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

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 day National 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]. 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'.

[1] http://www.uq.edu.au/hishub/wp1

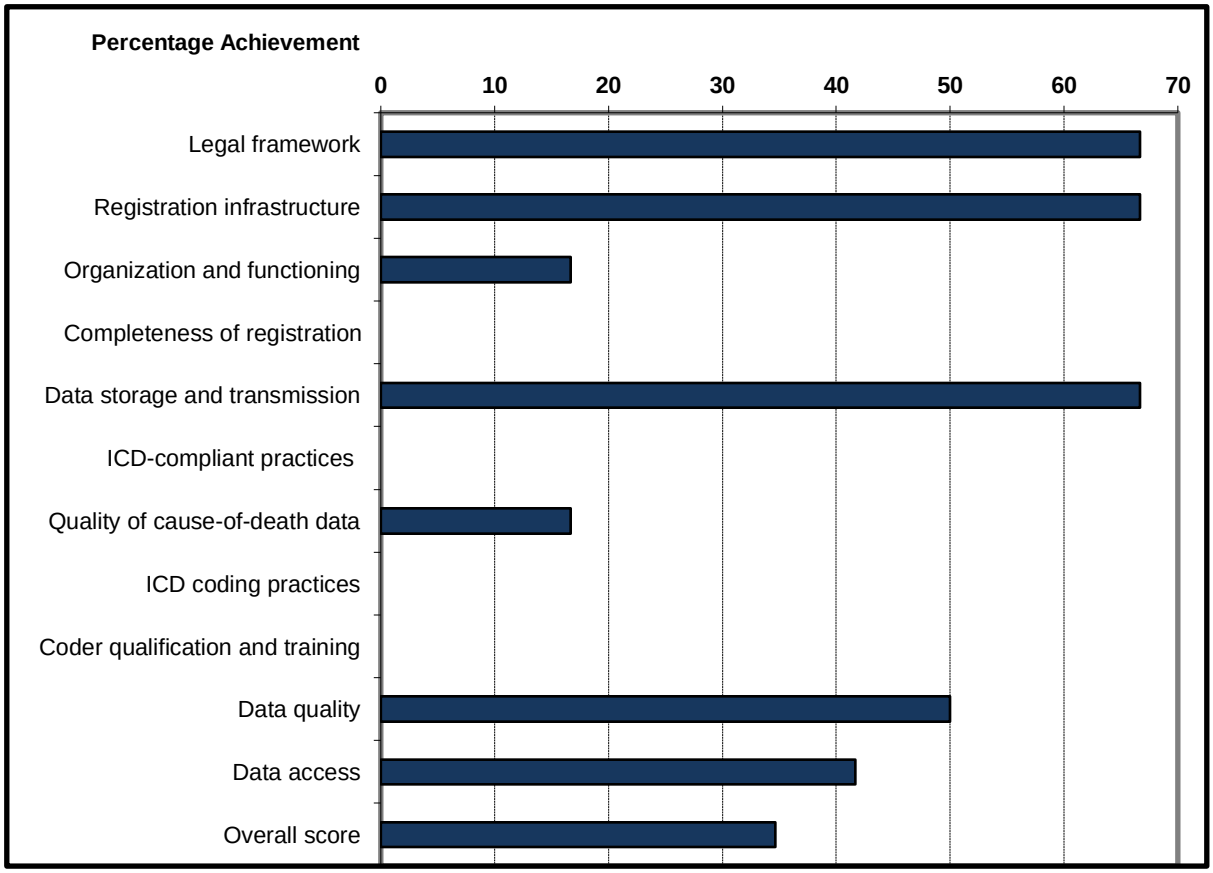
WORKSHOP PROCEEDINGS

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 1 Results 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

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 Pirzado, 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 Coordinator, 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	Dr. Khizar Ashraf, WHO-Pakistan	Dr. Mirza Aamir Baig - FELTP	
	Dr Farah Naz - PLAN	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:

A. 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.

B. 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.

C. **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.

Annex-A

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

WORKSHOP AGENDA

(June 09, 2013)

1500-1800	Pre-Workshop Facilitators Coordination Meeting

DAY-1 (June 10, 2013)

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	

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)

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)

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)

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

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

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)

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)

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)

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

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

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)

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

National Comprehensive Assessment Workshop on CRVS				
Participant's List				
Participants Name		**Designation**	**Department**	**emails**
1	Dr Ghulam Asghar Abbasi,	Chief Health, Planning Commission	Planning Commission.	asghar42@hotmail.com
4	Mr. Mohammad Khalid Khan,	Director General, CRMS Program-	NADRA	khalid.khan@nadra.gov.pk
3	Mr. Muhammad Riaz,	Census Commissioner	Pakistan Bureau of Statistics	mriaz@2010@yahoo.com
2	Dr. Mohammed Asif,	Dy. Chief Health,	Planning Commission.	drmasif@msn.com
5	Col (Rtd) Tafseer Ahmed Khan,	Coordinator, CRVS	NADRA	tafseer.ahmed@nadra.gov.com
6	Mr. Nisar Ahmed	Director, Focal Person COIA.	M/O IPC,	cnisar@gmail.com
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