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

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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**

- **Death outside health facility**
  - Family approaches
  - Graveyard
  - Graveyard slip
  - Death is Unregistered

- **Death within Health facility**
  - PSPU/ PITB
    - (Record copy)
    - Digital Data
  - NADRA
    - (Record copy)
    - Required for legal proceedings
  - Local government/ Cantonment office
  - Death Slip
    - Record copy
    - Death register
  - Family Copy
  - Death Certificate
  - Death is registered

* 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’s 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

Source: Zareen Shagufta (2021) Gender-sensitive response to crises using CRVS: A Punjab case study
Reasons for gender gap in mortality stats

- General Lockdown
- Misclassification of causes of death labelled
- Women lack legal identity to get their death recorded
- Social norms deter reporting of women deaths
- Provision of emergency services
- Transportation difficulties
- Diversion of all resources to manage COVID-19
- Closure of hospital OPDs
- Less women accessing healthcare services
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

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


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

<table>
<thead>
<tr>
<th>Year (Feb-Sept)</th>
<th>Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>772,292</td>
</tr>
<tr>
<td>2017</td>
<td>865,016</td>
</tr>
<tr>
<td>2018</td>
<td>861,860</td>
</tr>
<tr>
<td>2019</td>
<td>878,018</td>
</tr>
<tr>
<td>2020 - observed</td>
<td>747,891</td>
</tr>
<tr>
<td>2020 - projected</td>
<td>922,802</td>
</tr>
</tbody>
</table>

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