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**Example of Template for A Sample Registration System Proposal**

1. **Background and Rational:**

* *Describe the demographic and epidemiological profile of the country. Data on population trends, fertility, mortality, and other health characteristics may be sought from existing national surveys such as the demographic and health surveys (DHS), multiple indicator cluster surveys (MICS), population census, health reports, and United Nations global estimates. Include a population pyramid if available.*
* *Describe government efforts to monitor progress in health, specifically among women and children, and the effectiveness of health programs at national and subnational levels. Identify areas of challenges or lack of progress. Describe briefly the data sources being used to monitor progress in health (include date of most recent collection).*
* *Describe government priorities for health as expressed in the national health and strategic plan, commitment to national and global health targets (e.g. the Sustainable Development Goals, the Global Strategy for Women and children, etc.) and the need for mortality data in the country in relation to the demographic and epidemiological profile.*
* *Elaborate briefly on existing mortality data systems, their functionality, their gaps, including inadequacy in answering pressing government questions on recent progress in mortality, cause of death distribution, and determinant of mortality, disease surveillance, and outbreak monitoring. Specific attention may be given to progress and the coverage/representativeness in capturing mortality events in Civil Registration and Vital Statistics (CRVS) systems, routine health information systems, availability of demographic and health surveillance sites, and other mortality surveillance efforts in the country.*
* *Build the case for the need for an all-cause, all-age sample registration system, what questions and problem it will address, and why such as data system is urgently needed for the country.*

1. **Objectives**

* *The long-term goal of an SRS is to contribute to improving the health of the population by providing evidence to support health progress assessment, help in decision-making and identify areas of greatest need for health programs. This objective must be contextualized to the specific country.*

**Specific objectives and outcomes:**

* *Specific objectives must parse out specific activities that will together contribute to the establishment of a sustained and functioning SRS system that is demanded and used by the country and its stakeholders. Each specific objective must lead to a set of expected outcomes which will constitute the outputs of the SRS system. The box below shows an illustrative set of outcomes that the SIS-COVE Mozambique aimed for initially. It may be useful to identify specific objectives beyond simply developing and implementing the SRS. These could relate to specific analyses and uses of the data generated, specific links with existing systems such as the CRVS, or additional imbedded studies to respond to specific questions arising from the country. The first specific objective should be to design and implement a functioning and sustainable sample registration system. The rest of the outline focuses on addressing this specific objective.*

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| **Example of Initial expected outcomes from the Mozambique SIS-COVE SRS system**  **Outcome 1**: The establishment of a sustainable, country-owned Sample Registration System (SRS) for mortality and cause-of-death surveillance in Mozambique, designed to support national and subnational comparisons and drive evidence-based policy and action.  **Outcome 2**: Strengthened ascertainment of under-five mortality causes through the application of Minimally Invasive Tissue Sampling (MITS), facilitating more accurate cause-of-death determination and enabling validation and refinement of verbal autopsy–based cause-of-death estimates in Mozambique.  **Outcome 3:** Annual national and subnational estimates of all-cause and cause-specific mortality are generated through rigorous statistical modeling that synthesizes data from the Sample Registration System (SRS), Minimally Invasive Tissue Sampling (MITS), and key population-based surveys such as the Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS). These estimates inform geospatial mapping of mortality burden, providing critical evidence to drive targeted public health interventions and resource allocation.  **Outcome 4:** A sustainable, government-owned and -operated system for mortality and cause-of-death data collection, analysis, and use is established in Mozambique. This system regularly produces national and subnational cause-specific mortality estimates, aligned with the needs of government and partners to inform program design, policy development, and resource allocation." |

1. **Implement a national SRS to track mortality and causes of death nationally and sub-nationally**
   1. **Engaging the government and identifying relevant in-country stakeholders**: *this section would describe the leadership, governance structure, and partnerships required for the SRS*
   2. **Design of the SRS**
      1. **Statistical domains**: *Statistical domains refer to the geographic areas—such as subnational regions or selected districts—for which mortality estimates will be produced. The selection of these domains will be made in close consultation with the government and key stakeholders, with consideration given to regions or districts of strategic or programmatic priority. Importantly, increasing the number of statistical domains requires a corresponding increase in sample size, which has implications for feasibility, resources, and budget. A balanced approach will be needed to define an appropriate number of domains that aligns with both technical requirements and available capacity.*
      2. **Geographic clusters:** *geographic clusters would be the smallest geographic units use for the surveillance. These may be villages, population census enumeration areas or group of population census enumeration areas, or subdistricts. The choice of type of clusters will also depend on available sampling frame of these clusters, consisting of a complete national roster of the clusters, organized by region or provinces and by statistical domains and including the total population of each cluster. For e.g. a roster of census enumeration areas is often available from the National Statistics Offices. In choosing the geographic cluster, keep in mind the required capacity to completely cover these clusters with surveillance and ensure high reporting completeness. Large geographic clusters will likely have higher risk on data incompleteness and may require more work. Small clusters (about 100-150 households) may be easy to cover.*
      3. **Establish baseline mortality levels**: *identify data sources to establish the baseline mortality level. Data sources may be national surveys or population census. It would be essential to consider the availability of mortality data at the level of defined statistical domains. Findings from the initial mortality data assessment in the country would be used here to identify possible sources of baseline data.*
      4. **Sample size**: *decide on the main indicators to use for the sample calculation. These should consider all-cause and cause specific mortality. Sample size calculations would consider the desired precision of all-cause mortality at each domain level. Once the sample size is determined, the total sample size households or population will be used to calculate the number of geographic clusters required based on the average number of households (or population) per cluster.*
      5. **Sampling frame and sampling of clusters**: *describe the sampling frame to be used based on the decision of what constitutes a geographic cluster. The sampling frame then starts with a list of all eligible clusters in the country (it is essential to ensure that the sampling frame is complete in terms of coverage of the country). The sampling strategy should consider explicit stratification (e.g. by region and urban rural) and the allocation of clusters within strata. A stratum is a geographic entity or group of individuals/households to which an independent sampling strategy is applied. For example, regions may serve as strata and sampling is implemented independently in each region. The allocation of clusters within each region by place of residence (urban/rural) may be based on the proportional distribution of the population by place of residence.*
      6. **Data collection strategy**: *The data collection strategy should outline the approach for capturing vital events—including pregnancies, pregnancy outcomes, and deaths—as well as verbal and social autopsy data. One potential approach involves initial mapping and listing of households within selected clusters, followed by continuous recording of vital events by trained community-based workers. Alternative strategies, such as rapid regular surveys, may also be considered based on contextual feasibility (see design options discussion). The strategy may include a detailed plan for collecting verbal and social autopsy data, ensuring both quality and timeliness. Additionally, the process for regular population updates within each cluster should be clearly described*.
      7. **Data linkage with other existing data systems**: *Some countries may desire to link the data with the routine health information data or the CRVS. If this is included in the design, it must be clearly described. Findings from the initial mortality data system assessment in the countries may be used to identify possible linkages and interoperability needs for the SRS.*
      8. **Formative research on community reporting of vital events**: *When the data collection design relies on community-based reporting of vital events, it is essential to conduct formative qualitative research to assess feasibility. This qualitative research should explore existing community structures, local reporting practices, potential enablers and barriers, and identify key stakeholders at the community level for effective engagement. Insights from this research will inform the development of context-appropriate strategies and strengthen the reliability and sustainability of community-based reporting mechanisms.*
      9. **SRS management and implementation team** *(Check our suggested human resource guidance)*
         1. SRS administrative and coordination team
         2. SRS data collection team
         3. SRS data management, analysis and reporting team
         4. SRS communication and dissemination team

Figure 1: Example of key SRS data team from Mozambique SIS-COVE SRS

* + 1. **Data tools** 
       1. Household population enumeration tools
       2. Community level vital events register
       3. Verbal and social autopsy questionnaire
    2. **Data system, digital solution, and data flow**: description *of the data system architecture, digital platforms, software, and processes for data collection, transfer, monitoring, data processing, storage, analysis and reporting. Describe planned data flow the community to regional and central levels, including where data are stored and where data are made available for analysis and use.*
    3. **Data quality assurance**: *process of continuous data verification and feedback; field supervision*
    4. **Ethical clearance**: *informed consent process during household listing, event data collection, verbal and social autopsy. Decision must be made on whether to see oral or written consent. Ethical clearance must be obtained from the country’s institutional review board*
    5. **Recruitment and training of data collectors** 
       1. Identification and training of community-based workers
       2. Identification and training of verbal autopsy data collectors and supervisors
    6. **Roll-out of data collection**
       1. Phased roll-out: *describe whether there is a plan to roll-out the data collection by phases based on geographic coverage*
       2. Mapping and geocoding of SRS clusters and baseline population
       3. Collection of vital events
       4. Verbal and social autopsy interviews
       5. Annual population updates
       6. Data collection supervision
    7. **Data analysis: *describe analysis methods and results outputs***
       1. All-cause mortality rate
       2. Verbal autopsy data analysis
       3. Social autopsy data analysis
       4. Other relevant indicators
    8. **Process of data reporting and dissemination:** *describe planned frequency of data reporting, channels or platforms for reporting*
    9. **Demonstrating sustainability:** describe steps to promote data use by the government and stakeholders, value and relevance of the system, continued buy-in and resource mobilization to support the system

**3.2.19 Timeline**

**3.2.20 References**