**Workshop Report**

**Civil Registration and Vital Statistics (CRVS) Comprehensive Assessment and Plan Development.**

**June 10-13, 2013. Bhurban Murree, Pakistan**

Ministry of Planning, Development and Reforms

*In Collaboration with*

National Database and Registration Authority

&

World Health Organization

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**INTRODUCTION.**

Reliable and timely statistics of births, deaths and causes of death play pivotal role in effective public health decision making. Civil Registration and Vital Statistic (CRVS) are also an essential national resource for safeguarding people’s rights and establishing evidence for sound public policy. It is the official recognition of the vital events in people's lives: birth, adoption, marriage, divorce and death.

Civil Registration is defined as “the continuous permanent, compulsory and universal recording of the occurrence and characteristics of vital events and other civil status pertaining to the population as provided by decree, law or regulation in accordance with the legal requirement of each country”. (United Nations 2001) Hence, civil registration establishes legal identity and is the first step for obtaining legal documentation essential for participating in society.

CRVS data is critical for a well-functioning National Health Systems. Records of vital events through civil registration are the main source of vital statistics, which cover population, demographic and health statistics essential for both the public and private sectors. Pakistan like several other countries of the region do not have credible registration of births and deaths, and lack in reporting complete and accurate cause of death data. Information disaggregated by age, gender, location and/or socioeconomic status is also not available in most of the countries including Pakistan.

The global importance of CRVS has been emphasized in recent years. In 2010, the Committee on Statistics of the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) at its second session called for action to improve civil registration and vital statistics in Asia and the Pacific and supported the development of a regional program for improving the vital statistics in the Asian and Pacific region. In 2011, the ESCAP Commission adopted a resolution which encouraged all members and associate members to review and assess the current functioning of the civil registration systems and the quality of the vital statistics produced, and recommended that the results of country assessments be utilized to develop plans and implement comprehensive and costed national activities to strengthen civil registration and vital statistics systems. In 2012, during the High-level Meeting on the Improvement of Civil Registration and Vital Statistics (CRVS) in Asia and the Pacific consensus was established on a draft Regional Strategic Plan containing country actions and regional support activities from development partners that allow governments to take the necessary steps to strengthen their CRVS systems. The Regional Strategic Plan was also endorsed during the third session of the Committee on Statistics in December 2012. The ESCAP Commission adopted a resolution on Implementing the Outcome of the HLM in 2013 calling for an intergovernmental ministerial-level meeting in 2014 to endorse the Regional Strategic Plan and to foster further regional action; a regional steering group on CRVS; and a well-coordinated funding and advocacy campaign.

In 2011, the United Nations Commission on Information and Accountability for Women's and Children's Health(COIA) recommended that by 2015 "all countries [would] have taken significant steps to establish a system for registration of births, deaths and causes of death ... ". The preferred data source for the maternal mortality ratio and under-five mortality rate is a complete and accurate CRVS systems. Data obtained from the civil registration system provide inputs for deriving 42 out of the 60 Millennium Development Goals indicators.

In response to growing recognition of the important role of reliable and timely statistics regarding births, deaths and causes of death in effective public-health decision making the WHO, and the University of Queensland (UQ) developed a Framework to the countries with comprehensive guideline e on evaluating how well their civil registration and vital statistics systems are able to generate useful vital statistics.

59th Session of Regional Committee of WHO Eastern Mediterranean Region in its Resolution EM/RC59/R.3 has urged *to strengthen national health information system by improving reporting of births, deaths and cause of death, by improved monitoring of exposure to risk factors and social determinants of health, morbidity, mortality and performance of the health system and by institutionalizing population-based surveys.*

Regional Director WHO EMRO in his letter EST.3/02 S4/27/3 dated 05 March 2013 requested Planning Commission/ Ministry of Planning, Development, and Reforms to facilitate in conducting Comprehensive Assessment of CRVS with the involvement of all national key stakeholders to reach a more precise and detailed diagnosis of weaknesses and gaps and setting priorities to develop an evidence based country action plan for CRVS improvement.

Keeping in view the above, Planning Commission of Pakistan/ Ministry of Planning, Development and Reforms in collaboration with WHO Pakistan Office and National Data Base and Registration Authority (NADRA) and technical support from UNESCAP, organized a four dayNational Workshop on Comprehensive Assessment and Plan Development for Civil Registration and Vital Statistics (CRVS) from June 10-13, 2013 at Bhurban, Murree, Pakistan.

**WORKSHOP OBJECTIVES**

* To conduct a standards-based, comprehensive assessment of the current CRVS status, capacities and resources in Pakistan
* Formulate a multi-sectorial national CRVS action plan that addresses the range of challenges, result oriented approaches and define feasible actions.
* Define roles and responsibilities of various stakeholders for implementing CRVS plan

**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. In brief it was a well-attended workshop where participations were drawn from Federal Ministries of Planning, Development and Reforms/ National Health Services/ Statistics/ Inter- Provincial Coordination/ Interior, National Database and Registration Authority, & Capital Development Authority (CDA), apart from, Provincial Health and Local Bodies Departments. Representatives of a number of international partners like UNICEF, UNFPA, Plan International, UNHCR were also present. A number of participants belonging to Provincial Public Health Programs (like MNCH, LHW and DHIS. ) also attended the workshop.

Dr. Muhammad Ali, Regional Advisor, WHO/EMRO, Dr. Mursalin HIS/ CRVS Focal Point WCO and Ms. Harumi Shibata Salazar, Statistician, UNESCAP-Bangkok, were the resource persons/facilitators of the workshop. *List of participants can be found at annex ‘B’.*

**WORKSHOP STRUCTURE**

As the prime objective of this National CRVS Workshop was to review the overall situation and develop an improvement plan, so it was structured in a way that Day-1 was used to provide orientation to the participants about various subject dimensions and multiple national and international experiences. Day-2 and day-3 were used for group work around the already developed and widely used questionnaire for ‘CRVS Comprehensive Assessment Framework’ developed by WHO and University of Queensland, Australia[[1]](#footnote-1). This tool allows a thorough review of the existing CRVS and helps identify gaps, develop recommendations, set priorities and prepare a costed action plan for the government action.

The framework has five main components and in total 16 subcomponents, and by following the indicated review process, it is possible to identify deficiencies in the functioning of the systems as well as in the quality of the vital statistics. *The components of the tool include:*

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

In the afternoon of day-3, the five sub-groups presented their findings and recommendations to the entire group. Each presentation was followed by questions and discussions.

Day-4 was used to clarify some of the recommendations and summarize them.

*The Agenda of the workshop can be found in annex ‘A’.*

**WORKSHOP PROCEEDINGS**

On Day-1, workshop started with the recitation of Holy Quran. This was followed by the participant’s introduction. Dr. Mursalin, WHO Focal Person for HIS/CRVS welcomed the participants and briefly explained the context and agenda of the workshop. He also shared the results of the ‘CRVS Rapid Assessment’ accomplished in December 2012 and further steps for CRVS development.

Dr. Ghulam Asghar Abbasi, Chief Health, Ministry of Planning, Development and Reforms opened the workshop on behalf of the Secretary, Ministry of Planning, Development and Reforms who could not manage to inaugurate the event because of his preoccupation with meeting of the National Economic Council (NEC) the same day. He stressed the need for an efficient Vital Statistics and Vital Registration Systems in the country and highlighted the deficiencies being faced in establishing a uniform and comprehensive system. He also appreciated the efforts of WHO and other collaborating institutions especially NADRA for organizing the workshop.

Dr. Zulfiqar Khan, Coordinator, HSS, WHO, Pakistan highlighted the importance of CRVS in public health and comprehensive policy. He also thanked the participants for their participation and hoped that the learned participants, through their vast experience, would be able to help in formulating an evidence based, workable and concrete CRVS promotional plan. He said that WHO supported the organization of rapid assessment of the CRVS systems of Pakistan. This study was undertaken in December 2012. Participation for this assessment was obtained from a number of Federal and Provincial stakeholders and Departments, including international partners.

Figure 1Results of CRVS Rapid Assessment in Pakistan undertaken in December 2012.

As shown in the graph above though country has made significant achievement in some components of CRVS, there exist serious gaps in some other critical components, particularly for reporting number and causes of deaths, using of ICD coding, validating data quality and improving the coverage of reporting. Birth registration is however being scaled up through nationwide program launched by National Registration Authority.

After the opening remarks, Mr. Khalid Khan, Director NADRA presented a brief introduction of his institution with a brief history of Civil Registration in Pakistan. He also informed the participants about the mandate of NADRA.

Mr. Muhammad Riaz, Chief Statistical Officer, Statistic Division, Government of Pakistan, presented a brief introduction of Pakistan Bureau of Statistic and the contribution made by PBS towards registration of Vital Statistics in Pakistan. He especially mentioned about the PDHS surveys.

Mr. Nisar Ahmad, COIA Coordinator also informed the participants about the importance of vital event registration and benefits of credible CRVS in policy planning for mother and child health projects and estimations.

Comments of partners like UNFPA, UNICEF, UNHCR, PLAN International were then obtained.

In the session following tea break, Dr. Muhammad Ali, Regional Advisor, WHO/EMRO, gave a comprehensive presentation on dimensions of CRVS and its relevance to public health. He especially highlighted the role of CRVS in public policy and financial allocation and the need of credible vital statistics for this purpose. He said an efficient CRVS could provide benefits to all segments of society including individuals and families, communities and government departments. Both WHO and its partners are committed to this cause and its member states have already recognized its significance. All those countries which have achieved the level of a comprehensive CRVS are now in a position to regularly monitor their vital statistics and to work out vital health and demographic estimates from this data. WHO therefore is now advocating the cause of CRVS around the globe.

Ms. Harumi Shibata Salazar, Statistician from UNESCAP presented the ‘CRVS Regional Initiative and Experiences from ESCAP countries’. She presented the different activities organized by UNESCAP in collaboration with other development partners since 2010. All these activities have help create a momentum and focus the attention of relevant stakeholders in the importance of improving the civil registration and vital statistics systems in the region. She also shared with the group different lessons learnt from other country assessments. These lessons learnt covered the strengths and weaknesses of the process and tools.

Mr Khalid Khan, Director General of National Database Registration Authority (NADRA) then apprised the participants about the existing status and practice of birth registration and its future plan for registration of other vital events. (eg deaths and its causes, marriage and divorce etc.) He said that NADRA is implementing a countrywide project (CRVS) on vital events. Under this program NADRA has currently registered 1.5 million births, which is 30 % of the total expected births. For this NADRA has a countrywide infrastructure up to Tehsil and UC levels. But lot more is yet to be achieved and there exist a number of gaps in this context, which NADRA is determined to win. .

Representative of Plan International (Dr Safdar Raza) gave an introduction of its project on ‘Digital Birth Registration System’. He said that this is a pilot project which is running in three countries in the world (i.e. Sierra Leon, Pakistan and Kenya). In Pakistan this projects has been started in a number of districts: Punjab, AJK and Gilgit - Baltistan provinces. They are facing issues related to inter-departmental coordination and lack of public demand and awareness for registration, among others.

Representatives from agencies like UNICEF, UNFPA and UNHCR also gave their impressions about various CRVS related activities being conducted by them.

After the initial presentations, Dr. Muhammad Ali, Regional Advisor, WHO/EMRO introduced the WHO Framework for Comprehensive Assessment, its tools, the processes and outputs to participants in detail. He also answered the questions of the participants ABOUT THE GROUP WORK order to remove any ambiguities.

At the end of the first day five working groups were formed with their distinct topics. Each group was assigned one component of WHO Framework from CRVS Comprehensive Assessment Tool.

**Group A** Legal basis and resources for civil registration

**Group B** Registration practices, coverage and completeness

**Group C** Death certification and cause of death

**Group D** ICD mortality coding practices

**Group E** Data access, use and quality checks

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| **FORMATION OF TECHNICAL GROUPS** | | | | | |
| **Groups** | **A: Legal basis and resources for civil registry A1-A2 & Data storage and transmission (B4)** | **B: Registration Practices, coverage and completeness (B1-B3)** | **C: Death Certification and Cause of Death (C 1- C4)** | **D: ICD Mortality coding practice** | **E: Data Access, Use and Quality Check** |
| **Facilitator:** | Col (Rtd ) Tafseer Ahmed Khan, Coordinator, CRVS NADRA | Mr. Nisar Ahmed Director, M/O IPC, Focal Person COIA. | Dr. Zahid Noman, Director, Social Security Hospital | Dr. Anwar Jasim, WHO-KPK | Mr. Ali Ahsan, Regional DHIS Coordinator - Dist. Rawalpindi |
| **Rapporteur** | Dr. Tahira Baloch - WHO-Quetta | Dr. Babar Alam, WHO-Punjab | Dr. Abdul Rehman Perizado, WHO-Sindh | Dr. S. M. Mursalin, WHO-Islamabad | Dr. Shahzad Ali Khan, Coordinator HSS, HAS |
| **Members** | Dr Ghulam Asghar Abbasi, Chief Health, Planning Commission. | Mr. Khalid Khan, DG, CRMS Program NADRA | Dr. Zafar Ikram, Provincial MNCH Coordiantor, Lahore | Dr. Hasan Orooj, Director Health, CDA Directorate Islamabad | Mr. Muhammad Riaz, Assistant Census Commissioner-, PBS |
| Ms. Syeda Malika - Dy. Sec. (Est.) GO Punjab-Lahore | Dr M. Asif  Dy. Chief Planning  Commission. | Dr. Hafeez Ul Haq Memon, Director Health Services, Hyderabad | Dr. Jafar Saleem, Director MIS, Lahore | Dr. Younis Asad Sheikh, Provinical DHIS Coordinator, Hyderabad |
| Mr. Farooq Ahmed, Data Management Officer, DHIS, Lahore | Dr. Asad Zaheer Registrar, University of Health Sciences, Lahore | Dr. Ghafoor, Director Health Services, Peshawar | Dr. Rafique Mengal, Dy. MNCH Coordinator, Quetta | Dr. Najeeb Ullah Marwat, Dy. DHIS Coordiantor, Quetta |
| Dr. Ehsan Ahmed Khan, Director Health, GB | Representative, Director Local Bodies , Lahore | Dr. Fazal Rabbi, Deputy Program Manager - DHIS, Peshawar | Dr. Faheem Ahmed, Provinical MCNH Coordiantor, Peshawar | Mr. Etsham Siddiqi, Data Administrator, DHIS, Peshawar |
| Dr. Pervez Shaukat UNHCR | [Mr Safdar Raza , PLAN](mailto:Safdar.Raza@plan-international.org) | Dr. Khizar Ashraf, WHO-Pakistan | Dr. Mirza Aamir Baig - FELTP |  |
| [Dr Farah Naz - PLAN](mailto:Irfan.Ahmed@plan-international.org) | Mr. Muqaddar Shah, UNFPA. | Dr. Zulfqar Khan, WHO -Islamabad |  |  |

Whole of day two and half of day three were consumed by the groups in deliberating on the set of questions asked in the ‘Assessment Tool’. These questions help particularly focus on analyzing the current situation in various CVRS areas and formulating recommendations for country actions. Second half of day-3 groups presented the findings and recommendations.

Final recommendations and priority areas were presented before the audience in the final session. This will be the basis of the strategic plan, a concrete proposal to be sent to and agreed by the government for future actions.

In the end, Dr. Zulfiqar Khan, WHO Cluster Coordinator, thanked the participants for their participation and deliberations. He especially thanked Dr. Ali and Ms. Harumi for travelling all the way from their international destinations for the success of the workshop.

**RECOMMENDATIONS**

The final recommendations made by the five groups for carrying out the comprehensive assessment are summarized as follows:

1. **Legal Framework and Resources for Civil Registration**

* There is a need to review the current legislation and identification of gaps for CRVS and propose amendments, or create a single comprehensive law for CRVS, or develop a uniform national CRVS law. In any case, the law needs to be very specific with the several definitions, what to do in certain situations, timelines, and responsibilities.
* There is an urgent need for technology upgrade. Synergy among partners for data digitalization, compilation, storage, confidentiality, coverage, completeness, public private and all sources will be important for a faster transition.
* Given the multiple uses of f CRVS data , for its uniform production a central body needs to be identified to collect , compile, safeguard , to keep records, disseminate data, and assist in its advocacy.
* Registration of births and deaths should be maintained free of charge but some appropriate standard fee criteria needs to be devised for issuance of certificates for multiple usage.

1. **Registration Practices, Coverage and Completeness of Registration.**

* Inter-disciplinary National and Provincial Steering Committees be established and made functional for CRVS promotion.
* There is a need for enhanced local level coordination among different departments/ stakeholders. Benefits from use of intensified technological support (like mobile technology and emerging technologies) be ensured.
* To improve data integration possibility of placing a dedicated person at each Union Council Office for collection and processing of CRVS be explored.
* Strengthening of Local Government Systems and Synergies with National Registration (NADRA) and Health Departments. District Coordination Office to be assigned with this role.
* Rules be framed for collection of birth and death certificates by community with in sixty days of occurrence of the event. Issuance of Marriage certificate for all communities including minorities be implemented.
* All CRVS information gathering bodies need to be linked to Local Government for creating a central data warehouse.
* To ensure legal authenticity of death certificates the following procedure may be adapted:

*For Deaths in Hospitals****:***

* + Doctors should issue DC with specific cause of death with a copy to nearby NADRA Office

*For Deaths in community***:**

* UC secretary in addition to its routine work may issue provincial certificate after Verbal Autopsy followed by verification of VA by nearby Govt. Medical Officer
* The capacity of all cadres involved in death certificate coding should accordingly be enhanced.
* A comparative analysis of NADRA’s CRVS data with Pakistan Bureau of Statistics for the last ten years is recommended to identify deficiencies.
* To make the birth certificate more uniform and comprehensive information like include birth weight, age of parents, educational attainment of parents, live births, number of fetal deaths, last live birth, and date of marriage be also included.
* Adjustments in rules be made to accommodate the variations of Geographical terrain and density of population.
* Polices be framed first to enhance the role of public sector health facilities in registering births and deaths , and then ensuring its linkage with private services in catchment areas specially for CRVS.
* There is dire need for identifying and linking additional social benefits for birth and death registration. This should correspond with raising community awareness and campaigns.

1. **Death Certification and Cause of Death**

* Need for immediate adaptation, piloting and implementation of ICD-10 coding for certifying cause of deaths on standard pattern.
* For recording causes of deaths outside hospitals, develop and implement a checklist for Verbal autopsy Death Certificates requires to be structured and standardized
* Instructions for authorizing an alternate medical officer once the designated doctor is not available in the facility.
* Possibilities of developing appropriate legislation for involving and authorizing some private practitioners in CRVS System in general and death registration in particular be looked into.
* Introduction of ICD Coding and standardized Death Certificate initiated in pre-service medical education.
* To develop a national policy to record and certify events those led to death of persons.

**D ICD Mortality Coding Practices.**

* ICD coding should be promoted by its incorporation in mortality coding, curriculum, policies. Responsibility for its up scaling be placed on National level, may be with National Health Information Resource Center (NHIRC).
* Provincial DHIS Programs with WHO’s technical support, to facilitate on the job training of ICD Coders/ UC level staff. WHO may assist in organizing training of trainer’s (TOTs) course for Provincial/Federal Trainers.
* In case of ambiguity or certify death certificate, coder/UC secretary should refer back to the person who has issued the certificate. If the concerned doctors is not available/fails to certify, a committee at UC level should issue final certificate within 1 month.
* A District death review committee should be constituted to review the causes of death coding on monthly basis. Maternal death review, the one already in place, be activated by adding advice from district level medical specialists.
* For improving data quality there is a need for a more interactive approach by sending a regular feedback to coders/UC secretaries after quality check and evaluations

**E Data access, Use and Quality Checks**

* CRVS should be brought to a stage where the essential health and demographic indicators, including mortality indicators could be calculated through this system.
* Efforts should be made to develop uniform estimates for indicators at various levels,. For this certain agencies should be officially designated.
* Use of standard denominators should be used for calculating essential vital statistics.
* Enhanced use of technology be encouraged for ICD coding.
* A culture of development of annual reports be promoted by which causes of deaths be reviewed along with their distribution patterns.
* There is a need to strengthen the analytical capacity of decision makers and data users.

**5. WAY FORWARD**

Improvement and strengthening of National Civil Vital Registration System needs strong interdisciplinary coordination and commitment. The roadmap finalized through the organization of rapid and comprehensive CRVS assessment, and then, formation of set of useful recommendations have to be vigorously perused. Improvement in a National system could only be brought in a phased manner while generating demand and ownership of all the major stakeholders. *This challenge should be met through implementing following three phases.*

* Fostering strong Political Commitment, Interdepartmental and interagency Coordination for the development of a long term strategic plan. The strategic plan could be based upon the recommendations of this CRVS National Workshop and the priorities so identified.
* Ensure necessary legislation for empowering the respective Government organizations to work freely and without getting into legal bottlenecks;
* A National Steering Committee/ Working Group need to be formulated with Planning Commission as Chair to lead the development of enhancement/ improvement Strategic Plan for CRVS;
* The above National Steering Committee/ Working Group would ensure Implementation of the plan through respective government organizations (e.g. NADRA, Local Bodies etc) and Provincial Health Departments.

ANNEXURE Agenda (A)

ANNEXURE List of participants (B)

**ABBREVIATIONS:**

|  |  |
| --- | --- |
| CRVS | Civil Registration and Vital Statistics |
| COIA | Commission for Information and Accountability |
| ESCAP | Economic & Social Commission for Asia and Pacific |
| FATA | Federal Administrated Tribal Area |
| ICD | International Classification of Diseases. |
| KPK | Khyber Pakhutn Khwa |
| 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 |
| UQ. | University of Queensland, Australia. |
| WHO | World Health Organization. |
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**Annex-A**

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|  | **National Workshop on Civil Registration and Vital Statistics (CRVS) Comprehensive Assessment and Plan Development June** 10-13, 2013. Bhurban, Murree | whologo-small |

**WORKSHOP AGENDA**

**(June 09, 2013)**

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| 1500-1800 | Pre-Workshop Facilitators Coordination Meeting |

**DAY-1 (June 10, 2013)**

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| **Time** | **Activity** |  |
| 0830-0900 | Registration |  |
|  | **Opening Session.** |  |
| 0900-0915 | Recitation of Holy Quran  Participant’s Introduction. |  |
| 0915-0935 | CRVS Orientation and Workshop Objectives. | Dr. Mursalin WHO |
| 0935-1010 | Opening Remarks.   * Secretary, Ministry of Planning.   *GOP Departments*   * Civil Registration Authority (NADRA). * Statistics Division. GOP * GOP –COIA Coordinator.   *WHO Representative.* | Mr, Hasan Nawaz Tarar, Secretary, Planning.  Mr.Khalid Khan  Mr. Muhammad Riaz,  Mr Nisar Ahmed |
| 1010-1030 | Partners Remarks | (UNFPA, UNICEF, UNHCR, PLAN, Others) |
| 1030-1100 | Dimensions of Civil Registration and Vital Statistics (CRVS). Relevance with Health and Non Health Sectors. | Dr Mohamed Ali  Regional Advisor. WHO/EMRO |
| 1100-1115 | CRVS Initiatives and experiences in ESCAP Countries | Harumi Shibata  ESCAP Coordinator. |
| 1115-1130 | Tea and Coffee Break |  |
| 1130–1230 | *Existing CRVS initiatives in Pakistan.*   * Civil Registration Management Program (by NADRA). * Digital Birth Registration in Pakistan, PLAN Pakistan * Birth Registration Initiative Local Bodies Punjab. * Vital Registration in MIS (DHIS/LHWs and other Vertical Program) |  |
| 1230-1300 | Introduction to WHO Framework for Comprehensive Assessment and Tools: process and output | Dr Mohamed Ali |
| 1300-1400 | Lunch Break and Prayers |  |
| 1400-1500 | Introduction to the group work:   * Formulation of groups; * Assigning of questionnaires/subcomponents * Reading/orientation to the tools | Dr Mohamed Ali |
| 1500-1530 | Plenary Clarifications/ Wrap up – agreement on plan of work for day 2 |  |

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| 1900-2100 | Technical Group Meeting on SAVVY |

**DAY \_2 (June 11, 2013)**

**Group – A: Legal basis and resources for civil registry A1-A2 & Data storage and transmission (B4)**

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| **Time** | **Activity/description** |
| 0830 - 1030 | Legal basis and resources for civil registry – Sub-component A-1 (question A1.1 to A1.20) |
| 1030 - 1100 | Working tea and coffee |
| 1100 - 1300 | Legal basis and resources for civil registry – Component A-1 (question A1.21 to A1.30) |
| 1300 - 1400 | Lunch & Prayer break |
| 1400 - 1600 | Legal basis and resources for civil registry – Sub-component A-2 (question A2.1 to A2.21) |

**Group – B: Registration Practices, coverage and completeness (B1-B3)**

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| **Time** | **Activity/description** |
| 0830 - 1030 | Organization and functioning of civil registration and vital statistics systems – Subcomponent B1 (question B1.1 to B1.18) |
| 1030 - 1100 | Working tea and coffee |
| 1100 - 1300 | Organization and functioning of civil registration and vital statistics systems – Subcomponent B1 (question B1.19 to B1.30)  Review of forms used for births and death registration – Subcomponent B2 (question B2.1 to B2.5) |
| 1300 - 1400 | Lunch & Prayer break |
| 1400 - 1600 | Field Visit THQ Hospital-Murree to review practices the Birth and Death Registration |

**Group –C: Death Certification and Cause of Death (C 1- C4)**

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| **Time** | **Activity/description** |
| 0830 - 1030 | ICD-compliant practices for death certification – Subcomponent C1 (question C1.1 to C1.12) |
| 1030 - 1100 | Working tea and coffee |
| 1100 - 1300 | Hospital death certification – Subcomponent C2 (question C2.1 to C2.4)  Deaths occurring outside hospital – Subcomponent C3 (question C3.1 to C3.11) |
| 1300 - 1400 | Lunch & Prayer break |
| 1400 - 1600 | Field Visit THQ Hospital-Murree to review practices the Birth and Death Registration |

**Group D: ICD Mortality coding practice**

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| **Time** | **Activity/description** |
| 0830 - 1030 | Mortality coding practice – subcomponent D1 (question D1.1to D1.14) |
| 1030 - 1100 | Working tea and coffee |
| 1100 - 1300 | Mortality coder qualification and training – Subcomponent D2 (question D2.1 D2.8)  Quality of mortality coding – Subcomponent D3 (question D3.1 to D3.7) |
| 1300 - 1400 | Lunch & Prayer break |
| 1400 - 1600 | Field Visit THQ Hospital-Murree to review practices the Birth and Death Registration |

**Group E: Data Access, Use and Quality Check**

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| **Time** | **Activity/description** |
| 0830 - 1030 | Data quality and plausibility checks – Subcomponent E1-A (question E1.1 to E1.13) |
| 1030 - 1100 | Working tea and coffee |
| 1100 - 1300 | Cause of death - Subcomponent E1-B (question E1.13 to E1.20) |
| 1300 - 1400 | Lunch & Prayer break |
| 1400 - 1600 | Data tabulation – subcomponent E2 (question E2.1 to E2.12) |

**DAY \_3 (June 12, 2013)**

**Group A: Legal basis and resources for civil registry A1-A2 & Data storage and transmission (B4)**

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| **Time** | **Activity/description** |
| 0830 - 0845 | Recap of day -2 and targets for day 3 in a common session |
| 0845 - 1030 | Data storage and transmission – Subcomponent B4 (question B4.1 to B4.9) |
| 1030 - 1100 | Working tea and coffee |
| 1100 - 1300 | Data storage and transmission – Subcomponent B4 (question B4.10 to B4.23) |
| 1300 - 1400 | Lunch & Prayer break |
| 1400 - 1600 | Plenary report back in a common session |

**Group B: Registration Practices, coverage and completeness (B1-B3)**

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| **Time** | **Activity/description** |
| 0830 - 0845 | Recap of day -2 and targets for day 3 in a common session |
| 0845 - 1030 | Coverage and completeness of registration – Subcomponent B3 (question B3.1 to B3.16) |
| 1030 - 1100 | Working tea and coffee |
| 1100 - 1300 | Coverage and completeness of registration – Subcomponent B3 (question B3.17 to B3.26) |
| 1300 - 1400 | Lunch & Prayer break |
| 1400 - 1600 | Plenary report back in a common session |

**Group C: Death Certification and Cause of Death (C 1- C4)**

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| **Time** | **Activity/description** |
| 0830 - 0845 | Recap of day -2 and targets for day 3 in a common session |
| 0845 - 1030 | Practice affecting the quality of cause of death data – Subcomponent C4 (question C4.1 to C4.10) |
| 1030 - 1100 | Working tea and coffee |
| 1100 - 1300 | Practice affecting the quality of cause of death data – Subcomponent C4 (question C4.11 to C4.15) |
| 1300 - 1400 | Lunch & Prayer break |
| 1400 - 1600 | Plenary report back in a common session |

**Group D: ICD Mortality coding practice**

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| **Time** | **Activity/description** |
| 0830 - 0845 | Recap of day -2 and targets for day 3 in a common session |
| 0845 - 1030 | Support other groups |
| 1030 - 1100 | Working tea and coffee |
| 1100 - 1300 | Support other groups |
| 1300 - 1400 | Lunch & Prayer break |
| 1400 - 1600 | Plenary report back in a common session |

**Group E. Data Access, Use and Quality Check**

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| **Time** | **Activity/description** |
| 0830 - 0845 | Recap of day -2 and targets for day 3 in a common session |
| 0845 - 1030 | Data access and dissemination – subcomponent E3 (question E3.1 to E3.15) |
| 1030 - 1100 | Working tea and coffee |
| 1100 - 1300 | Review and finalize work for day 2 and 3 |
| 1300 - 1400 | Lunch & Prayer break |
| 1400 - 1600 | Plenary report back in a common session |

**DAY \_4 (June 13, 2013)**

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| --- | --- | --- |
| **Time** | **Activity/description** |  |
| **Presentations of Findings, Prioritization & Recommendations.** | | |
|  | | |
| 0830–11-30 | Review and finalization recommendations and Prioritization by each Group |  |
| (Working Tea to be Served) |  |
| 1130-1230 | Group Presentations, Plenary Discussion and Consolidation | Group Reps. |
|  | **Closing Session** |  |
| 1230-1345 | Workshop Proceedings, Recommendations and Prioritization | Dr. Mursalin, WHO  Ms. Harumi |
| 1345-1400 | Comments by Provincial Representatives |  |
| 1400-1415 | Partner’s Commitments |  |
| 1415-1430 | Vote of Thanks & Workshop Close | Dr Zulfiqar Khan  WHO-HSS Coordinator. |

**Annex-B**

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| **National Comprehensive Assessment Workshop on CRVS** | | | | |
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1. <http://www.uq.edu.au/hishub/wp1> [↑](#footnote-ref-1)