STRATEGIC PLAN
2015/16-2020/21
for the
CIVIL REGISTRATION & VITAL STATISTICS
SYSTEM
in Namibia
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Foreword

The Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics (APAI-CRVS), is an initiative of the African Union, the African Development Bank and the UN Economic Commission for Africa. The primacy given to country-led processes, the high-level political support for this at country and regional levels, the work undertaken on sustainable system strengthening and the support of the international community and donors have created interest in other parts of the world which have now initiated similar processes following the lead shown by Africa. A group of UN agencies consisting of UNHCR, UNICEF, UNFPA and WHO form a core group of support that has been providing assistance to this continental initiative.

The Second Ministerial meeting was held in Durban, South Africa in September 2012. A number of countries were able to share experiences in strengthening systems at this meeting. Namibia was one of the countries that shared the experience of partnering of Civil Registration and Health at Durban. A major decision following the Durban meeting was the resolution at the meeting of Heads of State and Government to institutionalize the meetings of the ministers in charge of civil registration as a statutory body of the African Union Commission to report on progress to the Heads of State and Government every two years.

Key outcomes from the Durban meeting included the decision to undertake country-led comprehensive assessments of CRVS systems and a commitment to integrate strategic planning recommendations resulting from the assessments into government mainstream national plans.

As a result, the Government of the Republic of Namibia has undertaken a comprehensive assessment of the CRVS systems in Namibia for four months in 2014. The assessment was conducted under the joint leadership of the Ministry of Home Affairs and Immigration and Namibia Statistics Agency. Key participating institutions in support of the initiative were the Ministry of Health and Social Services, the Ministry of Safety and Security, the Ministry of Justice, the Ministry of Gender Equality and Child Welfare, the Ministry of Labour with support from the United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNFPA) and the World Health Organisation (WHO).

While Namibia has achieved comparatively high levels of birth and death registration, the challenges remain to reach the remotest and the most vulnerable groups. It is imperative for the analysis processes through which the registrations of these vital events (births, deaths, causes of death, marriages and divorces) happen currently in the country.

The comprehensive assessment therefore looked at the legal frameworks that guide registration, the operation and management of the systems responsible for these functions, the adequacy of human resources, the institutional infrastructure and budgets and the interface of the civil registration systems with the generation of vital statistics and the interrelationship with health, education and other agencies of the government. Findings from the comprehensive assessment have been useful in the development of a five-year National Strategic Plan for strengthening the CRVS systems.
This strategic plan will serve as roadmap for the next five years and all key stakeholders are urged to give full effect to the implementation of the strategic plan, so that we can make a meaningful contribution towards providing a legal identity for all children born in Namibia to gain access to a range of social services as well as contributing to the development of vital statistics needed for proper planning and monitoring of intervention programmes.

All stakeholders shall be expected to do their best in ensuring that the agreed-upon objectives are achieved. We commit to move towards the measurement, evaluation and reporting on the strategy execution progress on a quarterly basis. This strategic plan will eventually cascade to all involved institutions in the CRVS processes and form the basis of our performance management system.

........................................

AMB. PATRICK NANDAGO
PERMANENT SECRETARY
MINISTRY OF HOME AFFAIRS AND IMMIGRATION
Executive Summary

This is the five-year multi-sectoral strategic plan for the Civil Registration and Vital Statistics System in Namibia. Its purpose is to improve the registration of the following four vital events: births, deaths (with cause of death), marriages and divorces and to improve the quality and timely production of vital statistics. The strategic plan is based on results of a comprehensive country assessment undertaken by Namibia during May to September 2014 in line with the declaration of the Second Conference of African Ministers responsible for Civil Registration.

This Strategic Plan for the Period 2015/16 to 2020/21 (commencing on 1 April 2015) is a framework that outlines the approach and direction to improve civil registration (CR) and vital statistics (VS) in Namibia. Although this strategic plan is not a product from one institution, the Ministry of Home Affairs (MHAI) in collaboration with the Namibia Statistics Agency (NSA) (as secretariat) will ensure the successful implementation of this strategic plan. Other key stakeholders that will play key and important roles in the execution of this plan are the Ministry of Health and Social Services, the Ministry of Justice, the Ministry of Safety and Security, in particular the Namibian Police, churches, the Ministry of Regional Local Government, Housing and Rural Development. It is a strategic plan for the country as a whole on the development of CR and VS. This Plan provides an integrated picture of where CRVS System is going over the next five years and serves as a communication vehicle for conveying its direction. It will be used to demonstrate its themes, objectives, initiatives and allocation of resources in response to its opportunities and challenges. This strategic plan forms the basis for performance management to be formally conducted on a quarterly basis.

Workshops: This strategic plan has been compiled through stakeholder participation during September and October 2014. Workshops facilitated by Anton Olivier of Stratex Consulting were held at Arebbusch Lodge and NSA offices between 24 September and 10 October 2014.

The agreed Vision is: “A Reliable, integrated & dynamic CRVS system with complete, timely & quality data meeting stakeholder expectations.”

The Mission of the CRVS System is: “to continuously register vital events (births and deaths; marriages and divorces) providing legal identity and generating vital statistics for good governance in a coordinated and efficient manner for local and international beneficiaries.”

The Core Values agreed upon are: Collaboration, Accountability, Professionalism, Integrity and Transparency [CAP IT].

The strategy includes the following 5 strategic themes:

Theme A: Build the Foundation
Theme B: Improve Efficiency
Theme C: Improve Civil Registration Data
Theme D: Strengthen Identity and Rights
Theme E: Improve Quality and Timeliness of Vital Statistics

A total of 15 objectives were identified through the consultation process. The hypothesis is that if MHAI, NSA and their partners follow this path in achieving these 15 objectives in these 5 themes, they will realise the CRVS System vision. The strategy map is the one-page summary of the strategy, linking the various themes and objectives in general lead-lag relations, considering the Balanced Scorecard.

The Scorecard presents the detailed strategy in table format and includes:

• The 5 themes and 15 objectives with accountabilities
• Performance indicators (PIs) and targets for each objective
• Initiatives with their responsibilities
• Cost estimates of all initiatives (expected total cost over the 5-year period)
• Scheduling of these initiatives over the 5-year period (Year 1 starting on 1 April 2015)

SMART objectives are achieved through initiatives or projects. Initiatives are the required activities, projects or programs to achieve the objectives as defined by the PIs and targets. These selected initiatives will drive
strategic performance and are the means by which the defined strategic objectives will be achieved. Note that the initiatives included in this 5-year strategic plan are only the major key projects of strategic importance.

The total strategic budget for this 5-year period is approximately N$ 243 million. The average total annual amount required to implement all initiatives in all themes is almost N$ 50 million. The total annual budgets vary from a minimum N$ 4.4 million in Year 1 to a maximum of almost N$ 70 million in Year 3. Strategic themes B and C require the majority (95%) of all funding, as most of the capital budget is included in these themes.

<table>
<thead>
<tr>
<th>N$ [000s]</th>
<th>THEMES</th>
<th>Y1</th>
<th>Y2</th>
<th>Y3</th>
<th>Y4</th>
<th>Y5</th>
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<tr>
<td>8,900</td>
<td>A</td>
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<td>B</td>
<td>800</td>
<td>17,550</td>
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<tr>
<td>147,825</td>
<td>C</td>
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<td>36,417</td>
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<td>750</td>
<td>750</td>
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<tr>
<td>243,325</td>
<td>TOTAL</td>
<td>4,375</td>
<td>60,117</td>
<td>69,834</td>
<td>54,167</td>
<td>54,834</td>
</tr>
</tbody>
</table>

**Strategy execution**: Value is created through strategy execution. Therefore, the critical implementation issues mentioned should be considered to realise maximum benefit for CRVS. These include the institutionalisation of the MERIL-DE cycle – to quarterly Measure, Evaluate, Report, Improve and Learn – through Drive and Engagement.
Abbreviations

Acc Accountability (for objective)
APAI-CRVS Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics
B&D Births & deaths
BL Baseline (current progress)
BSC Balanced scorecard
COD Cause of death
Cons Consultant
CP Current progress
CR Civil registration
CRVS Civil registration and vital statistics
CSF Critical success factor(s)
DQAF Data Quality Assurance Framework
ECN Electoral Commission of Namibia
GIPF Government Institutions Pension Fund
GRN Government of the Republic of Namibia
HoD Head(s) of Department
HR Human resource(s)
ICT Information and communication technology
ID Identity document
M&D Marriages & divorces
M&E Monitoring & evaluation
MCCD Medical Certificate of Causes of Death
MDG Millennium Development Goals
MERIL-DE Measure, Evaluate, Report, Improve & Learn, based on Drive & Engagement
MGECW Ministry of Gender Equality & Child Welfare
Mgt Management
MHI Ministry of Home Affairs & Immigration
Min Ministry
MoHSS Ministry of Health & Social Services
MoE Ministry of Education
MoJ Ministry of Justice
MOL Ministry of Labour
MoU Memorandum of Understanding
MRLGHRD Ministry of Regional Local Government, Housing and Rural Development
MSS Ministry of Safety & Security
MVAF Motor Vehicle Accident Fund
NA Not available or not applicable
NamPol Namibian Police
NDP National Development Plan
NPC National Planning Commission
NPRS National Population Registration System
NSA Namibia Statistics Agency
O Objective
OMA Office/Ministry/Agency
OPM Office of the Prime Minister
PESTLE Political, Economic, Social, Technological, Legal & Environmental
PI Performance indicator
PM Project management
PMS Performance Management System
PPP Public-Private Partnership
Pr Priority
Q Quarter
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>QA</td>
<td>Quality assurance</td>
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<td>QC</td>
<td>Quality control</td>
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<td>Resp</td>
<td>Responsibility (for initiative)</td>
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<tr>
<td>SC</td>
<td>Steering Committee</td>
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<td>SFA</td>
<td>Strategic focus area</td>
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<td>SH</td>
<td>Stakeholder</td>
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<td>SJO</td>
<td>Self/Jointly/Outsource</td>
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<tr>
<td>SOP</td>
<td>Standard Operating Procedure</td>
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<tr>
<td>SP</td>
<td>Strategic Plan</td>
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<tr>
<td>SWOT</td>
<td>Strengths, Weaknesses, Opportunities &amp; Threats</td>
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<td>TAS</td>
<td>Turnaround Strategy (of MHAI)</td>
</tr>
<tr>
<td>TBD</td>
<td>To be determined</td>
</tr>
<tr>
<td>TC</td>
<td>Technical Committee</td>
</tr>
<tr>
<td>TNA</td>
<td>Training needs assessment</td>
</tr>
<tr>
<td>UNECA</td>
<td>United Nations Economic Commission for Africa</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>VS</td>
<td>Vital statistics</td>
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1. BACKGROUND & INTRODUCTION

1.1. Background

On the second Conference of African Ministers responsible for Civil Registration held in Durban in September 2012 a resolution was passed requiring all African countries urgently to undertake a comprehensive assessment of their Civil Registration and Vital Statistics Systems and to develop costed national plans based on the findings of the assessment. In their recommendations, the ministers further called on the regional CRVS Secretariat of the African Programme on Accelerated Improvement of Civil Registration and Vital Statistics (APAI-CRVS), the regional CRVS Core Group and other regional international organisations to provide technical and financial support to countries in undertaking the assessment and planning processes.

In March 2014, the MHA in collaboration with the NSA sought the approval from Cabinet to conduct the assessment of the Namibian CRVS System, and to establish a steering committee comprising of Permanent Secretaries to oversee the process.

1.2. CRVS Overview

A civil registration system is defined as: “the continuous, permanent, compulsory and universal recording of the occurrence and characteristics of vital events... provided through decree or regulation in accordance with the legal requirements of each country” (UN, 2001). A civil registration system provides for the legal identity, be it, recognition of a person’s existence under the law, issuing a legal document that serves as proof of belonging (nationality) and other social characteristics of an individual. The CR system is a platform which documents key life events such as births, deaths, marriages and divorces. The aggregate from the vital events are statistics that are important for any government for planning purposes, but then these statistics need to be accurate, complete and timely.”

The importance of a complete and accurate CRVS is expressed as follows:

- All citizens should have legal identities to access resources and to play an active role in society
- Reliable and timely statistics from CR are needed to monitor morbidity and mortality, national goals and targets and MDG goals. To prepare population estimates and projections on a continuous basis
- Government and other institutions can rely on accurate and correct identity records to manage their businesses and resources

1.3. The Regional & Global Context

The resolution from Second Meeting of Ministers in Charge of Civil Registration, Durban 2012 was to:

“Continue our efforts to develop appropriate policies and strategies to reform and improve our CRVS systems, and to mainstream them in national development plans and programmes, taking into consideration the specific circumstances of our countries. In this regard, we commit to urgently develop costed national plans of action on CRVS that reflect individual country priorities based on comprehensive assessments to be undertaken with the support of the Secretariat and partner organizations.”

The Secretary General High Level Panel of Eminent Persons for the Post 2015 Agenda set the goals of:

- legal identity as the first target in its goal to “Ensure Good Governance and Effective Institutions.” The target called for “free and universal legal identity, such as birth registrations.”
- “no person – regardless of ethnic, gender, geography, disability, race or other status – is denied universal human rights and basic economic opportunities.”

The UN General Assembly Open Working Group on Sustainable Development Goals, Final Report, July 2014 sets the following targets:

- 16.9 “by 2030 provide legal identity for all including birth registration”
- 17.18 “by 2020 enhance capacity building support to developing countries, including for LDCs (Least Developed Countries) and SIDS (Small Island Developing States), to increase significantly the availability
of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts. The World Bank/WHO Global CR & VS Scaling Up Investment Plan 2015-2024 proposed to raise USD 3.5 billion. Observations of the Committee on the Rights of the Child (2012):

- Only two thirds of children under 5 have birth certificates
- Registration levels low in rural areas, particularly in Kavango and Zambezi Regions
- Legal framework restrictive – creating obstacles to parents who need to produce civil documentation for registration of births
- Difficulties faced by refugees to register names of children (restrictions of movement in Osire refugee camp)
- Silence on grant of citizenship to children found in Namibia whose parents are unknown

1.4. Comprehensive Assessment of CRVS System in Namibia

The CRVS System Strategic Plan is based on the ‘Comprehensive Assessment Report of the CRVS System in Namibia’ of September 2014.

This Comprehensive Assessment (CA) explored the status of the Namibian system to present a holistic view of supply and demand factors affecting the completeness of registration of vital events. It includes the identification of bottlenecks in the registration system with the purpose of developing a complete CR database which then feeds into the NPRS.

The governance structure of the assessment in Namibia is constituted as follows:

- the steering committee which consists of Permanent Secretaries of the relevant line ministries and heads of institutions (MHAI, NSA, MoHSS, MoJ and MSS, OPM, MEGCW, MoE, MLSW, GIPF);
- Technical Working Group (TWG); and the
- task teams.
  - In order to provide a thorough understanding of the tool, the TWG members formed five thematic teams, namely:
    - Law and Policy Framework (National Consultant)
    - Birth and Death (NSA, MoE, UNICEF, MHAI, MSS)
    - Causes of Death (MoHSS, WHO, UNFPA, Young Statistician)
    - Marriage and Divorce (MHAI, Young Statistician)
    - Vital Statistics (UNFPA, NSA, MoJ, MHAI, UNFPA IOM, Young Statistician)

1.5. Major Findings and Recommendations

Major findings from the CA Report are presented below.

- **Average birth registrations: 89.3%; Average death registrations: 88.5% (Census 2011)**
- **Law and Policy**: Alignment with international standards; fast tracking draft national legislation; fixing loop holes – ban on registration of births without names (notification of birth – health centres); laws are not talking to each regarding the CRVS; production of vital statistics from civil registration
- **Management and Operations**: Establishment of permanent steering committee (SC) and technical committee (TC); distance and cost barriers to registration; linking systems under ambit of e-governance; interoperability of data bases; addressing cultural barriers; strengthen services for hard-to-reach; discouraging late registration
- **Advocacy and Communication**: Increase timely registration: currently only 70 % of Namibian children are registered before they turn one year. Continue the work with the MoHSS to deliver messages on the importance of registration to expecting mother; outreach through churches and community leaders
1.5. Major Findings and Recommendations

Major findings from the CA Report are presented below.

- Vital Statistics (UNFPA, NSA, MoJ, MHAI, UNFPA IOM, Young Statistician)
- Causes of Death (MoHSS, WHO, UNFPA, Young Statistician)
- Birth and Death (NSA, MoE, UNICEF, MHAI, MSS)
- Law and Policy Framework (National Consultant)

In order to provide a thorough understanding of the tool, the TWG members formed five thematic task teams, namely:

- Technical Working Group (TWG); and the steering committee which consists of Permanent Secretaries of the relevant line ministries and heads of institutions (MHAI, NSA, MoHSS, MoJ and MSS, OPM, MGECW, MoE, MLSW, GIPF);
- The coordination mechanism currently consists of the CRVS Steering Committee (SC) and Technical Committee (TC). Thematic/Task Teams are established as required. The structure with participating stakeholders is depicted alongside in Figure 1.

Note that these committees were only tasked to do the comprehensive assessment and develop the strategic plan. Their mandate has to be extended to execute the CRVS strategy for the three-year period.

The following are the five key role players in this strategic plan: MHAI; NSA; MoHSS; MoJ and MSS.

[Not shown here are the international organisations who played an active part, namely WHO, UNFPA, UNICEF and IOM.]

1.6. Major Challenges during the Assessment Process

Major challenges identified in the CA Report are listed below.

- Collaborating stakeholder ministries could not fully participate
- Hiring of national consultants: some difficulties in the identification of the national consultants
- Number of participants in the assessment: participants were set at 35, – 6 participants per thematic area, but some of them were unavailable – therefore some groups ended up with only 3 team members
- Consistency of attendance/participation
  - Some of the participants were not consistently attending all sessions
  - Others attended interchangeably with colleagues from their institutions
  - Divorce registration was not represented at all

At some of the institutions visited, relevant interviewees were not available at the time of the visit – this led to interviews not being conducted.

1.7. CRVS Stakeholders & Coordination:

The two leading CRVS stakeholders are the Ministry of Home Affairs and Immigration (MHAI) and the Namibia Statistics Agency (NSA).

The coordination mechanism currently consists of the CRVS Steering Committee (SC) and Technical Committee (TC). Thematic/Task Teams are established as required. The structure with participating stakeholders is depicted alongside in Figure 1.
1.8. **Strategy Scope, Timeframe & Alignment**

It is important to note the limited scope for this CRVS System strategic plan. It is limited to the five vital events, namely birth, death, cause of death, marriage and divorce. In future these may be expanded to also include migration – inward and outward movement. The limited timeframe of this strategic plan should also be noted, namely 5 years.

It is important to note that this strategic plan has overlaps with other strategic plans, such as MHAI SP and the NSA SP. This CRVS Strategic Plan attempts to highlight these links in the scorecards.

1.9. **Strategic Planning Methodology**

*Strategy* starts with the present and moves the CRVS System to the future, by asking four questions: “Where are we now?” “Where do we want to be?” “How do we want to get there?” “How do we monitor our progress?”

A strategy map is constructed linking the various strategic objectives together in a very clear manner for everybody to understand. It is summarises the strategy. This process is depicted in the form of a mind map with the vision in the centre and moving outwards with more and more detail. To realise the vision, the strategic **themes** are chosen first. Then more detail per theme is added by means of objectives (O). After this more detail per objective is added by means of initiatives (I) or projects. A one-page strategy map summarises the strategy. Strategy details are presented in table format, called the scorecard that is sufficiently detailed to be used as basis for performance management.

*Figure 2 below depicts respectively a top and side view of this process.*
2. STRATEGIC DIRECTION

The strategic direction for the CRVS System is described in the following high level statements.

**Vision:**
A Reliable, Integrated & Dynamic CRVS System with
Complete, Timely & Quality Data
Meeting stakeholder expectations

**Mission:**
To continuously register vital events (births and deaths; marriages and divorces)
providing legal identity and generating vital statistics for good governance
in a coordinated and efficient manner
for local and international beneficiaries

**Core Values:**
The core values are the fundamental principles of the CRVS System, the non-negotiable way guiding the behaviour of all partners involved in performing CRVS services.

We embrace the following core values to build and maintain a culture supporting the successful execution of this strategy [‘CAP IT’]:

**Collaboration** – We always work in a collaborative style, valuing and applying teamwork to seek best ways of coordination and synergy.

**Accountability** – We accept accountability for our organisation and/or unit as specified in this strategic plan and do not shift blame.

**Professionalism** – In all we do we follow best practice and ensure accuracy.

**Integrity** – We live and work in an honest way, remaining true to ourselves and one another.

**Transparency** – We value and maintain openness in our work and relations.
3. KEY STRATEGIC ISSUES

A comprehensive analysis of CRVS in Namibia was conducted between May and September 2014. The key strategic issues derive from this report, and follow-up strategy workshops are presented in Annexure B.

The various opportunities in the external environment have to be matched with internal strengths. Strengths have to be maintained, built upon and leveraged to be able to exploit or optimise these opportunities. Weaknesses have to be addressed by removing these or converting weaknesses to strengths. Threats existing in the external environment (incl. political, economic, social, technological and legal) need to be minimised or countered or perhaps converted into opportunities. The SWOT Analysis methodology is depicted below in Figure 3.

From the SWOT matrix, the strategic response is developed by identifying the limited number of key strategic issues. These are presented below. More detailed descriptions of these issues are provided in Annexure B.

1. **Outdated legislation**: Legislation guiding the registration process of vital events is outdated and unable to respond to the complexity of issues facing society. Need to develop a new National Population Registration Bill.

2. **Need coordinated structures with strong leadership**: Coordination structures need to be established to execute the strategy with clear roles and responsibilities and an M&E system. These structures need strong leadership and sponsorship.

3. **Staff and skills shortages**: Perceived shortage of staff and skills in MHAI, MOHSS, MOJ and others, especially in the rural/remote areas.

4. **Poor or unclear processes**: Registration forms and processes (SOPs) are not standardised and clearly understood. There is a need to review the forms and processes and to map these processes clearly with step-by-step descriptions of the process of registering all vital events in guidelines or manuals.

5. **Need for wider application of technology**: The Office of the Prime Minister is busy designing online birth registrations and new technology is being introduced in MHAI and its offices, but approximately 40% of all CR points still need to be connected. Other registration methods such as SMSs and online
registration should be explored. Existing ICT are often not functional or properly used. Efficiency levels need to improve.

6. **Public ignorance – low awareness and education:** Many are unaware of the need for registration; many do not know the requirements, procedures and places for registration. There are various human, cultural, physical, economic barriers to CR.

7. **Poorly equipped CR service points:** CR service points/offices are in short supply and are often not well equipped, maintained and networked to allow online registration. There is a need to apply innovative technology and smart partnerships to cover the whole country. Improved access to CR service points are needed by means of new and better offices and regular mobile registration, in collaboration with MoHSS, MGEWC and others.

8. **Need to reduce late registrations of birth and non-registration of death:** The percentage as well as timeliness of B&D registration needs to be improved, addressing regional differences and various socio-cultural and physical restrictions. Different forms are in use and there is insufficient coordination amongst MHAI, NamPol, MOHSS and MOJ. Supervision and quality assurance of registrations at local levels need improvement.

9. **Need to improve marriage & divorce registration:** The timeliness of M&D registration needs to be improved, considering various socio-cultural and physical restrictions. As many marriage registers are sent late, procedures for sending records to MHAI need improvement. Different forms are in use and there is insufficient coordination amongst MHAI and MOJ. Supervision and quality assurance of registrations at local levels need improvement.

10. **Need to improve cause of death reporting:** COD reporting is incomplete and unreliable. Different forms are in use and no set standards and procedures are followed. Coding is not standardised and often misunderstood. Mortuary records are poor. There is poor integration between NamPol, MHAI and MOHSS. Supervision and quality assurance of reporting need improvement.

11. **Need for an integrated, secure and maintained CR system / NPRS:** B&D, COD and M&D data need to be captured and integrated into one IT system that is secure and well maintained to ensure continuous functioning. Substantial historical records still need to be captured. The system functionalities need to be reviewed to include the required variables to generate VS. The system needs to link with producers (such as MOHSS and MOJ) and users (such as NSA). Interoperability with key stakeholders needs to be addressed, considering privacy issues. Access to the NPRS via satellite is needed to ensure record verification.

12. **Need for data verification:** Although quality assurance should apply during all CR processes, quality control is essential to ensure quality and reliable data in the NPRS.

13. **Need for legal identities for all citizens and permanent residents:** The percentage of citizens and permanent residents with legal identities needs to be increased to expand access rights to a range of social services. It should be considered providing ID cards with expiry dates to people who are domiciled.

14. **Need for most efficient ways to collect other sources of VS:** Currently NSA relies 100% on its own censuses and surveys for VS. With access to an improved NPRS it could redesign its censuses and surveys for improved efficiency.

15. **Need for vital statistics for national planning and monitoring:** There is a need for continuous and quality data from MHAI/NPRS to allow NSA to produce quality and timely vital statistics required by government, the private sector and other users for planning, M&E, etc.
4. Strategic Themes & Objectives

4.1 Strategic Response

The strategic response, based on the SWOT analysis and key strategic issues, is presented below.

The overall strategy for improving civil registration and vital statistics is:

i. Strengthen and link legislation supporting CR and VS

ii. Set up strong coordination structures and mechanisms amongst key role players, such as MHAI, MoHSS, MSS and MoJ as well as local/community structures

iii. Synergise by means of e.g. antenatal classes in hospitals and joint outreaches

iv. Improve capacities in key institutions in terms of staff and skills

v. Improve and standardise CR forms and processes

vi. Improve efficiencies by means of process improvement and better use of technology

vii. Improve demand and understanding of CRVS through advocacy

viii. Improve the NPRS, particularly interoperability with other e-government systems

ix. Ensure quality data for statistics purposes

x. Keep up with international standards

Different approaches are proposed for institutional and non-institutional events. Institutional events are B&D events happening in institutions such as hospitals. Non-institutional events are B&D events occurring at homes and in the communities. Furthermore, the differences amongst regions (e.g. Hardap with high registrations and Kavango with low registrations) should be investigated to also address region-specific issues, such as culture and infrastructure.

<table>
<thead>
<tr>
<th></th>
<th>Birth</th>
<th>Death</th>
<th>Marriage</th>
<th>Divorce</th>
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<tbody>
<tr>
<td><strong>Institutional</strong></td>
<td>Government hospital</td>
<td>Government hospital</td>
<td>Civil marriages; churches or magistrate’s courts</td>
<td>High courts</td>
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<tr>
<td></td>
<td>Private hospital</td>
<td>Private hospital</td>
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<tr>
<td><strong>Non-Institutional</strong></td>
<td>Home</td>
<td>Home</td>
<td>Customary</td>
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<td></td>
<td>Community</td>
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<td>Other</td>
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Most problems with the registration of vital events are experienced in the non-institutional areas. These are mostly found in rural areas. In institutional areas the response should be to achieve better coordination amongst institutions.

4.2 Strategic Themes

Strategic themes are the few focal or priority areas in which the CRVS System has to perform to achieve its vision, based on its mandate. Themes could be regarded as the main components of the strategy.

The 5 strategic themes are shown in Figure 4, with reference to the four conventional Balanced Scorecard (BSC) perspectives – to demonstrate that the strategy is balanced.
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The five Strategic Themes are:

**THEME A: LAY THE FOUNDATION**

This theme represents the Learning & Growth Perspective as well as the Financial Perspective of the BSC. It includes the structural and human resources required as inputs for the other themes that follow.

**THEME B: IMPROVE EFFICIENCY**

This theme represents the internal processes perspective of the BSC. Efficiency improvements in both CR and VS are achieved through process and technology improvements.

**THEME C: IMPROVE CIVIL REGISTRATION DATA**

This theme also represents the internal processes perspective of the BSC. It involves various aspects of CR data generation and capturing into a comprehensive, timely, quality and integrated system.

**THEME D: EXPAND ACCESS TO SERVICES**

This theme represents the customer or citizen perspective of the BSC. It deals with the creation of individual legal identities to enable and expand access to rights and a range of social services in Namibia.

**THEME E: IMPROVE QUALITY & TIMELINESS OF VITAL STATISTICS**

This theme also represents the customer or citizen perspective of the BSC. Based on Themes B and C, this theme generates quality and useful VS for users enabling improved governance.

![Figure 4: CRVS Strategic Themes](image-url)
4.3 Strategic Objectives

A total of 15 objectives were identified, based on the strategic issues, through the consultation process. The hypothesis is that if this path is followed, by achieving these 15 objectives in the 5 strategic themes, it will realise its vision. The 15 selected strategic objectives are listed and briefly described below.

THEME A: LAY THE FOUNDATION


In this objective improved and supportive legislation has to be established and linked to properly govern CR & VS. The following aspects are considered:

- Need to develop a new bill (National Population Registration Bill) to incorporate and take into consideration the following:
  - Births, Marriages and Deaths Registration Act 81 of 1963
  - Identification Act, 1996
  - Aliens Act 1 of 1937 (one section)
  - Namibia Citizenship Act 14 of 1990
  - Production of Vital Statistics
  - Statistics Act, 2011
- Responding to the complexity of issues facing society, such as:
  - Assigning and changing surnames
  - Registration of births outside marriage is difficult
  - Use of ICT in CR, e.g. mobile devices
  - Need gazetting of new electronic certificates
  - Intersectoral coordination
  - Not mandatory by magistrate to record COD as obtained from postmortem examinations
  - The Births, Marriages and Deaths Registration Act 81 of 1963 does not recognise customary marriages and couples co-habiting (e.g. San community)
  - No legislation governing the link between the NPRS and production of VS
  - Role of the police in deaths,
  - School education (if it demands that children be of particular age),
  - The juvenile justice laws say that people below a certain age will be treated in a different manner if offences are committed, these will also need to be considered.

A2. Coordinated Structures with Strong Leadership

In this objective, coordinated structures on national, regional and local levels are established, empowered and guided by strong leadership, meaning committed, supportive leaders championing and sponsoring the execution of this strategic plan. The following aspects are included:

Coordination structures:

- Organisational structures, incl. steering committee, thematic work groups and task teams
- Steering committee procedures with clear roles and responsibilities, incl. budgeting and funding mechanisms
• MoUs and agreements amongst stakeholders on all levels, incl. private health facilities
• Synergy in campaigns, programmes; CR & VS conducted in a coordinated manner

Leadership:
• Single accountability for strategic success; MHAi ownership and leadership
• Commitment and sponsorship from all Permanent Secretaries in steering committee
• Sponsorship to execute the strategy, incl. seeking and securing external funding sources

M&E framework:
• M&E framework for the CRVS at all levels, managed by the steering committee with support from the technical committee
• Ensuring alignment with individual strategic plans from offices, ministries and agencies (OMAs)

A3. Sufficient Staff and Skills
In this objective, sufficient staff and skills are provided at national, regional and local levels in all key stakeholder organisations. The following are included:
• Staff and skill requirements are influenced by structures, processes and technology and the nature and number of CR service points
• Staffing and training needs assessment (TNA), followed by a human resource development plan (HRDP) for all CRVS staff
• Staffing and training according to the plan, incl. appointments and training in new MHAi structure and staff in regions and sub-regions (to be evaluated in a broader context – considering TAS recommendations and possibilities of working in partnership with other agencies) as well as staffing in MoHSS , magistrates, especially in remote areas
• External technical assistance where needed

THEME B: IMPROVE EFFICIENCY

B1. Improved Processes
In this objective, all CRVS processes are improved and supported with well mapped and documented processes for each vital event. The following is included:
• Revision of forms used in all vital events, incl. COD (considering international standards, VS needs, simplicity, cost and time)
• Detailed mapping of processes of registering vital events, based on new legislation (link with MHAi TAS)
• Determining costs of registration - both direct costs related to fees and indirect costs of transport, accommodation, etc. to carry out activities, as well as opportunity costs of time and wages foregone in carrying out CR and VS activities
• Map and describe the budgeting and funding mechanism and process for CRVS
• Revise/develop manuals or guidelines for all CR processes based on new legislation; popularise in all languages

B2. Better Use of Technology
In this objective, existing technology is better used, together with application of new or innovative technology.
Technology applications should follow the establishment of appropriate business processes. The following is included:

- Investigate the availability and use of current technology
- Maximise partnerships, considering limited offices and staff
- Investigate the use of new/innovative technology, based on revised processes, promoting automation / online registration; based on ICT needs assessment & benchmarking
- Improve efficiencies in terms of speed/reduced time and cost
- Improving user friendliness and customer convenience and experience
- Consider a helpdesk for national support

**THEME C: IMPROVE CIVIL REGISTRATION DATA**

**C1. Increased Demand and Understanding of CRVS by Public and Partners**

This objective addresses the awareness, knowledge and perceptions of the public as well as partners, such as pastors, private doctors and community leaders. It also addresses changes in mind-sets, attitudes and behaviour, based on UNICEF's C4D Approach. The following aspects are included:

- Improve public awareness for the need to register vital events on time, addressing mind-sets, attitudes and behaviour
- Explain the CR & VS benefits
- Explain the requirements and processes (based on manual) and CR service points
- Explain mobile registration facilities extending to schools and other locations for children who are ready to be enrolled for national IDs at age 16
- Address social barriers (such as ignorance, low literacy levels, language barriers); cultural barriers (e.g. delays with naming of children); physical barriers (such as long distances) and economic barriers (such as poverty; cost of travelling)
- Consider incentives and penalties (address in the proposed bill)
- Train partners such as medical practitioners, pastors and community leaders

**C2. Improved Access to Equipped CR Service Points:**

In this objective, both the access to CR service points countrywide is improved and the CR service points are appropriately equipped. The following aspects are considered:

- The use of smart partnerships, new processes and technology
- The role of schools and other facilities in outreaches to unregistered children
- Building on the mobile registration for children who are ready to be enrolled for national IDs at age 16
- Determining accessibility levels nationwide to identify gaps; evaluate various options to close the gaps
- Develop optimal, equipped, maintained and connected offices / service points in terms of space, furniture, equipment, hardware, software, networks, incl. linking MOHSS with MHAI
- Establishing online registrations at all CR service points (currently only MoHSS has a computerised database at regional level)
- Making special provisions for remote areas, local authorities, traditional authorities and private health institutions
• Establishing a maintenance programme for all physical assets

C3. Improved and Timely B&D Registration
In this objective, B&D registrations are improved in terms of numbers, quality and timeliness. The following aspects are included:

• Addition of variables (e.g. residential addresses) needed in vital statistics
• Birth registration within 14 days (timely according to the law) and within one year (delayed)
• Deal with regional differences varying between 50% and 90%; especially in rural/non-institutional births and deaths
• Improve birth registrations, addressing various barriers such as the majority of children born outside of marriages, unknown fathers, registration with wrong fathers, cultural restrictions in naming the child, low literacy levels, language problems and long distances
• Improve death registrations, addressing various barriers such as communities burying without registering deaths, low literacy levels, language problems and long distances
• Capture remaining historical deaths of the 1970s and 1980s in the NPRS
• Better plan and execute mobile registrations; not only visiting schools (national campaigns are only done every 5 years due to budget constraints; mobiles are otherwise only done on request).
• Properly involve the police and magistrates and medical officers; building in QA measures
• Consider a notification system for B&D, involving community leaders such as traditional leaders

C4. Improved and Timely M&D Registration
In this objective, M&D registrations are improved in terms of quality and timeliness. The following is included:

• Improved forms, processes and technology are applied
• Improve coordination of M&D data amongst institutions
• Ongoing combined training in registering M&D based on new laws, incl. marriage officials and magistrates
• An automated tracking system for marriages to track and prevent multiple marriages
• Compel the High Court to send all divorce records to MHAI
• MoJ to capture all divorce records and send it to MHAI

C5. Improved COD Registration
In this objective, COD reporting is improved, standardised, automated and done in a timely fashion. The following is included:

• The number of COD categories has to be reviewed and standardised; upgrade forms to ICD 10 international standards; ensure all use same form
• All to record COD at the time of death registration
• Ensure proper COD description, certified by a medical officer
• Address challenges with COD reporting in non-institutional areas
• Regularly train police, magistrates and medical staff in completing COD forms, incl. private health facilities; consider combined training for all death certifiers and coders
• Link private and public sectors to get COD information in Health Information System
• Build in QA for correctness and consistency
• Better equip mortuaries for postmortems
• Introduction of verbal autopsies in certain cases

C6. Enhanced and Maintained NPRS / CR System
This objective establishes and maintains a complete and integrated NPRS / CR System. The following aspects are included:
• Additional demographic fields / variables / functions / features – as needed for vital statistics
• Integration / interoperability with producer systems, e.g. MoJ, MoHSS, MSS
• Interoperability with user systems, e.g. GIPF & ECN
• Keep up with regular maintenance to prevent down time
• Capture historical records with supporting documents
• Ensure data security through strict access and change controls

C7. Data Validation and QA
In this objective CR data are verified to ensure data quality. This includes regular M&E. The following aspects are included:
• Agree on methods of data verification
• Undertake regular M&E based on agreed upon M&E framework (developed in A2), incl. continuous and periodic actions such as audits by MHAI
• Verify / validate data to ensure there are no double entries
• Protect CR/demographic data with strict access control and tracking of all actions
• Enhance security features on national documents

THEME D: STRENGTHEN IDENTITY AND RIGHTS

D1. Legal Identity Created for all
In this objective, legal identities are created from individual legal identity records and documents, incl. IDs, passports, driving licences, and marriage certificates. The following aspects are considered:
• Access and use by GIPF, MOE and others
• Increase percentage of citizens with legal identities
• Increase percentage of permanent residents with legal identities
• Increase percentage of qualifying vulnerable children with access to child welfare services
• Increased registration of non-citizens, e.g. refugees and illegal migrants
THEME E: IMPROVE QUALITY AND TIMELINESS OF VITAL STATISTICS

E1. Optimised Other Data Sources for VS

In this objective an optimum solution to collect CR data through censuses and surveys is found in terms of time and cost efficiency, based on the improved and linked NPRS and improved processes and technology. The following aspects are considered:

- Simplify / reduce scope of surveys and reduce response fatigue
- Find most efficient ways of data collection; optimise surveys and censuses
- Improve the planning and conducting of censuses and surveys; obtain timely approvals and funding; timely procurement of logistics and dealing with various operational challenges
- Improve analysis and population estimates

E2. Quality and Timely Vital Statistics for Planning and Monitoring

In this objective quality and timely VS are developed based on the NPRS and other own sources of VS. The following aspects are considered:

- Integrate CR systems of various institutions to establish link with NPRS
- NPRS enhanced with added key variables
- Improve relevance, completeness, quality, timeliness, user-friendliness of vital statistics
- Make available statistics to users in a timely manner – for planning and monitoring
- Use of VS by public and private sector; advocacy to increase awareness and use of VS by policy makers, opinion leaders and beneficiaries

4.4 Strategy Map

Strategy mapping forms an integral part of strategic planning and the BSC. It is sometimes called a ‘value creation map’ or ‘success map’. The strategy map links the various strategic objectives together in a very clear manner for everybody to understand. Objectives are the building blocks or value drivers of strategy. Objectives are categorised into the 5 themes. The CRVS Strategy Map is presented in Figure 5. The strategy map shows how objectives are dependent on one another over the different themes. This chain of causes and effects is created because it is believed to lead to the desired outcome (a hypothesis). The thickness of the arrows indicates the strength of each relation or link.

The overall outcome or impact from this CRVS strategy is an improved quality of life in Namibia. This is achieved firstly through the realization of human and civil rights where the individual identity is established with a sense of belonging, expanding eligibility to all citizens and permanent residents to gain access to a range of social services in Namibia, incl. health, education, welfare and voting. Secondly, quality of life is improved by means of better governance, enabling better planning, better decision-making and better utilisation of resources. Improved ability for monitoring and evaluation also contributes to better governance at all levels.

This CRCV strategy attempts to achieve two outputs of equal value, namely creating legal identities for all (D1) and creating vital statistics useful for planning (E2).

An integrated and well maintained NPRS (C6) is the key building block required to achieve these two outputs. Objective C6 relates to ICT and is supported by a quality assurance system to verify CR data on a regular basis (C7).

The three CR processes feeding into the NPRS are C3. Birth & Death registration, C4. Marriage & Divorce registration and C5. Cause of Death registration. The two main contributors for improved CR are improving public demand and understanding of CRVS (C1) and improving supply by means of equipped CR service points, whether in the form of offices, mobile units or other ways (C2). Objectives C1 to C7 comprise the Theme C: ‘Improve Civil Registration Data’.
In **Theme E: ‘Improve Quality and Timeliness of Vital Statistics’**, Objective E1 contributes to Objective E2 by providing efficient VS from other sources, such as censuses and surveys as means to complement and verify/validate CR data generated on a continuous basis from the NPRS. These other sources could be generated with improved efficiencies by linking Theme E with Themes C and B.

**Theme B: ‘Improve Efficiency’,** mostly focuses on improved efficiencies in CR processes, but also VS processes. Improved efficiencies are achieved by means of two objectives, namely, improving processes or procedures (B1) and applying new technology, based on new processes (B2).

The last theme, **Theme A: ‘Lay the Foundation’,** offers the inputs or resources required to perform in Themes B, C and further up. The three critical foundational building blocks are A1. Supporting Legislation and Policies determining the Coordinated Structures with Strong Leadership (A2), that determines the staffing and competency requirements in the key structures of MHAi, MOHSS, MOJ, MSS and others country-wide (A3).

### 4.5 Accountabilities and Structure

*Figure 5* depicts the accountabilities for each objective.

Note that the steering committee under the leadership of MHAi is accountable for overall strategy execution.

- MHAi is accountable for 10 objectives (coloured yellow)
- MoHSS is co-accountable for two objectives (coloured pink)
- MoJ is accountable for one objective (coloured green)
- MSS is co-accountable for one objective (coloured brown)
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4.6 Contribution to NDP4

*Table 1* depicts the alignment of the 15 strategic objectives in the CRVS Strategic Plan to the NDP4 overall goals, priority areas and strategic focal areas. These CRVS objectives are specifically aligned to five of the ten Desired Outcomes in the NDP4, viz.:

1. Most competitive economy in SADC
2. High quality & internationally recognised education system
3. Access to a quality health system
4. The proportion of severely poor individuals has dropped
10. Significantly improved NDP4 execution, based on improved performance management

Direct or indirect impacts are indicated in the matrix below.

<table>
<thead>
<tr>
<th>CRVS OBJECTIVES Goals:</th>
<th>Contribution to NDP 4</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<th>10</th>
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<tbody>
<tr>
<td>A2. Coordination Structures with Strong Leadership</td>
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<td>A3. Sufficient &amp; Competent Staff</td>
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<td>B1. Improved Procedures / SOPs</td>
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<td>B2. New Technology Application</td>
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<td>C1. Demand &amp; Understanding of CRVS by Public &amp; Other Officials</td>
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<td>C2. Equipped CR Service Points</td>
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<td>C3. Improved Birth &amp; Death Registration</td>
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<td>C4. Improved Marriage &amp; Divorce Registration</td>
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<td>C5. Improved Cause of Death Registration</td>
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<td>C6. Integrated &amp; Maintained NPRS</td>
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<td>C7. Data Security &amp; Verification</td>
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<td>D1. Legal Identity Created for all Citizens &amp; Permanent Residents</td>
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<td>E1. Optimised Other Data Sources for VS</td>
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<td>E2. Quality &amp; Timely Vital Statistics for Planning &amp; Monitoring</td>
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*Table 1: CRVS Strategy contributions to NDP4*
5. THE CRVS SYSTEM SCORECARD

5.1. Scorecard Components

The CRVS Scorecard takes the strategy map and gives it more detail. The Scorecard is therefore the detailed strategy. The Scorecard includes the following:

- The 5 themes
- The 15 objectives with their priorities and accountabilities
- Performance indicators (PIs) and targets for each objective
- Initiatives with their priorities and responsibilities
- Cost estimates of all initiatives (expected total cost over the 3-year period)
- Scheduling of these initiatives over the 5-year period (Note that year 1 is 2015/16)

The CRVS Scorecard (for 2015–2018) is presented in Annexure A.

Note that the objectives refer to the strategy map in Figure 5 and uses the same colours.

5.2. Objectives: PIs and Targets

A performance indicator (PI) is a performance metric that will reflect progress against an objective. The PI and its target should be regarded as part of the objective, making it measurable. A PI is an agreed indicator to be used to determine progress made, or the lack thereof, towards achieving each objective. A PI must be quantifiable to track progress. To develop meaningful PIs, one has to understand desired inputs and the processes that are used to produce outputs and eventually outcomes. Leading indicators are predictors of future performance and lagging indicators are outcomes. PIs are used by organisations to measure individual staff members, unit and overall organisational performance.

Objectives and their PIs need to be **SMART**: Specific, Measurable, Agreed to, Realistic & Time-bound.

Each objective should therefore have at least one PI, but preferably not more than three (to prevent complexity). Each PI should have a unit of measurement and a target. PIs could be classified in terms of Time (date/duration/frequency), Cost (N$), Quality (satisfaction index or %) and/or Quantity (number or %).

A target is a quantifiable standard for each indicator. Performance targets are the expected levels or standards of performance to be reached within specific timeframes for each objective. Targets help the organisation to monitor progress towards objectives and communicate expectations for units and the organisation. Targets have to be challenging and be raised over time, but must remain achievable. Initially targets may be estimated guesses, but over time these targets have to conform to best practices by comparing what are the benchmark targets in the industry. Industry refers to similar types of services offered by others in the region or globally.

Benchmarking is a systematic, deliberate and thorough search for best practices that would lead to performance improvement when adapted in your organisation. The benchmarking process is therefore a systematic learning process to close the performance gap. It involves planning, data collection, analysis and design, implementation, monitoring and adjustment. It provides PIs and targets as tools to identify inefficiencies and to improve business processes. The appropriateness of benchmarks should be reviewed in the performance verification process.

The PIs and targets for the various CRVS objectives were selected at the workshops. These are shown in the Scorecard.

It should be noted that these PIs and targets should be regarded as provisional, due to the limited information available at this stage. These PIs and targets should be revised and finalised during the first few months of implementation.

Appropriate targets can only be defined through the process of benchmarking.
5.3. Initiatives and Project Management

Objectives (targets for the PIs) are achieved through initiatives or projects.

Initiatives are defined as current and future activities or projects which CRVS is engaged in to help ensure it meets or exceeds its performance targets, as stated in the PIs and targets for each objective. Initiatives drive strategic performance. Initiatives are not ends in themselves, but means by which CRVS will achieve its defined strategic objectives. Through the initiatives, CRVS will reach its targets and achieve its objectives.

Initiatives require resources: financial, human and structural. These normally need to be managed by means of project management principles, tools and techniques. It is therefore important to measure initiative progress through project management tools and techniques. Refer to the Project Management Body of Knowledge (PMBOK) from the Project Management Institute (www.pmi.org).

Note that the initiatives included in this 5-year strategic plan are only the major key projects of strategic importance. The challenge is to choose the right projects or best projects to achieve our strategic objectives. Initiatives are prioritized, because CRVS, with its given capacity at any stage, can physically only handle so many projects at a time due to human and structural resource constraints; because of constraints in financial resources and due to interdependencies of projects. CRVS should apply its resources towards its highest value projects. A well-defined process for project selection and prioritization would be required to maximize the chances of projects contributing to the achievement of these strategic objectives.

The choice of projects normally starts with the listing of all current, approved and proposed projects. This is then followed by the mapping of these projects on a grid – to determine which projects could contribute to achieve the chosen strategic objectives. The grid will show gaps as well as duplications of projects per objective. Projects should be chosen to support all objectives in a balanced way, to prevent too many projects per objective as well as no projects per objective. The following process could be used to prioritise strategic initiatives (projects):

1. Create criteria (for both weighting and scoring) to be used in evaluating strategic initiatives;
2. Create a common format (business case) to review the strategic initiatives for prioritisation;
3. Evaluate and prioritise the strategic initiatives using the stated criteria and business case;
4. Prioritise initiatives with the leadership team.

An example of criteria with their weights is: Strategic importance (40%); Cost (15%); Duration (15%) and Interdependence of initiatives (15%); Risk (15%). Initiatives with the highest scores are then selected and included in the Scorecard.

The methodology followed in the selection of the initiatives in this strategic plan, was to first choose the major strategic projects and then to prioritise these in terms of expected impact/importance/value, urgency, feasibility, cost and practical timeline.

Prioritisation is done according to five criteria. Different scenarios and scores are presented in the table below.

These strategic initiatives per objective are listed in Annexure A. Only short descriptions of the initiatives are provided in the Scorecard. Note that a detailed project plan has to be developed for each initiative before implementation.
6. COSTING AND BUDGETING

The initiatives, as described in the Scorecard (Annexure A), require resources: human, physical, structural and financial resources. The total cost estimates are indicated in the scorecards in thousands of N$ (000's) and are the total costs for the 5-year period viz. from 2014/15 to 2018/19. The financial year starts on 1 April with Year 1 extending from 1 April 2014 to 31 March 2015.

Note that these costs are in addition to the operational budget. The strategic budget includes the capital budget, but also the costs of non-capital strategic initiatives in this strategic plan.

To ensure a realistic strategic plan, these resources should be made available.

Figure 6 below shows that the total strategic budget for this 5-year period is approximately N$ 243 million. The average total annual amount required to implement all initiatives in all themes is almost N$ 50 million. The total annual budgets vary from a minimum of N$ 4.4 million in Year 1 to a maximum of almost N$ 70 million in Year 3. Strategic Themes B and C require the majority (95%) of all funding, as most of the capital budget is included in these themes.

<table>
<thead>
<tr>
<th>N$ [000s]</th>
<th>Themes</th>
<th>Y1</th>
<th>Y2</th>
<th>Y3</th>
<th>Y4</th>
<th>Y5</th>
</tr>
</thead>
<tbody>
<tr>
<td>8,900</td>
<td>A</td>
<td>2,150</td>
<td>3,750</td>
<td>1,000</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>83,600</td>
<td>B</td>
<td>800</td>
<td>17,550</td>
<td>31,917</td>
<td>16,667</td>
<td>16,667</td>
</tr>
<tr>
<td>147,825</td>
<td>C</td>
<td>1,425</td>
<td>37,817</td>
<td>36,417</td>
<td>35,750</td>
<td>36,417</td>
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<tr>
<td>1,000</td>
<td>D</td>
<td></td>
<td>1,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2,000</td>
<td>E</td>
<td></td>
<td>500</td>
<td>750</td>
<td>750</td>
<td></td>
</tr>
<tr>
<td>243,325</td>
<td>TOTAL</td>
<td>4,375</td>
<td>60,117</td>
<td>69,834</td>
<td>54,167</td>
<td>54,834</td>
</tr>
</tbody>
</table>

Figure 6: Total Strategic Budget for CRVS System – per theme and per year

Note that these are just cost estimates and will have to be verified in future. When project plans are developed per initiative/project, these costs will be verified/improved.
The total annual costs of all identified strategic initiatives in the 5 themes are illustrated in Figure 7 below.
Figures 8 and 9 below clearly show that Themes B and C require the majority (95%) of all funding.

![Figure 8: Annual budget requirements per theme](image)

![Figure 9: Total cost distribution amongst the 5 themes over the 5-year period](image)

This strategic plan is a live document, especially the scorecard. It has to be communicated and regularly updated – at least quarterly. Strategy execution is a team effort.
7. STRATEGY EXECUTION CONSIDERATIONS

This section highlights the critical success factors for successful strategy execution. Without these critical building blocks in place, it would be impossible to successfully implement this Strategic Plan. The MERIL-DE Model is a recent and comprehensive conceptual model depicting and integrating nine components regarded as vital to successful strategy execution in the public sector. The name of the model is derived from the acronym describing the performance management cycle of Measure, Evaluate, Report, Improve and Learn – all through Drive and Engagement. The components are described below.

Leadership: Strong and coordinated political and executive leadership are required throughout strategy planning and execution. Ownership of the CRVS System Strategic Plan has to be established with clear accountabilities. Many institutions (OMAs) are made responsible to implement the various strategic initiatives, but the SC will drive strategy execution by guiding, coordinating, monitor and ensuring progress. The SC needs to be established with formal structure, mandate, roles and responsibilities. Successful strategy execution will require sufficient resources to be made available on a timely basis. It is also important that this strategy relates well with the elements in the MHAI Turnaround Strategy (TAS) and strategic plans of the NSA, MoHSS, MoJ and MSS as key partners.

2) Good Strategic Planning: A good strategic plan is required, characterised by focus, integration, balance, action orientation, detailed and dynamic. Scorecards will be reviewed and updated on a quarterly basis.

3) Project Management: Strategic objectives are achieved by the proper management of all strategic initiatives. Knowledge of best practice project management methodologies, tools and techniques are required for good project management.

4) Alignment: The strategy has to be aligned with organisational/system elements, such as structure, culture, processes and technology. The CRVS Strategic Plan also has to be aligned to the OMA Strategic Plans. The SC will play a critical role to ensure alignment. This will require good stakeholder collaboration.

5) Performance Management System (MERIL): A cycle of performance management, including measurement, evaluation, reporting, improving and learning needs to be institutionalised by the SC.

6) Drive: Motivation of all key stakeholders from top management to lower staff levels is required to energise and sustain the strategy execution journey.

7) Engagement: The engagement of staff at all levels through regular dialogue is critical throughout the strategy execution journey.

8) Risk Management: The identification, assessment and management of risks have to be formalised, including the regular assessment of changing PESTLE factors.

9) Stakeholder Management: Good stakeholder collaboration and management have to be maintained.
7. STRATEGY EXECUTION CONSIDERATIONS

This section highlights the critical success factors for successful strategy execution. Without these critical building blocks in place, it would be impossible to successfully implement this Strategic Plan. The MERIL-DE Model is a recent and comprehensive conceptual model depicting and integrating nine components regarded as vital to successful strategy execution in the public sector. The name of the model is derived from the acronym describing the performance management cycle of Measure, Evaluate, Report, Improve and Learn – all through Drive and Engagement. The components are described below.

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3) Project Management: Strategic objectives are achieved by the proper management of all strategic initiatives. Knowledge of best practice project management methodologies, tools and techniques are required for good project management.

4) Alignment: The strategy has to be aligned with organisational/system elements, such as structure, culture, processes and technology. The CRVS Strategic Plan also has to be aligned to the OMA Strategic Plans. The SC will play a critical role to ensure alignment. This will require good stakeholder collaboration.

5) Performance Management System (MERIL): A cycle of performance management, including measurement, evaluation, reporting, improving and learning needs to be institutionalised by the SC.

6) Drive: Motivation of all key stakeholders from top management to lower staff levels is required to energise and sustain the strategy execution journey.

7) Engagement: The engagement of staff at all levels through regular dialogue is critical throughout the strategy execution journey.

8) Risk Management: The identification, assessment and management of risks have to be formalised, including the regular assessment of changing PESTLE factors.

9) Stakeholder Management: Good stakeholder collaboration and management have to be maintained.

ANNEXURE A: CRVS SCORECARD

The CRVS Scorecard is presented in this Annexure and relates to the Strategy Map in Figure 5.

Colour Key:

- MHAI
- NSA
- MoHSS
- MoJ
- MSS

---

MHAI

NSA

MoHSS

MoJ

MSS
<table>
<thead>
<tr>
<th>Theme: Lay the Foundation</th>
<th>Objective</th>
<th>Initiative</th>
<th>MOHSS</th>
<th>NSAO</th>
<th>Date</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1. Strengthened Legislation &amp; Policies</td>
<td>Improved Legislation and Policies to govern and link CR &amp; VS (Refer to MHAI SP)</td>
<td>1. Finalise the new National Population Registration Bill by 2016; incorporate the following: Births, Marriages and Deaths Registration Act of 1963; Aliens Act (one section) and Namibia Identification Act 1993. Bill to be 2016 incorporated the following: Births, Marriages and Deaths Registration Act of 1963;</td>
<td>70%</td>
<td>0%</td>
<td>End 2016</td>
<td>Policy approved and adopted</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. Revise Statistics Act, 2011</td>
<td>0%</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Review related legislation and make changes required for implementation of new act</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Develop regulations based on all acts</td>
<td>40%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Develop a CRVS policy with clear roles, responsibilities, standards, guidelines for implementation and timeframes</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Ensure private health facilities report B&amp;D, COD to MOHSS</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>7. Develop and implement Sub-Legislation and Framework for documentation, registration and reporting</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>8. Develop a data collection plan</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>9. Develop a Legal framework and a policy on reporting and data sharing</td>
<td>0%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The table above outlines the initiatives, progress, and dates for the theme of laying the foundation for the Namibia CRVS System Strategic Plan 2015-2020.
## Theme A: Lay the Foundation

<table>
<thead>
<tr>
<th>Objective</th>
<th>Initiative</th>
<th>Date</th>
<th>PI</th>
<th>Acc</th>
<th>CP Resp</th>
<th>Supp</th>
<th>Cost (N$ 000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1. Strengthened Legislation &amp; Policies</td>
<td>Improved Legislation and Policies to govern and link CR &amp; VS (Refer to MHAI SP)</td>
<td>End 2016</td>
<td>Finalise the new National Population Registration Bill by 2016; incorporate the following: Births, Marriages and Deaths Registration Act of 1963; Aliens Act (one section) and Namibia Identification Act</td>
<td>70%</td>
<td>MHAI</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>2. Revise Statistics Act, 2011</td>
<td>0%</td>
<td>0%</td>
<td>NSAO500XX</td>
<td>0%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Review related legislation and make changes required for implementation of new act</td>
<td>0%</td>
<td>0%</td>
<td>MHAI</td>
<td>0%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Develop regulations based on all acts</td>
<td>40%</td>
<td>40%</td>
<td>MHAI</td>
<td>0%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5. Develop a CRVS policy with clear roles, responsibilities, standards, guidelines for implementation and timeframes</td>
<td>0%</td>
<td>0%</td>
<td>All SC &amp; TC members</td>
<td>0%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6. Ensure private health facilities report B&amp;D, COD to MoHSS</td>
<td>0%</td>
<td>0%</td>
<td>MoHSS</td>
<td>0%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>A2. Coordinated Structures with Strong Leadership</td>
<td>Structure and M&amp;E established</td>
<td>BL = NA</td>
<td>BL = NA</td>
<td>MHAI</td>
<td>0%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develop and agree on a budgeting &amp; funding coordination mechanism for CRVS</td>
<td>BL = 90%</td>
<td>BL = 90%</td>
<td>MHAI</td>
<td>0%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Developed a M&amp;E framework for the CRVS system</td>
<td>BL = 180%</td>
<td>BL = 180%</td>
<td>MHAI</td>
<td>0%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Political leadership secures funding through own and other sources</td>
<td>BL = 100%</td>
<td>BL = 100%</td>
<td>MHAI</td>
<td>0%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Secure funding from development partners</td>
<td>BL = 100%</td>
<td>BL = 100%</td>
<td>MHAI</td>
<td>0%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Establish and approve the SC and TC coordination structures, with clear roles, responsibilities</td>
<td>BL = NA</td>
<td>BL = NA</td>
<td>MHAI</td>
<td>0%</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Establish partnerships with Police, MOJ, MoHSS, etc.; link MoHSS with MHAI; clear details of roles and responsibilities, resource requirements</td>
<td>BL = NA</td>
<td>BL = NA</td>
<td>MHAI</td>
<td>0%</td>
<td>0%</td>
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</tr>
<tr>
<td>A3.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sufficient &amp; Competent Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>YMHAI</td>
<td>1000</td>
<td>0</td>
<td>1000</td>
<td>0</td>
<td>1000</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>All SC</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>MHAI</td>
<td></td>
<td></td>
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<td></td>
<td>J</td>
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</tr>
</tbody>
</table>

| 1. Do staffing and training needs assessment (TNA) at all key SHs, based on new NPRS, address values/culture/morale/technology, on partnerships, process, technology, and all key SHs, based on new manual/guidelines, incl. training of staff members, based on new process/new technology, based on new modelisation, train staff on new forms, new technology. |
| 2. Review organisational structures where needed and recruit staff members as approved - in CR & VS, W. & H. |
| 3. Train/develop skills based on the new NPRS. |

MHAI: Already funded (see TASS)
### THEME B: IMPROVE EFFICIENCY

<table>
<thead>
<tr>
<th>Objective</th>
<th>Acc</th>
<th>PI</th>
<th>Target</th>
<th>Initiatives</th>
<th>CP</th>
<th>Resp</th>
<th>Supp</th>
<th>S/O</th>
<th>Cost [N$ 000]</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
<th>20</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1. Improved Processes</td>
<td>MHAI</td>
<td>a) % of processes improved and documented</td>
<td>BL= 0% 16= 50% 17= 100%</td>
<td>1. Form revision [B&amp;D; COD; M&amp;D]: review, redesign and gazette the registration forms based on user / VS needs, national regulations and international standards [incl. printing cost second year]</td>
<td>0%</td>
<td>MHAI</td>
<td>All SC Members</td>
<td>J O</td>
<td>1000</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2. Process Improvement [B&amp;D; COD; M&amp;D]: Revise and standardise all CR processes (incl. capturing of forms (manually and electronically; centrally and/or regionally; institutional and non-institutional events); develop process maps for all improved processes</td>
<td>10%</td>
<td>MHAI</td>
<td>All SC Members</td>
<td>J O</td>
<td>600</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
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<td></td>
<td>3. Manuals / guidelines [B&amp;D; COD; M&amp;D]: Develop five guides (hard and soft copies) for all CR processes; prepare step-by-step guides for each CR event (considering institutional and non-institutional events, areas with and without ICT, etc.); considering different languages</td>
<td>0%</td>
<td>MHAI</td>
<td>All SC Members</td>
<td>J O</td>
<td>1500</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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</tr>
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<td>Objective</td>
<td>Description</td>
<td>CP</td>
<td>Resp</td>
<td>Supp</td>
<td>SJ</td>
<td>Cost</td>
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</tr>
<tr>
<td>1</td>
<td>Better Use of Technology (See TAS)</td>
<td> </td>
<td> </td>
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</tr>
<tr>
<td>2</td>
<td>Prepare an ICT Development Plan based on ICT needs assessment (using an assessment tool); conduct ICT training</td>
<td> </td>
<td>OPM</td>
<td> </td>
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<tr>
<td>3</td>
<td>Acquire a database ICT for online registration</td>
<td> </td>
<td>OPM</td>
<td> </td>
<td> </td>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>CT</th>
<th>Rep</th>
<th>Supp</th>
<th>Target</th>
<th>PI</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>10</td>
<td>20000</td>
<td>OPM</td>
<td>Ministry of Health and Social Services (MoHSS)</td>
<td>OPM</td>
<td>500</td>
</tr>
<tr>
<td>2020</td>
<td>12</td>
<td>30000</td>
<td>OPM</td>
<td>Ministry of Health and Social Services (MoHSS)</td>
<td>OPM</td>
<td>500</td>
</tr>
<tr>
<td>2021</td>
<td>14</td>
<td>40000</td>
<td>OPM</td>
<td>Ministry of Health and Social Services (MoHSS)</td>
<td>OPM</td>
<td>500</td>
</tr>
<tr>
<td>2022</td>
<td>16</td>
<td>50000</td>
<td>OPM</td>
<td>Ministry of Health and Social Services (MoHSS)</td>
<td>OPM</td>
<td>500</td>
</tr>
</tbody>
</table>

Note: TAS = Technology Assessment System; ICT = Information and Communication Technology; CT = Cost Target; Rep = Responsible; Supp = Supportive; Target = Target Value; PI = Performance Indicator; Cost = Cost Budget; OPM = Office of the Prime Minister; MoHSS = Ministry of Health and Social Services; MoJ = Ministry of Justice; NamPol = Namibia Police; J = JOC.
### THEME C: IMPROVE CR DATA

<table>
<thead>
<tr>
<th>Initiative</th>
<th>PI</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop communication strategy and plans considering regions / rural / urban / institutional - non-institutional specific target groups; incl. partnerships; considering new forms, processes and technology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Implement plans as agreed; using different types of communication e.g. conduct awareness campaigns on CR &amp; VS re benefits, forms, processes, requirements and CR-service points; addressing culture, e.g. information to mothers at ante-natal and post-natal stages (primary health care); following UNICEF's C4D approach for behaviour and social change</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Sensitize and train partners such as marriage officers, traditional leaders, councillors, etc. as needed (Refer to A2); incl. notification system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Plan, design and conduct surveys Years 3 and 5 on public and partner KAP and need and satisfaction (design 2nd year)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Objective
- Increased Demand & Understanding of CR by Public & Partners (See MHAI SP)

<table>
<thead>
<tr>
<th>Cost (NS 000)</th>
<th>Resp</th>
<th>Supp</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td></td>
<td></td>
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<tr>
<td>17</td>
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<td>18</td>
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<tr>
<td>19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td></td>
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</tbody>
</table>

<table>
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<th>CP</th>
<th>Resp</th>
<th>Supp</th>
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<td>C4</td>
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#### Objectives
- Objective
- Acc
- PI
- % based on survey


**Target:**
- BI = NA
- C1 = 16
- C2 = 17
- C3 = 18
- C4 = 19
- C5 = 20

**Initiatives:**
- PI
- MHLGRD
- MOHSS
- NamPol
- MOJ

**Cost (NS 000):**
- 0
- 400
- 2000

**Support:**
- MOHSS
- MHLGRD
- MOJ
- NamPol

**Responses:**
- MHAI
- MOHSS
- MHLGRD
- MOJ

**Comparison:**
- X

---

**Better Use of Technology (See TAS):**
- MHAI
- OPM
- MOHSS
- NamPol
- MOJ

**Opportunity:**
- OPM
- MOHSS
- NamPol
- MOJ

**Support:**
- MOHSS
- MHLGRD
- MOJ

**Comparison:**
- X

---

**Increased Demand & Understanding of CR by Public & Partners (See MHAI SP):**
- MHAI
- All SC members
- MRLGRD

**Opportunity:**
- All SC members
- MRLGRD

**Support:**
- MHAI
- All SC members
- MRLGRD

**Comparison:**
- X

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**Increased Demand & Understanding of CR by Public & Partners:**
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**Opportunity:**
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**Support:**
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**Comparison:**
- X

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**Support:**
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**Comparison:**
- X

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**Comparison:**
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**Comparison:**
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**Support:**
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- All SC members
- MRLGRD

**Comparison:**
- X
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<td>C2.</td>
<td>Connect CR Points to Urban Areas</td>
<td>10%</td>
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<tr>
<td>C2.</td>
<td>Establish a Maintenance Program for CR Points</td>
<td>10%</td>
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<tr>
<td>C2.</td>
<td>Upgrade Existing Registration Facilities</td>
<td>10%</td>
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</tr>
<tr>
<td>C2.</td>
<td>Establish Additional Equipped Registration Offices</td>
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<tr>
<td>C2.</td>
<td>Implement Mobile CR Points</td>
<td>10%</td>
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<tr>
<td>C2.</td>
<td>Establish a Maintenance Program for CR Points</td>
<td>10%</td>
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</table>

**Notes:**
- **MHAI:** National Health Administration Institution
- **All SC Members:** All primary and secondary health care providers
- **MRLGHRD:** Ministry of Regional and Local Government, Housing, and Rural Development
- **X:** Represents a column heading
- **0%:** Represents the target percentage for each initiative

**Table:**

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<thead>
<tr>
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<td>Improved Timely Birth &amp; Death Registration</td>
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<td></td>
<td>Acc</td>
<td>CP</td>
<td>Resp</td>
<td>Supp</td>
<td>Cost (N$ 000)</td>
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<tr>
<td></td>
<td>MoHSS</td>
<td>0%</td>
<td>MHLAI</td>
<td>MRLGH RD MGC EW</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>16= NA</td>
<td>17= 100%</td>
<td></td>
<td>18= 90%</td>
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</tr>
<tr>
<td>1. Improve supervision; QA at all CR points; ensuring all demographic variables are correctly captured, incl. addresses by regional heads and Deputy Director(s)</td>
<td>0%</td>
<td>16= NA</td>
<td>17= 95%</td>
<td>18= 100%</td>
<td></td>
<td></td>
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<tr>
<td>2. Ensure/enforce timely B&amp;D notifications to be sent immediately from MoHSS to MHLAI</td>
<td>0%</td>
<td>16= NA</td>
<td>17= 95%</td>
<td>20= 100%</td>
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<tr>
<td>3. Enable issuing of Unique/ID numbers at birth</td>
<td>0%</td>
<td>16= NA</td>
<td>17= 95%</td>
<td>20= 100%</td>
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<tr>
<td>4. Capture backlog of B&amp;D registrations</td>
<td>0%</td>
<td>16= NA</td>
<td>17= 95%</td>
<td>20= 100%</td>
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<tr>
<td>5. Implement the notification system, considering involvement of traditional leaders and others to do birth notifications</td>
<td>0%</td>
<td>16= NA</td>
<td>17= 95%</td>
<td>20= 100%</td>
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<tr>
<td>6. Ensure all death certifications are done by medical officers</td>
<td>0%</td>
<td>16= NA</td>
<td>17= 95%</td>
<td>20= 100%</td>
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<tr>
<td>7. Prevent burials without death certificates (by means of training community leaders and pastors; traditional leaders/council to notify and later register)</td>
<td>0%</td>
<td>16= NA</td>
<td>17= 95%</td>
<td>20= 100%</td>
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**Objective:**

**Objective:** Improved Timely Birth & Death Registration

**Acc:** MoHSS

**PI:** MHLAI

**PL:** MRLGH RD MGC EW

**Target:**

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<tr>
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<tr>
<td>a) % of timely registration of births (1 year)</td>
<td>83%</td>
<td>90%</td>
<td>95%</td>
<td>100%</td>
<td>100%</td>
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<tr>
<td>b) % of timely registration of deaths (14 day)</td>
<td>80%</td>
<td>90%</td>
<td>95%</td>
<td>100%</td>
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**Cost (N$ 000):**

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<td>16</td>
<td>17</td>
<td>18</td>
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<td>Objective</td>
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<td>Target</td>
<td>Initials</td>
<td>CP</td>
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<tr>
<td>1. Improve transfer of marriage registers to MHAI on a more regular basis, considering improved processes &amp; incentives; incl. improved control of issuing of register books and forms.</td>
<td>80%</td>
<td>1987</td>
<td>0%</td>
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<td>2. Implement electronic capturing of marriages, based on improved processes and technology (other objectives)</td>
<td>0%</td>
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<tr>
<td>3. MoJ to register and capture divorces with MHAI (currently e-Justice System only records criminal cases)</td>
<td>0%</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>4. Consider decentralisation of divorces to lower courts</td>
<td>% of divorces</td>
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<td></td>
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<tr>
<td>Objective</td>
<td>Acc</td>
<td>PI</td>
<td>C5: Improved COD Recording</td>
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<tr>
<td></td>
<td>MoHSS</td>
<td>MSS</td>
<td>Complete, quality database &amp; timely COD database</td>
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<td>Health Facilities (H); Other Non-health (O); Natural Death (N); Unnatural (U)</td>
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<tr>
<td></td>
<td>a) % of marriages timely registered at MHAI</td>
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<tr>
<td></td>
<td>b) % of divorces timely registered at MHAI</td>
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<tr>
<td></td>
<td>16 = 80% 17 = 85% 18 = 90% 19 = 95% 20 = 100%</td>
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<tr>
<td>1.</td>
<td>Improve transfer of marriage registers to MHAI on a more regular basis, considering improved processes &amp; incentives; incl. improved control of issuing of register books and forms</td>
<td>MoJ</td>
<td>MoJ &amp; other Marriage Officials</td>
<td>J400XXXX</td>
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<tr>
<td>2.</td>
<td>Implement electronic capturing of marriages, based on improved processes and technology</td>
<td>MoJ &amp; other Marriage Officials</td>
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<td>3.</td>
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<td>MoJ</td>
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<td>MoHSS</td>
<td>MSS</td>
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<td>Complete, quality database &amp; timely COD database</td>
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</tr>
<tr>
<td></td>
<td>a) % of COD information recorded according to ICD10</td>
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<tr>
<td></td>
<td>b) % of deaths attended by skilled medical professionals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c) % postmortems done according to standards and timely</td>
<td></td>
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</tr>
<tr>
<td>1.</td>
<td>Change MCCD forms to international standards ICD 10, incl. name and code; need to be Gazetted (H)</td>
<td>MoJ</td>
<td>MoJ</td>
<td>MoJ</td>
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<tr>
<td>2.</td>
<td>Develop form for verbal autopsy as first step (Refer to examples on the WHO website)</td>
<td>MoJ</td>
<td>MoJ</td>
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<tr>
<td>3.</td>
<td>Filter and select COD codes from ICD9 / ICD10 to be used by all stakeholders in Namibia (All)</td>
<td>MoJ</td>
<td>MoJ</td>
<td>MoJ</td>
</tr>
<tr>
<td>4.</td>
<td>Prepare and print pocket guide (hard and soft copies) for completion of MCCD forms (All)</td>
<td>MoHSS</td>
<td>MoHSS</td>
<td>OPM, NIPAM, NIPAM, WHO</td>
</tr>
<tr>
<td>5.</td>
<td>Train doctors, associations, etc. to properly complete MCCD forms, incl. coding; to act as trainers of others; consider video conferencing (All)</td>
<td>MoHSS</td>
<td>MoHSS</td>
<td>NIPAM, WHO</td>
</tr>
<tr>
<td>6.</td>
<td>Create structure with mandate from Cabinet/OPM to improve collaboration and coordination amongst MHAI, MoHSS and Police; all recording same information in timely fashion; better handling investigations (All) [Refer to structures in A2]</td>
<td>MoHAI</td>
<td>OPM</td>
<td>NIPAM, MoHSS</td>
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<td>MoHSS</td>
<td>MoHSS</td>
<td>OPM, NIPAM, NIPAM, WHO</td>
</tr>
<tr>
<td>5.</td>
<td>Train doctors, associations, etc. to properly complete MCCD forms, incl. coding; to act as trainers of others; consider video conferencing (All)</td>
<td>MoHSS</td>
<td>MoHSS</td>
<td>NIPAM, WHO</td>
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<tr>
<td>6.</td>
<td>Create structure with mandate from Cabinet/OPM to improve collaboration and coordination amongst MHAI, MoHSS and Police; all recording same information in timely fashion; better handling investigations (All) [Refer to structures in A2]</td>
<td>MoHAI</td>
<td>OPM</td>
<td>NIPAM, MoHSS</td>
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<tr>
<td>7.</td>
<td>Create ICD10 master database to be shared by MoHSS, MHL &amp; Police (All)</td>
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<td>8.</td>
<td>Link ICD10 with the HIS and NPRS; create a shared database system (All)</td>
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<td>9.</td>
<td>Do quality control during recording &amp; capturing at health facilities (through certifications by medical doctors); (All)</td>
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<tr>
<td>10.</td>
<td>Identify and train local leaders (e.g. traditional leaders, retired health professionals) in verbal autopsies (where COD certification by medical officer is not possible); incl incentives (O)</td>
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<td>11.</td>
<td>Improve joint attendance of police and medical officer at death scenes to determine and certify N/U COD (All)</td>
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<tr>
<td>12.</td>
<td>Provide qualified staff at mortuaries (private sector and Government (MOHSS &amp; NamPol) (N&amp;U))</td>
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<td>13.</td>
<td>Capture historical Police (and possibly private) mortality records (All)</td>
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<tr>
<td>14.</td>
<td>Improve equipment at all mortuaries to improve autopsies and COD reporting; also improve processes based on condition assessments (All)</td>
<td></td>
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<tr>
<td>15.</td>
<td>Put measures in place to prevent burials without death certificate and body removal orders – informing and enforcing (All)</td>
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<table>
<thead>
<tr>
<th>MHL</th>
<th>MoHSS</th>
<th>NamPol</th>
<th>Private M</th>
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<tr>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>Initiatives</td>
<td>Target</td>
<td>PI</td>
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</tr>
<tr>
<td>1. Hold stakeholder workshop to agree on NPRS Strategy, Information Architecture and Functionality</td>
<td>0%</td>
<td>MHAI</td>
</tr>
<tr>
<td>2. Redesign and computerise new/revised forms and internal processes</td>
<td>0%</td>
<td>OPM</td>
</tr>
<tr>
<td>3. Design and computerise new/revised external forms and processes (interoperability of processes and data) (based on standard codes developed by NSA)</td>
<td>5%</td>
<td>OPM</td>
</tr>
<tr>
<td>4. Capture historical records with supporting documents</td>
<td>70%</td>
<td>MHAI</td>
</tr>
<tr>
<td>5. Develop a NPR System security policy and enforce; workshops and consultants</td>
<td>0%</td>
<td>OPM</td>
</tr>
<tr>
<td>6. Develop a NPR System security policy and enforce; workshops and consultants</td>
<td>0%</td>
<td>OPM</td>
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<tr>
<td>Objective</td>
<td>Indicator</td>
<td>Target</td>
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<tr>
<td>Data Validation &amp; QA</td>
<td>MHAI</td>
<td>NFA</td>
</tr>
<tr>
<td>1. Develop a strategy and policy for data QA (see TAS)</td>
<td>MHAI</td>
<td>NFA</td>
</tr>
<tr>
<td>2. Develop data QA Framework with guidelines for remedial actions, based on NFA Framework and DOA of NFA to handle various cases &amp; duplicates and remove records according to the guidelines for remedial actions</td>
<td>MHAI</td>
<td>NFA</td>
</tr>
<tr>
<td>3. Implement the framework, incl. daily reporting (incl. data cleansing) and periodic monitoring of records and reports to ensure data correctness and quality; inform users of risks associated by level of data.</td>
<td>MHAI</td>
<td>NFA</td>
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<tr>
<td>4. Do quality control to ensure MCCD forms are correctly completed and properly captured</td>
<td>MHAI</td>
<td>NFA</td>
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<tr>
<td>5. Certify datasets in terms of level of data quality</td>
<td>MHAI</td>
<td>NFA</td>
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### Theme D: Strengthen Identity & Rights

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<tr>
<th>Objective</th>
<th>Acc</th>
<th>PI</th>
<th>Target</th>
<th>Initiatives</th>
<th>CP</th>
<th>Resp</th>
<th>Supp</th>
<th>SJO</th>
<th>Cost [N$ 000]</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
<th>20</th>
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<tbody>
<tr>
<td>D1. Strengthened Legal Identity for citizenship</td>
<td>MHAI</td>
<td>a) % eligible citizens with national documents (to access services)</td>
<td>BL= 85% 16= 17= 18= 19= 20= 100%</td>
<td>1. Survey to measure and report on % with national documents; included in intercensal demographic surveys</td>
<td>0%</td>
<td>MHAI</td>
<td>NSA</td>
<td>J</td>
<td>1000</td>
<td>X</td>
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Survey to measure and report on percentage of population with access to services, e.g. to schools, health facilities, to vote, welfare grants, pension, etc. [refer to e-Governance e-readiness assessment of 2013]
<table>
<thead>
<tr>
<th>#</th>
<th>Objective</th>
<th>Target</th>
<th>PI</th>
<th>PL</th>
<th>Initials</th>
<th>Source</th>
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<tbody>
<tr>
<td>1</td>
<td>Improve quality and timeliness of vital statistics for planning and monitoring</td>
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ANNEXURE B: KEY STRATEGIC ISSUES

Situational analysis was done in the Comprehensive Assessment Report.
This annexure presents the key strategic issues derived from this report and the following strategic planning workshops. These are based on inter alia the PESTLE and SWOT analysis.

The agreed-upon 15 key strategic issues are presented below.

1. **Outdated Legislation:**
   - The legislation currently guiding the registration process of vital events is outdated, not linked and unable to respond to the complexity of issues facing society. Need to develop a new bill covering births, deaths, marriages, divorces and other complementary events; the new National Population Registration Bill, which currently is under development, needs to incorporate the following:
     - Births, Marriages and Deaths Registration Act 81 of 1963
     - The act governing divorces
     - Identification Act, 1996
     - Aliens Act 1 of 1937 (one section)
     - Namibia Citizenship Act 14 of 1990
     - Statistics Act of 2011
   - Problems include:
     - Assigning and changing surnames
     - Registration of births outside marriage is difficult
     - Use of ICT in CR, e.g. mobile devices
     - Intersectoral coordination
     - Not mandatory by magistrate to record COD as obtained from postmortem examinations
     - M&D Act does not recognise customary marriages and couples co-habiting (e.g. San)
     - No legislation governing the link between the NPR and production of VS
   - Need for a policy to integrate CRVS, involving all key stakeholders

2. **Need for Coordinated Structures with strong Leadership**
   - Coordination structures need to be established to execute the strategy
   - Need for single accountability for strategic success
   - Need for demonstrated commitment and sponsorship from all PSs in SC
   - Need for additional funding to execute the strategy; MHAI is receiving only 0.6% of the national budget.
   - No M&E system in place at all levels
   - Civil registration needs to be conducted in a coordinated manner (for more complete and timely data)
   - Agreements needed to strengthen the partnerships between the different ministries and agencies
   - Need organisational structures, incl. steering committee, TWGs and task teams
3. **Staff and Skills shortages:**
   - Shortage of staff in MHAI; need appointments and training in new MHAI structure; incl. staff in regions and sub-regions (to be evaluated in a broader context – considering TAS recommendations and possibilities of working in partnership with other agencies)
   - Shortage of staff in MoHSS
   - Shortage of staff at magistrate’s courts, especially in remote areas
   - Need TNA and Human Resources Development Plan (HRDP) for all CRVS staff; then to train according to the HRDP
   - Need external technical assistance

4. **Poor or unclear Processes**
   - The forms and processes for registering vital events and reporting COD are confusing, misunderstood and are interpreted and applied differently by the various stakeholders
   - Detailed process maps of registering the various vital events are not available
   - Registration processes are not linked to costs - both direct costs related to fees, etc. as well as indirect costs related to transport, staying over to have the work done and the opportunity costs of time and wages foregone in getting the registration done

5. **Limited or poor use of Technology:**
   - Shortage and /or poor use of ICT at points of registration (MHAI)
   - Need automation of processes, e.g. online registration
   - Need for new/innovative technology and interoperability for improved efficiencies
   - Need for compatibility amongst systems. All systems need to adapt to the same coding systems

6. **Public ignorance – low awareness and education:**
   - Many unaware of the need for registration; many not aware of the benefits of registration and early registration
   - Many do not know the requirements, procedures and places for registration
   - Human barriers: ignorance, low literacy levels, language barriers; resistance to change
   - Need to consider incentives, affordability levels
   - Cultural barriers: need to better deal with cultural practices, e.g. delays with naming of children
   - Physical barriers: long distances; difficult terrain; difficult access
   - Economic barriers: poverty; high costs of travelling
   - Need to optimally use various media, incl. radio and television

7. **Poor access and poorly equipped CR Service Points:**
   - Need to address long distances, difficult access and costly travel to CR service points
   - Need to determine accessibility levels nationwide to identify gaps; then considering various options to close the gaps
   - Need to apply innovative technology and smart partnerships, considering limited office space and staff
• Need to provide more service points where appropriate - with sufficient space, equipment and infrastructure – in terms of offices and mobile outreaches
• Need for online registrations at all CR service points; currently only MoHSS has computerised database at regional level
• Need for better maintenance of all assets, incl. furniture, equipment, hardware, software and networks

8. **Need to improve Birth & Death registration**

• Only 70% of children are registered within the first year (the law requires birth registration within 14 days)
• Late registrations of births and deaths, especially in certain regions and in non-institutional cases
• Regional differences in birth registration: 40% to 95%; Regional differences in death registration: 70% to 90%; the Kavango and Zambezi recording the lowest percentages
• The need for MoHSS to electronically notify MHAI on all new births for verification and follow-up purposes
• A complicating factor is the majority of children born outside of marriages and not brought up by their biological parents
• Cultural restrictions in naming the child
• Low literacy levels; language problems
• Lack of IDs, especially in places bordering on other countries
• Distances are very far
• Mobile registrations need better planning and announcements
• Many fathers are not present at birth. Some mothers provide the Ministry with wrong names. Medical officers often misspell names on B&D certificates; then they don’t match
• Some communities bury without registering deaths
• Difficulty to involve police and magistrates; involving police, morgues and magistrates are not being complied with due to logistical hurdles
• MHAI, NamPol, MoHSS and MoJ use different forms to record deaths

9. **Need to improve Marriage & Divorce registration**

• The marriage part in the NPRS is not yet utilised, therefore the MHAI cannot confirm marriages and prevent multiple marriages by one person
• Poor coordination of M&D data amongst institutions [The NPRS will do this; MHAI started the capturing of all historical records]
• Need for ongoing combined training in registering M&D based on new laws, incl. marriage officials & magistrates
• Need clarity on legitimacy of customary marriages
• Currently no law compelling the High Court to register divorces with MHAI. All data exist as records in the High Court [For the past two year the High Court has sent all divorce orders to MHAI]
• The court forms need to be revised to capture data as needed for vital statistics
10. **Need to improve Cause of Death registration**
   - The COD categories are not standardised; different forms for COD recording used in MHAi, NamPol, MoHSS and MoJ
   - Proper descriptions are often not provided; often not certified by a medical officer; police often do the doctor’s work; doctors’ handwriting often not legible
   - Difficult to find COD if death is in the community, especially remote areas / non-institutional cases
   - MCCD forms only available at public health facilities
   - Need to train Police and medical staff in completing COD forms
   - Magistrate needs to give instruction to doctor for postmortem, based on Police recommendation
   - Need for combined training for all death certifiers and coders; continued training needed
   - Registers of deaths are not verified for correctness and consistency
   - No disease mapping or publications available
   - Police mortuaries not fully equipped to do postmortems; rely on others far from regions
   - No link between private and public sectors to get COD information in Health Information System

11. **Need for an integrated, secure and maintained CR System / NPRS:**
   - Need to capture/digitalise all historical records
   - Need for a complete demographic profile; need new demographic fields/variables/functions/features – according to Table 5 of the CA Report
   - Need for proper access and change controls
   - Need to integrate the systems
   - Add functionalities to improve statistical data for VS
   - Interoperability with other systems
   - The networks connecting with the system is often down and need better maintenance

12. **Need for Data Verification**
   - Need to ensure quality data
   - Need to secure privacy of all records
   - Need for new verification options
   - Need to protect CR/demographic data with strict access control and tracking of all actions
   - All birth records stored in M-files needs to verified and transferred to NPRS

13. **Need for legal identities for all citizens and permanent residents:**
   - Need to increase the percentage of citizens with legal identities
   - Need to increase the percentage of permanent residents with IDs

14. **Need for most efficient ways to collect other sources of VS**
   - Various issues constraining the production of VS from the CR system, incl. a continuous link to a comprehensive NPRS
• Need to cut costs and find the most efficient ways for CR and VS
• Need for proper census and survey planning and execution; to obtain timely approvals and funding; timely procurement of logistics and dealing with various operational challenges

15. **Need for Vital Statistics for planning and monitoring**

• Need for complete and user-friendly VS:
• Need for complete and user-friendly VS made available to users in a timely manner – for strategic planning, M&E, etc.
• VS depends mostly on NPRS, but currently no link with NPRS
• Currently non conformity of CR data to required quality standards
• Currently CR data incomplete / not all demographic variables captured, e.g. place of residence
• Need for advocacy measures to increase awareness and use of VS by policy makers, opinion leaders & beneficiaries