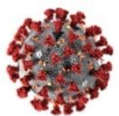
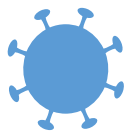
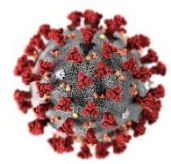


Gender-Sensitive Response to crises using CRVS: A Punjab case study

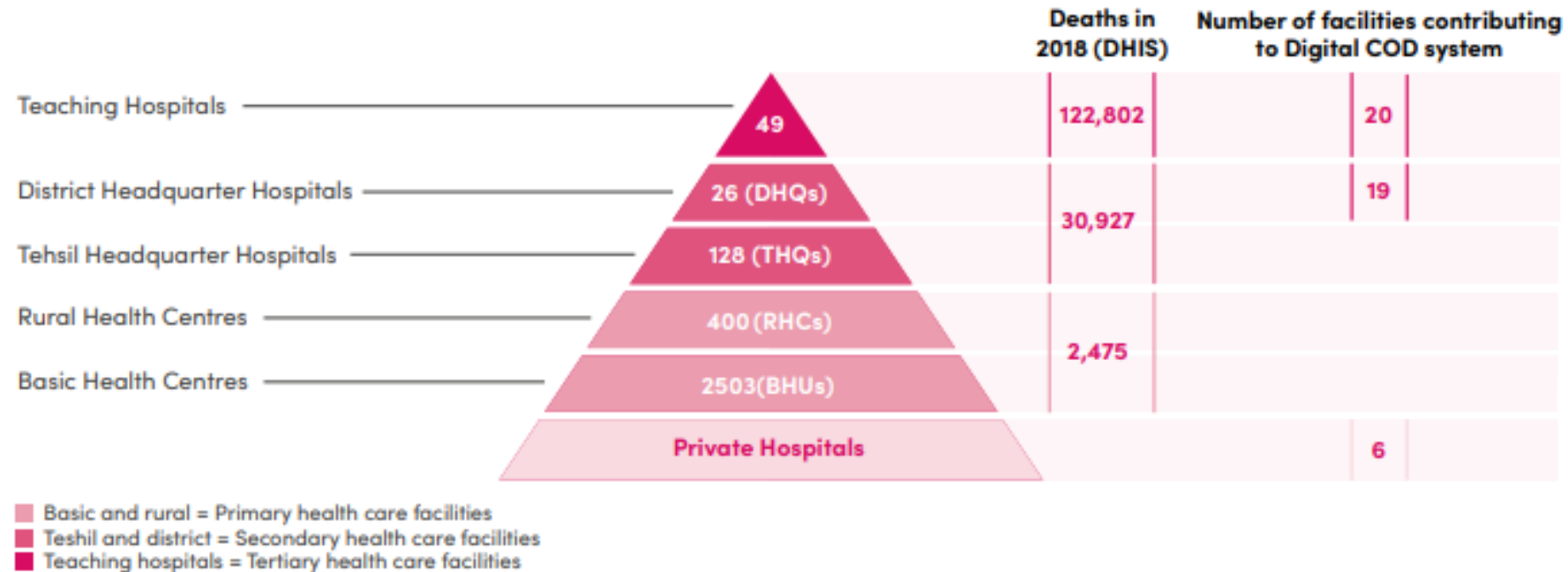
Zareen Shagufta

Programme Director, Policy and Strategic Planning Unit,
Health Department of Punjab, Pakistan

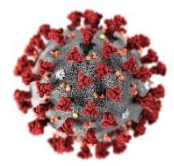




The three-tier health infrastructure in Punjab and their recorded deaths in 2018

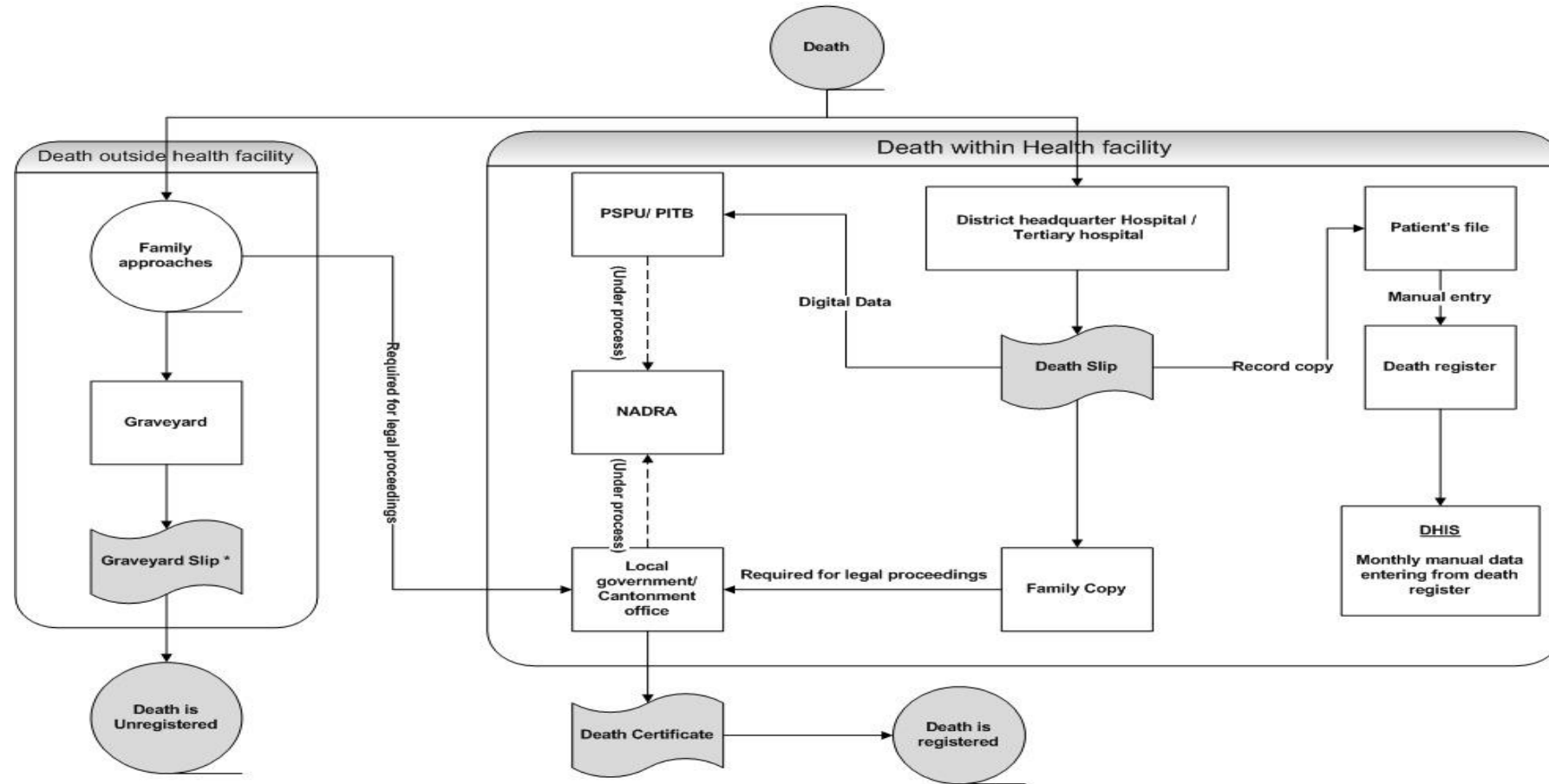


Source: Zareen Shagufta (2021) [Gender-sensitive response to crises using CRVS: A Punjab case study](#)

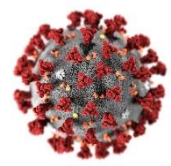


Death registration mapping in Punjab

Death Registration Process in Punjab



* Graveyard slip is issued by graveyard digger.



Sources of mortality data

- **District Health Information System (DHIS)- Since 2007**



- operative in all health facilities of Punjab
- records only total mortality statistics with no age, sex or cause of death

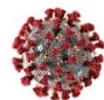
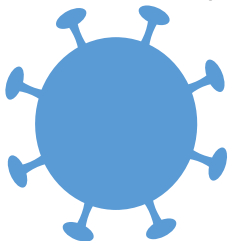
- **Cause of Death (CoD) system- Since Jan 2019**

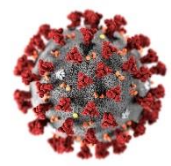
- Digitalized data in the application
- Real time information
- Age, sex and Cause of Death (Primary, Secondary and underlying)with ICD-10 Coding



- **COVID-19 System- Since Mar 2020**

- Digitalized data of death due to COVID-19 only
- Details of the deceased and one' contacts for trace, isolate and treat





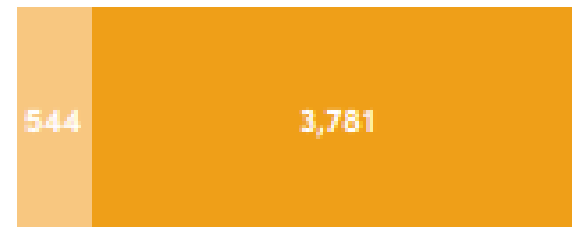
Total deaths in Punjab (Feb-Sep 2020) through CoD system

Total deaths recorded through Punjab's CoD system and COVID-19 dashboard, February to September 2020, by cause

Male

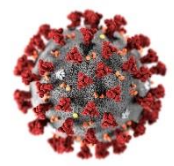


Female

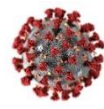
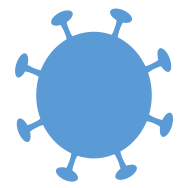
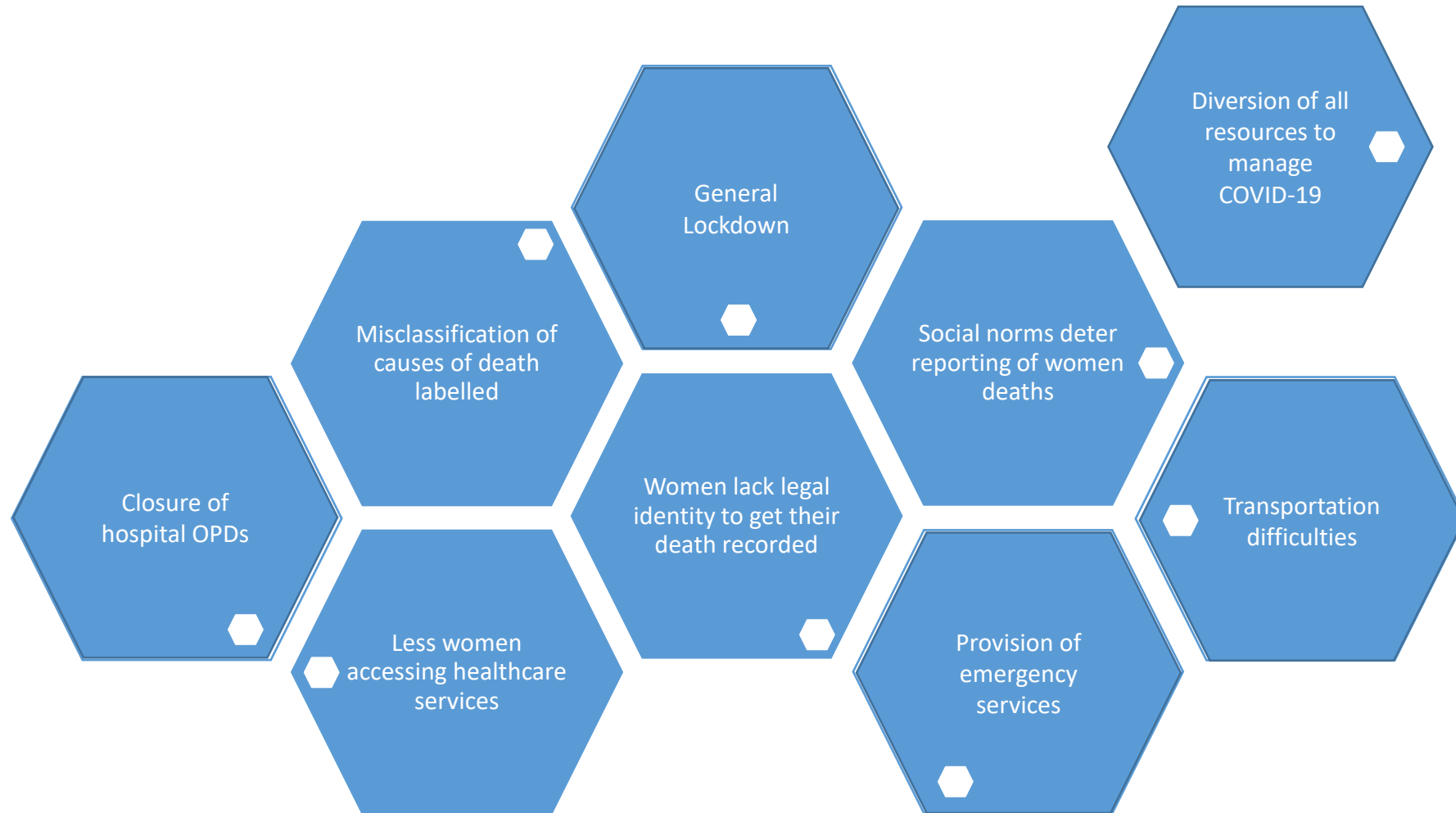


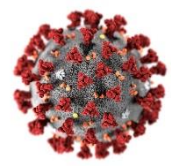
■ Covid ■ Non-Covid

Source: Zareen Shagufta (2021) [Gender-sensitive response to crises using CRVS: A Punjab case study](#)



Reasons for gender gap in mortality stats





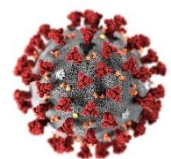
Effect of COVID-19 on Women health indicators in Punjab, using projected value for 2020

Women's health indicators, hospital antenatal care and delivery, 2016 to 2020, including projected 2020 figures

Year (Feb- Sep)	First antenatal care visits (ANC-1) in the hospitals	ANC-1 women with Hb. <10 g/dl	Antenatal care revisit in the hospitals	Normal vaginal deliveries in hospitals
2016	2,626,561	518,292	2,233,173	669,339
2017	3,143,825	636,910	2,619,986	741,782
2018	3,248,543	741,499	2,873,328	729,636
2019	2,932,414	683,000	2,987,679	726,531
2020 - observed	2,191,677	499,244	2,467,351	609,227
2020 - projected	3,243,405	794,603.5	3,307,756.5	756,679.5
Difference to predicted value	-32%	-37%	-25%	-19%

Source: DHIS, 2016-2020.

Source: Zareen Shagufta (2021) [Gender-sensitive response to crises using CRVS: A Punjab case study](#)

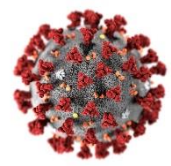


Effect of COVID-19 on birth stats, 2016 to 2020, using projected value for 2020

Birth statistics, 2016 to 2020, with projected value for 2020, DHIS

Year (Feb-Sept)	Births
2016	772,292
2017	865,016
2018	861,860
2019	878,018
2020 - observed	747,891
2020 - projected	922,802
Difference to predicted value	-19%

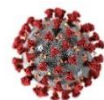
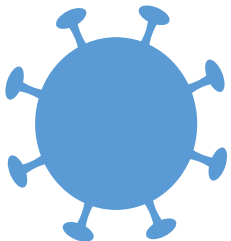
Source: Zareen Shagufta (2021) [Gender-sensitive response to crises using CRVS: A Punjab case study](#)

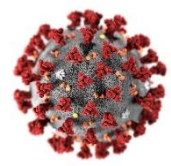


Use of CRVS data during Pandemic



- To impose smart lockdown
- To identify clusters of outbreak
- Background characteristics of infected cases
- Allocation of more resources to high-risk areas
- Contact trace, isolate and treat

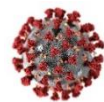
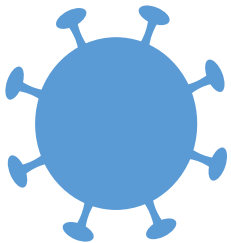


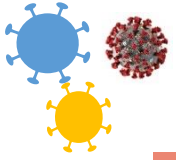


Recommendations for gender-sensitive CRVS in Punjab



- Legal framework for National CRVS
- Gender disaggregated information to ascertain correct MMR & IMR
- Enhance geographical coverage
- Interoperability of existing DHIS and LHW system with CRVS
- Evidence based decision making for women and children
- Integrate CRVS with National statistical system





Thank you

