



Resources Mobilization for Sample Registration System Implementation in Tanzania

SRS Coordination Team

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Outline

- Mortality data challenges in Tanzania
- Rationale for investing in SRS
- Government Commitment and Domestic Resources
- Strategic Partnerships
- Summary on resources mobilization status
- Next steps
- Conclusion

Mortality data challenges in Tanzania

- Decline in the completeness of CRVS-death registration from **6.6%** in 2021 to **4.4%** in 2023.
- **15%** of deaths had a medically certified cause of death in 2023.
- Mortality data are spread across fragmented systems (e.g., CRVS, HMIS, CRVS_VA, IDSR MLDI, MPDSR).
- Inactive multisectoral technical working groups (CRVS TWG, MS TWG) related to mortality.
- No system provides comprehensive population-level mortality data for evidence-based planning and decision making





Rationale for investing in SRS

- 1. Addressing data gaps in vital statistics**
 - Significant challenges in producing timely, reliable data on births and deaths
- 2. Improving mortality surveillance**
 - Mechanism to capture all cause and cause-specific mortality
- 3. Supporting evidence-based policy and planning**
 - Reliable mortality estimates are critical for resource allocation and priority setting
- 4. Leveraging existing government structures**
 - Integrate with RITA , build on previous systems e.g HDSS, SAVVY
- 5. Catalyzing CRVS and digital health integration**

Government Commitment & Domestic Resources

Existing government structures will be fully utilized, including

- Human resources at all administrative levels.
- Government buildings and other infrastructure.
- Use of existing IT and digital solutions

Budget allocation to support

- System maintenance and operation costs.
- Field work supportive supervision.
- Data Analysis, Dissemination and use e.g; Annual Mortality Reports, Annual Health Sector Performance Profile Report etc





Strategic Partnership

Leverage partnerships with key development partners, including:

- Gates Foundation
- Global Fund
- Vital Strategies
- UNICEF
- World Health Organization
- Africa CDC
- US CDC

Use the existing governance mechanisms (ICT/M&E TWG)

- Coordinate partners support in SRS
- Ask for financial and technical commitments in SRS
- Align SRS with National priorities

Summary on Resource Mobilization Status

Type of resources	Type of Funding	Level of Certainty
Human resources <ul style="list-style-type: none">○ Community Health Workers○ Supervisors (District, Regional, & National)	In-kind	Confirmed - Government
Infrastructure <ul style="list-style-type: none">○ Government buildings○ Vehicles○ IT equipment	In-kind	Confirmed - Government
Other Costs <ul style="list-style-type: none">○ SRS system maintenance○ Routine supportive supervision○ Data analysis, dissemination and use	In-kind	Confirmed - Government

Summary on Resource Mobilization Status...

Type of resources	Type of Funding	Level of Certainty
Human resources <ul style="list-style-type: none">○ Community Health Workers○ Supervisors (IHI-National level)	Donor	Not Confirmed
Infrastructure <ul style="list-style-type: none">○ Vehicles maintenance○ IT equipment	Donor	Not Confirmed
Other Costs <ul style="list-style-type: none">○ SRS system development○ Routine supportive supervision○ Data analysis, dissemination and use	Donor	Not Confirmed

Next steps



Conclusion

- SRS co-financing is key to sustainability.
- Accurate, timely and representative mortality data are integral to public health and developmental planning.
- SRS is a cross-sector public good that can bridge the mortality data gap.
- The defining features of SRS can be used to engage multiple stakeholders across multiple sectors.