



National Civil Registration and Vital Statistics Improvement Plan

Kiribati

2016 - 2020



SPC
Secretariat
of the Pacific
Community



World Health
Organization



THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA



Queensland University of Technology
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Executive Summary

If Kiribati were able to register all birth, all deaths and identify all causes of death wouldn't we be in a position to make the best decisions for our people? Get everyone in the picture is the solution.

How can we get everyone in the picture? The answer is the Asian and Pacific Civil Registration and Vital Statistics (CRVS) Decade 2016 – 2024, where ten years of a forward plan will make a big difference for our nation.

In the Ministerial Declaration to “Get Every One in the Picture” in Asia and the Pacific, there was a clear commitment by countries in our region to leave no one behind and to place people firmly at the centre of the development agenda beyond 2015.

By the end of this Decade it is envisaged that: (a) all key life events are being registered; (b) all people possess legal proof of identity; and (c) registration records are fully utilized to produce and share accurate, complete and timely vital statistics.

To make all of this happen three Ministries are joining hands in collaboration with other stakeholders to put all of the work together for the next 10 years.

- (a) Civil Registry Office, Ministry of JUSTICE,
- (b) Health Information Unit, Ministry of Health and Medical Services,
- (c) National Statistics Office (NSO), Ministry of Finance and Economic Development.

This Decade has brought together the Ministry of Health who is at the fore front of most births and deaths that occur in our nation with its partners in CRVS, where through a combined effort to register all birth and deaths, success and development goals will be achieved.

We are not alone and we are grateful that ESCAP is fully committed to support Kiribati and other members in our endeavour throughout this Decade.

Let us work together to get every one in the picture.

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1 Background

1.1 Importance of civil registration and vital statistics (CRVS)

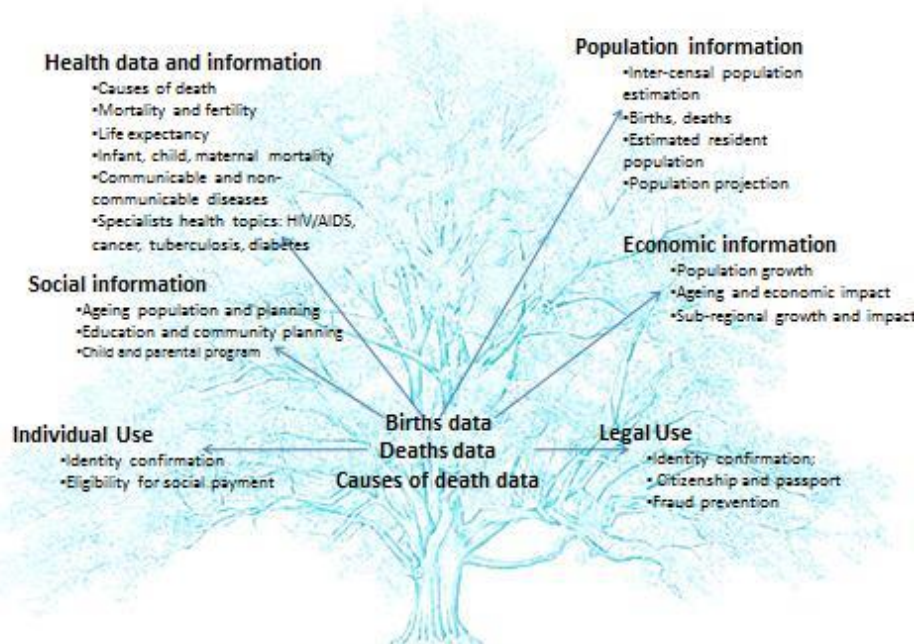
Civil registration is the routine collection and legal recording of vital events such as births, deaths, causes of death (and marriages, adoptions and name changes). This information is used both to assign a legal identity, and in the production of vital statistics for policy and planning. Accurate data on births, deaths and cause-of-death are indispensable for providing accurate population data, monitoring of population health, identifying health priorities, and evaluating health program impacts. This is particularly important in the Pacific due to the need to continue to monitor and report progress against the MDGs and post 2015 development agenda, and the need to respond to the impact of premature deaths and non-communicable diseases (NCDs) on the population.

Kiribati has one of the lowest life expectancies in the region, with high levels of infant, maternal and adult mortality that need to be addressed. In addition, the rise of the NCD epidemic has meant that many of the traditional methods for calculating life expectancy and adult mortality from census data are less reliable as the models used in many of these calculations do not sufficiently account for this higher proportion of premature adult deaths. Civil registration and vital statistics is therefore an essential source of population data.

CRVS also provides valuable local information for planning infrastructure and services across a broad range of sectors including education, social security, child protection, and infrastructure. It contributes to good governance through better evidence for policy decisions, and through the use of a legal identity for immigration and passports, ensuring electoral rolls are up to date, and better linking data from various government sectors.

CRVS helps communities to be secure and safe places, and at an individual level, helps ensure that people have access to services such as education, health care, travel documentation, the ability to open bank accounts, etc; and are recognised as a unique person with a legal record of their parentage, history, and birthplace.

Figure 1: CRVS data supports many uses (adapted from the Australian Bureau of Statistics)



The collection, reporting, analysis and use of CRVS data requires many departments to work together in both to collect, analyse and report the data, and in the use of the data, as shown in the diagram above. These would typically include:

- * Civil registry office
- * Health
- * Statistics
- * Education
- * Police
- * Magistrates
- * Local Government
- * Data users – electoral commission, immigration, planning office, finance.

1.2 Links to National Development Plans

As noted above, CRVS is multi-sectoral and provides population data for a range of planning and monitoring purposes. As such, this national plan provides data to support a range of national and island plans including:

- Kiribati Development Plan, 2016-2019 (Ministry of Finance)
- Ministry Operational Plans - including the National Health Plan
- Divisional Operational Plans
- Island Council Operational Plans (under the Ministry of Internal Affairs)
- National Strategy for the Development of Statistics (NSDS)
- Population Strategy Implementation Plan.

1.3 International and regional commitments

All countries in the Pacific have endorsed the Convention on the Rights of the Child, which includes the following articles:

- Article 6 (Survival and development): Children have the right to live. Governments should ensure that children survive and develop healthy.
- Article 7 (Registration, name, nationality, care): All children have the right to a legally registered name, officially recognised by the government. Children have the right to a nationality (to belong to a country). Children also have the right to know and, as far as possible, to be cared for by their parents.
- Article 8 (Preservation of identity): Children have the right to an identity – an official record of who they are. Governments should respect children’s right to a name, a nationality and family ties.

CRVS is essential to ensure that each of these articles is addressed, including the provision of data on births and deaths to measure child survival and the provision of identity.

Improved vital statistics data (focusing on births, deaths and causes of death) is also a priority area under the Ten Year Pacific Statistics Strategy (TYPSS) which has been endorsed by all Pacific governments. Additionally, in July 2013, both the Pacific Ministers of Health Meeting in Apia and the Heads of Planning and Statistics Meeting in Noumea confirmed that improving vital statistics and cause of death data, along with other health information, is a key priority for the Pacific Islands. Both meetings called upon Pacific Governments to undertake an assessment of their systems (if not already done), develop national plans for CRVS improvement with clear targets, and develop greater capacity in analysis and reporting of health data. Pacific Ministers of Health re-confirmed this commitment to

CRVS as a crucial component of monitoring and working towards the “Healthy Islands” Vision at their meeting in May 2015.

In 2015, Kiribati, along with other Pacific countries, also endorsed a UN Decade for CRVS and the Regional Action Framework (RAF) for CRVS in Asia and the Pacific, developed through the United National Economic and Social Commission for Asia and the Pacific (UN ESCAP) and partner agencies. The RAF requires countries to set clear, measurable targets to improve registration and reporting of vital events; and, similarly to the other commitments noted above, to conduct a comprehensive assessment of their CRVS system and develop and implement a national improvement plan.

Finally, the new post-2015 sustainable development goals that replace the previous Millennium Development Goals (MDGs) are expected to include a specific target to improve the coverage of birth registration to protect children’s rights. In addition there is a range of population and health based indicators (including those on maternal and child health, and cause-specific mortality) that will require accurate vital statistics from a national CRVS system. Robust CRVS data will also be essential to meeting reporting commitments to the Global Monitoring Framework for NCDs as endorsed by Kiribati and other Pacific countries through the World Health Assembly in 2014.

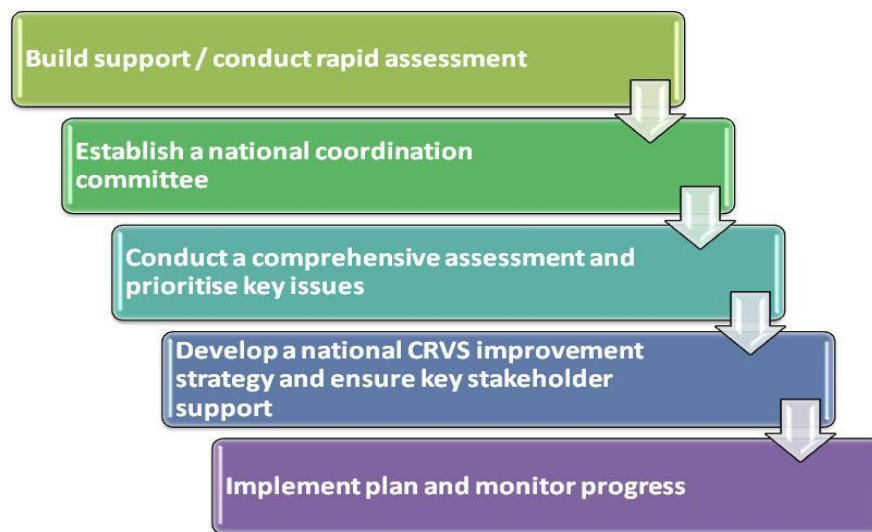
1.4 The Pacific Vital Statistics Action Plan (PVSAP)

The Pacific Vital Statistics Action Plan was developed by the Brisbane Accord Group (BAG)¹, a consortium of development partners, with the aim of improving vital statistics in the Pacific region, and improving coordination between development partners. The Pacific Vital Statistics Action Plan (PVSAP) sits under the Ten Year Pacific Statistic Strategy, 2011 – 2020, to ensure CRVS is fully incorporated into regional strategic statistical priorities. The basic premise of the PVSAP is to work with countries to assess their collection and reporting systems for births, deaths, and causes of death, and develop a country-specific improvement plan. Partner agencies are then able to focus their support in a coordinated manner to meet countries’ needs.

Under the PVSAP, Countries are encouraged to work through a number of steps as outlined in Figure 2. This approach is consistent with the commitments by the HOPs and Pacific Ministers of Health meetings and the Regional Action Framework.

¹ Secretariat of the Pacific Community, World Health Organization, University of Queensland, UNICEF, UNFPA, Australian Bureau of Statistics, Pacific Health Information Network, Pacific Civil Registrars Network, the University of New South Wales, Queensland University of Technology, Fiji National University, and UN ESCAP (joined 2015).

Figure 2: Steps in developing a national CRVS improvement plan under the Pacific Vital Statistics Action Plan.



1.5 The National Civil Registration and Vital Statistics Committee

This plan has been developed as a collaboration of the following national departments with the support of the Brisbane Accord Group:

- Civil Registry Office, Ministry of JUSTICE
- Health Information Unit- Ministry of Health
- Kiribati National Statistics Office (Ministry of Finance and Economic Development).

Each of these departments plays a central role in the collection, analysis, dissemination or use of vital statistics data for the provision of government services (including identity management), protection of human rights, and national health and development planning and evaluation.

These departments have joined together to form the National Civil Registration and Vital Statistics Committee, which has responsibility for the coordination, development, implementation and review of this national plan. A copy of the terms of reference is attached in Appendix 1. The membership of the committee has been reviewed and will be extended to include greater representation from the Ministry of Health and the Office of the President and the Ministry of Communication and Transport and Ministry of Education.

Other departments and agencies that have been engaged throughout the development of this plan include Island Clerks, Church representatives, the Office of the President, Police, Ministry of Internal Affairs, and Immigration.

2 The National CRVS system

To get reliable and 100% coverage, the meeting of the Civil Registration and Vital statistics was endorsed by all ministers in Asia and the Pacific to improve the current registration including data quality, reporting of events in a timely basis to get accurate and reliable data and contribute or aligned with Regional Action Framework to achieve and meet the goals and targets of Civil Registration and Vital Statistics.

The Civil Registration office was assigned to coordinate CRVS committee where mainly their tasks concern with registration records of vital events are intended primarily as legal documents of direct interest to the person concerned and for the protection of the individual's right.

However, Kiribati supporting this initiative, where the CRVS committee was established late in 2015 which comprises of Civil Registration Office (Ministry of JUSTICE), including Health Information Unit (HIU) under the Ministry of Health and the National Statistics Office under the Ministry of Finance and Economic Development to work together to improve data collection and get accurate information to ensure this record are useful and meaningful data for government planning and purposes. Uses of birth record to proof the age of person's age, or date of birth to establish rights upon attainment of a certain age to enter school, to apply for work in private sectors and government, government policies to claim elderly pension, exercise voting and Citizenship, identity cards, own property, license, establish inheritance rights , marriage license, early retirement and more.

The registration of vital events on births, deaths and marriages was reported from Outer islands to the Civil Registration Office by Assistant Social Welfare officer work in collaboration with Medical Assistant on birth notification and send report on returns in a quarterly basis for compilation to the Central office. Similar case with Line and Phoenix islands except Xmas where registration is done by Registry clerk from Line and Phoenix island under the responsibility of Secretary from Linnix Office.

Additionally, the Health Information Unit (HIU) obtains Birth and Death data on a monthly basis through an MS1 report or also known as a Monthly Consolidated Statistical Report, which is provided to HIU by all Clinics in Kiribati on a monthly basis. The information on the report gets filled out by either, the Medical Assistants or Public Health Nurses with the assistance of Nursing Aides. Currently, Betio Hospital (BH), Southern Kiribati Hospital (SKH), and London Kiritimati Hospital (LKH) are also reporting Birth and Death Data using the MS1 Report. Tungaru Central Hospital (TCH) Located in South Tarawa, on the other hand, uses another system to collect Births and Deaths. The Data for TCH has been incorporated into the Births and Deaths for TUC. In 2015, MS1s reported to HIU was 95.3%, this figure will result in an undercount of births and deaths for Kiribati.

Moreover the CRO and the Health Statistics shows how these two Ministries work together to highlight the failure by comparing and sharing their data on birth and death. The table 1 down below are births record from all Kiribati islands captured by the CRO and Health Statistics in 2015.

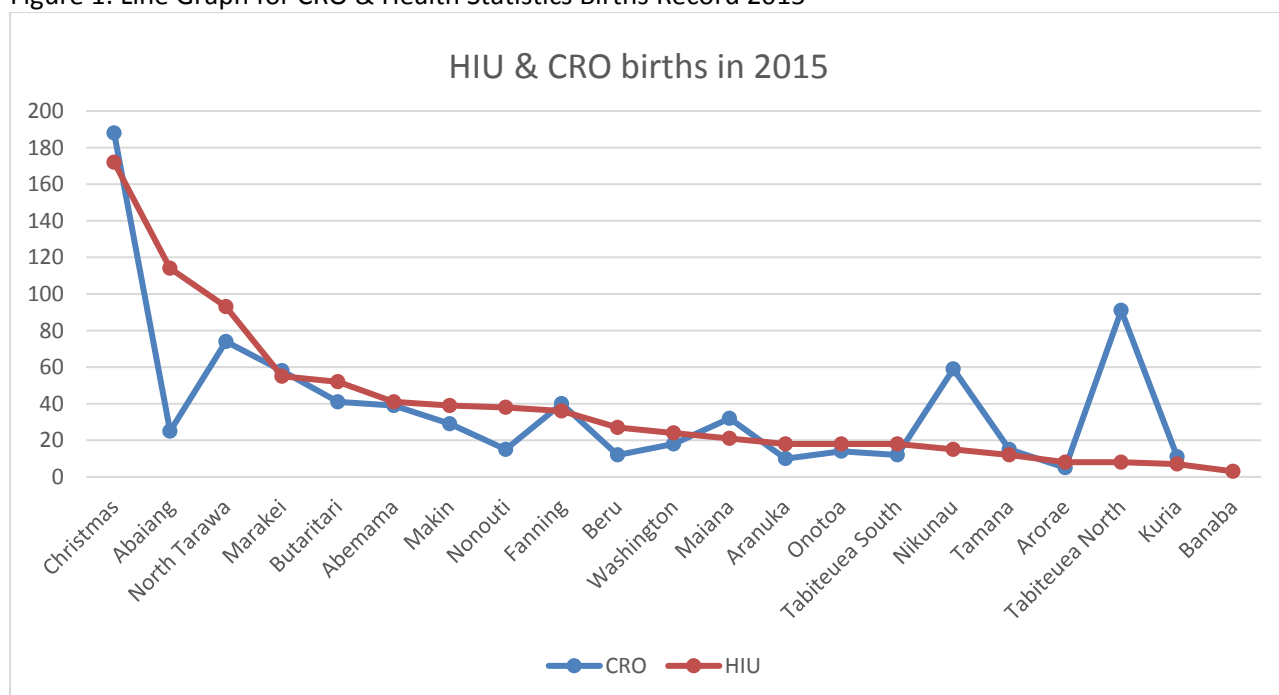
TABLE 1: CRO & HEALTH STATISTICS BIRTHS RECORD IN 2015

ISLAND	BIRTH RECORDS					
	CRO			HEALTH		
	FEMALE	MALE	NS TOTAL	FEMALE	MALE	TOTAL
Abaiang	10	15	25	65	49	114
Abemama	13	26	39	20	21	41
Aranuka	3	7	10	8	10	18
Arorae	4	1	5	5	3	8

Banaba					1	2	3
Beru	5	7	12		15	12	27
Butaritari	18	23	41		28	24	52
Christmas	95	92	1	188	93	79	172
Fanning	19	21	40		21	15	36
Kuria	2	9	11		4	3	7
Maiana	20	12	32		9	12	21
Makin	13	16	29		19	20	39
Marakei	30	28	58		31	24	55
Nikunau	29	30	59		7	8	15
Nonouti	8	7	15		25	13	38
North Tarawa	31	43	74		74	19	93
Onotoa	7	7	14		15	3	18
South Tarawa	753	823	4	1580	633	875	1684
Tabiteuea North	46	44	1	91	4	4	8
Tabiteuea South	4	8	12		11	7	18
Tamana	5	10	15		6	6	12
Washington	12	6	18		13	11	24
TOTAL	1127	1235	6	2368	1107	1220	2503

The above table shows the differences between the CRO and Health Information Unit birth records within the year 2015. Comparing the data, it shows that there are more births recorded at the Health Statistics (2503) than the Civil Registration records (2368). According to the CRO record there are 1127 females, 1235 males and 6 children are not state (NS) either a female or male whereas HIU have 1107 females and 1220 males.

Figure 1: Line Graph for CRO & Health Statistics Births Record 2015



In figure 1 display the line graph for Civil Registration Office and Health Information Unit for birth within 2015 after collecting and analysing the number of birth for all Kiribati islands. The above line graph indicate all districts excluding South Tarawa only. Furthermore lines for both CRO & HIU show that most islands are nearly similar on births record.

Table 2: CRO & HIU Deaths in 2015

ISLAND	DEATH RECORDS							
	CRO				HEALTH			
	FEMALE	MALE	NS	TOTAL	FEMALE	MALE	NS	TOTAL
Abaiang	1	1	1	3	13	15		28
Abemama	4	5		9	13	12		25
Aranuka	1	1		2	3	3		6
Arorae	6	8	2	16	10	7		17
Banaba						4		4
Beru	3	4	1	8	12	9		21
Butaritari	4	9		13	11	14		25
Christmas	28	30		58	26	16		42
Fanning	4	9		13				
Kuria	3	11		14	2	10		12
Maiana	6			6	2	5		7
Makin	5	7	1	13	9	13		22
Marakei	3			3	7	2		9
Nikunau	1	8		9	4	13		17
Nonouti	2	4		6	7	4		11
North Tarawa	12	17		29	8	6		14
Onotoa	3	8		11	4	5		9
South Tarawa	154	282	9	445	272	308		580
Tabiteuea North	10	18		28	6	5		11
Tabiteuea South	1	6		7		5		5
Tamana		1		1	7	8		15
Washington	3	10	2	15	4	8		12
TOTAL	254	439	16	709	420	472	0	892

Table 2 specify the number of deaths captured by Civil Registration Office and Health Information Unit from all Kiribati islands by the assistant of ASWO, MA, Nursing Officer and Nursing Aides. Referring to CRO there 709 deaths as 254 females, 439 males and 16 are not stated either female or male whereas HIU have 892 total death in 2015 such as 420 females and 472 males.

Again in table 2 the largest number of deaths based on urban are mostly on South Tarawa since more people are live on urban areas. According to the CRO records Banaba has not submit it quarterly report for the time being.

According to the CRO recording and state that some entries are not sufficient on status, as mentioned above there 16 children are unknown either female or male like Health records appreciate in terms of stating sex.

Figure 2: Deaths within CRO & HIU in 2015

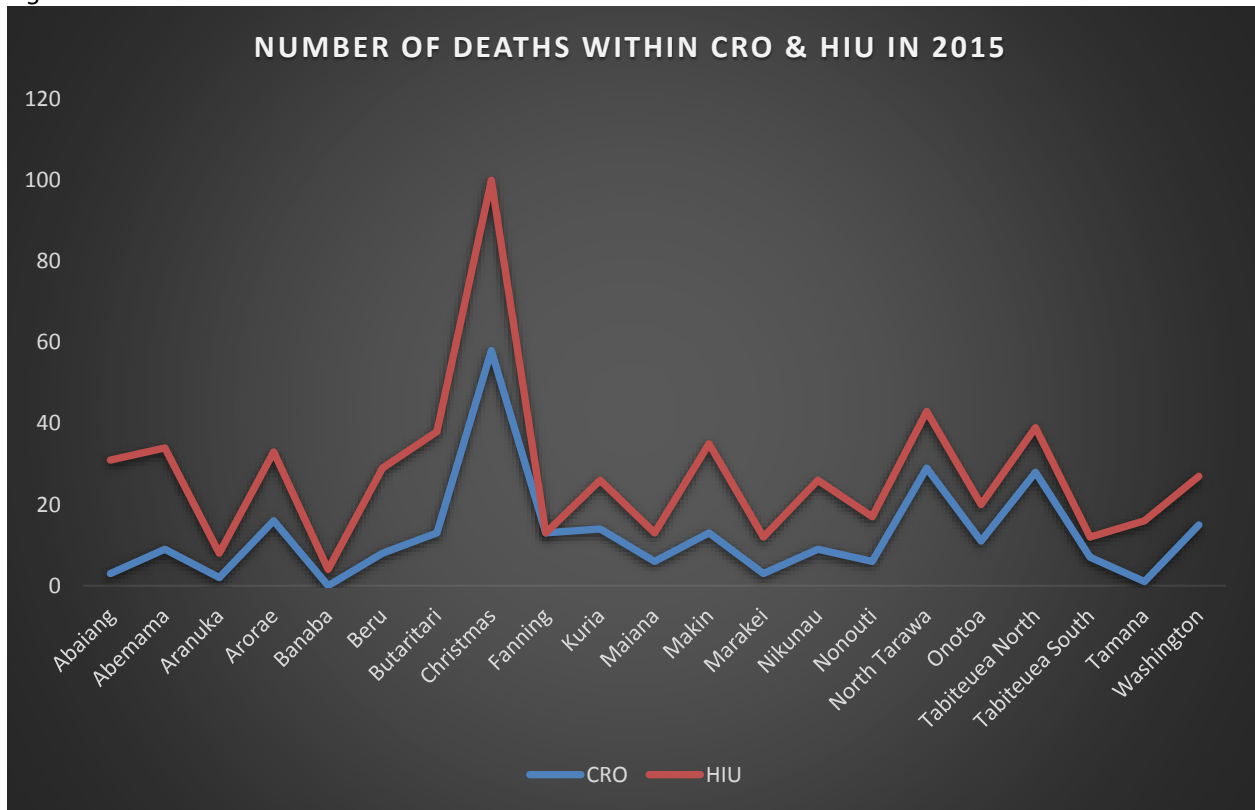


Figure 2 shown the line graph on deaths in 2015 within the CRO and HIU excluded South Tarawa to make a graph more clearly to read and more interesting. In the above figure tell us that HIU is more death records than CRO as the line for HIU are higher than CRO. Shown in the above line graph Christmas is the highest number of death since more people live there. Additionally Christmas is one of an urban area like South Tarawa.

In contrast comparing and sharing data between CRO and HIU is the most method to make data resourceful and quality for data using. As the result on birth records from both sites the total death are 3567 whereas CRO are 2368 however the differences between both sites are 1,199 deaths that the CRO are not capture. On deaths records the difference are only 183 such as the CRO number of deaths are 709 and Health are 892.

In this fact both sites note the differences on birth and death records and should work on mostly CRO will be work hard to solve the differences on the two evens.

3 Process

This plan has been developed following the process outlined in Figure 2. A rapid assessment was initially conducted using the UQ/WHO tool by the committee in February 2013, which identified that the system requires substantial improvement in all areas (score: 90 %) Key areas highlighted in this assessment were issues with:

- Legislation and regulation
- Organisation and functioning
- Completeness of registration
- Causes of death (certification and coding); and
- Data quality.

Detailed results from the rapid assessment are attached in Appendix 2.

Subsequently a comprehensive assessment was undertaken in 2013-2014 following the UQ/WHO Comprehensive CRVS assessment tool. This tool covers the following aspects:

1. Legislation and Infrastructure
2. Registration practices, coverage and completeness
3. Death certification and causes of death
4. Coding mortality data; and
5. Data analysis, quality, dissemination and use.

The assessment was conducted through the following steps:

1. An initial broad stakeholder meeting was held with BAG support in Tarawa in September 2013 to review the concepts and aspects included in the comprehensive assessment; map birth and death reporting processes to identify key concerns, bottlenecks, duplicate pathways, differences between policy and procedure, and data gaps and end points; and start to discuss each of the core areas in relation to the current processes.
2. The committee, with the assistance of in-country partners and a series of technical assistance visits from SPC and BAG partners, subsequently worked through the questions of the comprehensive assessment for each aspect.
3. A further stakeholder meeting was held in May 2015 with representatives from the Island councils, churches, and technical staff from the Ministry of Health, NSO, Civil Registrar's office, Office of the President, and Immigration. This meeting aimed to review the issues identified through the assessment process and set priorities for action, and start to identify potential actions.
4. Findings from the workshop were incorporated into a skeleton plan which was then reviewed and completed by the national CRVS committee. (As noted at the time of the meeting – due to the participant breakdown – we did not have the right people at the meeting and could therefore not have management input and review.

4 Vision

The vision detailed by stakeholders who attended both of the national planning meetings for the Kiribati CRVS system is as follows:

(To have, by 2020) - A CRVS system that is accessible to all, records all vital events; with honesty and integrity; to provide quality, complete, timely and accessible data; in order to establish and protect identity, support a safe, secure society; and provide data for government planning (and support good governance) – including strengthening health policy and services; for everyone.

The stakeholder meetings highlighted the importance of action at both the Island level to support communities and at the national level to ensure strong national structures to support registration, governance and evidence based decision making.

5 Goals and Targets

The goals and broad targets in this section have been adopted by member countries under the UN ESCAP Regional Action Framework for CRVS, with specific target levels set by individual countries.

5.1 Goal 1: Universal civil registration of births and deaths

The targets for Goal 1 as set by Kiribati are:

By 2024, at least 100 % of births in the territory and jurisdiction in the given year are registered.

By 2024, at least 100 % of children under five years old in the territory and jurisdiction have had their birth registered.

By 2024, at least 100 % of all individuals in the territory and jurisdiction have had their birth registered.

By 2024, at least 95 % of all deaths that take place in the territory and jurisdiction in the given year are registered.

By 2024, at least 80 % of all deaths recorded by the health sector in the territory and jurisdiction in the given year have a medically certified cause of death recorded using the international form of the death certificate.

5.2 Goal 2: All individuals are provided with legal documentation of civil registration of births and deaths as necessary to claim identity, civil status and ensuing rights

The targets for Goal 2 as set by Kiribati are:

By 2024, at least 100 % of all births registered in the territory and jurisdiction are accompanied with the issuance of an official birth certificate that includes, as a minimum, the individual's name, sex, date and place of birth, and name of parent(s) where known.

By 2024, at least 90 % of all deaths registered in the territory and jurisdiction in the given year are accompanied with the issuance of an official death certificate which includes, as a minimum, the deceased's name, date of death, sex, and age

5.3 Goal 3: Accurate, complete and timely vital statistics (including on causes of death) are produced based on registration records and disseminated

The targets for Goal 3 as set by Kiribati are:

By 2019, annual nationally representative statistics on births – disaggregated by age of mother, sex of child, geographic area and administrative subdivision – are produced from registration records or, alternatively, other valid administrative data sources.

By 2019, annual nationally representative statistics on deaths – disaggregated by age, sex, cause of death defined by the ICD, latest version as appropriate, geographic area and administrative subdivision – are produced from registration records or, alternatively, other valid administrative data sources.

By 2024, at least 2024 % of deaths occurring in health facilities or with the attention of a medical practitioner has a cause of death code derived from the medical certificate according to the standards defined by the ICD, latest version as appropriate.

By 2024, the proportion of deaths coded with ill-defined causes has been reduced by at least 90 % of all deaths registered in the territory and jurisdiction.

By 2024, at least 100 % of deaths taking place outside of a health facility and without the attention of a medical practitioner has their cause of death code determined through verbal autopsy in line with international standards.

By 2019, key summary tabulations of vital statistics on births and deaths using registration records as the primary source, are made available in the public domain in electronic format annually, and within one calendar year.

By 2019, key summary tabulations of vital statistics on causes of death using registration records as the primary source, are made available in the public domain in electronic format annually, and within two calendar years.

By 2019 (year), an accurate, complete and timely vital statistics report for the previous biennium, using registration records as the primary source, is made available in the public domain.

6 Action Plan

6.1 Proposed actions by priority

6.1.1 National level actions

Improvement Goal	Actions/ Activities	Sequence of Steps	Timeframe	Lead agency (accountable)	Resource Requirements			Pre-requisites	Budget
					HR	Training	Funding		
4. Improve data collection from the community/ accessibility to registration	17. Revise the job description of the registry clerk at the hospital to include deaths not just births	<ol style="list-style-type: none"> 1. Revise of job description was completed 2. Births and deaths notification design was completed also 3. Work with nurses and doctors for registration within hospital 4. Issue out Birth certificate confirming registration 5. Except death registration is not yet carry out as the place is not suitable for customers. 	<p>PD already incorporate task for deaths</p> <p>Aug-Dec</p>	CRO	Toner, paper, printer/laptop, suitable room/conveniences	Internal and external training to upgrade skills on registration	To support one building for CRO		\$20,000
5. Improve cause of death for deaths in the hospital (or under the care of a doctor)	19. Revise the medical certificate to ensure the International standard form is retained by health	<ol style="list-style-type: none"> 1. Revise the medical certificate (in line with international standards) 2. Presentation on certificate to stakeholders 3. Develop proposal for training 4. Conduct training with doctors 	<p>1 month</p> <p>June</p>	Health – HIS	Staff time	Will need facilitator	Training costs (transport; possibly external facilitator)	None	10,000 annually to hold Cause of death training

Improvement Goal	Actions/ Activities	Sequence of Steps	Timeframe	Lead agency (accountable)	Resource Requirements			Pre-requisites	Budget
					HR	Training	Funding		
8.To ensure funding for CRVS activities is sustainable	29. Ensure CRVS activities are written into divisional and ministry plans with an associated budget line item	1. To develop DOP and to incorporate CRVS priority activities including budget and timeframe 2. Ensure and monitor activities aligned with CRVS by committee members 3. Report on each activities aligned with CRVS to focal person /CRVS updated information.	Jan-Dec	CRO HIU NSO		Monitoring and reporting skills			
	30. Advocate the importance of CRVS with the parliament through a cabinet paper	1. Finalise draft cabinet paper 2. Committee members to review 3. Submit to cabinet	1 month	CRO	Staff	No	No	None	
	Develop a strong committee that includes the regular presence & engagement of representatives from key ministries at management level	1.Regular meeting required presence of Senior and High level	Ongoing	Committee				Finalise TORs	
Actions for short-term implementation (2017-2018)									
1. Improve data Sharing	1. Review key forms and establish standards for each field (metadata) to ensure collected data can be matched/ shared between ministries – especially MoH and CRO	1. Review key forms and establish standards for each field (metadata) to ensure collected data can be matched/ shared between ministries – especially MoH and CRO	Completed	Health – HIS					10,000 stakeholders meeting and Nurses consultati

Improvement Goal	Actions/ Activities	Sequence of Steps	Timeframe	Lead agency (accountable)	Resource Requirements			Pre-requisites	Budget
					HR	Training	Funding		
									on if needed
	3. Routine comparison of reported births and deaths between health and CR, with follow up of missing events	<ol style="list-style-type: none"> 1. Standard form need to be develop to reconcile data and missing information including Outer islands 2. Develop information units where all data are consolidated on CRVS 3. To nominate officers to be dealt with it 4. Create networking system for easy transfer 	Sept-December	Committee	4 new officers dealt with	Overseas training - Focus on reporting from Health to CRO.			\$20,000
	3a. Improve the filing and archiving system for hard copies to ensure data is protected.	<ol style="list-style-type: none"> 1. Purchase Micro-films, scanner to scan hard copies of register book, forms to CRO system 2. Filing folders and cabinet for data storage CRO&HIU 	Sept-Dec	CRO/HIU	Hire/Contract people. Micro-film, paper, external drive, folders/cabinet				\$30,000-CRO and HIU
	5. Notifications of births and deaths from the ministry of health should be shared directly with the CRO rather than relying on the family	<ol style="list-style-type: none"> 1. design on births and deaths notification completed 2. share from hospitals to CRO for official registration 3. issue out certificate upon registration confirming registration is done 	Ongoing	CRO	All officers	Reporting births and deaths	UNICEF		\$10,00 printing births and deaths notification for

Improvement Goal	Actions/ Activities	Sequence of Steps	Timeframe	Lead agency (accountable)	Resource Requirements			Pre-requisites	Budget
					HR	Training	Funding		
		4. need to be monitor and progress of reporting 5. Refresher training to nurses and CRO officers to manage and share this document O/Islands/Xmas			Laptops, material-leaflet, pen, birth and death copies	Fill birth and death notification correctly			Outer islands/Centraal hospital \$20,000 for visiting islands/training
	7. CRVS data should be routinely tabulated and published – not just on demand	1. Compiling and tabulating of CRVS Data according to ICD 10 categories. 2. Annual Reporting		Health – HIS					Ongoing, with support from WHO
2. Clarify structure and roles	8. Review the legislation to ensure key roles and responsibilities are defined	1. identify gaps from current legislation 2. Propose amendment by developing cabinet paper 3. work out with AG's and Admin officers within our Ministry 4. Discuss and finalise and make a briefing to Minister for his information	Sept-Oct	CRO					\$10,000
	9. Develop a national procedural manual	1. Make a collective idea from staffs as to how duties are performed and follow a consistent workflow.	Aug-Dec	CRO	Facilitator and 10	To support TA - develop CRO procedural manual/tr			\$25,000

Improvement Goal	Actions/ Activities	Sequence of Steps	Timeframe	Lead agency (accountable)	Resource Requirements			Pre-requisites	Budget
					HR	Training	Funding		
		2. Develop procedural manual with Senior Staff lead by facilitator. 3. Training and workshop to understand more on Manual 4. Circulate to staff including concern officers who manage CRO work in Outer islands/Linnix office				aining to key partners			
3. Improve community understanding of the importance of CRVS	10. Develop media (radio) campaigns on CRVS	1. Design information need. 2. Planning process to carry out campaign. 3. work with media	Aug-Dec	Committee	Media, newspaper material			\$10,000	
5. Improve cause of death for deaths in the hospital (or under the care of a doctor)	21. Ensure a medical certificate is issued for all deaths in hospital at the time of death	1. Printing and distributing death certificate to all wards in the 3 Referral hospitals.	Ongoing	Health – HIS and PNO	Printer, material, transport			10,000 for more death certificates if first batch from WHO finishes	
	23. Routinely collect and enter all medical certificates of death and collate these into an appropriate database or file, including a follow	1. Daily collection of death certificate form all wards. 2. Scan and entered death information into database and then filing into secure cabinet for security purpose.	Ongoing	Health – HIS				2,000 for secure cabinet for Death Certificate	

Improvement Goal	Actions/ Activities	Sequence of Steps	Timeframe	Lead agency (accountable)	Resource Requirements			Pre-requisites	Budget
					HR	Training	Funding		
	up of any missing certificates (compared with deaths in the discharge record or bed audit)	Conduct death data auditing to ensure that the number of death cases from the system (discharged patient record) with the death certificate leaflets collected are matched							s, \$3,000 for quarterly auditing
	24. Investigate options for coding data from the medical certificate (internally or through the proposed regional support program).	1. Training of cause of death to intern doctors 2. Ensure that all wards have death certificate booklet Coding causes of deaths using death certificate.		Health – HIS					Ongoing activity with support from WHO
7. Improve data quality, and trust in the data quality	26. Strengthen HIS and analytical capacity through appropriate staffing and support.	1. Health Information Staff training on M&E.		Health					10,000 for regional analysis training
9. Improve data security and confidentiality	31. Ensure there are clear rules in legislation to protect confidentiality – including re access to documents and records	1. Review legislation 2. work together with AG’s office and Committee members 3. Propose cabinet paper	Sept-Dec	Committee				Action #8 (legislation review)	\$10,000 Review all legislation for CRVS to be supported by AG’s office
10. Collected data is tabulated and used	33. Ensure job descriptions have been updated to include quality control and follow up of data	1. Review of job description for CRVS staff 2. design forms for quality control on data	Ongoing	Committee					10,000 to work together to revise and

Improvement Goal	Actions/ Activities	Sequence of Steps	Timeframe	Lead agency (accountable)	Resource Requirements			Pre-requisites	Budget
					HR	Training	Funding		
		3.schedule for reconcile /follow up missing data btw sources							update (CRVS)
11. Cause of death data is tabulated in a format that allows coding and reporting	34. Work with the proposed regional coding facility to ensure tabulation is IRIS compatible	Work attachment in more advanced mortality coding facilities in the region to build the capacity of Medical Record Coders and familiarising themselves with IRIS software.	2017-2018	Health – HIS					Manual Cause of Death is preferred at this stage
15. Ensure there are adequate staff available in key roles	41. Seek funding to place a registry clerk in each hospitals (4)	1. 2 Registry clerk permanently place in Nawerewere and Betio 2. 2 more required for Tekie ataei in Tab-North and Xmas within hospital	2017-2018	CRO	2 (HR), laptops, printer, paper, room	Capacity required	Funding is sought but if project is support		\$12,000 annual On temporary basis
Actions for medium-term implementation (2017-2018)									
1. Improve data Sharing	4. Consider development of a national ID number to assist data linkage	1. CRO office to invite people to apply for National ID 2. NSO to use names from National ID to study further to compare and link with names in census data 3. NSO plan in KDP to set up a one-stop or databank for all data to be stored e.g. cloud with limited access.	As soon as the CRO is ready with legal support and plans and budget.	NSO	Upgrade registration using electronics and therefore need capacity building	Need training equipment, computers & ID printing machines. Storage of data – NSO could store data as an offsite backup	UNFPA, SPC and Kiribati Government	Seek what, how do our neighbouring countries do it and learn from lessons learnt	Upgrade registration using electronics and therefore need capacity building
3. Improve community understanding of the	12. Support Island clerks to develop advocacy skills and materials for CRVS	1. Form schedule of maneaba visits 2. Seek CRO approval 3. Present to island council for approval.	Jan-Dec	CRO/HIU	Fees for maneaba, generator			Development of CRVS Island Committees	10,000 in collaboration with HIU

Improvement Goal	Actions/ Activities	Sequence of Steps	Timeframe	Lead agency (accountable)	Resource Requirements			Pre-requisites	Budget
					HR	Training	Funding		
importance of CRVS		4. Implement maneaba visits 5. Monitor and evaluate			materials required				
4. Improve data collection from the community/ accessibility to registration and provided computers and e-database to each islands	11. Support the development of Island CRVS committees and plans	1. committee members to work with island clerks or MA 2. develop TOR 3. Develop island plan to align with CRVS plan. 4. Support implemented activities with cost. 5. Visit annually for monitoring and evaluation of implemented activities	End of Sept	CRO	Materials, cost	Facilitators	Sought		\$15,000 Required to printing forms and training
	14. Encourage on-time registration to reduce the need for late registration	1. to advocate on the importance and value of registration 2. to work closely with nurses to reconcile and identified missing data 3. Send reminders to parents before expiration of 3 months. 4. Monitoring and evaluation	Jan-Dec	CRO	Materials	Facilitators including community based	UNICEF		\$20,00 Advocate importance and promoting registration and work with nurses improve reporting mechanism
5. Improve cause of death for deaths in the hospital (or under the care of a doctor)	20. Audit of certification quality and subsequent additional training for doctors			Health					Ongoing funded by WHO

Improvement Goal	Actions/ Activities	Sequence of Steps	Timeframe	Lead agency (accountable)	Resource Requirements			Pre-requisites	Budget
					HR	Training	Funding		
12. Improve incentives for reporting	33/ 36. Link registration records to become a “person based register” rather than separate unlinked records for births and deaths to create a reliable ID	1.CRO database need to be link to each other 2.Design and work process was on going 3. work was still on going	Jan-Dec	CRO	Laptops, network link, database upgrading		Sought	IT upgrade	Still on going Supposed to complete this year. \$10,000 for better improvement
13. Increase demand for data	39. Look at ways of making data more meaningful for users – through routine publication of data	1. As part of NSDS we will conduct a demand-supply with our stakeholders and ensure that NSO is relevant with its production. 2. Advocate to Higher power in Government 3. Publicise our website, reports and use World Statistics Day to promote statistics products.		NSO	Adopt new guidelines for NSDS designed for small island states SIS, report writing and dissemination, and advocacy to higher govt officers	Need TA from SPC or Paris21	PARIS21, SPC, Kiribati Government	None – to be create	
14. Reduce the complexity of	2. Improve the IT system to support improved data analysis	1. to support training of IT in overseas	Jan-Dec	CRO		Training on job targeting			\$15,000

Improvement Goal	Actions/ Activities	Sequence of Steps	Timeframe	Lead agency (accountable)	Resource Requirements			Pre-requisites	Budget
					HR	Training	Funding		
the system/ duplication	and sharing (nationally and island roll out)	2. to purchase software application to improve data analysis 3. clean up for data duplication anytime when required				Data Analyst and IT			
<i>Pre-requisite action</i>	43. Develop a close relationship with the Ministry of Communication and Electoral Commission to look at and take advantage of the roll out of IT infrastructure to the regions	1. To invite as part of CRVS Committee 2. Involves in planning process and activities when roll out to Outer islands and Line and Xmas island. 3. Involves in implementing activities and reporting of completed tasks.	June-Dec	Committee					
Actions for long-term implementation (2018-2019)									
1. Improve data sharing	6. Allow relevant ministries to search records to confirm ID (i.e. immigration)	1. IT will assist to design and develop 2. Work with other sources for information required and share 3. invite all key ministries and make presentation on design 4. implementation including reporting mechanism	Jan-March	CRO				Cabinet paper IT upgrade	\$20,000
7. Improve data quality, and trust in the data quality	27. Staff need to be trained on how to fill forms properly with	1. Conduct an In-house training and refresher workshop to update and refresh on how to fill existing forms	Ongoing	Health – HIS					1000 for workshop (annual)

Improvement Goal	Actions/ Activities	Sequence of Steps	Timeframe	Lead agency (accountable)	Resource Requirements			Pre-requisites	Budget
					HR	Training	Funding		
	appropriate follow up and review								
	28. Routine analysis should include information on the quality of the data	1 Monthly Feedback report to entry user on the completeness and accuracy finding to strengthen support and coordinating teamwork.	Jan-Dec	Health – HIS					1000 for workshop (annual)
12. Improve incentives for reporting	37. Work with data users to ensure that key ID documents are based on/ require a formal registration	1. work with data users 2. design template to be use 3 share with them and train	Jan-Feb	CRO		Facilitators			\$10,000
16. Increase staff capacity in CRVS advocacy	42. Training for Island Clerks, nurses, etc in advocacy for CRVS	1. CRVS committee need to develop guidelines and relevant information for advocacy 2.consider the costing, transport, leaflet, printing and how to deliver message (drama, roadshow or using media) 3. Training need to carry out and monitor 4. Evaluation from public	March-May	Committee					\$15,000 for training and advocacy
Actions for implementation (pending resources/opportunities)									
4. Improve data collection from the community/ accessibility to registration	18. Review whether the use of incentives for TBAs to report births	1. Assess if this is an option 2. Write up a case study 3. Work out a rough budget 4. Consultation with councillors 5. Develop concept paper 6. Take idea to council	June-Dec	Health					TBA to bring their cases to the Health Facility (needs to

Improvement Goal	Actions/ Activities	Sequence of Steps	Timeframe	Lead agency (accountable)	Resource Requirements			Pre-requisites	Budget
					HR	Training	Funding		
		7. Develop clear policy and procedure guidelines							be reviewed)
5. Improve cause of death for deaths in the hospital (or under the care of a doctor)	22. Conduct a routine audit/ CME of deaths including the certification	1. Training to new intern doctors and refresher for registrars on cause of death certification. 2. Monthly Mortality Audit	Ongoing	Health – doctors					Ongoing with support from WHO
12. Improve incentives for reporting	35. Consider provision of an incentive such as a “birth pack” of baby goods received on registration	1. working with Committee members including AG 2. Develop conditions and costing on this. 3. Include as part of ration to every islands 4. monitoring and evaluation tools 5. Data reporting every months 6. Progress on this initiative	March-Dec	Committee					\$30,000 annually Purchase baby package and to accommodate unforeseen circumstances
13. Increase demand for data	38. Create a data users network – perhaps link this with the work under the NSDS	1. Design/formulate network linkage 2. IT work with other users	2018	Committee					\$15,000

6.1.2 Island level actions

Improvement Goal	Actions/ Activities	Sequence of Steps	Timeframe	Lead agency (accountable)	Resource Requirements			Pre-requisites
					HR	Training	Funding	
Actions for immediate implementation (2017-2018)								

Improvement Goal	Actions/ Activities	Sequence of Steps	Timeframe	Lead agency (accountable)	Resource Requirements			Pre-requisites
					HR	Training	Funding	
	5. Notifications of births and deaths from the ministry of health should be shared directly with the CRO rather than relying on the family	1. Mass printing for death and births notifications. 2. Ensure that all wards are provided with a copy of the two nonfiction forms and to be available at all time. 3. Medical Record Clerks to collect and entered into the system and then sent the copy to the CRO.	Ongoing	Health	Printing material, transport			
3. Improve community understanding of the importance of CRVS	10. Develop media (radio) campaigns on CRVS	3.1.1 Develop media (radio/newspaper) on CRVS 3.1.2 Support the development of island CRVS committees and plans 3.1.3 Support island clerks to develop advocacy skills and materials for CRVS	Oct-Dec	CRO	Newspaper, media, radio and material to be print and transport	Facilitators and training to island clerks and ASWO'S		
4. Improve data collection from the community/ accessibility to registration	11. Support the development of Island CRVS committees and plans	1. to visit island councils 2. discuss and develop crvs committee members 3. reporting mechanism on vital events 4. to assign/responsible from Community to report 5. copies of notification will disseminate /training how to fill	Feb-April	CRO	Airfare, meeting with island council staff, material	Training involves to understand CRVS	Sought	
7. Improve data quality, and trust in the data quality	27. Staff need to be trained on how to fill forms properly with appropriate follow up and review	1. Develop manual or standard procedure on how to fill out the birth and death notification form. 2. Training health workers on how to fill. 3. Printing and distribution	March-Sept 2018	Health – HIS				
Actions for short-term implementation (2016-2017)								

Improvement Goal	Actions/ Activities	Sequence of Steps	Timeframe	Lead agency (accountable)	Resource Requirements			Pre-requisites
					HR	Training	Funding	
	18. Review whether the use of incentives for TBAs to report births.	<ol style="list-style-type: none"> 1. Assess if this is an option 2. Write up a case study 3. Work out a rough budget 4. Consultation with councillors 5. Develop concept paper 6. Take idea to council 7. Develop clear policy and procedure guidelines 	Ongoing	Health				TBAs to only practice in hospitals
Actions for medium- to long-term implementation (2017-2019)								
4. Improve data collection from the community/ accessibility to registration	13. Involve village wardens or ASWOs in following up / reporting births and deaths in the community to Island Clerk	<ol style="list-style-type: none"> 1. ASWO's was on the job involving in registration process. 2. will discuss and work with Island clerk /Committee members for Warden if possible 3. formulate TOR including reporting mechanism on event 4. when completed, it required pilot exercise to understand that process/ whether it works or not 5. expand to other places including capacity building to ensure this is understandable and work 	Start 2018	CRO staff	All ASWO's and other relevant parties	Facilitators required	UNICEF	\$15,000
	16. Encourage churches to support families to register deaths when they occur	<ol style="list-style-type: none"> 1. to develop and design deaths forms with churches 2. training need to carry out to understand and adopt change 3. develop mechanism for reporting 4. Inform families/public for information. 	Ongoing	Committee				

Improvement Goal	Actions/ Activities	Sequence of Steps	Timeframe	Lead agency (accountable)	Resource Requirements			Pre-requisites
					HR	Training	Funding	
6. Improve cause of death collection for deaths in the community	25. Improve reporting of deaths (focussing on demographic information and external causes) through village wardens and ASWOs	<ol style="list-style-type: none"> 1. Develop manual or standard procedure on how to fill out the birth and death notification form. 2. Training health workers on how to fill out the forms 3. Printing and distribution 	Ongoing	Health				Ongoing activity with support from WHO

6.2 Proposed actions by level of responsibility

6.2.1 National level actions

The following table sets out each action by level of responsibility, using the Responsibility Assignment Matrix (RAM), which describes the participation by various agencies in completing tasks for the strategic plan. Key responsibility roles are defined below:

- **Responsible (R).** Those who do the work to achieve the task. There is at least one agency with a participation type of responsible for each action, although others can be delegated to assist in the work required
- **Accountable (A).** The lead agency ultimately answerable for the correct and thorough completion of the action/activity, and the one who delegates work to those responsible. There must only be one accountable agency for each activity
- **Consulted (C).** Those agencies (or individuals) whose opinions are sought on an activity or item, and with whom there is usually two-way communication
- **Informed (I).** Those agencies (or individuals) who are kept up-to-date on activity progress, often only on completion of the activity; and with whom there is one-way communication.

Improvement Goal	Actions/ Activities	CRVS Committee	CRO	Health	KNSO	Other (specify)	Position title (accountable agency)
4. Improve data collection from the community/ accessibility to registration	17. Revise the job description of the registry clerk at the hospital to include deaths not just births	I	RA	C			
5. Improve cause of death for deaths in the hospital (or under the care of a doctor)	19. Revise the medical certificate to ensure the International standard form is retained by health	I		RA		Doctors (C)	
8. Ensure sustainable funding for CRVS activities	29. Ensure CRVS activities are written into divisional and ministry plans with an associated budget line item	RA	R	R	R		
	30. Advocate the importance of CRVS with the parliament through a cabinet paper	I	RA	R			
	Develop a strong committee that includes the regular presence & engagement of	RA					

Improvement Goal	Actions/ Activities	CRVS Committee	CRO	Health	KNSO	Other (specify)	Position title (accountable agency)
	representatives from key ministries at management level						
Actions for short-term implementation (2016-2017)							
1. Improve data Sharing	1. Review key forms and establish standards for each field (metadata) to ensure collected data can be matched/ shared between ministries – especially MoH and CRO	I	R	RA	R	IT (C)	
	3. Routine comparison of reported births and deaths between health and CR, with follow up of missing events	RA					
	3a. Improve the filing and archiving system for hard copies to ensure data is protected.	I	RA				
	5. Notifications of births and deaths from the ministry of health should be shared directly with the CRO rather than relying on the family	I	RA	R			
	7. CRVS data should be routinely tabulated and published – not just on demand	I		RA			
2. Clarify structure and roles	8. Review the legislation to ensure key roles and responsibilities are defined	I	RA	R	R		
	9. Develop a national procedural manual	I	RA	C	C		
3. Improve community understanding of the importance of CRVS	10. Develop media (radio) campaigns on CRVS	RA					
5. Improve cause of death for deaths in the hospital (or under the care of a doctor)	21. Ensure a medical certificate is issued for all deaths in hospital at the time of death	I		RA		PNO (R)	
	23. Routinely collect and enter all medical certificates of death and collate these into an appropriate database or file, including a follow	I		RA			

Improvement Goal	Actions/ Activities	CRVS Committee	CRO	Health	KNSO	Other (specify)	Position title (accountable agency)
	up of any missing certificates (compared with deaths in the discharge record or bed audit)						
	24. Investigate options for coding data from the medical certificate (internally or through the proposed regional support program)	I		RA		BAG (C)	
7. Improve data quality, and trust in the data quality	26. Strengthen HIS and analytical capacity through appropriate staffing and support.	I		RA		BAG (R)	
9. Improve data security and confidentiality	31. Ensure there are clear rules in legislation to protect confidentiality – including re access to documents and records	RA					
10. Collected data is tabulated and used	33. Ensure job descriptions have been updated to include quality control and follow up of data	RA				MA (C) Clerk (C)	
11. Cause of death data is tabulated in a format that allows coding and reporting	34. Work with the proposed regional coding facility to ensure tabulation is IRIS compatible	I		RA		BAG (C)	
15. Ensure there are adequate staff available in key roles	41. Seek funding to place a registry clerk in each hospitals (4)	I	RA	R			
Actions for medium-term implementation (2017-2018)							
1. Improve data Sharing	4. Consider development of a national ID number to assist data linkage	I			RA	IT (C)	
3. Improve community understanding of the importance of CRVS	12. Support Island clerks to develop advocacy skills and materials for CRVS	R	RA				
4. Improve data collection from the community/ accessibility to registration	11. Support the development of Island CRVS committees and plans	R	RA				
	14. Encourage on-time registration to reduce the need for late registration	I	RA				
5. Improve cause of death for deaths in the hospital (or under the care of a doctor)	20. Audit of certification quality and subsequent additional training for doctors	I		RA			

Improvement Goal	Actions/ Activities	CRVS Committee	CRO	Health	KNSO	Other (specify)	Position title (accountable agency)
12. Improve incentives for reporting	33/ 36. Link registration records to become a “person based register” rather than separate unlinked records for births and deaths to create a reliable ID	I	RA				
13. Increase demand for data	39. Look at ways of making data more meaningful for users – through routine publication of data	I	C	R	RA		
14. Reduce the complexity of the system/ duplication	2. Improve the IT system to support improved data analysis and sharing (nationally and island roll out)	I	RA			IT (C)	
<i>Pre-requisite action</i>	43. Develop a close relationship with the Ministry of Communication and Electoral Commission to look at and take advantage of the roll out of IT infrastructure to the regions	RA					
Actions for long-term implementation (2018-2019)							
1. Improve data sharing	6. Allow relevant ministries to search records to confirm ID (i.e. immigration)	I	RA	C	C	IT (C)	
7. Improve data quality, and trust in the data quality	27. Staff need to be trained on how to fill forms properly with appropriate follow up and review	I	R	RA			
	28. Routine analysis should include information on the quality of the data	I	R	RA	R		
12. Improve incentives for reporting	37. Work with data users to ensure that key ID documents are based on/ require a formal registration	I	RA	R	R		
16. Increase staff capacity in CRVS advocacy	42. Training for Island Clerks, nurses, etc in advocacy for CRVS	A	R	R	R		
Actions for implementation (pending resources/opportunities)							
4. Improve data collection from the community/ accessibility to registration	18. Review whether the use of incentives for TBAs to report births	I		RA			

Improvement Goal	Actions/ Activities	CRVS Committee	CRO	Health	KNSO	Other (specify)	Position title (accountable agency)
5. Improve cause of death for deaths in the hospital (or under the care of a doctor)	22. Conduct a routine audit/ CME of deaths including the certification	I		RA		Doctors (C)	
12. Improve incentives for reporting	35. Consider provision of an incentive such as a "birth pack" of baby goods received on registration	R	A				
13. Increase demand for data	38. Create a data users network – perhaps link this with the work under the NSDS	RA	C	C	C		

6.2.2 Island level actions

Improvement Goal	Actions/ Activities	CRVS Committee	CRO	Health	KNSO	Island Council	MIA	Other (specify)	Position title (accountable agency)
Actions for immediate implementation (2015)									
1. Improve data sharing	3. Routine comparison of reported births and deaths between health and CR, with follow up of missing events	RA							
	5. Notifications of births and deaths from the ministry of health should be shared directly with the CRO rather than relying on the family		R	RA					
2. Clarify structure and roles	9. Develop a national procedural manual	I	RA	C	C	C			

Improvement Goal	Actions/ Activities	CRVS Committee	CRO	Health	KNSO	Island Council	MIA	Other (specify)	Position title (accountable agency)
3. Improve community understanding of the importance of CRVS	10. Develop media (radio) campaigns on CRVS	R	A			R			
4. Improve data collection from the community/ accessibility to registration	11. Support the development of Island CRVS committees and plans	R	R A			R	C		
7. Improve data quality, and trust in the data quality	27. Staff need to be trained on how to fill forms properly with appropriate follow up and review	I	R	R A		I			
8. Ensure sustainable funding for CRVS activities	29. Ensure CRVS activities are written into divisional and ministry plans with an associated budget line item	R A	R	R	R	I	R		
Actions for short-term implementation (2016-2017)									
3. Improve community understanding of the importance of CRVS	12. Support Island clerks to develop advocacy skills and materials for CRVS	R	R A						
4. Improve data collection from the community/ accessibility to registration	14. Encourage on-time registration to reduce the need for late registration		R A						
	18. Review whether the use of incentives for TBAs to report births.	C		R A				Medical profession (C)	
12. Improve incentives for reporting	35. Consider provision of an incentive such as a "birth pack" of baby goods received on registration	R	R A	R					
Actions for medium- to long-term implementation (2017-2019)									
4. Improve data collection from the community/ accessibility to registration	13. Involve village wardens or ASWOs in following up / reporting births and deaths in the community to Island Clerk	I	R A	R		R	C		
	15. Consider "drop-boxes" for birth registration	I	R A	C					

Improvement Goal	Actions/ Activities	CRVS Committee	CRO	Health	KNSO	Island Council	MIA	Other (specify)	Position title (accountable agency)
	16. Encourage churches to support families to register deaths when they occur	A	R	R		R			
6. Improve cause of death collection for deaths in the community	25. Improve reporting of deaths (focussing on demographic information and external causes) through village wardens and ASWOs	I		A					

