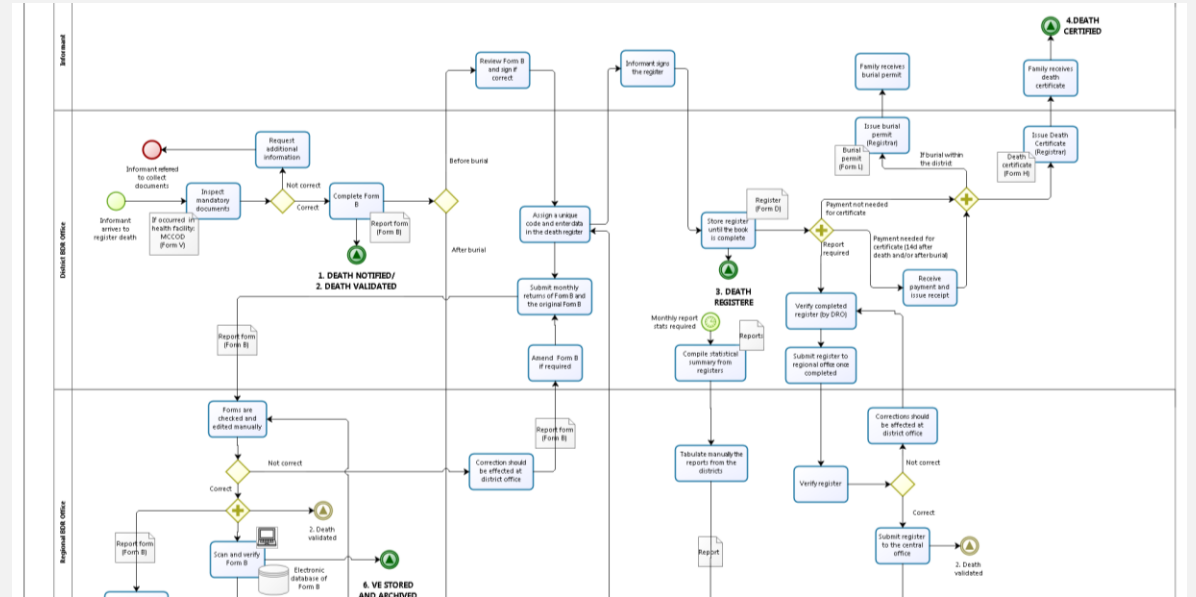
IMPLEMENTATION OF SITUATIONAL ASSESSMENT TOOLS

Stakeholders

Governance mechanisms and stakeholders that need to be involved in the design or implementation of the SRS

#	QUESTIONS	ANSWERS
I IDENTIFICATION AND INSTITUTION OF THE RESPONDENT		
1.1	Date of interview	
1.2	Full name of the respondent	
1.3	Name of the institution	
1.4	Type of organization	1. Gov. Department/Ministry 2. Gov. Research Institute / National Statistical Institute 3. Academic/Research 4. Bilateral/ multilateral agency 5. NGO 9. Other (specify)
1.5	Institutional contact: a. Complete physical address b. Website c. Email address d. Phone	

	High interest; Low power *Stakeholders to inform and involve in advocacy efforts.*	High interest; High power *"Key players"* *Keep closely involved throughout the system development and implementation to ensure support*
Interest	Low interest; Low power *Monitor and engage minimally*	Low interest; High power *Not main targets but could oppose the system: keep them informed and acknowledge their views*
	Power	

COUNTRY EXPERIENCES

- What has your experience been like with planning or conducting the SRS situational assessment?

- Do you have any feedback on the situational assessment tools?

SRS PLANNING GOVERNANCE

- Dr. Masanja of Ifakara Health Institute, Tanzania
- Dr. Bashir of the National Institute of Health, Pakistan

Sample Registration System for mortality surveillance- Pakistan

DR FAIZA BASHIR

TEAM PAKISTAN

NATIONAL INSTITUTE OF HEALTH- PAKISTAN

PAKISTAN

MAP OF PAKISTAN

- **Total Population:** 240 million (5th most populous country on earth)

- **Life Expectancy:** Males 65 years, Females ~67 years

- **Crude Death Rate:** 7.2 per 1,000 population

- **Leading Causes of Death:**
  - Cardiovascular diseases (29%)
  - Neonatal disorders (12%)
  - Lower respiratory infections (9%)

- **Infant Mortality Rate:** 57 per 1,000 live births

- **Maternal Mortality Ratio:** 186 per 100,000 live births

- Pakistan, with **9%** of the unregistered children in the world, is among the five countries accounting for **50%** of the global unregistered children (UNICEF, 2019).

- Besides, death registration is also very low in Pakistan.

Current situation

Multiple efforts for establishing a comprehensive system failed owing to multiple issues including huge population and geographical distribution, resource constraints, commitment issues, perceived utility

Available data sources are **facility based** and focusing on counts and are disintegrated
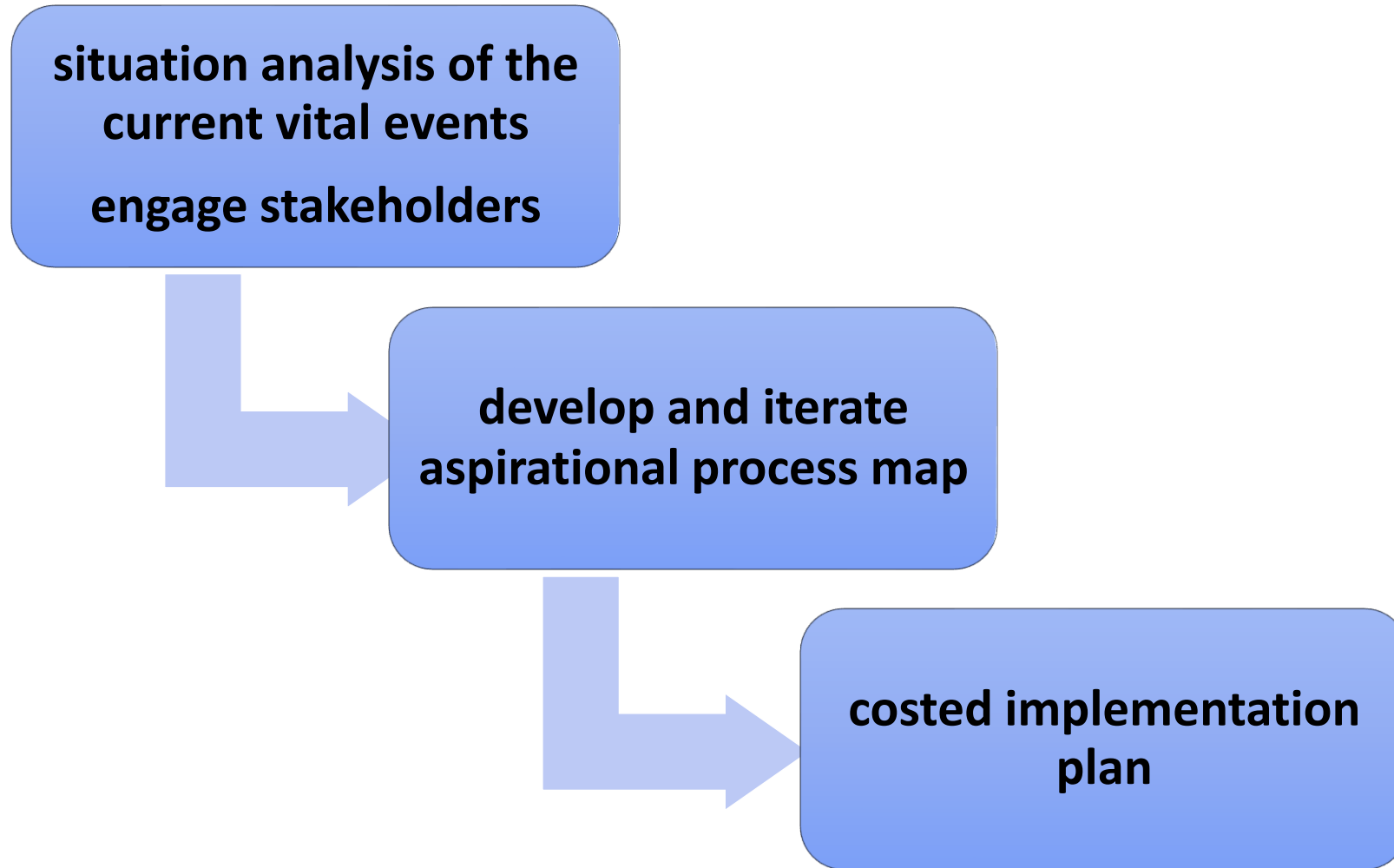
Vast majority of deaths occurring **at home** thus causes of death often remain unknown
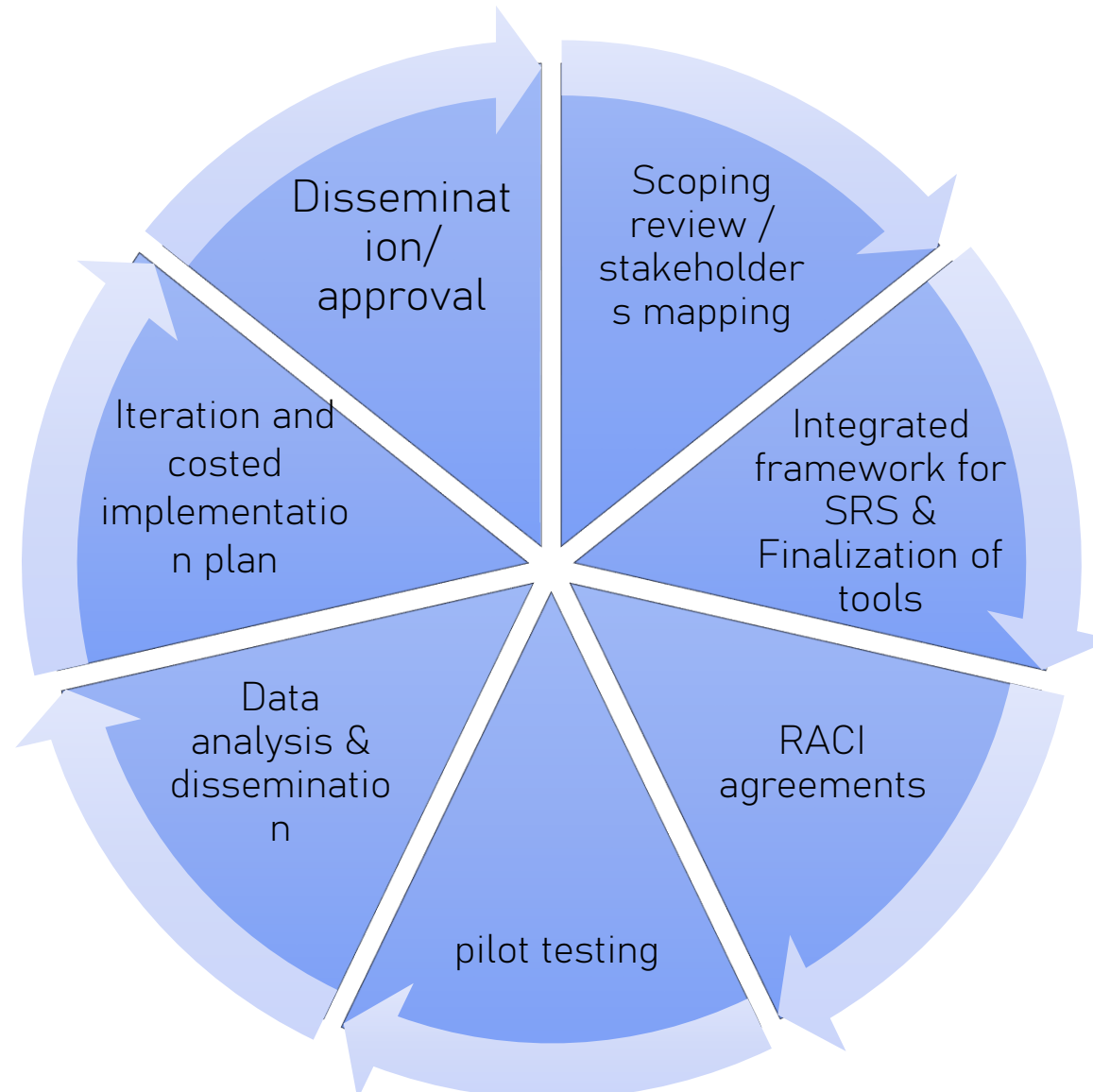
We plan to test the feasibility of the Sample Registration System (SRS) which aims to collect representative high- quality data from representative sample in community from all the possible stakeholders and strengthen CRVS-Pakistan

AIMS

situation analysis of the current vital events

engage stakeholders

develop and iterate aspirational process map

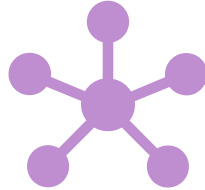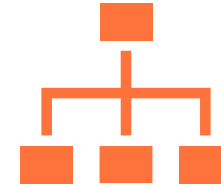costed implementation plan

Methodology

Strategy

Successful implementation and sustainability heavily depends upon engaging with right stakeholders

Synergy between various governing systems

Infield initiatives are

MOH- Periodic Surveys by DHIS Team- Every 05 years

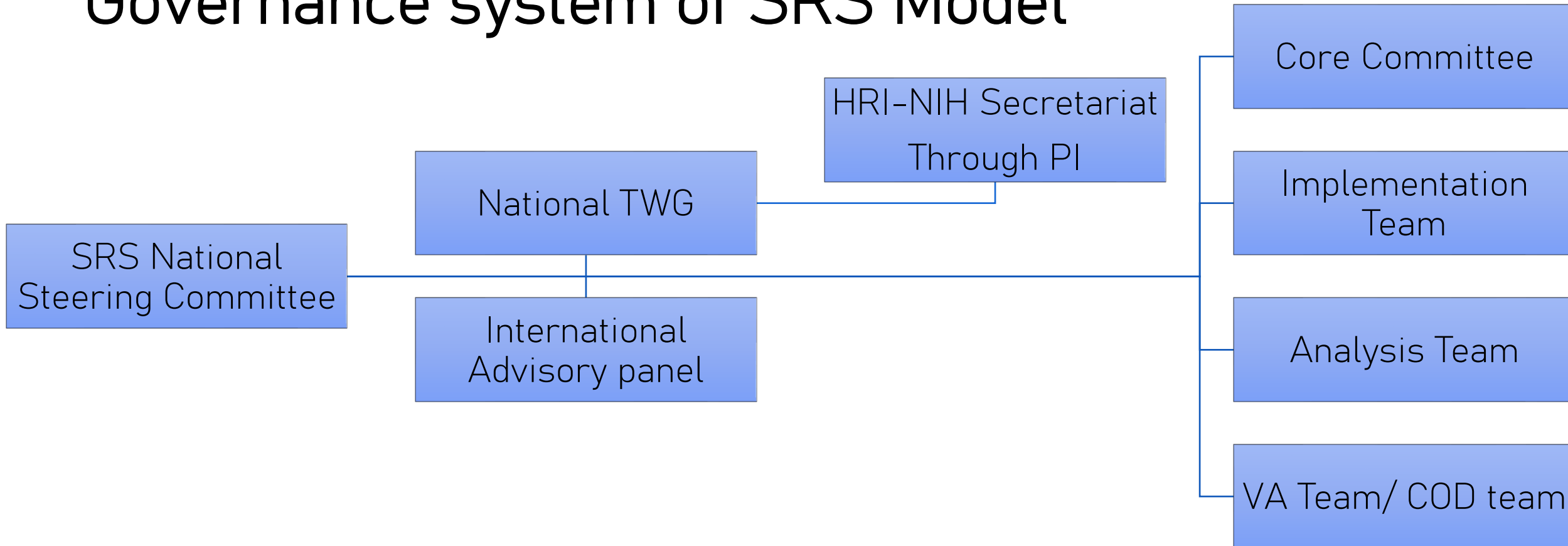Planning- CRVS (Planning commission- legal)- Yet to roll out

MOH- NIH established IDSR (Facility based)- Continuous

CRVS-NADRA (Registration system-legal)
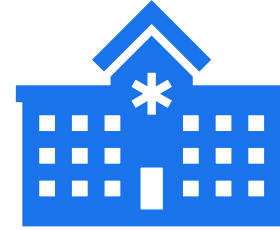
Local Government

HMIS/ EHR

Governance system of SRS Model

SRS National Steering Committee

National TWG

International Advisory panel

HRI-NIH Secretariat Through PI

Core Committee

Implementation Team

Analysis Team

VA Team/ COD team

TWG

Steering Committee nominated in MOH

Technical Working Group (TWG) on SRS comprise of representatives of lead organizations including

Technical wing MOH (oversight and translation of data)

Health Research Institute–NIH (Implementation and Infrastructure)

AKU (Technical)

National health Data Center– NIH (Data)

CDC NIH (Technical)

Pakistan Bureau of Statistics (Enumeration etc)

US-CDC

UKHSA

Integral Global

Current stage

Situational assessment

4 Provinces and 3 regions

KP, Punjab, Sindh, Baluchistan, Federal, Azad Jammu and Kashmir, Gilgit Baltistan

All done except one region

Process mapping is almost complete

Tools are being finalized

MOUs in process drafts shared

Health:	Other agencies/Administration	Partner organizations
• Director General health • Diseases Surveillance Units • Provincial LHW prog lead • Healthcare commissions • MNCH Coordinators • Information systems	• NADRA • Bureau of Statistics • Graveyards • Ambulatory services • Cantonments	• Integral Global • WHO • UKHSA • Others

Overall impression

Death and Cause of death reporting is limited owing to several key factors

- Many deaths in rural areas go unregistered and then uncertified by medical professionals
- Even within hospitals, limited training on standardized reporting protocols like ICD often results in non-specific diagnoses
- Cultural stigma surrounding certain conditions, such as HIV/AIDS or maternal mortality, discourages accurate reporting
- Cultural factors including mistrust of government systems, religious practices, and varying attitudes toward death registration, can limit community compliance and hinder the completeness
- Regions affected by conflict or political instability face disruptions in health and mortality data collection, making it challenging to gather consistent and accurate records

Challenges

NO LEGAL FRAMEWORK OF MANDATORY REPORTING

ACCEPTABILITY OF NEW CONCEPT OF CRVS AND MORTALITY SURVEILLANCE AND SRS
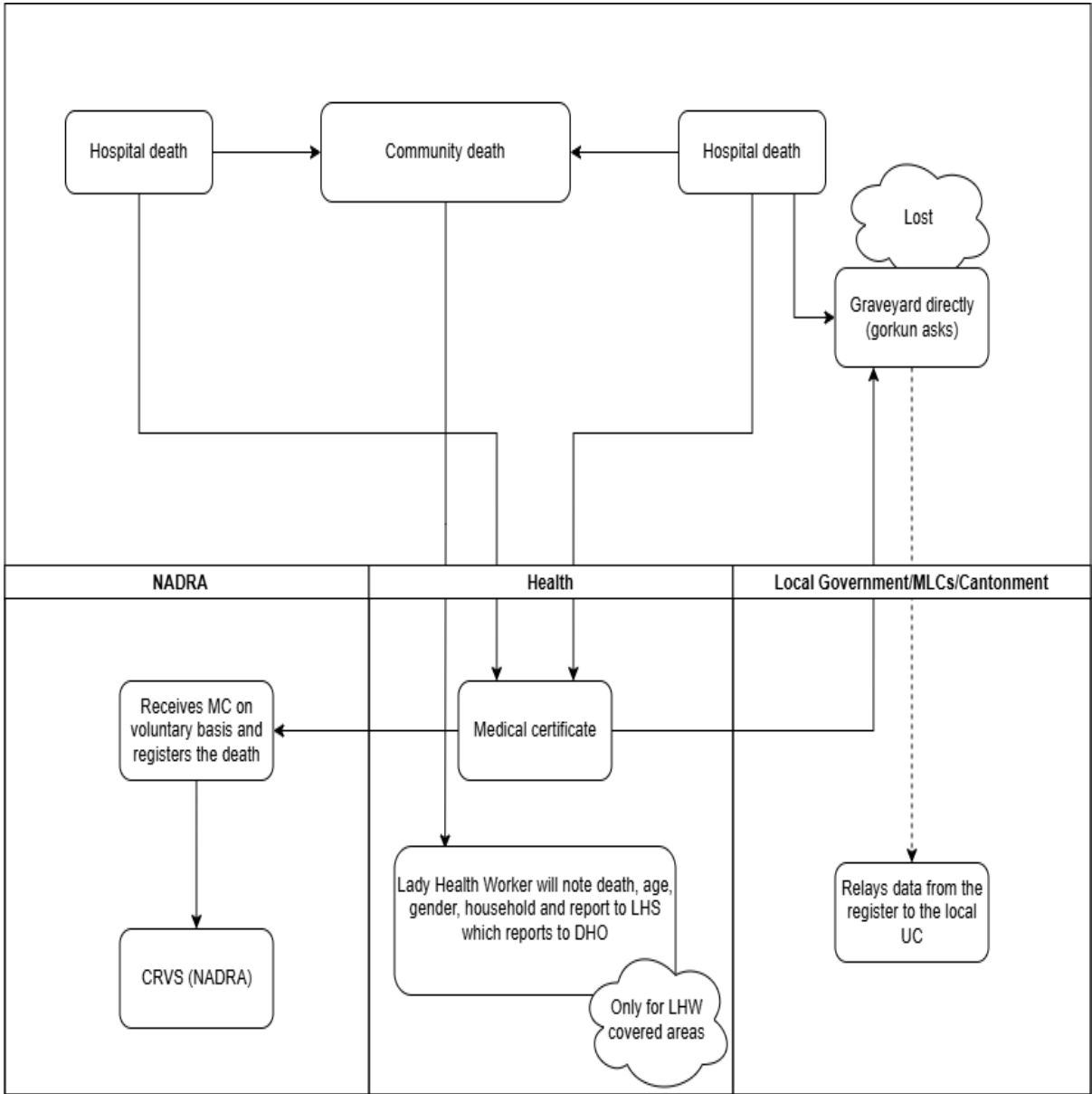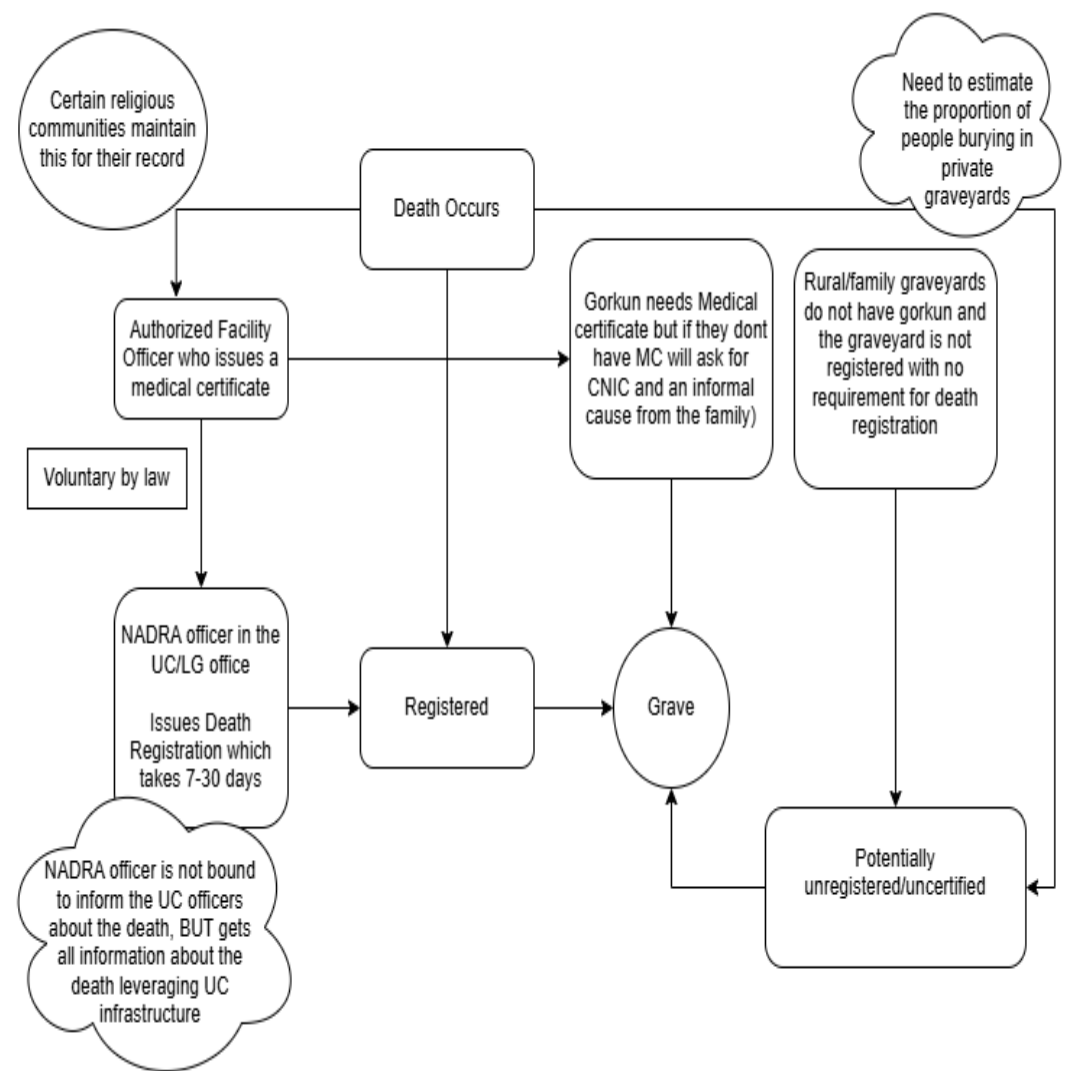
INFRASTRUCTURE

READINESS FOR INTEGRATION

PARTNERS PULL

Process mapping

Way forward

- Addressing cultural barriers

- enhancing community engagement through behavioral change interventions is crucial

- Leveraging the existing network of LHWs/CHWs and line departments can significantly enhance death notification

- Data analysis capabilities within information systems

- Establishing graveyard surveillance for enhanced reporting

- Training and digitization of cause-of-death documentation

- Create synergies and Integrate data from all sources at a central point Ensure seamless integration of data from various sources, including health facilities, medico-legal departments, civil registration systems, and community-based sources

THANK YOU

SRS Resources Repository

https://jhu-viva.github.io/srs-resources/

NEXT STEPS

- For Planning Grant Countries- Preliminary findings of the SRS Situational Assessment will be shared by the teams during the in-person workshop

  - SAVE THE DATE- June 2-5th

- There will be technical assistance provided if requested by the teams

- Our next webinar will be on April 7th

  - Protocol development

  - Resource mobilization

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SRS Planning Grant – Tanzania

Experiences from SRS Stakeholders' Engagement Meeting

Sigilbert Mrema & Trust Nyondo

March 3, 2025

What is the role of each partner on mortality related matters?

Implementing/Partners (Bloomberg D4H,
Initiative – Vital Strategies, CDC-Africa, USA-CDC, UNICEF, WHO, Amref
Role: Provide technical advice

Registration Insolvency Trusteeship Agency
(RITA);
Role: Death registration.

Ifakara Health Institute (IHI)
Role: Lead the technical coordination of the
SRS implementation.

Ministry of Health (MoH)
Role: Produces Community and Health Facility
causes of death.

Sample Registration Systems (SRS) Stakeholders in Tanzania

Prime Minister's Office (PMO)
Role: High level coordination of CRVS and
Mortality Surveillance Steering Committees

President's Office – Regional Administration
and Local Government (PoRALG)
Role: Key implementer of all mortality related
activities at lowers level.

National Bureau of Statistics (NBS)
Role: Provides guidance on production of
mortality statistics reports.

Ministry of Home Affairs (MHA).
Role: Medical Legal Death Investigation (MLDI)

Mortality activities among stakeholders ..(1)

- **Ministry of Health**
  - Medical Certification of Causes of Death (MCCD) in all HF
  - Verbal Autopsy implementation (VA)- National representative sample
  - Integrated Disease Surveillance and Response – IBS (at the Health Facility) & EBS (at the Community)

- **Registration Insolvency and Trusteeship Agency (RITA)**
  - Registration of vital statistics including deaths

- **National Bureau of Statistics**
  - Population and Housing Census
  - Demographic and Health Survey

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Mortality activities among stakeholders..(2)

- **Ministry of Home Affairs**
  - Medical Legal Death Investigation (MLDI)

Indicators collected/suggested for SRS

Mortality and Health Indicator
- Under-five mortality rate, Infant mortality rate, Neonatal mortality rate, Maternal mortality ratio, Births attended by skilled health personnel …etc

Causes of Death Indicators
- Maternal mortality rate, malaria mortality rate, death due to road injuries …etc

Morbidity Indicators
- HIV prevalence rate, malaria incidence rate …etc

Household and Population Indicators
- Proportion of population living in households with access to basic services, Dependency ratio… etc

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Challenges and opportunities

Challenges

- **Use of Hybrid system under MCCD**
  - Transfer of data resulting to errors
  - Printing costs of registers and purchasing electronic devices
- **Existence of systems which are not integrated**
  - MCCD-DHIS2 and other electronic medical records systems are not integrated with RITA systems.
- **Expensive to run verbal autopsy**

Opportunities

- Government's readiness to transition into digital health service provision.
- Availability of internal/in-country ICT experts to execute the intervention
- Availability of different partners who are willing to support community interventions; They only need to be coordinated
- Uses the national representative sample to scale up VA.

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