

Theme: Strengthening vital statistics and cause-of-death data

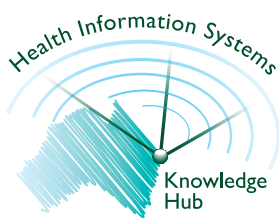
Strategic planning to strengthen civil registration and vital statistics systems:

Guidance for using findings from a comprehensive assessment

Lene Mikkelsen



Working Paper Series • Number 23 • September 2012 • WORKING PAPER



School of Population Health
University of Queensland

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This research has been funded by AusAID. The views represented are not necessarily those of AusAID or the Australian Government.

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Published by the Health Information Systems Knowledge Hub,
School of Population Health
The University of Queensland
Public Health Building,
Herston Rd, Herston Qld 4006, Australia

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Design by Biotext, Canberra, Australia

Acknowledgments

The author wishes to thank the following individuals for their contributions, comments and suggestions: Alan Lopez, Anneke Schmider and Carla AbouZahr.

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Preface

This Guidance document has been prepared by the Health Information Systems Knowledge Hub at the University of Queensland (HIS Hub). It is intended to assist those countries that have undertaken a comprehensive assessment of their Civil Registration and Vital Statistics systems (CRVS) using the WHO/UQ assessment tool (1) to transition from assessment results to a strategic improvement plan. The document describes processes and steps that national managers of the CRVS systems can take after they have completed the comprehensive assessment with all relevant stakeholders.

The document is in two parts. The first part describes a prioritisation method which is best done with all the assessors and who are familiar with the improvement goals. The second part contains practical advice about how to use the evidence from the assessment to draft the strategic plan and presents a planning framework and roadmap. Managers/Steering Committees who are responsible for preparing the strategic improvement plan should find this tool useful.

For countries to have a strategic improvement plan for the CRVS system is important because it identifies a common vision for improving CRVS across several national agencies/departments. It also provides a vehicle through which resources can be applied to priority activities within the system and it provides donors with costed evidence of documented need and improvement actions to take.

This Guidance document forms part of a set of tools for improving CRVS systems which HIS Hub has been developing since 2010 (1)(5). The set already contains two assessment tools (for a quick and comprehensive assessment) and a Resource Kit to provide essential knowledge for the implementation stage. This document links the assessment tools to the Resource Kit by providing guidance about how to decide on what actions to take as a priority, and in what order, to strengthen the CRVS systems.

As more and more countries use this planning tool for supporting their CRVS strategy design and planning, these procedures will be continuously improved and updated.

Part I: Prioritising the assessment recommendations for improving the civil registration and vital statistics system

Introduction

The primary purpose of undertaking an assessment of a country's civil registration and vital statistics (CRVS) system is to use the findings to develop a strategic and prioritised plan of what needs to be done to improve the functioning and completeness of the system and thus generate more reliable data on vital events. Those countries that have used the WHO/UQ assessment tool (1) to carry out a comprehensive assessment of their system have found that the framework used and recommended process resulted in the identification of a number of problems and weaknesses in their CRVS systems (2) (3) and (4). For each of these, the assessors were expected to formulate an improvement goal and propose a strategy to achieve the goal.

Part of the inertia which has been observed in improving vital statistics systems has arisen from a failure to identify a manageable and feasible set of priority actions that would be likely to have system-wide impact and significantly improve completeness, data quality, data use and /or timeliness. Very few countries until now have undergone a comprehensive assessment as a country-based and stakeholder-led exercise of the entire CRVS system as suggested by the WHO/UQ Framework. Most assessments of country CRVS systems have been carried out by foreign consultants who have evaluated the functioning of one part of the system, e.g. the quality of the mortality data, the obstacles to registering births, the coverage and completeness of the data or the access to registration of certain minority groups. While this is likely to result in a series of recommendations the recommendations often do not get implemented as the government departments concerned do not consider them viable/feasible or do not feel that they have a stake in them.

This paper sets out to assist countries that have used the WHO/UQ tool to arrive at an agreed and prioritized list of feasible improvement actions and to turn these into a strategic plan with actionable and agreed goals. The very simple prioritisation tool, described in part 1 of this paper, has been developed to assist countries with this process and it is best applied just after the assessment has been completed and the assessors have met to discuss their findings. The tool was first tested in two countries as an integral part of the assessment exercise and was slightly modified afterwards. In both cases, the prioritisation exercise was completed collectively by all who took part in the assessment at the final meeting (referred to as the Results meeting) where the findings from the assessment were discussed. The advantage of this particular method is its simplicity which allows it to be applied in a large group setting in a transparent and consensus building way. There are many other methods that can be used to prioritise recommended actions, but few can produce an agreed and prioritised list of goals in an efficient manner.

Prioritisation methodology used

Scoring

The WHO/UQ comprehensive assessment is best carried out by a small number of subgroups each of which focus on a specific aspect of the CRVS system. A "results" meeting brings the various groups together to present and discuss their findings. At this meeting, each subgroup is asked to evaluate/score their own recommendations according to four criteria: **urgency, feasibility, cost, and time line**, defined as follows:

Urgency: the extent to which the recommendation is considered to be critical at this moment and needs to be implemented urgently;

Feasibility: the ease with which the recommendation could be implemented, given departmental roles and responsibilities in government, or cultural traditions;

Cost: the expected cost associated with implementing the recommendation **and** the likelihood of obtaining funding from different internal and external sources;

Timeline: the period required for the full implementation of the recommendation.

Four scenarios are provided for each criterion as shown in Table 1. Scenarios are then scored from 1 to 4 by the subgroups depending on the perceived urgency, feasibility, cost and time frame with the highest priority score being 4 and the lowest 1. Scores across the four criteria are then summed, giving a summary score for each recommended improvement goal¹. The *higher* the score, the *higher* the priority that should be given to implementing the recommendation. These four criteria were chosen to reflect the critical dimensions of any deliberative process that countries are likely to follow to decide upon the relative priority of recommendations.

It is important that the prioritisation exercise is only carried out after the findings and recommendations of each group have been presented and discussed by all participants. Experience has shown that a certain amount of pruning of the goals takes place during the results meeting due to overlap and duplication. This helps ensure consistency of recommendations and suggested strategies.

¹ Both the prioritized list of recommendations and the scores given to each recommendation have been included in the Sri Lankan and Philippine country reports of the assessment, see Documentation Note 1 and Documentation Note 2 [Http://:uq.edu.au/hishub](http://uq.edu.au/hishub).

Table 1: Prioritisation method for recommended improvement goals

Criteria for prioritisation and scores		
Criteria	Scores	Scenarios
Urgency	4	Must start immediately
	3	Could be delayed for up to 6 months
	2	Could be delayed for up to 2 years
	1	Could be delayed until able to be done
Feasibility	4	Necessary action can be decided at the departmental level
	3	Require inter departmental agreement
	2	Requires legislation change
	1	Requires change in tradition/culture/policy
Cost	4	No cost implications
	3	Can be funded within current budget
	2	Need to apply for government funding
	1	Need to find external resources
Timeline for completion	4	<3 months
	3	3 months to a year
	2	1-5 years
	1	>More than 5 years

Prioritisation process: first round

The first prioritisation round should be done by the members of each subgroup who carried out the assessment for that particular CRVS component and came up with the recommendations. The group can either collectively discuss each improvement goal and agree on a scenario and score, or each member can individually allocate a score which then is averaged for the group. The former method is recommended since it necessitates group discussion and eventual compromise.

One potential limitation of this process is that some recommendations could score highly on the four criteria, but their implementation might not be expected to have a profound impact on the functioning of the system or

lead to great improvements in the data. For instance, the introduction of a change to a reporting form may be urgent because it would provide better data for a certain line-ministry, but would not result in any change to the completeness, quality or timeliness of the vital statistics.

Second round

To assess the potential impact of any specific recommendation on the overall system in a country, if implemented, a **second** round of scoring of all the recommendations is recommended. As explained above, all high scoring improvement goals will not necessarily have the same system impact; some may score high on all four dimensions but their implementation would have different impact in improving the functioning of the overall system. Similarly, some improvement goals, which have obtained low scores from the subgroup that assessed that aspect, might, when implemented, have a significant system-wide impact that might not have been considered. For example, a change in burial regulations might make it necessary to obtain registration papers before the burial or cremation, or might make it obligatory to have a cause of death noted on the papers. Either of these would be expected to lead to significantly improved reporting of deaths or causes of death and thus have a system-wide impact.

To account for such system-wide impacts, which are likely to transcend any of the specific aspects which have been assessed by the subgroups, it is recommended to list all recommended goals from the subgroups in a spreadsheet with the scores and rankings of each. This list should then be projected on a screen to the entire group of assessors who can then collectively consider the scores each were given in the light of the potential impact that each recommendation would be likely to have on improving the overall system. The expected impact, once agreed upon by all, is noted besides each improvement goal. For simplicity, we suggest that only a qualitative scoring system of HIGH, MEDIUM and LOW impact be used.

Ranking

Once all recommendations have been evaluated for their impact and scored, they should finally be ranked in decreasing order within each of the three impact bands (HIGH, MEDIUM and LOW). In the case of a large (i.e. 30 or more) number of improvement goals, it is

further recommended that countries reduce these by only considering those which score above a certain cut-off point, or alternatively only focus on the HIGH impact ones.

Example

Box 1 presents an example of how the prioritisation method works, based on a hypothetical list of recommended actions that might emerge from a stakeholder consultation process as recommended here. For each recommendation or goal, a score is given to each criteria by the group, and it's overall impact on the CRVS system is debated and assessed. So, for example, the first recommendation of the stakeholder group ("increase budget for civil registration at the local level") was considered not to be very urgent (score 1), would be relatively difficult to do (not very feasible; score 2), quite costly (score 2) and could take considerable time (score 2). If the recommendation was considered urgent to implement, relatively simple to do, likely to be low cost, and something that could be done quickly, then it would have scored 4 on all criteria.

Despite the low score across the 4 criteria (7), the recommendation, if implemented, would be expected to have HIGH impact in improving the functioning of the overall CRVS system. An identical process is followed for each recommendation, yielding overall scores from 5 (low priority) to 12 (high priority), with about half (10) recommendations expected to have a HIGH impact on the CRVS system. In each case, the stakeholder group should decide which agency/agencies should have the primary responsibility in implementing the recommendation. More guidance about how to use the results of the prioritisation scoring exercise is given in Part II.

Using this simple methodology, it is possible for the stakeholder meeting to produce an agreed and prioritized list of improvement goals and actions to guide the core group that will draft the final improvement plan for the CRVS system. When this prioritisation exercise was piloted in selected countries it was found that the method was also instrumental in identifying some goals and strategies to implement that were not very onerous, either in terms of resources or time, and which could in fact commence immediately. In both countries, efforts to improve the system could therefore begin even before the plan was fully developed.

Box 1: Prioritisation of recommendations from assessment

	Improvement goals						
	Urgency	Feasibility	Cost	Timelines	Total	Impact	Responsible Agency
Legal framework							
Increase budget for civil registration at the local levels	1	2	2	2	7	H= High	NSO, LGUs, DOH
Approval of the pending proposed bills on civil registration	3	4	1	4	12	H= High	NSO, DOH, Congress
Coverage and completeness							
Advocacy for registration aimed at marginalised sectors and poor provinces	1	2	2	3	8	L = Low	NSO
Impose free registration for timely registered documents	1	2	2	3	8	M = Medium	NSO
Data quality							
Assessment of data quality using hospital records and NSO DVSS database	1	1	1	2	5	L = Low	DOH, NSO
Conduct pattern of cause-specific death statistics (disease shall be identified by a technical working group)	1	1	3	3	8	M = Medium	DOH, NSO
Conduct study on level of births and deaths registration by province (prioritising poor provinces)	3	2	4	2	11	H = High	NSO, UPPI
Certification and coding							
Conduct medical ICD-10 trainings for MHOs and Medical records Officers	1	1	1	1	4	L = Low	DOH
ICD-10 training of coders	1	2	3	3	9	H = High	DOH, NSO
Conduct evaluation of the quality of ICD-coding	2	2	1	3	8	M = Medium	DOH, NSO
Conduct an nationwide launch of the new death certificate forms	2	2	3	3	10	H = High	NSO
Conduct an evaluation of the quality of medical certification on death certificate	2	2	3	3/4	7	H = High	DOH, NSO, NSCB, UPPI
Prepare a quick reference guide on certification of cause of death for doctors in the hospitals	1	1	3	3	8	H = High	DOH, NSO
Storage and dissemination							
Advocacy aimed at mayors to clearly define functions of local CR office	1	3	1	1	6	H = High	NSO, LGUs
Timely publication of vital statistics report	1	2	2	2	7	H = High	NSO
Intensive promotion of CR software to local offices, hospitals and other related institutions	1	3	2	2	8	H = High	NSO, LGUs

Part II: Guidance on how to proceed from a CRVS assessment to a CRVS strategic development plan

Introduction

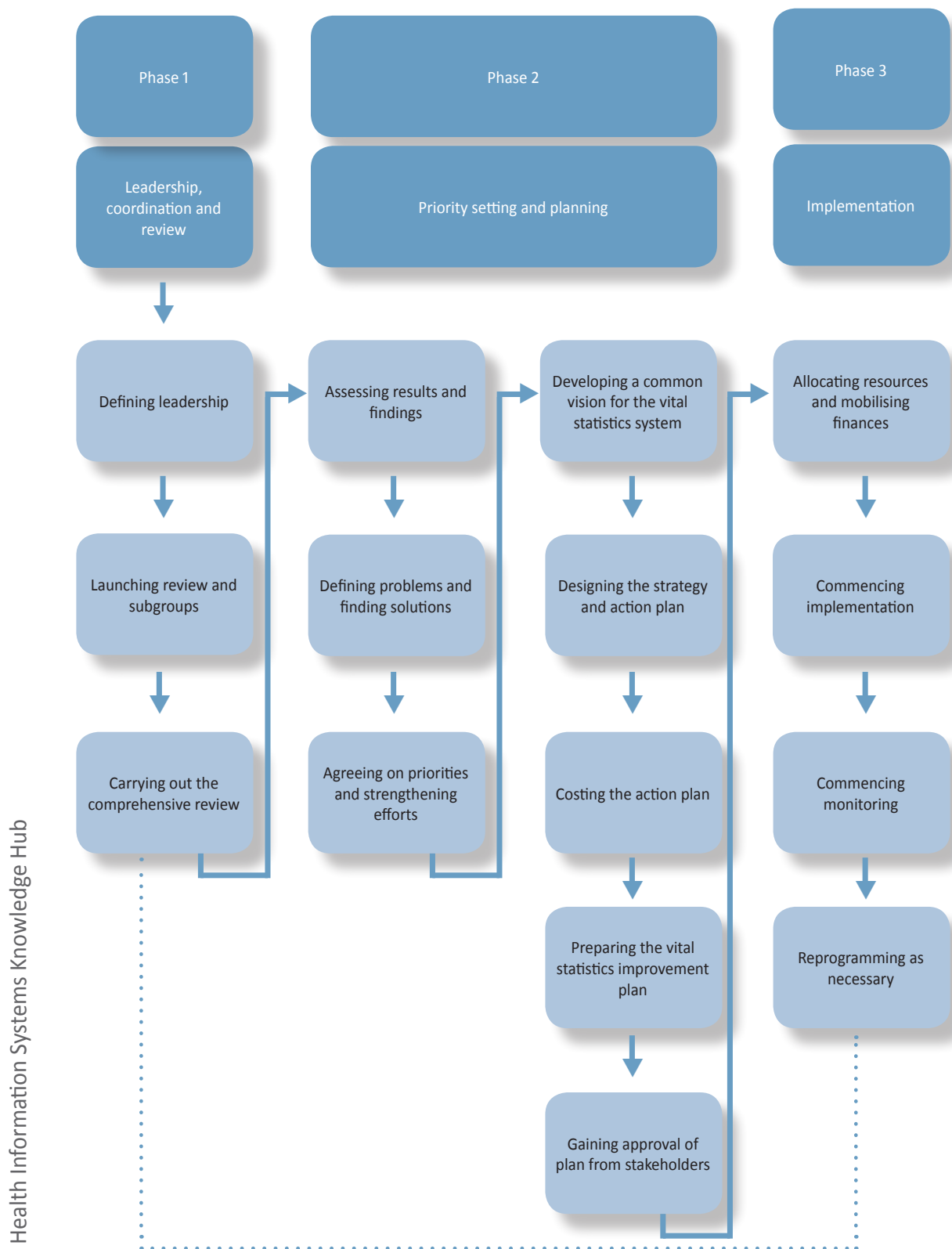
The purpose of countries doing a comprehensive assessment is to evaluate honestly, openly and collectively what works well and what needs to be improved in their CRVS system and, based on that knowledge, to produce a strategic and prioritised plan about how to improve their system. The development plan needs to be both **strategic** and **prioritised**; strategic in the sense that it must address comprehensively all critical areas of weakness identified by the assessment exercise, and prioritised in the sense that it must be realistic, not all actions can, or need to be done immediately but certain steps should be taken as a matter of priority, while others can be addressed later. The **plan** is the ultimate output of the assessment and the outcome of implementing the plan should be a more reliable, efficient and better functioning system. Figure 1 describes the planning and development process which essentially consists of three phases: in phase 1 the assessment work is carried out; phase 2 is where the problems are defined and a prioritised improvement plan is produced; and finally in phase 3 the plan begins to be implemented. While not strictly necessary, it is much more efficient if the phases are followed in sequence.

Applying the WHO/UQ assessment framework and process will ensure ample evidence on which to build a strong strategic plan and will ensure that all concerned departments and stakeholders are involved. The

subgroups carrying out the assessment will, by adhering to the framework and using the assessment method, be able to define both the improvement goals and the strategy they need to follow to achieve these. By further applying the simple prioritisation method described in Part I, countries can decide on which goals should be given priority in the implementation process.

Once a country has completed the comprehensive assessment and the prioritisation of the improvement goals, it is time to finalise the planning stage (Phase 2 in Figure 1). The Steering Committee now has all the information and evidence about the current state of the CRVS system in the country. Before using this knowledge for drafting the strategic plan it is important to step back and ask “where do we want our CRVS system to be in 10 years’ time?” In other words, what are the absolutely essential “fixes” that are required in order to ensure that our CRVS system is fit for purpose. Developing a common vision that recognises the strategic importance of civil registration and vital statistics in contributing to the country’s development process is critical before starting to draft the detailed plan. Articulating a “vision” of the future CRVS system outlined before actually developing the plan will ensure that all desirable properties of the system are clear and appreciated.

Figure 1: Roadmap for strengthen the civil registration and vital statistics system

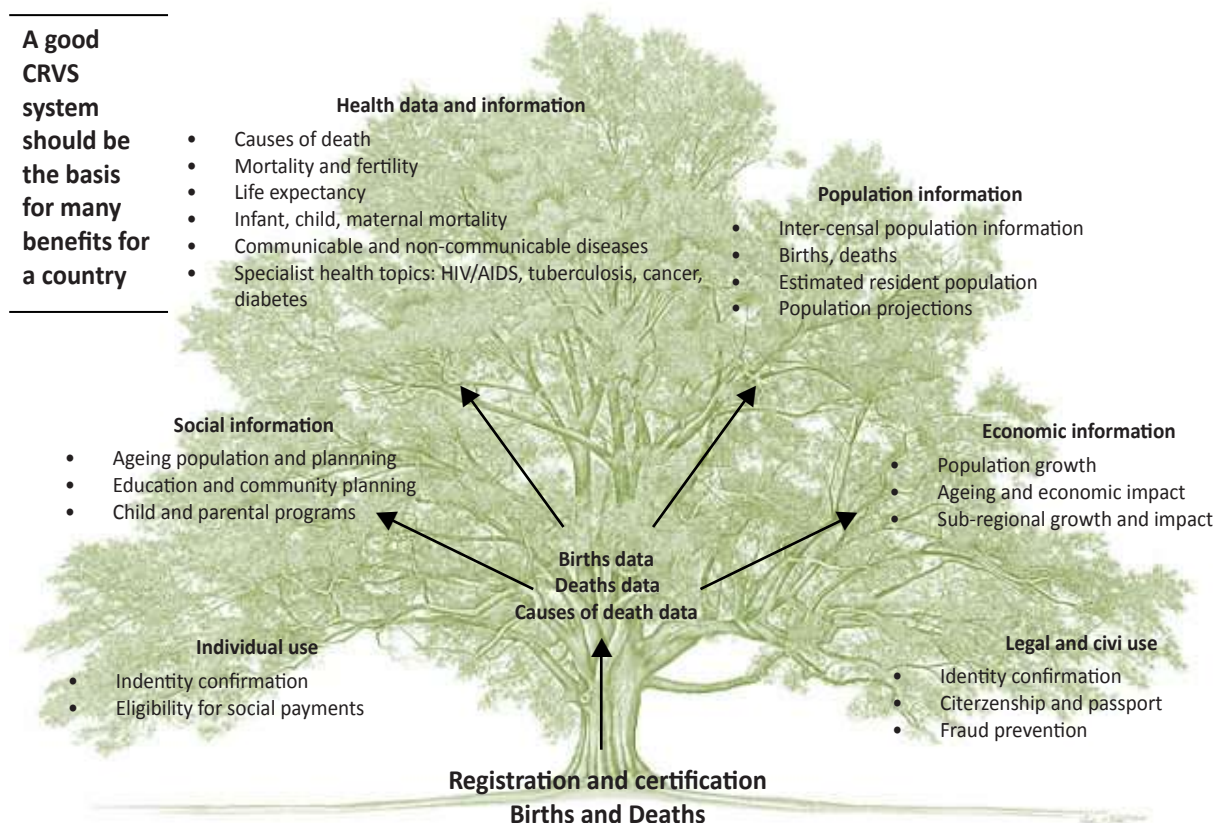


The vision statement could draw on Figure 2 as inspiration which depicts the key characteristics of a good CRVS system; e.g. a country may aspire within a decade “to have a system that produces births, deaths and cause of death data that are complete, timely and of sufficient quality to be in demand and used for evidence-based decision-making by managers.”

Designing the strategic plan

Since both the assessment and the prioritisation are carried out by the same key stakeholders (e.g. staff from the Ministry of Health, the National Statistical Office and the Registrar General’s Department) they will, by definition have been inclusive and transparent and subject to frank discussion. Determining priorities in this way and collectively deciding on what is essential and feasible given current capacities and opportunities for resource mobilization is likely to facilitate consensus building and the identification of feasible solutions as part of the strategic improvement plan.

Figure 2: Uses of vital statistics derived from civil registration



Suggested strategy for preparing the improvement plan

The drafting of the final plan is best done by the Steering Ctte or a special task force nominated by this Ctte. To facilitate the process it is recommended to disaggregate the work into 4 parts:

- A. Reviewing of assessment results & suggested priorities, opportunities and risks
- B. Drafting of the prioritized strategic CRVS plan
- C. Preparing detailed CRVS development actions and costing the implementation of all steps
- D. Deciding upon a mechanism for monitoring and evaluation

Part A: Review of assessment results, priorities, opportunities and risks

The following steps should be followed:

1. Constitute a drafting team made up of key stakeholders, preferably some that have taken part in the comprehensive assessment (CA) and in the prioritisation of the goals at the “results” meeting.
2. Gather all the documentary evidence produced by and used during the CA.
3. Using the templates produced by the subgroups review together the assessment findings and improvement goals. Make sure that for each goal there are feasible “actions/activities”, “time frame”, “institution(s) responsible” and “resource requirements”. These are considered the “raw data” for the plan and it is important that they are achievable. An example of such a template is shown in Annex B.
4. Go through the excel sheet with the prioritized improvement goals (see Box 1 above) produced at the results meeting. Check when this meeting took place and whether all are still relevant.
5. Regroup into larger goals smaller ones – if related. Disaggregate very broad goals into more specific ones.
6. Although all goals should be included in the plan, it is recommended to select a small number (no more

than 10) to be those that your system will focus on in the first 2-3 years. (Make sure that they are a mix of short, medium and long term goals)

Part B: Prepare a draft prioritized strategic CRVS plan

1. For the drafting of the plan itself it is important that all the evidence from the assessment is used by the drafting team and the process explained. The report should therefore begin with a background chapter that explains and discusses the assessment process used for deriving the goals and the overall plans
2. Before beginning the drafting, it is important to make an inventory of on-going and planned CRVS strengthening efforts, including broader international and national initiatives that can be expected to have an positive impact on CRVS, e.g. e-government, National Statistical Development Plan, COIA, etc.. It is also useful to make an inventory of potential obstacles and risks that can negatively influence the CRVS activities. Those which are relevant should all be discussed in the plan.
3. The first part should lay out a *Strategic plan*, and contain an overview table of the 10 or so agreed key goals to be achieved over the next 10 years. Each goal should be presented and discussed and describe in words the strategies and timelines you will use to achieve these. Justify the selection of these key goals (see Annex B for suggested contents).
4. The entire set of recommended improvement goals constitutes the *prioritized strategic plan* and an overview of this should be included in the first part. The overview can be structured in different ways, for example, according to the five components of the assessment framework or according to the priority ranking - high, medium and low priority goals or by 3-5-10 year timeframes. While a descriptive discussion of the plan should be included in the text, the full list of improvement goals is best presented in annex tables organized according to the five components of the assessment framework.

Part C: Prepare a detailed CRVS implementation plan with costing

1. The next step is to prepare the implementation plan with detailed activities, outputs/outcomes, timelines

and costing. These will need to be designed and planned by each office responsible for the specific improvement goal or for some activities in the goal. A core team in each office should take each improvement goal and break down the individual activities into a series of “steps”, for each step the product/output should also be listed and timelines estimated. For goals where implementation will go beyond 2 years, it is suggested to include less detailed steps.

2. Once the detailed steps have been identified, it should be possible to estimate the financial resources required for each step in the initial period, in addition to current resources available, using standard costing methodologies.
3. It is, however, important to remember that many actions might be achievable without additional resources, and some improvements will result in savings and some can be done by more efficient and rational allocation of current resources. Costing need not be precise, but there must be confidence that they are approximately correct. Beyond two years it is recommended to only present rough cost projections.
4. With individual cost estimated for the steps it is possible to produce cost summaries for each goal which can be shown in an overview table with the strategic plan.
5. Again only the 10 or so full plans should be shown in the text for the key goals while the rest should be put in an appendix.

Part D: Mechanisms for monitoring and evaluation

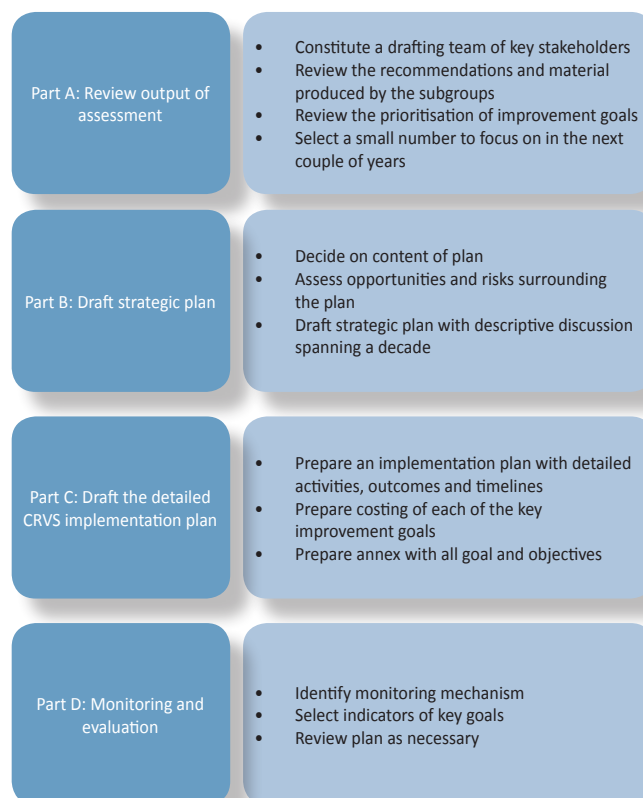
The final part of the report should identify the mechanism and the way in which the Strategic Plan can be led, coordinated and governed across this time period. One way to provide the appropriate governance might be to continue the Steering Committee performing the role of an oversight group. A monitoring framework should be designed and specify, for each goal which indicator(s), data source(s) and responsible agencies. Care should be taken to not select too many indicators. Although the plan should extend over 10 years not all activities will be implemented simultaneously and not all will finish at the same time. Some will be completed

along the way and hence monitoring of these will also be discontinued.

As time progresses and experience grows it is likely that the original plan will need to be reviewed. Similarly lessons and feedback from the implementation process are important for evaluating progress in goals and strategies may need to be adjusted.

The road map described above for how to build the improvement plan is shown in Figure 3 and Annex A contains a suggested content of a strategic plan which might be useful to study.

Figure 3: Detailed road map for CRVS improvement plan



Coordination of the CRVS improvement Plan

As suggested in Figure 1, once the plan has been collectively finalized it needs to be approved so that implementation can begin and action can be taken. The approval process is likely to differ from country to country, particularly since CRVS is generally not the

References

responsibility of just one ministry but usually involve 2 or 3 different ministries. Approval of the plan is also needed to begin raising resources for the implementation of the different improvement goals detailed in the plan. Different development partners should therefore be contacted as soon as the government has approved the plan.

Given that several improvement goals might overlap with existing plans in other ministries there may be possibilities for synergies. For instance, improving vital statistics is likely to also be part of the country's Health Information System Plan or its National Statistical Plan. In this case, some funding might already be available for some activities or at least there will be additional partners to help lobby for funding and technical assistance.

Allocating resources internally and raising funding from outside will be one of the key activities for the Steering Ctte, once the plan has been drafted. Not all activities however depend on external resources; several are likely to be able to begin to be implemented with existing funds reallocated as necessary, and should be started as soon as possible. This will then initiate the monitoring process that has been agreed upon.

Finally, the fact that both the assessment and the planning process have involved all the main stakeholders should have led to improved collaboration and trust between the different departments, and a more comprehensive understanding of the benefits of improved CRVS systems for national health and social development. Good coordination and collaboration between partners will be critical for advancing rapidly with the plan. Countries need functioning civil registration systems to support their development process and with the support of today's technology CRVS can rapidly improve if there is country leadership and commitment. This could be in the form of an ongoing high-level steering group.

1. HIS Hub (Health Information Systems Knowledge Hub) (2009). *Improving the quantity and use of birth, death and cause-of-death information: Guidance for a standards-based review of country practices*, Working Paper No. 1, World Health Organization, Geneva
2. Gamage S, Rampatige R, Samarakoon J et al. (2009) *Assesing the production, quality and use of national vital statistics: a case study of Sri Lanka*, Documentation Note No. 1, Health Information Systems Knowledge Hub, School of Population Health, University of Queensland, Brisbane
3. Hufana L, Cajita J, Morante L et al. *Assesing the production, quality and use of national vital statistics: a case study of the Philippines*, Documentation Note No. 2, Health Information Systems Knowledge Hub, School of Population Health, University of Queensland, Brisbane
4. Mikkelsen, L. *Assessing the quality of vital statistics systems: lessons from national evaluations in Sri Lanka and the Philippines*, Working Paper No. 8, Health Information Systems Knowledge Hub, School of Population Health, University of Queensland, Brisbane
5. WHO/UQ, Resource Kit (To be published)

Annex A

Suggested contents of the strategic improvement plan for CRVS

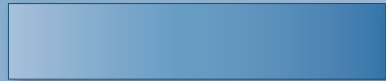
Table of contents

Introduction	With vision statement
Background	With description of assessment framework, process, actors, results
Broader environment for CRVS improvement	Opportunities and obstacles for CRVS
Strategic plan	With overview table of key goals for the next decade
Detailed implementation plan	With costings
Monitoring mechanism	With Selection of indicators
Annexes	

Annex B

Template for assessment findings and improvement plan

Question or sub-component	Assessment findings	Improvement goal	Actions/activities in sequence to achieve goal	Time frame	Responsible	Resource requirement		
						HR	Train	Fund
A1.9	Births and deaths are only reported according to place of residence, no mention of where the event took place	Add fields to capture place of occurrence on the birth and death certificates	<ol style="list-style-type: none"> 1. Study what uses this information could bring to the health and other system. Will this information be sufficiently used to justify a change in the reporting forms? 2. Study how this change could be integrated into the current birth and death certificates 3. Study what impact that this change would have on other parts of the CRVS. 4. Find out the process to use to change the birth and death forms including whether any regulation outside the CR needs to be changed before. 5. Obtain necessary official permission/consensus to change the form 6. Design the form 7. Print and launch the new form 8. Change the data bases to capture the new information 9. Plan and carry out any training on the form if necessary 	3 months	Civil registrar	1 staff	0	\$200



The Knowledge Hubs for Health are a strategic partnership initiative funded by the Australian Agency for International Development

