

SRS Pakistan – Resource Mobilization Plan

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- Population 247 million
- Median age of 22.8 yrs
- 105 males:100 females
- 65% population lives in rural areas
- Fertility rate 3.47 births/woman (est 2021)
- Geographically, ethnically and linguistically diverse
- Health inequalities (Life expectancy, HALE, SDI increase over 3 decades)

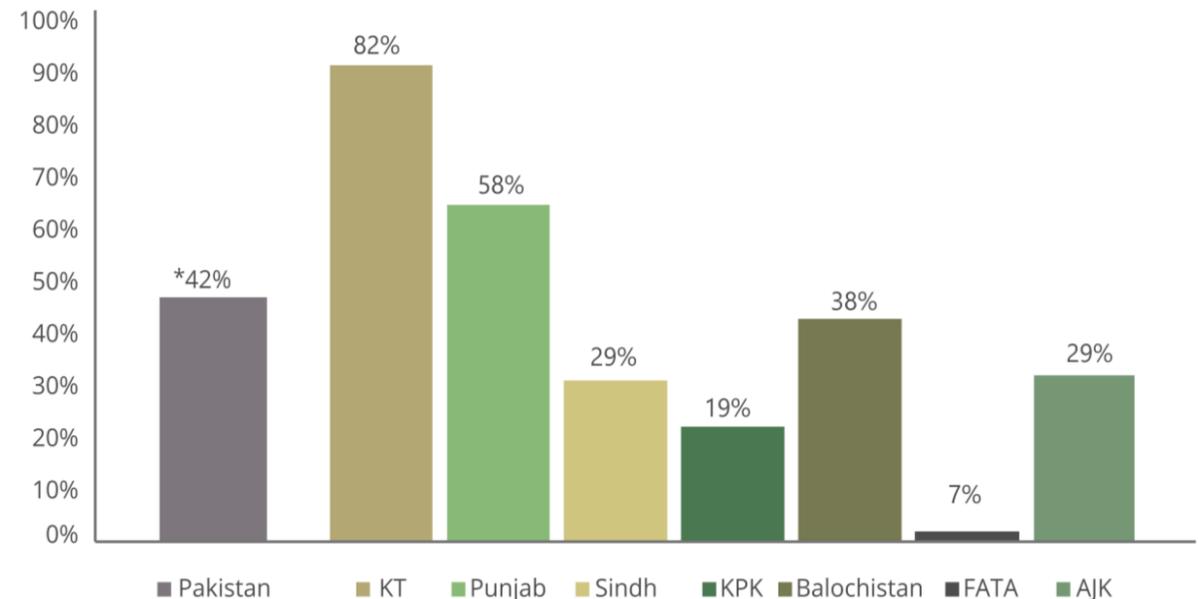


1. Islamabad Capital Territory
2. Azad Jammu and Kashmir

Civil Registration and Vital Statistics

- 1947 – continuous registration (implementation suboptimal)
- 2000 – NADRA National Database and Registration Authority
- No comprehensive system for registration of births and deaths
- No system for reporting complete and accurate causes of death
- (Numbers of births, deaths, ICD coding, data quality, coverage of reporting, value)
- PDHS 2017-2018 – only 42% of children under 5 registered; only 36% have a birth certificate
- Reporting, notifiers, local government and NADRA and challenges in coordination and governance

Status of birth registration under 5 years of age



* Excluding Azad Jammu and Kashmir & Gilgit Baltistan

https://www.pc.gov.pk/uploads/crvs_reports/National_Framework_on_CRVS_reform.pdf

Legal Framework

Foundational Law

- **Births, Deaths and Marriages Registration Act of 1886** still governs registration
- Allows **voluntary registration**; lacks enforcement

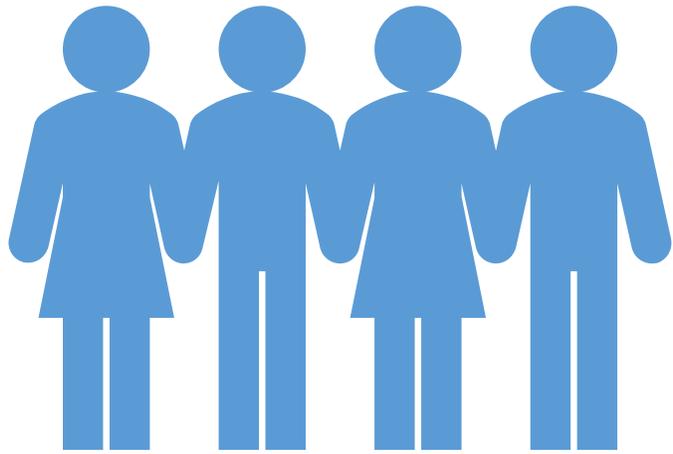
Federal Legislation

- **NADRA Ordinance (2000)**: Assigns civil registration to NADRA and creates the Civil Registration Management System (CRMS)
- **General Statistics (Reorganization) Act (2011)**: Assigns Pakistan Bureau of Statistics (PBS) responsibility for national vital statistics

Provincial Legislation

- **Inconsistencies** in legal scope, enforcement, and procedures exist across provinces

Sample Registration System



Sustained and continuous data collection system based on a representative sample of population clusters to produce population-based estimates, cause of death, and other population and health indicators

- **SAMPLE:** uses data from randomly selected population geographic units
- **REGISTRATION:** implies registration with CRVS
- **SYSTEM:** the initiative includes sustained and continuous data collection
- India: SRS began as a pilot in 1964–65, scaled nationally and now a global benchmark for mortality surveillance in LMICs
- China, Bangladesh, Mozambique, Indonesia and many others use SRS models in their own ways with different methodologies to support weak CRVS systems, particularly in capturing rural and community-level mortality data

Why SRS for Mortality Surveillance

Population & Mandates

5th most populous
deaths outside healthcare
limited community buy-in
overlapping mandates

System Gaps

coordination between systems
low coverage
under-reporting
inadequate legal framework

SDG Goals

100% birth and 80% death
registration

Currently at 40% Vs Census
with no timelines

Reform Efforts

CRVS policy (2020),
Digital Birth Registration
Verbal Autopsy pilots

Way Forward

Practical interim solution for
enhancing registration and
CoD



Planning phase – Objectives (2025) (Gates Foundation support)



**Phase 1: Stakeholder
Engagement & Situational
Assessment**



**Phase 2: Process Mapping &
Proof of Concept (PoC)**



**Phase 3: Costed Implementation
Plan**

Proof of Concept



Objectives:

Develop a system hierarchy

Develop tools, pilot real-time death capture via digital tools and infrastructure to inform our protocol

Capture sample number of community deaths while undertaking a process evaluation to refine processes

Generate insights to inform national-level scale-up



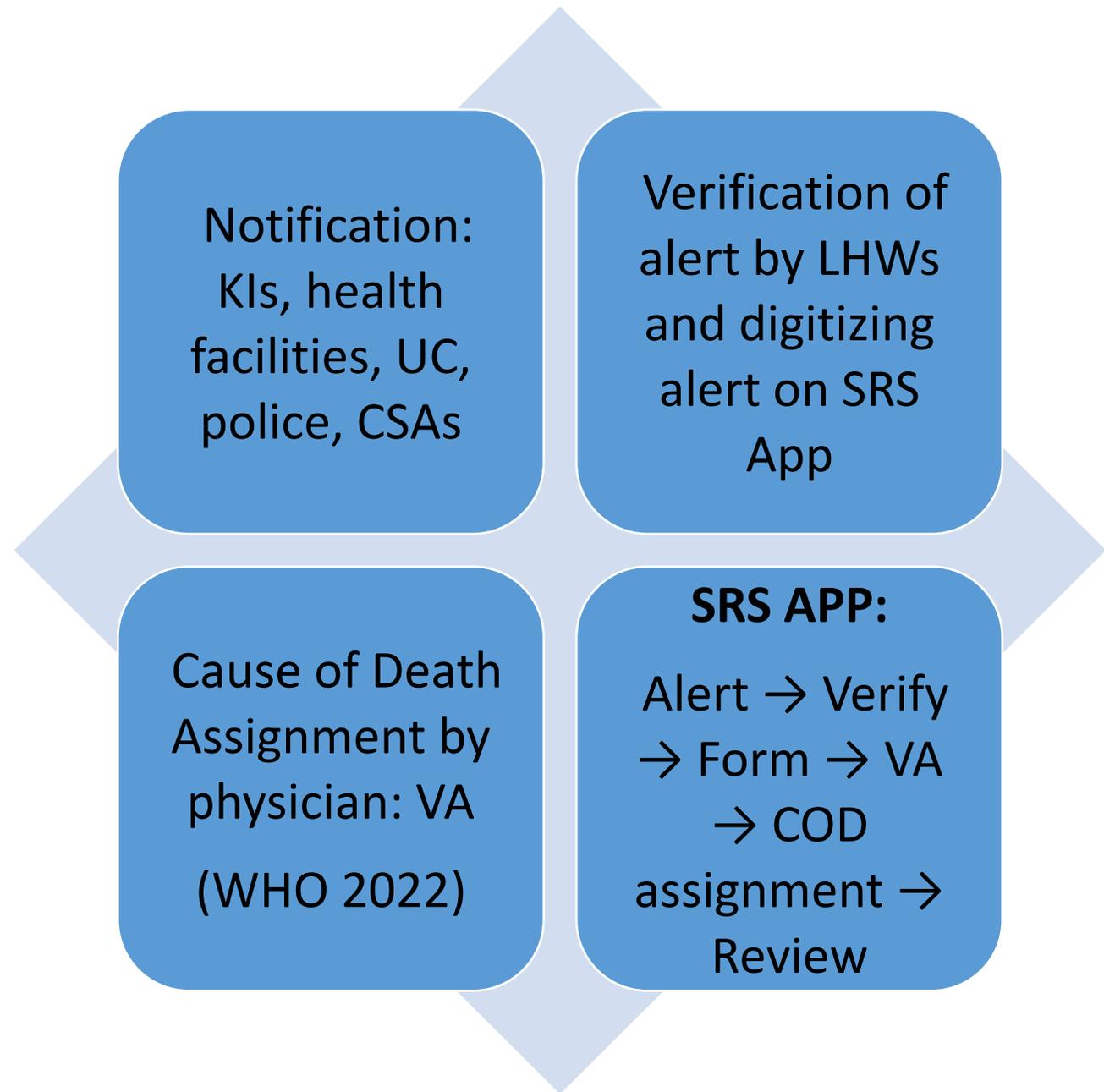
Study design and population

- Mixed methods design
- Population: Barakahu (119,034; HH size 6 –7)
- Sampling: LHW catchment areas (160 HH each)
- Sample size: 519 HH (~3,373 people)
- Expected deaths: 50–75 (3 months)





Data collection and Process Flow



SRS Pakistan –The Design (2026-2030)

Sample Registration System (2026-2030)



Establish a nationally representative vital events surveillance system (births and deaths), using community-based approaches and leveraging existing infrastructure



Standardize digital tools, SOPs, and training to ensure interoperability



Generate reliable, ICD-compliant cause-of-death data through Verbal Autopsy (VA) and Medical Certification of Cause of Death (MCCOD).



Integrate seamlessly with CRVS and health information systems to create a national repository



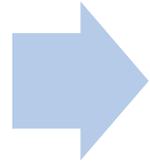
Implement a phased roll-out and scale-up, translating pilot learnings into a national costed roadmap



Establish a robust governance and financing model with clearly defined roles, inter-agency coordination for sustainability

DESIGN

Approach: Phased Implementation Leveraging Existing LHW System (Rural) And UCs Staff For Urban



Sample Size Estimation For SRS (3.1 Million individuals, 187 clusters in 5 years)



Basis Of Calculation: Mortality Estimates Were Derived From (PDS) 2020 All-cause Mortality Rates, Combined With Cause-of-death Models



Adjustment For Clustering: A Design Effect of 0.5 Was Applied.



Statistical Rigor: Confidence Intervals For Key Outcome Indicators (Mortality Rates, Cause-specific Proportions) Will Be Derived

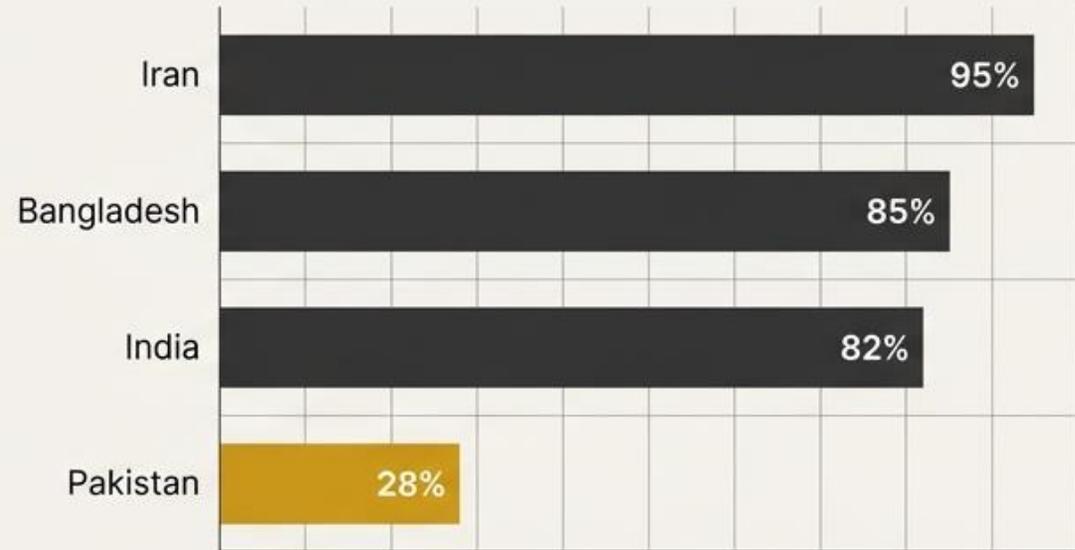


Implication Estimates Are Both Nationally Representative And Statistically Robust

The Strategic Imperative: Addressing Pakistan's Mortality Data Crisis

- **Critical Data Lacuna:** National death registration completeness is critically low at less than 30%, rendering mortality and cause-of-death (CoD) data largely invisible to the health system.
- **Systemic Fragmentation:** The current CRVS architecture is characterized by non-standardized reporting, systematic underreporting at the community level, and a lack of interoperability between key data systems (NADRA, PBS, Health).
- **Policy & Planning Deficit:** Without empirical mortality data, Pakistan relies on modeled estimates, compromising the ability to track progress on SDG 3.1 and 3.2 and hindering evidence-based resource allocation for health programs.
- **The Uncertified Majority:** A significant majority of deaths occur outside formal health facilities, resulting in a near-total absence of medically certified CoD data, which is essential for epidemiological surveillance and understanding the true burden of disease.

Death Registration Completeness: A Regional Comparison



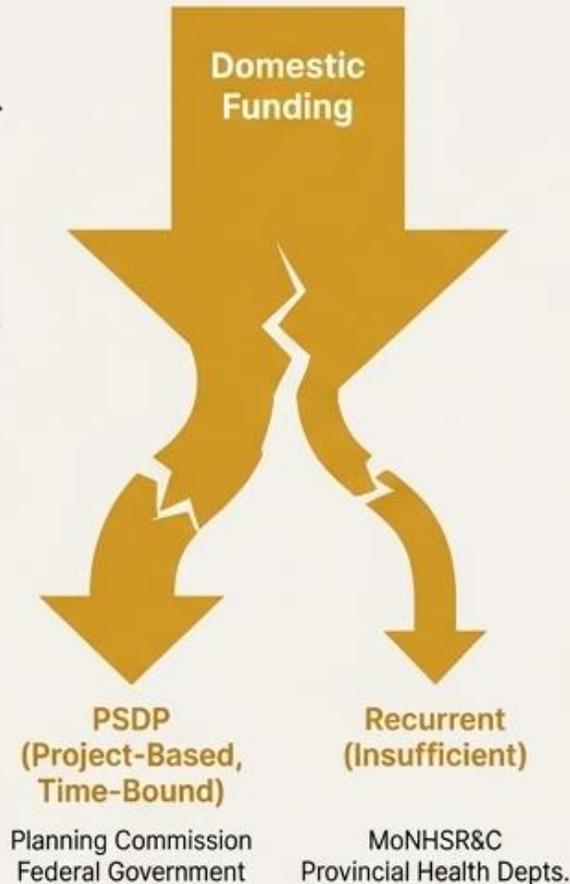
TRACKING BLIND

Without empirical data, progress on SDG 3.1 (Maternal Mortality) & 3.2 (Under-5 Mortality) cannot be reliably measured.



The Current Funding Landscape: A Dual Challenge

- **Structural Domestic Constraint:** Domestic financing is bifurcated between time-bound Public Sector Development Program (PSDP) funds (via IDSRS PC-1) and historically inadequate recurring budgets for operational costs, creating a long-term sustainability risk and high personnel attrition.
- **High Transaction Costs:** The current landscape imposes redundant administrative and reporting burdens on national institutions, diverting resources from core implementation and technical oversight.



- **Fragmented External Support:** International funding, while significant, is channeled through project-specific, time-bound instruments. This leads to a coordination deficit, divergent technical standards, and a lack of harmonized support for a unified national system.
- **Missed Opportunity for Synergy:** This fragmentation prevents the pooling of resources to achieve national scale, despite strong alignment on strategic goals across partners in MCH, Health Systems Strengthening, and Digital Governance.

The Systemic Solution: CRVS/SRS/VA

- **Goal:** Move from **Fragmented Data** to a **Functional CRVS** (Civil Registration and Vital Statistics).
- **The Long-Term Fix (CRVS):** Managed by **NADRA** (National Database and Registration Authority) and decentralized units. Strengths include NADRA's technological backbone, but weaknesses persist in **universal, timely registration**.
- **The Critical Bridge (SRS):** The **Sample Registration System (SRS)**, can be the **crucial source of demographic data** and provides national/provincial estimates when CRVS is incomplete.
 - SRS historically uses a **dual recording system** (continuous enumeration and periodic surveys).
- **The Key Tool (Verbal Autopsy - VA):** VA is an **essential component of SRS** for determining the **probable cause of death** when no medical certificate exists. VA data is used to generate **population-level statistics**.

Key Stakeholders & Funding Landscape

A diversified funding base is essential for sustainable implementation.

Stakeholder Category	Role/Focus	Current Commitment
Federal Government	PBS, NHR&C, Planning Commission	Allocates funds through PSDP (Public Sector Development Programs) and recurrent budgets, representing a foundational commitment .
Provincial Authorities	Health Depts./Bureaus of Statistics	Responsible for sub-national implementation due to devolution (18th Amendment) ; crucial for operational budgets and integration with local systems (e.g., DHIS2).
Multilateral Agencies	World Bank, UN Agencies (UNICEF, WHO, UNFPA)	Provide loans, grants, and crucial technical assistance for CRVS strengthening, MCH, and capacity building.
Bilateral Donors	FCDO, GIZ, UKHSA	Support programs aligning with health outcomes, governance, and data availability .
Academia & CSOs	Research Institutions, Local NGOs	Vital for technical support, evaluation, and community mobilization (e.g., involving local religious leaders for death reporting).

Funding Gaps and Opportunities (The Ask)

Investment is required to address critical resource and operational gaps to ensure data quality and continuity.

Gaps Identified	Strategic Investment Opportunity
Operational & Staffing Costs	Fund consistent, adequate remuneration for enumerators/supervisors and continuous training programs (initial/refresher).
Infrastructure & Logistics	Invest in digital data collection platforms (e.g., mobile apps) for real-time data capture and secure cloud-based data storage.
Cause of Death (CoD)	Dedicated funding for institutionalizing Verbal Autopsy (VA): Training VA interviewers and medical coders to assign CoD using ICD standards.
Community Awareness	Fund public awareness campaigns to educate communities and registrars (especially at the Union Council level) about the importance of vital event registration.
Sustainability	Fund the integration roadmap for linking SRS data with CRVS and provincial health systems (e.g., DHIS2) to enhance utility and reduce duplication.

Resource Mobilization Strategy: Harmonized Governance & Action

- **Central Coordination via SRS Partnership Forum:** The Forum will be formally established as the premier inter-ministerial and multi-donor coordinating body to align all resources against the single, unified 5-Year Costed Plan and ensure joint accountability.
- **Formalizing Financial Commitments:** A key priority is converting all Letters of Support into legally binding multi-year MoUs, Grant, or Loan agreements to secure initial tranche disbursements and establish the financial foundation for the program.
- **Targeted Investment Cases:** Develop and submit specific, high-value proposals for technical gaps, such as the Verbal Autopsy capacity plan for partners like WHO and the Gates Foundation, and pandemic preparedness proposals for the Pandemic Fund.
- **Securing Domestic Sustainability:** Actively advocate for dedicated SRS line items in provincial recurring budgets to ensure a phased transition of core operational costs from external support to domestic financing by Year 4-5.



Call to Action: Institutional Mandates for Mortality Surveillance - Development Partners (Technical & Financial Leverage)

UNICEF, WHO, UNFPA:

- **Action:** Provide **technical assistance** and financial support specifically for **scaling up Verbal Autopsy (VA)** and **MPDSR** (Maternal and Perinatal Death Surveillance and Response) initiatives, leveraging SRS data.
- **Action:** Fund targeted **public awareness campaigns** to drive community reporting of vital events, particularly at the Union Council level.

World Bank, UKHSA, FCDO (International Donors):

- **Action:** Prepare and fund **multi-year programs** that address the systemic **operational and infrastructure gaps** (digital tools, secure storage, logistics) identified for SRS.
- **Action:** Utilize the SRS as the **standardized monitoring tool** for measuring impact and allocating resources for Maternal and Child Health (MCH) and governance programs.

Call to Action: Institutional Mandates for Mortality Surveillance -Shared Responsibility (Joint Action)

PBS, NHR&C, NADRA, Donors: Establish a high-level, multi-sectoral technical working group to provide strategic guidance, ensure coordination, and maintain a unified approach for data standards and CRVS acceleration.

Next Steps: Develop compelling proposals for **innovative financing mechanisms** (e.g., blended finance, public-private partnerships) to supplement traditional funding and ensure long-term sustainability.