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**INTRODUCTION:**

Based upon the recommendations of CRVS Comprehensive Assessment Study (June 2013) and initiative of Ministry of Planning Development and Reforms, WHO assisted in organization of two days ‘National CRVS Strategic Planning Workshop’ on March 20-21, 2014 at Bhurban, Murree. Since CRVS is an interdisciplinary subject, the participation was drawn from multiple partners , mainly the Provincial Health and Local Governments Departments, NADRA and PLAN International. This workshop was a step forward for moving ahead for the improvement and development of a National CRVS System. Objective was to develop a workable road map and blue print of National CRVS Strategic Plan- which Federal and Provincial Governments (Local Bodies, Health and NADRA) could follow for scaling up for CRVS strengthening.

This CRVS initiative is to meet government commitment towards recommendations of improvement of National Civil Vital Registration Systems as part of Global Commission for Information and Accountability for Women and Child Health’s (COIA). Towards this end WHO helped Government of Pakistan in rapid and comprehensive assessment of Civil Registration and Vital Statistics and development of set of recommendations for government actions.

The rapid assessment focused on some pertinent questions covering 12 CRVS domains assessed by scoring all questions with stakeholders' consensus. The final score was used to classify country into broad groups according to the functionality of their CRVS systems. WHO Pakistan undertook this CRVS Rapid and Comprehensive Assessment during 2013. Participation for this assessment was obtained from a number of Federal and Provincial stakeholders and Departments, including international partners. For this assessment, the framework devised jointly by WHO and University of Queensland (UQ) Australia was used. This study allowed a thorough review of the existing CRVS situation and helped to identify gaps, develop recommendations, set priorities and prepared a costed action plan.

*Components and recommendations of assessment were made in following five area:*

A. Legal basis and resources for civil registration

B. Registration practices, coverage and completeness.

C. Death certification and cause of death

D. ICD mortality coding practices

E. Data access, use and quality checks

To maintain the momentum and bring this effort to its logical conclusion, both Government and partners planned to develop a workable ‘National CRVS Strategic Plan’. This workshop was the end process of a long inter-agency consultative process undertaken by Ministry of Planning, Development and Reforms while engaging multiple stakeholders including National Registration Authority (NADRA), and the Provincial Governments. Some very useful suggestions were made to form the basis of National CRVS Strategic Plan.

**WORKSHOP OBJECTIVES:**

* Share experiences and foster commitment through strong partnership of all the stakeholders.
* Define appropriate approaches to address the key CRVS operational issues through a consensus among multiple stakeholders.
* Define roles and responsibilities of various stakeholders to form basis of future CRVS Action Plan.
* Develop an outline of National Strategic Plan on CRVS based upon the recommendations of the Rapid and Comprehensive Assessments.

**WORKSHOP STRUCTURE:**

As the prime objective of this National CRVS Stakeholders Workshop for Strategic Planning was to review the overall situation and develop the work plan, so it was structured in a way that Day-1 (Seesion-1) was used to provide orientation to the participants about various dimensions of the subject and multiple national and international experiences.

Day two sessions were used for group work based on the WHO Guidelines and the recommendations of CRVS Comprehensive Assessment for the Strategic Plan. In this context participants were distributed in two groups (Federal and Provincial). The workshop was mix of individual and group presentations and plenary discussions. *Agenda is annexed at B.*

**WORKSHOP PARTICIPANTS:**

As the CRVS topic is multidisciplinary in nature and needs the involvement of a number of stakeholders so a diverse participation was ensured to get maximum inputs and diversity of ideas.

The event was led by Ministry of Planning, Development and Reforms and participation was drawn from Pakistan Bureau of Statistics, National Registration Authority (NADRA), the Provincial Health and Local Government Departments. Representatives of a number of international partners like WHO-EMRO, UNESCAP, Plan International, were also present. Minister for Health – Gilgit Baltistan also participated and chaired the meeting during both days.

Dr. Azza Mohammad Badar, Technical Officer, Vital Statistics and Country Support, EST/ER, WHO/EMRO, and Ms. Tanja Sejera, Associate Statistician, Statistics Division, UNESCAP, Bangkok, Thailand were among the resource persons/facilitators of the workshop. *List of participants annexed at C.*

**WORKSHOP PROCEEDINGS:**

**Day – 1: March 20, 2014**

Workshop started with the recitation of Holy Quran. This was followed by the participant’s introduction. Then multiple presentations were made on various related topics.

Dr. Ghulam Asghar Abbasi, Chief Health, Ministry of Planning, Development and Reforms in his opening remarks reiterated the significance of CRVS towards various segments of government and community. He said Ministry of Planning, Development and Reforms as per its mandate would continue facilitating this gigantic task till the development of the final strategic plan and the start of its implementation in the provinces. He appreciated the efforts of provincial governments and WHO and other international development partners for taking this agenda forward. Then Dr. Muhammad Asif, Deputy Chief, Ministry of Planning, Development and Reforms gave presentation on the objectives, structure and expected outputs of the workshop.

Dr. Zulfiqar Khan, HSS Cluster Coordinator explained WHO’s vision for strengthening health systems at global, regional and national levels and the steps being initiated by WHO to improve National Health Information Systems and CRVS. He also gave an overview of important ingredients and steps desired for developing a ‘ CRVS Strategic Plan’.

Dr. Mursalin, WHO HIS Coordinator, gave an overview of the developments so far made towards strengthening CRVS in Pakistan through the technical support being provided by WHO through its guidelines and tools.

Dr Azza Badr, Technical Officer, Vital Statistics and Country Support – WHO/EMRO presented various approaches and innovative Programs being pursued by various countries for CRVS improvement. She also presented an overview of Pakistan CRVS system and proposed a workable model for enhancing death and birth registration in Pakistan.

Ms. Tanja from UNESCAP, Thailand shared her vision about CRVS at the ESCAP regional level and apprised the participants her organization’s vision, work and next plans for its consolidation. She said that her organization is working at strategic level to promote the CRVS agenda at national, regional and global levels.

In post tea session Mr. Khalid Khan, Director General CRMS, NADRA, Pakistan spoke on the achievement and plans of National Registration Authority for achieving universal birth and death registration in the country. He said NADRA now possess an excellent infra-structure for such type of work down to the union council levels in almost all the districts and provinces of the country. Though significant success has been made for birth registration, where of more than 40% births being registration, but for the death registration more coordination and efforts are still desired. He also shared NADRA plans for pushing the cause of CRVS.

Dr Zahid Nouman, CRVS WHO Consultant gave an overview of the in-depth analysis of his interactions with multiple organizations both at strategic and operational levels on the subject. He also presented an historical overview of existing laws/legislation for vital statistics and put forth tangible recommendations for making a common law for CRVS.

In between these presentations there was group work and plenary sessions for taking question answers and suggestions.

*Federal and Provincial Groups were formed to discuss following important topics,*

* Institutional arrangements / coordination for CRVS;
* Formulation/Notification of CRVS Steering Committee(s);
* National CRVS Strategic Plan Formulation;
* Based upon the National Strategic Plan, provincial prioritization of activities and action plans development;
* CRVS Plan Implementation process and way forward;
* Proceeding for Legislative Amendments (Federal/Provincial);
* Expertise and resources available and desired by the departments and development partners.
* Risks and assumptions.
* Sustainability issues.

**Day – 2: March 21, 2014.**

Day started with two very important presentations. One was on Use of Information Technology for improving CRVS ‘. This was presented by Mr. Athar Saeed, Manager IRD Project Karachi. The other presentation was given by Dr. Safdar Raza on ‘CRVS Pilot Project’ initiated by PLAN international in coordination with NADRA.

These were followed by group presentations of day-1. Recommendations of groups are being summarized below along with the recommended roadmap/timeline.

Meeting ended by remarks and commitment shown by the representatives of Federal and Provincial Departments of Health/ Local Governments, NADRA, PBS and international development partners.

**RECOMMENDATIONS:**

* ACTIONS PERTAINING TO FEDERAL GOVERNMENT.
1. *Institutional arrangements / coordinating for CRVS*
	* A National Steering Committee for CRVS should be established to steer the formulation of National Strategic Plan for CRVS and its implementation in the province.
	* Ministry of Planning, Development and Reforms shall be the lead institute responsible for coordination and facilitation and would act as the national focal point/ secretariat, for this purpose.
	* The National Steering Committee shall formulate Subgroups for specific technical work. Agencies like WHO and other international development partners would extend technical guidance to the committee (eg legal, form standardization and other thematic areas)
2. *Broad Scope of Work of National CRVS Steering Committee:*
	* To discuss the modalities of analysis and recommendations by stakeholders and of rapid/ comprehensive assessment of CRVS.
	* Discuss the structure and contents of National Strategic Plan.
	* To recommend terms of reference of CRVS subgroups and oversee their performance.
	* To discuss and review the development of CRVS National Strategic Plan and its legislation related aspects.
	* To oversee the overall developments and help in arranging expertise and resources.
3. *Suggested composition of CRVS National Steering Committee and actions:*
* Ministry of Planning, Development and Reforms (Health Section) shall be the Focal Office/ Secretariat
* Composition may include representation from NADRA (CRMS), Ministry of National Health Services, Regulations and Coordination , Ministry of Law and Justice , Ministry of Interior, Pakistan Bureau of Statistics, National Institute of Population Studies, interested UN agencies, international development partners, Pakistan institute of Development Economics, Provincial Health departments, Local Government and Provincial Planning Departments
* Two page concept note should be sent with the nomination invitation
* Kickoff event to sensitize members towards significance of CRVS
1. *Provincial prioritization of activities and their Action Plans formulation:*
	* Initially ownership from provincial governments is to be obtained through extensive advocacy /seminars.
	* The implementation should determine and consider the capacity building needs of different provinces. Training plans should be province specific.
	* Provincial Action Plans formulation based upon the National Strategic Plan . The National Steering Committee shall discuss the development and implementation of the provincial action plans. Implementation will be done by provincial governments.
	* Recommendations made during comprehensive assessment should be considered during development of provincial plans.
	* Data available with NADRA or other federal level department could be used for development planning and projections, as and when required.
	* Distinct inter and intra departmental roles and responsibilities should be worked out.

ACTIONS PERTAINING TO PROVINCIAL GOVERNMENTS.

1. *Legal Basis & Resources for Civil Registry.*
* Formulation and functioning of Provincial Steering Committee with a broad based composition and mandate.
	+ Review and decide amendments in Local Government Act for binding health facilities (public/public), LHWs, Marriage Registrars, and Revenue Staff to report to Secretary UC for onwards transmission.
	+ Provision of IT equipment and internet access and skilled human resources to CRVS registration sites.
	+ Promote and develop ownership with provinces, LG, health, education, revenue, population planning and social welfare
	+ To consider a free registration with minimum charges for certification.
1. *Registration Practices, coverage and completeness*
	* To propose modes operandi and necessary procedural amendments for avoiding duplication of work and effort among departments.
	* Plan and promote usage of smart/mobile technology or other innovative systems for CRVS.
	* Provincial dedicated Cell at the Local Government Departments which could play the Secretarial role and coordinate with all other related departments and should have adequate human and physical resources.
	* Review and decide legal penalties for not reporting (both for institutions and individuals).
	* District level committee of official duly empowered by law, AD LG empowered.
	* Study of contemporary systems and practices and their adoption in local context.
	* Training of LHWs, vaccinators, SUCs on ICD Coding, Death registration and verbal autopsy.
	* Implementation of ICD Coding by Hospitals and Medical Officers.
	* District level review committee headed by DCO, Provincial review committee headed Sec. Local government (Quarterly)
	* CRVS Committee at UC level comprising of Sec UC, MO and elected representatives (monthly)
	* Development of list of indicators for monitoring implementation of CRVS strengthening.
2. Death Certification and ICD Coding
	* Piloting in two district of ICD-Coding before wider scale up.
	* Develop a checklist for ICD coding- that could be used by health facilities.
	* Consider addition of ICD coding in curricula of pre service medical education – university.
	* Incorporation and modification of Medico Legal Certificates according to ICD coding.
	* Building capacities in verbal autopsy for identification of deaths and cause in community by LHWs, CMWs, revenue staff/patwaris, local police, Imam masjid etc.
3. Build capacities in ICD mortality coding practices

**WAY FORWARD:**

**•** Ministry of Planning, Development and Reforms would notify a National CRVS Steering Committee and organizing its periodic meetings with a wider membership from all relevant stakeholders. The Committee would be responsible for the formulation of National CRVS Strategic Plan.

* National Steering Committee would form Subgroups for specific technical work (eg legislation, inter agency coordination, sensitization/ CRVS Capacity building, amendments in departmental procedures etc). A specific Subgroup would particularly look at ‘legislative aspects’ for developing ‘One Universal CRVS Law’ for the country.

• Similarly Provincial Governments would notify their own ‘Provincial CRVS Steering Committees to function in their respective provinces with explicit scope of work and coordination particularly formulation of Provincial Action Plan based upon the National Strategic Plan.

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**Annex-A**

**ABBREVIATIONS:**

|  |  |
| --- | --- |
| CRVS  | Civil Registration and Vital Statistics |
| COIA | Commission for Information and Accountability  |
| EMRO  | Eastern Mediterranean Regional Office-WHO  |
| ESCAP  | Economic & Social Commission for Asia and Pacific |
| FATA | Federal Administrated Tribal Area  |
| GB | Gilgit Baltistan |
| ICD  | International Classification of Diseases.  |
| KPK | Khyber PakhtunKhwa |
| MOHSRC | Ministry of Health Services Regulation and Coordination.  |
| NADRA | National Database Registration Authority  |
| UC | Union Council  |
| UNHCR  | United Nation High Commission for Refuges  |
| UNICEF  | United Nation Children Fund |
| WHO  | World Health Organization.  |
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**Annex-B**

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| --- | --- | --- |
|  | **Civil Registration and Vital Statistics Stakeholder’s Meeting on Strategic Planning**March 20-21, 2014. Bhurban, Murree |  |

**WORKSHOP AGENDA**

DAY-1 (March 20, 2014)

|  |  |  |
| --- | --- | --- |
| 0830-0900 | Registration |  |
| **OPENING SESSION:** Chairperson-Mr. Haji Gulbar Khan; Minister for Health, GB Moderator-Dr. G. Asghar Abbasi |
| 0900-0915 | Recitation from Holy QuranIntroduction of Participants |  |
| 0915-0930 | Welcome and Workshop Objectives  | Dr. Muhammad Asif, Deputy Chief / Dr. Ghulam Asghar Abbasi, Chief Health, Planning Commission  |
| 0930-0950 | Remarks by WHO-Coordinator Pakistan.  | Dr Zulfiqar Khan, HSS Cluster Coordinator |
| 0950-1020 | CRVS Assessment and Strategic Planning Process –Pakistan  | Dr. S. M. Mursalin, HIS/CRVS WHO |
| 1020-1050 | CRVS , WHO EMRO Approaches and Innovative Programs | Dr. Azza Badr, Technical Officer , Vital Statistics and Country Support – WHO/EMRO  |
| 1050-1115 | ESCAP Regional Perspective for CRVS Improvement.  | Ms. Tanja Sejersen, Associate Statistician, Statistics Division, UNESCAP, Thailand |
| 1115-1130 | Opening Remarks by the Chief Guest  | Mr. Haji Gulbar Khan; Minister for Health, GB |
| 1130-1145 | TEA BREAK  |  |
| **SESSION -1** Chairperson-Mr. Haji Gulbar Khan; Minister for Health, GB Moderator- Dr. S. M. Mursalin  |
| 1145-1215 | Plenary Discussion; Question Answers. |  |
| 1215-1245 | CRMS Program; Achievements and Plans of National Database and Registration Authority  | Mr. Khalid Khan, Director General CRMS NADRA, Islamabad  |
| 1245-1310 | Desired Legislation and CRVS Indepth Review.  | Dr.Nouman Zahid, CRVS Consultant |
| 1310-1330 | Ingredients of CRVS Strategic Planning  | Dr.Zulfiqar Khan, HSS Cluster Coordinator |
| 1330-1345 | Plenary Discussion; Question Answers. |  |
| 1345-1430 | LUNCH & PRAYER BREAK  |  |
| 1430-1450 | Orientation to CRVS Action Plans.  | Dr. Mursalin, HIS/CRVS WHO |
| 1450-1630 | Group Work on National/Provincial Plans  |  |

DAY-2 (March 21, 2014)

|  |  |  |
| --- | --- | --- |
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| **SESSION -2** Chairperson-Mr. Haji Gulbar Khan; Minister for Health, GB Moderator- Mr. Khalid Khan – DG-NADRA |
| 0930-1030  | Plenary Presentations from Day1. Discussions  |  |
| 1030-1100  | Use of Technology for HIS /Vital Registration Karachi Project.  | Mr.AtharSaeed , Project Manager, IRD Karachi.  |
| 1100-1120  | Orientation of CRVS Program PLAN International | Mr. Safdar Raza, PLAN International.  |
| 1140-1200 | TEA BREAK  |  |
| **CLOSING SSSION:** Chairperson-Mr. Haji Gulbar Khan; Minister for Health, GB Moderator- Dr. Zulfiqar Khan-WHO |
| 1200-1215 | Summary of Proceedings and Recommendations  | Dr. SukatPervaiz, Dr. Iqbal Memon, Dr. Malika |
| 1215-1240 | Remarks of Provincial Representatives  |  |
| 1240-1300 | Remarks by Partner Agencies. |  |
| 1300-1315 | Closing Remarks by the Chief Guest.  |  |
| 1315-  | Vote of Thanks & Workshop Close  |  |

**Annex-C**

**LIST OF PARTICIPANTS**

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| --- | --- | --- | --- |
| **S.#** | **Participant Name** | **Organization** | **Contact/email** |
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|  | Dr. Wali Mohammad Laghari | Add. Director Public Health, Office of the DGHS, Hyderabad Sindh  | wmlaghari@yahoo.com |
|  | Dr. Mehmood Iqbal Memon | Dy. Director, Office of the DGHS Hyderabad Sindh | miqbalmemon@yahoo.com ; 0333-2601966 |
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|  | Mr. Asif Mehmood | Data Administrator, (HIS) WHO-Pakistan | mehmoodas@pak.emro.who.int |
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