## **Template for assessment**

## Component A (Legal basis and resources for civil registration)

Questions	Assessment	Improvement	Actions/activiti	Time	Responsib Resource requirement			
	findings	goal	es in sequence	Frame	ility	HR	Training	Funds
A1 – National legal frames  A1.1 Does the country have a law defining a civil	vork for civil regis Yes the civil registration law	tration and vital state  1- The expectation of	atistics systems;  1- For establishing	24 months	General Directorate			
registration system?	is available and it is applicable	civil registration law is to develop the civil registration and vital statistics overall to the country and to use the obtained data in an effective way for the governmental development planning schemes.	further coordination between relevant organizations regarding to the civil registration and vital statistics process the intent is to establish district and provincial level committees for which specific job descriptions have been developed 2- Increase community and		of Civil Registration and Ministry of Interior			

Questions	Assessment	Improvement	Actions/activiti	Time	Responsib	Resource	requirement	
	findings	goal	es in sequence	Frame	ility	HR	Training	Funds
			line Ministry awareness with regards the need to comply with the laws governing civil registration.					
A1.2 Does the country have a law defining a vital statistics system?	Yes the vital statistics system is defined within the fourth chapter of the civil registration law	0	0	0	0			
A1.3 Does the law clearly state that birth and death registration is compulsory?	Yes: The civil registration law clearly states that birth and death registration is compulsory.	For the complete effectiveness of the civil registration vital statistics data collection the nation should contribute to the reporting of the vital statistics	Increase community and line Ministry awareness with regards the need to comply with the laws governing civil registration a	24 months	General directorate of civil registration Ministry of Interior			
A1.4 Is there a penalty for non-registration of: n births? n deaths?	No	0	0	0	0			
A1.5 If yes, please indicate the nature of the penalty.	0	0	0	0	0			

Questions	Assessment	Improvement	Actions/activiti	Time	Responsib	Resourc	e requirement	
	findings	goal	es in sequence	Frame	ility	HR	Training	Funds
If there is a financial penalty, specify the current amount.								
A1.6 Is the penalty routinely applied?	0	0	0	0	0			
A1.7 Does the birth registration law give clear and unambiguous definitions to be used for: n live birth?	No	0	0	0	0			
A1.8 Are these definitions aligned with the international standards in the Glossary?	0	0	0	0	0			
A1.9 Is it stated in law who is responsible for registering births or deaths and who should declare or report births or deaths?	A: registrars 1:The civil registration and vital statistic office 2: public and private health centers 3: local registration centers B: Reporters Relations who has self relative or causal relative	Development of the civil registration of vital statistics coverage for the births and mortality at all part of the country as well as registration of the vital statistics through governmental special hospitals during the days and nights	Employ and train 330 civil registration and vital statistics employees and provide benefits commensurate with the geographic population area and create more local vital statistics registration centers	Three years	General Directorate of Civil Registration Ministry of Interior			

Questions	Assessment	Improvement	Actions/activiti	Time	Responsib	Resource	requirement	
	findings	goal	es in sequence	Frame	ility	HR	Training	Funds
	with the newborn or Deceased							
A1.10 If yes, provide details of all possible informants.	Yes the civil registration law is requires all health facilities to register and report the vital statistics to the office of civil registration	Further extension for the civil registration of births and deaths nationally	Establishing further coordination with the Ministry of Public Health	Permanent	General Directorate of Civil Registration Ministry of Interior			
A1.11 Is there a law or regulation requiring hospitals and health facilities to report births and deaths? If so, to what authorities do they report the births and deaths?	Yes the special hospitals are also responsible to register and report the birth and deaths cases  Role 22 of the new law	Vital Statistics information can be accessed from both government and private hospitals	Conduct monitoring missions to government and private health centers that determine compliance to legislative and reporting requirements.	Two years	General directorate of civil registration Ministry of Interior			
A1.12 If yes, to what authorities do they report the births and deaths?	To the nearest civil registration office	Strengthening of the civil registration reporting system within hospitals	Linking the vital registration database with the MoPH databases	Three years	General directorate of civil registration Ministry of			

Questions	Assessment	Improvement	Actions/activiti	Time	Responsib	Resource	requirement	
	findings	goal	es in sequence	Frame	ility	HR	Training	Funds
		and health facilities by establishing a new vital statistics registration system which is linked to the MoPH databases.	including the purchasing and provision of equipment and IT Infrastructure to establish this link (computer, networking, trainings) for the health facilities and vital statistics employees		Interior			
A1.13 Does the law or regulation cover the private sector?  Does the law or regulation also include social security and other nongovernmental facilities?	Yes, in the new law of 1392							
A1.14 Does the law state the time within which births and deaths should be registered?	Yes according to the new law of 1392							
A1.15 If yes, how long is the reporting period?	Three months							
A1.16 Is the reporting period suitable and is it respected throughout the	Reporting rule suitable and needs							

Questions	Questions	Assessment	Improvement	Actions/activiti	Time	Responsib	Resource	requirement	
	findings	goal	es in sequence	Frame	ility	HR	Training	Funds	
country?	reinforcement								
A1.17 Does the law make	No, but in								
provision for:	respect to the								
n late registration?	clients								
n delayed registration?	solicitation the								
	events will be								
	registered								
	without any								
11 10 1	delay								
A1.18 Are there clear	No	•							
procedures for dealing with									
these cases?	D' d								
A1.19 Is it stated where	Births and								
births or deaths should be	deaths events will be								
registered; for example,	registered								
according to place	according to								
of occurrence or place of	the province								
usual residence?	where the								
	event								
	happened and								
	then the result								
	will be reported								
	to their								
	birthplace								
A1.20 Does the law clearly	Yes								
designate the functions,									
duties and responsibilities									
of each government									
department involved?									

Questions	Assessment	Improvement	Actions/activiti	Time	Responsib	Resource	requirement	
	findings	goal	es in sequence	Frame	ility	HR	Training	Funds
A1.21 Does the law	No							
establish how the civil								
registration and vital								
statistics systems are to be funded?								
A1.22 Does the law	No, but it is							
stipulate that registration	without any							
should be free of charge for	charge							
all?								
A1.23 If registration is not	It is free of							
free, what is the fee to	charge							
register: n a birth?								
n a death?								
A1.24 Is the population	No. However,				General			
covered by civil registration	the registration				Directorate			
laws clearly defined? Is it,	of vital				of civil			
for example:	statistics for				registration			
n the entire population	the birth and deaths of				Ministry of Interior			
living in the country?	foreigners				IIIGIIOI			
n only citizens living in the country?	living in the							
n some other subsets of the	country is							
population?	guaranteed in							
•	the vital							

Questions	Assessment	Improvement	Actions/activiti	Time	Responsib	Resource	requirement	
	findings	goal	es in sequence	Frame	ility	HR	Training	Funds
A1.25 What does the law require in relation to registering births and deaths of citizens living	statistics procedures Legal requirements identified in clause 17 of							
abroad?  A1.26 What does the law require in relation to registration of births and deaths of: n foreign nationals living in the country? n nomadic or displaced populations? n refugees and asylum seekers?	the law  However it is not guaranteed in the law but it is considered in the regulation of civil registration							
A1.27 Does the law include confidentiality measures to protect individuals?	Yes							
A1.28 Is it specified who can obtain copies of a person's birth and death certificates?	No							
A1.29 Does the law state who can certify death and the cause of death?	No							
A1.30 Does the law specify	No							

Questions	Assessment	Improvement	Actions/activiti			Resource	requirement	
	findings	goal	es in sequence	Frame	ility	HR	Training	Funds
the official document(s) needed before a burial or cremation can take place?								
Subcomponent A2: Registration infrastructure and resources Supporting								
A2.1 What is the annual national operating budget for civil registration?	There is no identified specific national annual operating budget for civil registration. However, there is a general budget for the Ministry of the Interior.		•	•	•			
A2.2 Can this budget be separately identified at state and municipal levels? Can the budgets for national, state and municipal levels be separately identified?								
A2.3 Are these funds adequate to ensure the proper functioning of the	No			•	•			

Questions	Assessment	Improvement	Actions/activiti	Time	Responsib	Resource	requirement	
	findings	goal	es in sequence	Frame	ility	HR	Training	Funds
system?								
A2.4 Where would additional funding be likely to make the most difference?	1-The recruitment and training of the civil registration office, 2- Equipping the civil registration offices 3-Creating mobile units to improve the coverage of vital statistics registration 4- Improving public awareness of civil registration and vital statistics 5- Capacity building 6- Monitoring and evaluation	Improve the coverage of vital statistics registration by establishing civil registration offices with trained personnel nationally	Receiving the cooperation from relevant governmental organizations as well as other international institutions that are interested in improving vital statistics registration. Constructing 400 facilities to manage civil registration within all district and provinces	Present to 2020	Ministry of Internal Affairs			
A2.5 How many local civil registrars does the country currently have?	At present there are 466 civil registration	Improving the coverage of the national vital statistics	1-increasing the number of trained vital statistics	2020	Ministry of Internal Affairs			

Questions	Assessment	Improvement	Actions/activiti	Time	Responsib Resource requirement			
	findings	goal	es in sequence	Frame	ility	HR	Training	Funds
	office employees who are officially responsible for the collection of national vital statistics. In addition, there are approximately 4000 local health workers who register birth and deaths events	registration process	employees at provincial and district levels. 2-Increasing the number of medical record employees at both hospitals and health facilities 3- Assisting with the registration colleagues that have better working activities					
A2.6 Are they paid by: n central government? n local government? n fee-for-service? n other source?	The monthly salaries for the government employees are paid through the government at both central and provincial level	Improve the lives of vital statistics employees through paying adequate pension according to their duties	The relevant authorities will address retention and remuneration concerns					
A2.7 Are there local variations in the way, and amounts, that registrars are	No							

Questions	Assessment	Improvement	Actions/activiti	Time	Responsib	Resource	requirement	
	findings	goal	es in sequence	Frame	ility	HR	Training	Funds
paid? Explain these variations.  A2.8 Are the number and distribution of local civil registration offices or registration points sufficient to cover the whole country?  A2.9 Are there subsidiary reporting or registration units, such as hospitals or village officials, with registration duties?	Yes the medical record section of the hospitals is in close cooperation with the civil	Improvement of the civil registration and vital statistics issues at hospitals and health centers	Creating more local centers for complete coverage of the vital statistics at villages and townships, also	Four years	Ministry of Internal Affairs		Training	Tunus
	registration department in regard to the vital statistics registration. At the village level the local registration centers ( Mola's and Malik's of the villages) are cooperating with the vital statistics registration	neatti centers	to receive the international attention according to the monetary supports for the local vital statistics registrars at country level (Malik's of the villages, Mola's, and Lawyers of Passes)					

Questions	Assessment	Improvement	Actions/activiti	Time	Responsib	Resource	requirement	
	findings	goal	es in sequence	Frame	ility	HR	Training	Funds
	offices							
A2.10 Is there access to	The vital							
registration 24 hours a day,	statistics							
7 days a week?	offices are							
	active and							
	available six							
1011	days per week							
A2.11 Are mobile	No	•	•		•			
registration facilities								
operational in remote or underserviced areas?								
A2.12 If yes, how many? Is	No							
the number of mobile	INO	•	•	•	•			
registration services								
sufficient?								
A2.13 Is there a separate	No			_				
budget for registration	INO			-				
outreach?								
A2.14 Is there a national	No	There is a						
plan for achieving complete		development						
coverage of the country		plan for the						
with registration		coverage of						
offices or registration		registration of						
points?		vital statistics						
		scheme						
A2.15 Over what period	No		•		•			
does this plan extend?								
		T			100			
A2.16 For each type of civil	The birth and	That the 400 civil	Purchase and	Three	Ministry of			
registration point, describe	deaths	registration	installation of:	years	Internal			

Questions	Assessment	Improvement	Actions/activiti	Time	Responsib	Resource	requirement	
	findings	goal	es in sequence	Frame	ility	HR	Training	Funds
the technical equipment available in all or most offices; for example, telephones, photocopiers, scanners, computers and internet.	registration offices are available at all vital statistics units at country level. There are only two photocopiers, and two computers for each provincial center. In total there are 90 computers and 2 photocopiers at central office	offices will have the necessary equipment to complete all the administrate functions of civil registration.	34 photocopy machines for all provincial centers 400 desktop computers 400 printers 400 Stabilizers 400 Digital Telephones 34 provincial center training		Affairs			
A2.17 How are civil registrars selected?	According to the property of the law services it should be based on the free competition							
A2.18 What qualifications do civil registrars need?	To be graduated from 12 class							
A2.19 Is there a budget for training civil registrars and staff involved in	No	That there is a budget for the training of civil registrars and	The relevant authorities should specify their attention	Three years	Ministry of Internal Affairs			

Questions	Assessment	Improvement	Actions/activiti	Time	Responsib	Resource	requirement	
	findings	goal	es in sequence	Frame	ility	HR	Training	Funds
registration?		staff involved in registration.	on the civil registration budgeting through from the new vital statistics registration inter ministerial committees					
A2.20 Is there a budget for preparing and disseminating written training materials, such as handbooks on civil registration?	A2-19							
A2.21 What is the current budget for the vital statistics unit? (If more than one office is involved, estimate a figure that covers all the vital statistics being compiled, including cause of death data.)	No A2-19							

## **Template for assessment**

## Component B (Registration practices, coverage and completeness)

Questions	Assessment	Improve	ment goal	Actions/act	Time	Responsibility	Re	source requ	irement
	findings			ivities in sequence	Frame		HR	Training	Funds
		B1 – Organ	nization and	functioning of	the civilregist	ration and vital statis	tics systems	<u>:</u>	
B1.1 What are the	See Attached.								
organizational and									
administrative									
arrangements of the civil									
registration and vital									
statistics systems									
(reviewed using the									
prepared diagrams)?									
B1.2 What have been	1-Design and		Extension	1. Close					
the main changes in the	implementation of n		of the vital	attention of					
functioning of the	and deaths registrat		statistic	the relevant					
systems over the last 10	system in the counti		registratio	authorities					
years?	2- Creating local bir		n in the	according to					
	registration centers	at village	country	the new vital					
	level		and	statistics					
	3- Design of new vit		availability	registration					
	statistics registration		of access	system					
	4- Creating position		to the	2- Complete					
	vital statistics emplo the structure of civil		mentioned	participation of relevant					
			precise data						
	registration offices of districts	n ui <del>c</del>	uaia	organization regarding					
	4- Provision of			the vital					

Questions	Assessment	Improve	ment goal	Actions/act	Time	Responsibility	Re	esource requi	rement
	findings		ivities in sequence		Frame		HR	Training	Funds
	transportation for all vital statistic units at all provinces and districts  The implementation of new vital statistics registration system in comparison to the civil registration system is positive and is extended to the catchment area of the office			statistics registration					
B1.3 How have these changes affected functioning of the system or systems?			//	//					
B1.4 What areas need improvement?	1-Capacity building is needed for the registrars at hospitals and local registration centers 2- Increase the number of civil registration employees		Improve national vital statistics coverage across the country	Due to the workload at local registration centers at villages the employees should receive physical incentives					
B1.5 What are the current communication mechanisms between the civil registration authority and others involved in the collection and production of vital statistics?	The relationship between civil registration and vital statistics authorities are partially official and partially unofficial which means that all the registrars from health facilities and also the courts that are recording in the civil registration law are the governmental employees		Registerin g the vital statistics regularly and sending the reports according to the civil	Approval for creating the inter-offices at provinces and districts level and improving their activities regarding to					

Questions	Assessment	Improve	ment goal	Actions/act	Time	Responsibility	Re	esource requi	rement
	findings			ivities in sequence	Frame		HR	Training	Funds
	and are responsible to work in this area. But the rest of them are from local vital statistic registration colleagues that are Malik's of the villages, Mula's of Mosques and Lawyers of Passes and the relationship with them is not official and they are considered as the social leaders that are helping in the process		registratio n law	the strengthenin g of the relationship among the registrar and the civil registration office					
B1.6 Are there any areas where the responsibilities for specific functions overlap or are unclear?			0	0					
B1.7 Are national, state or provincial and local responsibilities clearly defined?	Yes		0	0					
B1.8 Are there any areas where bottlenecks regularly occur?	No		0	0					
B1.9 Review in detail the country's practices for birth and death registration. Which types of births and deaths are	There are far and r locations of Kochi, peoples, in Afghan which the civil regis generally unable to As a consequence	nomadic istan for stration is access.	1- Extending of the vital statistics activities coverage	1-Provision of inputs for creating mobile groups for vital					

Questions	Assessment	Improve	ment goal	Actions/act	Time	Responsibility	Re	esource requi	rement
	findings			ivities in sequence	Frame		HR	Training	Funds
likely to escape the civil registration system?  B1.10 Are these types of births and deaths also	that the registration of many a birth and death will be missed. In addition, it is possible to miss some of the newborns with unknown identity		in the far and impossible areas of the country 2- Vital statistic registratio n of the unknown births at the country level 0	statistics registration 2- Large community information campaigns to change the culture to one which accepts newborns who have an unknown identity 0					
missed by the vital statistics system?  B1.11 Are there some vital events that cannot be registered through the normal system?	Yes. The vital events the happening among Afghan immigrants of the country espethose countries who neighbor Afghanist	the outside ecially in iich	Access to the accurate data of the vital events of Afghans from outside of the country	Securing of the consul's office activities based on the vital statistics registration of Afghan's outside of the country and also					

Questions		ovement goal	Actions/act	Time	Responsibility	Re	esource requi	rement
	findings		ivities in sequence	Frame		HR	Training	Funds
B1.12 Are the same data on births and deaths collected across the country and at every level of the system (including state or provincial, national and local levels)?	No	0	giving awareness for the Afghan residence of outside of the country from importance of the mentioned vital events					
B1.13 Is there an entity responsible for national vital statistics standards and coordination?  B1.14 Is cause of death	Yes the department of vita statistic is under the Minis of the Interior framework  Yes		Expansion of the organization by recruiting expert and professional employees					

Questions	Assessment	Improve	ment goal	Actions/act	Time	Responsibility	Re	esource requi	rement
	findings		ivities in sequence		Frame		HR	Training	Funds
included on the death									
registration form?									
B1.15 If not, is	0		0	0					
information about the									
cause of death collected									
at the same time as the									
death is registered but									
using a different form?									
Also discuss what									
happens with coronial									
cases and deaths from									
suspected non-natural									
causes.									
B1.16 Who decides what	The civil registration	office in	0	0					
details to collect on	agreement with the								
births and on causes of	relevant offices of vit	al							
death?	statistics								
B1.17 How is medical	Through a special bi	rth and	0	0					
information on births	deaths formats								
and deaths exchanged									
among the different									
Government agencies									
involved?	1AMAL II a al lal								
B1.18 Is this process	With all past activitie		0	0					
currently working well or	have done in this see								
does it need	the vital statistics reg system needs more								
improvement?	and improvement	WUIK							
B1.19 Is there a national	Yes		0	0					

Questions	Assessment	Improve	ment goal	Actions/act	Time	Responsibility	Re	esource requi	rement
	findings		ivities in sequence		Frame		HR	Training	Funds
population register?									
B1.20 If so, how does information flow between the national population register and the civil registration system, and which government agency is responsible for maintaining the national population register?	Yes, the vital statismonthly reports (bdeaths, marriage amigrations) is rout collected by type of location of the every province level and central statistics of	irths, ind inely f sex and nt at submits to	To improve reporting system at provincial level	To strengthen the cooperation of relevant organization and people on reporting of the vital statistics					
B1.21 Is each individual assigned a PIN at birth registration or at the time of receiving identity papers, and is this PIN used throughout the government's administrative databases?	Yes		0	0					
B1.22 If a PIN is not given, how are records from various data systems linked, and how is the Population register updated?	0		0	0					
B1.23 Are computers used at any stage of the	No		1-More concentrat	To receive more					

Questions		ement goal	Actions/act	Time	Responsibility	Re	esource requi	rement
	findings		ivities in sequence	Frame		HR	Training	Funds
birth and death registration process?		ion on vital statistics registratio n and reporting system 2-Better usage of the registered informatio n	support from government and the international institutions especially UNICEF office					
B1.24 Are computers used for any or all of: n data compilation? n data transmission? n data validation? n data storage?	No	0	0					
B1.25 Are there any plans for further computerization in the near future. B1.26 If so, what are the priorities?	Yes, the priorities are as following: 1-Provision and supplying of the required equipments 2-Activating the internet connection system at the civil registration office 3-Increasing the professional employees	1-More concentrat ion on the vital statistics registratio n and reporting system, 2-Better usage of registratio	To receive more support from government and the international institutions especially UNICEF office					

Questions	Assessment	Improve	ment goal	Actions/act	Time	Responsibility	Re	esource requi	rement
	findings			ivities in sequence	Frame		HR	Training	Funds
B1.26 which procedures of controlling do you use for the for assuring the completeness or compatibility of the data collected ?	The vital statistic re centers for the birth death will be partial monitored through t provincial and centrauthorities of the co	and ly the al	n informatio n Upgrading the status of vital statistics reporting quality and its completen ess of needed statistics indicators in the design of governme ntal developm ent plans	To have a continuous monitoring and evaluation system for vital statistics processes creating a monitoring and evaluation office with consideration of specific budget	Permanent	Department of Statistics			
B1.27 What procedures for checking the completeness and consistency of information collected at points of registration are currently being carried out at the points of registration?	The vital statistic re centers for the birth deaths will be partial monitored through the provincial and central authorities of the co	s and ally the al	Upgrading the status of vital statistics reporting quality and its completen ess of needed	To have a continuous monitoring and evaluation of the vital statistics processes with an allocated	Permanent	Department of Statistics			

Questions	Assessment	Improve	ment goal	Actions/act	Time	Responsibility	R	esource requir	ement
	findings		ivities in sequence	Frame		HR	Training	Funds	
			statistics indicators in the design of governme ntal developm ent plans	budget for this activity.					
B1.28 What procedures for checking completeness and consistency of information are carried out at central and other levels?	After collection of tand death data from provinces and data centers the data is and after integration to the central statistic department	m sites, a collection analyzed on it is sent	For the improvem ent of planned governme ntal indicators	Modernizati on process of birth and deaths registration	Permanent	Department of Statistics			
B1.29 Are monthly or quarterly registration data routinely checked to ensure that they are Comparable with previous years?	No		Improvem ent of the reporting system through the new database	The data should be entered on a monthly basis through the provinces. Central statistics department after comparison process will submit the reports to the relevant	Permanent	Vital statistics offices			

Questions	Assessment	Improve	ment goal	Actions/act	Time	Responsibility	Re	esource requir	rement
	findings		ivities in sequence	Frame		HR	Training	Funds	
				addresses					
B1.30 At the central level, are the expected numbers of births and deaths that should occur each year routinely estimated for each registration area, and compared to the actual numbers of Registered events?	No		The birth and death data is anticipate d in close coordinati on of Ministry of Public Health and central statistics department	Providing a list of estimated data in breakdown of districts and provinces. Comparing the estimated data with the actual data	At starting and end of the year	Ministry of Internal Affairs and the Ministry of Public Health Central Statistics			
B2.1 Which of the UN- recommended items are collected on birth and death registration forms? Use Box 3.2 and tick off all items collected.	The following point requested by the UN Nations to be collect through the vital staregistration forms  1. Birth section:  Newborn specific  Date of bi	Jnited cted atistics ation:	Evidence of the inclusion of the noted UN requests in the revised	Modification in the law materials and working procedures	Until the end of the year 1393	Department of Statistics			

Questions		provement goal	Actions/act	Time	Responsibility	Re	esource requi	rement
	findings		ivities in sequence	Frame		HR	Training	Funds
	Date of registra     Place of birth     Place of registra     Urban rural     breakdown     Type of birth Parent's specification:     Place of birth     (parents)     Death section:     Events specification:     Events date     Registration date     Place of event     Place of registra     Location of the e     Cause of death Deceased specification:     Sex     Marital status     Current place for living	ation s ion vent						
B2.2 Which of the UN- recommended items that are not collected on the birth and death registration forms would be useful?	Birth registration:  Date of birth ar parents age Rural and urba events Total live births mother delivered her life	inclusion of the noted UN requests	Modification in the law materials and working procedures	Until the end of the year 1393	Department of Statistics			

Questions	Assessment	Improve	ment goal	Actions/act	Time	Responsibility	Re	esource requi	irement
	findings			ivities in sequence	Frame		HR	Training	Funds
	are alive now  The last childbirth date  Marriage date and its duration  Deaths:  Rural and urban events  Confirmer and type of confirmation		formats.						
B2.3 What additional items are collected on the birth and death registration forms? List and discuss these items.	In the birth registra  1. Sex 2. Father's occ 3. Father's ID registration 4. Mother tong 5. Which one child (1st 2nc) 6. Type of deli In the death registration ID registration	gue of the ductory ation	Evidence of 5 of the points are included in the revised formats.						
B2.4 Are any medical details collected (either on the birth registration form or a separate form) regarding the health of the child or the birth	Just happening at t facilities	he health							

Questions	Assessment	Improve	ment goal	Actions/act	Time	Responsibility	Re	esource requi	rement
	findings			ivities in sequence	Frame		HR	Training	Funds
process?									
B2.5 Review all the forms used for registering and certifying births and deaths and answer the following questions for each set of forms:  Is all the information collected used?  In How long does it take, on average, to fill out each set of forms?  Is the layout of the forms user-friendly?  Explain why or why not.  Is the form available in each of the main national languages?  In Which items come from the "declarant" and which are transcribed from other documents; for example, is the cause of death transcribed from the death certification form?	1. No 2. 10 to 20 mi 3. Yes 4. No Reports are directly by the vital statistic and after registerir is sent to the center after having photod the reports there as sent to the central office	y collected es units ng there it er, and copies of a copy is							
D2 4 M/h at man anti-	The properties of the	h	I Importante	I have not tip at		 	<u> </u>		
B3.1 What proportion of	The proportion of the	ne access	Improve	Improving					

Questions	Assessment	Improve	ment goal	Actions/act	Time	Responsibility	Re	esource requi	rement
	findings			ivities in sequence	Frame		HR	Training	Funds
the population has access to civil registration in the area where they live?	is differing from one another area of the		the coverage of civil registratio n and vital statistics services nationally	the cooperation of relevant organization s to create interagency offices. Establish a committee at district and provincial level					
B3.2 Has access over time: n improved? If so, why? n remained stable? If so, why? n decreased? If so, why?	Due to the implement new vital statistics registration system creating of local registres (selecting Mulawyers of Passes Malik's of the villag supportive colleaguital statistics registraces is improved	and gistration ula's, and es as ues for the tration)the	Outspread ing of the status of vital statistics registratio n coverage at the country level and access for the accurate data of the mentioned events	1-More attention of the relevant responsible in the implementat ion of the vital statistics registrations 2-Contribution of all relevant organization in the vital statistics registrations	Permanent	Department of Statistics			

Questions		vement goal	Actions/act	Time	Responsibility	Re	esource requi	rement
	findings		ivities in sequence	Frame		HR	Training	Funds
			3-Creating interagency offices and committees for the implementat ion and monitoring of the new vital statistics registration system at district and provincial level under the presidency of district and provincial governor					
B3.3 If access has improved, what has led to the improvements?	Implementation the new vi statistics registration syste and the supporting of relevant organizations in the process	ing of the status of	1-more attention of the relevant responsible in the implementat ion of the vital statistics	Permanent				

Questions	Assessment			Actions/act	Time	Responsibility	Re	source requi	irement
	findings			ivities in sequence	Frame		HR	Training	Funds
R2 / How complete are	30%		country level and access for the accurate data of the mentioned events	registrations 2- contribution of all relevant organization in the vital statistics registration 3-creating inter- offices committees for the implementat ion and monitoring of the new vital statistics registration system at district and provincial level under the presidency of district and provincial governor Strengtheni	Permanent	Department of			
B3.4 How complete are	30 /0		Outspread	Suenguleni	remanent	Department of			

Questions	Assessment	Improvement goal	Actions/act	Time	Responsibility	Re	esource requi	rement
	findings		ivities in sequence	Frame		HR	Training	Funds
the birth registration data (i.e. what is the percent completeness level)? Please indicate what method you used to estimate completeness.		ing of the status of vital statistics registration n coverage at the country level and access for the accurate data of the mentione events	their support for the registration of birth events.  Extensive information campaigns through the		Statistics			
B3.5 How complete are the death registration data (i.e. what is the percent completeness level)?	10%	Outsprea ing of the status of vital statistics registration n coverage at the country level and access fo	ng awareness for the people and receiving their support on the registration of births events	Permanent	Department of Statistics			

Questions	Assessment	Improve	ment goal	Actions/act	Time	Responsibility	Re	esource requir	rement
	findings	s ivities in sequence		Frame		HR	Training	Funds	
			the accurate data of the mentioned events	propaganda s by the Media and also printing posters and brochures					
B3.6 Has completeness over the last decade been: n improving? If so, why? n stable? If so, why? n decreasing? If so, why?	Due to the implement the new vital statist registration system increasing the vital registration centers level and with suppullicer, partial improvement has of	tics  ,  statistics  at district port of	as above	as above					
B3.7 What subpopulations are most likely to be undercounted in vital registration? (Note: undercounting may be different for births and deaths.)	Afghan Migrants of country, kochis, geographically isolinsecure communit This issue is same birth and death regevents	utside the ated and iies. in both	Increasing the vital statistic registratio n coverage	Determining those areas that are not in the civil registration catchment areas Activation of vital statistics registration mobile groups	Permanent	Department of Statistics			
B3.8 If only part of the country is covered (e.g. urban areas), have	All over the country the coverage	/ is under	Increasing the vital statistic	Determining those areas that are not	Permanent	Department of Statistics			

Questions	•	ement goal	Actions/act	Time	Responsibility	Re	esource requi	rement
	findings		ivities in sequence	Frame		HR	Training	Funds
alternative ways of obtaining vital statistics for non-covered populations been considered or implemented; for example, a "sample registration system" (SRS) or a demographic surveillance system (DSS)?  B3.9 What has been done in the last 10 years to increase:	For both birth and death registration: A new registration system and process has been	registratio n coverage  Outspread ing of the status of vital	in the civil registration catchment areas Activation of vital statistics registration mobile groups  Creating interagency offices and coordination	Until the end of the year 1394	Department of Statistics Ministry of interior			
n birth registration? n death registration?	implemented which not only uses health facilities for registration but also Mula's lawyers of the passes.  Malik's are also contributing to the registration process. It addition, registration offices and health facilities are using a revised birth registration card.	statistics registratio n coverage at the country level and	committees between the Ministry of Public Health and Ministry of the Interior. Two persons from the civil registration department of the					

Questions	Assessment	Improvement goa		Time	Responsibility	Re	esource requir	ement
	findings		ivities in sequence	Frame		HR	Training	Funds
			Ministry of the Interior and two persons from the Obstetrics and Gynecology hospitals will be required to assist with the registration of delivery cases and to create interagency offices and committees for the implementat ion and monitoring of the new vital statistics registration system at district and provincial					

Questions	Assessment	Improvem	nent goal	Actions/act	Time	Responsibility	Re	esource requi	rement
	findings			ivities in sequence	Frame		HR	Training	Funds
				level under the presidency of district and provincial governor					
B3.10 Is late registration tracked and monitored over time and at the subnational level?	No		Creating monitoring and evaluation system and preventing delays in the birth and death registratio n	Developing constitutions at district and provincial level and creating mobile groups with supplying transportation vehicles	Permanent	Department of Statistics			
B3.11 Is late registration more common in some areas than others?	Yes/ as the system covered all around to country it is commo	he n	Creating monitoring and evaluation system and preventing delays in the birth and death registratio n	Developing constitutions at district and provincial level and creating mobile groups with supplying transportation vehicles	Permanent	Department of Statistics			

Questions	Assessment	Improvement goal	Actions/act	Time	Responsibility	Re	source requi	rement
	findings		ivities in sequence	Frame		HR	Training	Funds
B3.12 What proportion of registered births take place in health facilities?	Approximately 50%	monitoring and evaluation system and preventing delays in the birth and death registration	Strengtheni ng of inter Ministerial committees	Permanent	Department of Statistics			
B3.13 What proportion of registered deaths take place in health facilities?	Approximately 10 %	Creating monitoring and evaluation system and preventing delays in the birth and death registratio n	Strengtheni ng of interagency Ministerial committees	Permanent	Department of Statistics			
B3.14 What proportion of hospitals or other health facilities have registration officers on the premises?	0	Question B-3 part 9	Question B- 3 part 9	Question B-3 part 9	Question B-3 part 9			
B3.15 Do midwives or	No	Question	Question B-	Question	Question B-1 part			

Questions	Assessment	Improve	ment goal	Actions/act	Time	Responsibility Resource requirement		irement	
	findings			ivities in sequence	Frame		HR	Training	Funds
other health personnel attending home births also report these births? If so, to whom?			B-1 part 26	1 part 26	B-1 part 26	26			
B3.16 Are reported births from such sources routinely compared with registered births?	No		Question B-1 part 26	Question B- 1 part 26	Question B-1 part 26	Question B-1 part 26			
B3.17 What proportion of births take place in nongovernmental health facilities?	5% private hospita Source: AMS	ls	N/A	N/A	N/A	N/A			
B3.18 What proportion of deaths take place in nongovernmental health facilities?	N/A		N/A	N/A	N/A	N/A			
B3.19 Does registration involve any financial costs to the family or informant: n for births? n for deaths?	No		N/A	N/A	N/A	N/A			

B3.20 What social services or benefits are linked to birth registration?	Civil service that is provided by the birth registration is as following:  1.Enrolment in preschool and school  2.Distribution of national Identity  3.Distribution of Passport	Some other services also should be related to the birth registration process	The health services provision should be on the birth registration card which requires the cooperation and support of the Ministry of Public Health			
B3.21 What social services, insurance benefits or inheritance transfers are linked to death Registration?	Social services that are linked to deaths registration include: 1.Fulfillment of the Exhibition law 2.Fulfillment of collateral Inheritance and other social services					
B3.22 If the country uses identity cards, how does that system affect vital events registration?	Of course the ID card is effective in the registration of the vital statistics, as all the vital statistic services are provided on the availability of ID card and is directly effecting registration of vital events, also the vital statistics registration does the same effects to the distribution of ID cards for the citizens, as the birth card can be the bases for the distribution of ID card and also the death reports are dealing with the ID card offices	Nationalization of the identity card distribution				
B3.23 What are the main obstacles to improving civil	The main challenges include:  1. A shortage of registrars  2. A shortage of working					

registration? For example: n lack of registrars or places to register; n lack of access to health facilities; n lack of knowledge about the need to register births and deaths; n social stigma of illegitimate children; n cultural barriers; n financial barriers; n illiteracy; n shortage of physicians and midwives; n other obstacles (please specify).  B3.24 When did the country last have a campaign to increase public awareness of the need to register vital events?	offices 3. The inaccessibility of health services in some areas 4. Lack of knowledge 5. Non admission of Illegitimate children 6. Illiteracy- poverty and cultural and security problems in the country  Some public awareness campaigns have partially been conducted but since last year extensive public awareness campaigns have been conducted within the country through the media (TV, brochures, posters) particularly in those communities supported by UNICEF	Outspreading of the status of vital statistics registration coverage at the country level and access for the accurate data of the mentioned events	Extensive public awareness campaigns using multiple media sources and by establishing a mobile network.				
B3.25 Were the results evaluated?	Evaluation of the public awareness campaign demonstrated that communities were more aware	Outspreading of the status of vital statistics registration	Extensive public awareness campaigns using multiple media	As above	As above		

	of the need to register vital	coverage at the	sources and by				
	events.	country level and	establishing a				
		access for the	mobile network.				
		accurate data of					
		the mentioned					
		events					
B3.26 Is there a	Yes the inter- Ministerial	Question B-1 part	Question B-1 part	Questio	Question B-1		
committee that	committees are available in the	26	26	n B-1	part 26		
regularly monitors and	central level, also for			part 26			
evaluates civil	outspreading of monitoring						
registration	creation of inter-offices						
completeness?	committees has been						
oop.ococo.	requested at both district and						
	provincial level of the country						
	B4: Data storage and transmission			T		T	
B4.1 Do local							
registration offices							
record and store the	The collected birth and death						
collected information	information is recorded in						
on births and deaths	specific registers at the local						
by:	registration offices but in the						
n registry books?	future it is anticipated that this						
n electronic files?	process will be computerized						
n other (please							
specify)?							
B4.2 Are birth and	Birth and death events are filed						
death records filed by:	by registration and by the date						
n date of registration?	that the event occurs						
n name?							
n a numbering system							
or other numerical							
index?							
n other (please							
specify)?							

B4.3 What method of record backup is used and how frequently is this done?  B4.4 How are birth	Currently, by the registration serial number but in the future this will be accessible by the birth and death registration database  After signing and stamping the	Facilitation in the				
and death records archived?	records it is managed on an annual basis and archived	integration of the vital statistics events and also facilitation of the recording and analysis of results				
B4.5 Have records ever been lost or destroyed?	Some of the offices have been destroyed during the years of internal war	//				
B4.6 How can the loss or destruction of records be avoided in the future?	By computerizing and having back up from the vital statistics registration database	//				
B4.7 Can individual birth or death records easily be retrieved if needed?	Yes and the computerized system makes it easier					
B4.8 Have there been instances of fraudulent or multiple registrations?	Rarely	Preventing fraudulent entries and duplications in the registration process by using computerized system	Activation of computerized system	Until the end of the year 1392		
B4.9 What precautions are built into the system to avoid fraudulent or multiple	To prevent the fraudulent and duplication of registrations the office purposes that the vital statistics registration	Preventing fraudulent entries and duplications in the registration	Activation of computerized system	Until the end of the year 1392		

registrations?	establishes a computerization process.	process by using computerized system			
B4.10 Using the	Is one of the responsibility of				
flowcharts of data	the central statistics office				
transmission prepared					
for birth and death					
records, explain where					
and how data are					
being consolidated					
before transmission.					
B4.11 Reflecting on					
the data-flowchart					
prepared, is there a	Is one of the responsibility of				
fixed schedule for	the central statistics office				
transferring data in a					
timely manner?					
B4.12 Is this schedule	Yes				
strictly adhered to?					
B4.13 Is this schedule	Yes				
routinely monitored					
by those receiving the					
data?					
B4.14 Are there	Yes, the procedures are legally	Preventing from			
procedures in place to	in place but are not enforced	delay or non			
deal with late or non-		reporting with the			
reporting from local		law			
civil registration		implementation			
offices?		and creating system which is			
		requested in the			
		Question B-1 part			
		26			
B4.15 If there are	Rewards and punishment-				

procedures in place, what are they?	Recommendations- warnings- Salary deductions- warning with inclusion of resumes- alternate and segregation				
B4.16 Is the information on the birth and death registration forms kept confidential?	Yes				
B4.17 How is confidentiality maintained?	After the registration and archiving of birth and death data the contents are secured and only by order from the appropriate authorities are files able to be accessed.				
B4.18 Who can access the data and for what purposes?	For the purpose of providing citizen's right for the Inheritance and retirements rights only based on the order of relevant authorities the data is shared with the official bodies				
B4.19 What checks are made on individual birth and death records to ensure that they are accurate and complete when transferred?	According to the law the death reports are requested by the confirmation of two governmental employees or relevant Lawyers of Passes and for the births the accuracy of the reports are confirmed by the hospitals and registration centers through filling of the births registration forms				

V				I			
Yes							
Verification of the statistics will							
date of the event by monthly							
solve this problem							
No but the birth and death							
computerizing system will							
solve this problem							
	be conducted with consideration of location and date of the event by monthly bases  No but the birth and death computerizing system will solve this problem  No but the birth and death	Verification of the statistics will be conducted with consideration of location and date of the event by monthly bases  No but the birth and death computerizing system will solve this problem  No but the birth and death computerizing system will	Verification of the statistics will be conducted with consideration of location and date of the event by monthly bases  No but the birth and death computerizing system will solve this problem  No but the birth and death computerizing system will	Verification of the statistics will be conducted with consideration of location and date of the event by monthly bases  No but the birth and death computerizing system will solve this problem  No but the birth and death computerizing system will	Verification of the statistics will be conducted with consideration of location and date of the event by monthly bases  No but the birth and death computerizing system will solve this problem  No but the birth and death computerizing system will	Verification of the statistics will be conducted with consideration of location and date of the event by monthly bases  No but the birth and death computerizing system will solve this problem  No but the birth and death computerizing system will	Verification of the statistics will be conducted with consideration of location and date of the event by monthly bases  No but the birth and death computerizing system will solve this problem  No but the birth and death computerizing system will

Questions	Assessment	Improvement	Actions/activities	The state of the s			urce requireme	ent
	findings	goal	in sequence	Frame	lity	HR	Training	Funds
C1 – ICD-compliant	practices for death co	ertification (24)						
C1.1 How many registered deaths (as a percentage) have a medically certified cause of death?	There are no medically certified cause of deaths registered. Most deaths at health facilities and hospitals are not recorded according to International standards. The data on causes of deaths occurring in the private sector and communities are not available.	Establish medically certified cause of death system	ToT for the national death certification system should be conducted and cascading plan to hospitals, academic institutions, MoPH needs to be develop.	18 months	МоРН			
			Develop curriculum package to be taught within medical universities (this will also include an ICD component)  Develop a death notification process to capture cause of death data from the community and facility level.	24 months	MoPH, Ministry of Higher Education  MoPH, Mol, Mo Haj			

C1.2 In the cause-of-death data, is it possible to separate medically certified deaths and those certified by a layperson?	There is no cause of death data and no means at present to separate lay person certification from medically certified deaths.	That death certification is able to separate reporting from a lay person as well as a medical service provider.	The death certificates need to be able to have separate sections for identifying the recording by a lay person from that of a medical provider.	24 months	MoPH, MoI		
			The guidelines, procedures need to be developed and institutionalized. This activity needs to be well coordinated among line ministries and departments within those line ministries including civil society, media and parliament.	24 months	MoPH, MoI		
			Reporting system needs to be implemented and reinforced.	36 months (piloting)	MoPH, MoI		
C1.3 Are these data compiled separately in the cause of death statistics for the country?	No.	Data will be compiled separately when cause of death occurs	Addressed in actions above	36 months	MoPH, MoI		
C1.4 Are ICD- compliant practices used for death	No	ICD 10 to be included in death certification	Addressed in actions above	36 months	MoPH, MoI, Mo Haj		

certification in the		procedures					
country?							
C1.5 Is the standard	No	That the standard	To include in the HIS	18			
international form		international form	SP and to promote the	months	MoPH		
of medical		for medical	use amongst				
certificate of cause		certification is used	practioners by the				
of death (Box 3.4)		for cause of death	Master Trainers				
used							
for:							
<ul><li>all deaths?</li></ul>							
<ul> <li>only deaths</li> </ul>							
occurring in							
hospitals not for							
those taken							
place outside							
hospitals?							
<ul> <li>only deaths</li> </ul>							
occurring in							
some specific							
hospitals, such							
as university or							
regional							
hospitals?							
<ul> <li>Other deaths</li> </ul>							
(please specify)?							
C1.6 If the country	No advocacy for use	Advocacy for the	To include in the HIS	18	MoPH		
does not use the	of the international	use of the	SP and to promote the	months			
standard	form for medical	international form	use amongst				
International form	certification of	for medical	practioners by the				
of medical	cause of death	certification of	Master Trainers				
certificate of cause		cause of death					
of		occurs					
death, how could it							

be introduced					
(specify steps)?					
What potential					
actions (e.g.					
sensitization					
of medical					
establishment)					
would be required?					
C1.7 Do doctors	refer to C1				
know how to					
correctly complete					
the death					
certificate, including					
the causal					
sequence and the					
underlying cause?					
<ul> <li>Yes, generally.</li> </ul>					
<ul> <li>Yes, always.</li> </ul>					
• No, they do not.					
C1.8 Is there a	No refer to previous				
booklet, brochure or	activity				
other guideline for					
doctors explaining					
how to certify the					
cause of death and					
complete the					
international form					
properly?					
C1.9 If such material	See above				
is not available,					
what would be					
involved in					
preparing it and how					

	T	I	1	1	1	<u> </u>	
could it be							
distributed?							
C1.10 What	See above						
proportion of death							
certificates list only							
one cause of death?							
(See Box 3.4 about							
the need to state							
not only the disease							
directly leading to							
death, but also the							
underlying							
conditions without							
which the person							
would not have							
died.)							
C1.11 What	See above						
proportion of death							
certificates report							
the mode of death							
instead of the							
underlying							
cause of death?							
C1.12 What	See above						
proportion of death							
certificates do not							
indicate the interval							
between onset of							
disease							
and death?							
C2: Hospital death cer	rtification_						
C2.1 In hospitals, who	There is no	That a doctor will	A cascade training	42	MoPH		

completes the death	system in	complete a death	program will be	months			
certificate:	place	certificate for all	developed by the	months			
	piace						
The attending doctor?		deceased patients.	death certified master				
Another doctor who			trainers				
did not treat the							
deceased person							
before death occurred?							
• A nurse?							
A medical records							
officer?							
<ul><li>Other (please specify)?</li></ul>							
C2.2 How are cases of DOA	The hospitals	That medical	Part of death	24	MoPH		
certified?	do not take	practioners in all	certification system	months			
	responsibility	hospitals certify all	and to be established				
	for DOA.	patients presenting	with cascading plan				
		DOA.					
C2.3 How common is DOA	Not	See above	See above	See above	See above		
deaths in hospitals? Do	established						
they constitute:	and no						
• Less than 10% of	information						
deaths?	available						
• 10–20% of deaths?							
More than 20% of							
deaths?							
C2.4 Are the vital events	Yes, - by the	That hospitals	For one Mol	24	Mol, MoPH		
that take place in hospitals	hospital	forward forms to	appointed person to	months			
registered in the country:	sending	civil registration	be assigned at all				
At civil registration	forms to the	points	national and regional				
points in hospitals?	civil		hospitals for the				
By the hospital sending	registration		reporting of vital				
forms to the civil	office		events to civil				
registration office?	however the		registration.				
	system is not						

By the individual family registering after the birth or death has occurred?	working well, as hospital staff do not take responsibility for this.						
C3: Deaths occurring outside		I	T	T	T	T	T
C3.1 Is it mandatory to issue a death certificate with the cause of death indicated for people who die at home?	Yes it is mandatory but there is no system is in place	That there is compliance to the legislation and that a system is in place for the recording of cause of death within the	That there is compliance to the legislation governing the issuing of a cause of death certificate in the community.	60 months	Mol, MoPH		
		community	A process is developed which captures the reporting of deaths from the community (either through the community shura, CHW – only to collect or Mullah) and which clearly articulates the role for each organization including the MoPH, CSO, MoI and others.	60 months	Mol, MoPH		
			Establish verbal autopsy (VA) procedures which ensure the reporting	60 months	Mol, MoPH		

			of community deaths.				
C3.2 If so, are there any	Not	That a quality	Develop a quality	60			
quality problems with these	applicable	assurance system is	assurance system	months			
certificates and are they		in place which					
ever reviewed?		assures the quality					
		of community					
		reported deaths.					
C3.3 Is the same cause-of-	A form is	That the same	To develop a training	60	MoPH		
death form used for deaths	available	cause of death	package for those who	months			
in and outside hospital?	which	form is used for the	will be completing the				
	includes,	reporting of both	form				
	place of	health facility and					
	death, gender,	community deaths					
	month/year,						
	marital						
	status, age,						
	cause of						
	death (not						
	based on						
	ICD) but it						
	has not been						
	institutionaliz						
	ed.						
C3.4 If a different form is	Not	Not applicable					
used for deaths outside	applicable						
hospital, what information							
is recorded about							
the cause of death?							
C3.5 Who prepares the	No one yet	That a community	Establish process for	60	MoPH,		
death certificate and		health delegate	death certification	months	MoRR,		
certifies the cause of death		(Mullah, CHW or	from community to		MoHaj, Mol		
for people dying outside		Health Shura	central MoPH level.				

of hospital:		representative) will	See C3.1				
A general practitioner?		firstly conduct the	366 63.1				
A coroner or similar?		verbal autopsy and					
A health official?		then complete the					
A civil registrar?		necessary					
Other (please specify)?		documentation.					
Other (please specify):		The CHW will					
		forward the					
		completed					
		document through					
		the MoPH health					
		facilities for death					
		certification by					
		medical doctors.					
C3.6 If a doctor is needed,	Not						
is that person required to	applicable						
examine the deceased							
person before they							
have died?							
C3.7 How are deaths	If the	That a community	To develop a training	60	MoPH,		
certified in cases where the	documentati	health delegate	package for those who	months	MoRR,		
certifying physician is not	on is not	(Mullah, CHW or	will be completing the		MoHaj, Mol		
the person who	available	Health Shura	form				
treated the patient?	then verbal	representative) will					
	autopsy will	firstly conduct the					
	need to be	verbal autopsy and					
	completed	then complete the					
	_	,					
	•						
	•						
	23,3	1					
	according to the developed processed in C3,5	necessary documentation. The CHW will forward the completed document through					

C3.8 Are hospital medical records usually accessible to general practitioners when one of their patients die at home?	No	the MoPH health facilities for death certification by medical doctors.  Not applicable					
C3.9 Is verbal autopsy routinely used to obtain the cause of death for any non-medically certified deaths in the country?	Not routine	That a community health delegate (Mullah, CHW or Health Shura representative) will firstly conduct the verbal autopsy and then complete the necessary documentation. The CHW will forward the completed document through the MoPH health facilities for death certification by medical doctors.	Establish process for death certification from community to central MoPH level. See C3.1	60 months	MoPH, MoRR, MoHaj, MoI		
C3.10 If verbal autopsy	Not						
procedures are routinely	applicable						
used, do they conform to the WHO standards							
(31)?							
C3.11 Has the WHO	Not						

standard procedure been	applicable								
modified in any way to									
make it more applicable to									
the country? (If so, please									
specify the modification.)									
C4: Practices affecting the quality of cause-of-death data									
C4.1 To whom, other than	There is no	Needs further	This needs to be						
the family, is the cause-of-	system in	clarification with	clarified with the MoJ						
death information for	place	legal system.	and or parliament.						
individuals provided	'	Confidentiality	·						
(including upon request)?		between patient							
		and family needs to							
		be protected.							
C4.2 What information is	As above	As above	As above						
provided to the family on									
the death certificate:									
n all the information on the									
cause-of-death form?									
n an extract for laypersons									
about the cause of death?									
n other (please specify)?									
C4.3 Is it likely that many	It is unlikely								
cases with a sensitive or	that there								
stigmatizing cause of death	would be a								
(e.g. suicide or	more socially								
HIV/AIDS) would be	acceptable								
assigned to a more socially	disease								
acceptable cause of death?	assigned as								
	the cause of								
	death for								
	diseases such								
	as HIV and								
	suicide.								

C4.4 Does the death certificate state whether a woman was pregnant, or had recently been pregnant?	Not applicable	That the death certificate that will be used will be the WHO standard which includes a checkbox prompting the certifying person to indicate whether a women of reproductive age who died was pregnant.	Ma Dill will day also	26	AA-DU		
C4.5 Are maternal deaths reviewed separately from other deaths?	Some hospitals have a maternal death review committee	That maternal mortality review committees are strengthened/esta blished at both the provincial and central hospitals	MoPH will develop a standard terms of reference for MND RCs for implementation at the hospitals by the medical director and clinical governance training and root cause analysis for senior medical personnel	36 months	МоРН		
C4.6 Are perinatal deaths monitored using a special form, as recommended by the WHO?	As above	As above	As above	As above	As above		
C4.7 What training and practice do doctors receive in certifying the cause of death:	None	That death certification will be ICD compliant	A unit needs to be established (including the development of the Unit ToR) in MoPH	60 months	МоРН		

				I		
• None?		that could be in ANPHI				
One lecture in medical		or HMIS departments.				
school or at the						
hospital?						
An ICD-compliant						
training course on						
certification?						
• On-the-job training?						
• Other (please specify)?						
		The ICD coding and	24	MoPH		
		death certification	months			
		system should be				
		piloted initially in				
		national and reform				
		hospitals.				
C4.8 Would most doctors	Not					
be aware of the important	applicable					
public health uses of the						
information they						
provide on the death						
certificate?						
C4.9 Has the country	Not					
evaluated the quality of	applicable					
medical certification?	аррисавіс					
C4.10 If yes:	Not					
When was the	applicable					
evaluation done?	аррисаыс					
What did it conclude?						
What follow-up was						
undertaken to improve						
certification practices?						

<ul> <li>C4.11 Are hospital medical records generally:</li> <li>Complete?</li> <li>Reliable?</li> <li>Easily accessible to the certifier?</li> </ul>	Incomplete, poor reliability, poor access medical records	That a standardized medical record system is implemented in all national and provincial hospitals.	Develop a comprehensive assessment of the current medical record system within all Afghanistan hospitals	72 months	МоРН		
			Develop standard procedures for the recording, filing, storing and retrieving of medical records.	72 months	МоРН		
			Develop a training package for medical record staff	72 months	МоРН		
			Develop a medical record package for each ward of the hospital	72 months	МоРН		
			Renovation of the medical record department	72 months	МоРН		
			Provision of ICT infrastructure and equipment to both the wards and the	72 months	МоРН		

			Medical Record				
C4.12 Are other health	As above	As above	Department. As above	As above	As above		
records, such as from	As above	As above	As above	As above	As above		
health clinics, general							
practitioners or family							
doctors:							
• Complete?							
Reliable?							
Easily accessible to the							
certifier?							
C4.13 Who certifies	Not	Beyond the scope					
whether the cause of death	applicable	of this assessment					
is unnatural (i.e. accident,							
suicide or homicide)?							
C4.14 If there is a special	There is no	To implement as					
system for certifying these	special	part of the death					
deaths, please describe	system at	certification					
how this works and	present	process as detailed					
how well it works.		above.					
C4.15 Are certifying doctors	There is no	To implement as					
aware of how to report	special	part of the death					
deaths from injuries and	system at	certification					
external causes	present	process as detailed					
according to the ICD rules?		above.					

# 7Component C (Death certification and cause of death)

# **Template for assessment**

Questions	Assessment	Improvement goal	Actions/activiti	Time	Responsibility	Resc	ource require	ement
	findings		es in sequence	Frame		HR	Training	Funds
D1 – Mortality coding practic	ces							
D1.1 Is the ICD used for cause-of-death statistics?	No as there is no system as yet	That all cause of death will have ICD applied	See section C1.1	See section C1.1	МоРН			
D1.2 If so, which revision and edition is currently being used?	No system as yet							
D1.3 Is a national-language version of the ICD used?	No system as yet	Need to research availability of ICD in local language						
D1.4 Who is responsible for coordinating the implementation of the ICD?	No system as yet	That there will be one unit within the MoPH responsible for the coordination and implementation of ICD	See section C4.7	See section C4.7	See section C4.7			
D1.5 Who is responsible for training ICD coders?	No system as yet	That there will be one unit within the MoPH responsible for the coordination and implementation of ICD	See section C4.7	See section C4.7	See section C4.7			
D1.6 Are the codes selected for cause-of-death reporting chosen from the complete ICD	No system as yet	To be determined when system developed but it is likely that a summary list						

list, or		will be used initially			
is coding done from a		wiii se asea iiiiciaiiy			
summary tabulation list of the					
ICD?					
D1.7 If a summary list is used,	No system as				
which list is it?	yet.				
D1.8 Are coding and ICD	No system as				
selection rules for underlying	yet.				
cause-of-death data applied?					
D1.9 Is mortality coding	No system as				
centralized or decentralized?	yet.				
D1.10 If coding is	No system as				
decentralized, what quality	yet.				
measures and procedures are					
in place to ensure					
national consistency in the					
application of ICD coding					
rules?					
D1.11 Is cause-of-death coding	No system as				
done from a copy of the	yet.				
original death certificate or					
from a					
transcribed list provided by					
the civil registration office, or					
from some other summary					
document?					
D1.12 Is all the information on	No system as				
the death certificate coded, or	yet.				
only the presumed underlying cause					
of death?					
D1.13 Is there an established	No system as				
mechanism to query the	yet.				
mechanism to query the	yet.				

		T	1	 <u> </u>	1	
certifier (doctor) in cases						
where the coder						
cannot understand or						
interpret the reported causes						
of death on the certificate?						
D1.14 If so, please describe	No system as					
these procedures and discuss	yet.					
their efficacy.						
D2: Mortality coder qualification	n and training					
D2.1 What categories of staff	No system as					
(e.g. physicians, statisticians,	yet.					
and health professionals) are						
doing						
mortality coding in the						
country?						
D2.2 What level of education	No system as					
do mortality coders typically	yet.					
have?						
D2.3 Are specific training	No system as					
courses provided for mortality	yet.					
coders or do they learn on-						
the-job?						
D2.4 If coders are specifically	No system as					
trained to code:	yet.					
<ul> <li>Are there sufficient</li> </ul>						
local ICD trainers to						
meet the needs?						
<ul> <li>Who is responsible for</li> </ul>						
delivering the						
training?						
<ul> <li>What is the length of</li> </ul>						
training and is there a						
standard curriculum?						

		1	,		
<ul> <li>How often is coder</li> </ul>					
training conducted?					
D2.5 Is there a high turnover	No system as				
among coders?	yet.				
D2.6 Are coders recognized	No system as				
within staffing structures as a	yet.				
separate cadre, and are coding					
qualifications recognized					
separately to other					
administrative officers?					
D2.7 Are there local senior	No system as				
trainers who have been	yet.				
trained at WHO-FIC supported					
training					
courses?					
D2.8 Do coders have	No system as				
opportunities for ongoing	yet.				
education?					
D3: Quality of mortality coding		T	1		
D3.1 Do all coders have a	No system as				
complete set of ICD volumes	yet.				
available to them when they					
code?					
D3.2 Do all coders have a set	No system as				
of the ACME decisions tables?	yet. No system				
	as yet.				
D3.3 Do you regularly check:					
The ICD web site7 for					
updates to codes and					
coding practices?					
The department of					
health's web site for					
updates on coding					

	Г	Т	1		
practices?					
D3.4 What processes are in	No system as				
place to assess the quality of	yet.				
cause of death coding, and					
how					
frequently is this assessed?					
D3.5 Has the quality of	No system as				
mortality coding ever been	yet.				
evaluated?					
D3.6 If so, was the level of	No system as				
accuracy deemed satisfactory?	yet.				
What systemic issues were					
identified?					
D3.7 What mechanisms are in	No system as				
place to provide feedback to	yet.				
coders on the quality of					
coding, and					
to correct the problems and					
issues identified through					
evaluation and practice?					

# **Component D (ICD mortalitycoding practices)**

### **Template for assessment**

### Component E (Data access, use and quality checks)

Questions	Assessment	Improvement goal	Actions/activitie	Time	Responsibility	Resou	ırce require	ment
	findings		s in sequence	Frame		HR	Training	Funds
E1 – Data quality and plausik	oility checks							
E1.1 Are fertility indicators (e.g. crude birth or fertility rate, age-specific fertility rate and total fertility rate) routinely calculated from the civil registration and vital statistics data?	No, due to:  - The required data is not submitted by the MoI to the CSO to calculate fertility indicators in the country  - Poor capacity of data analysis at CSO level	The capacity building of CRVS staff of CSO to perform appropriate level of updated analyses, report writing, dissemination of results and advocate for CRVS data use with relevant governmental and non-governmental entities  CSO/CRVS department enabled to lead, perform, and implement all the activities and achieve objectives independently	- Conducting training on statistics and related software to CSO (Demography) staff - Hiring of statistician/dem ographer in CSO to develop the analysis manual, as well as provide on the job training for the staff - Participate in the regional/internat	1-3 years	CSO (Demography Dep. And field operation department)			

			ional workshops on the topic				
E1.2 If so, which indicators are calculated?	No indicator is calculated as complete data is available, only counts are tabulated by province and tabulations produced	NA	When data are available, stakeholders need based indicators and international recommended indicators will be calculated along quality checks	Upon the availabilit y of required data	CSO (Demography Dep. And field operation department)		
E1.3 Are mortality indicators (e.g. crude death or mortality rate, age-specific mortality rate, infant mortality rate, neonatal mortality rate and maternal mortality rate) routinely calculated from the civil registration and vital statistics data?	No, due to:  - The required data is not submitted by the Mol to the CSO to calculate fertility indicators in the country  - Poor capacity of data analysis at CSO level	- Strengthening birth and deaths registration mechanism in MoI to provide accurate and complete data (numerator and denominator) to CSO - The capacity of CSO staff is built on statistics to calculate required indicators	- Conducting training on statistics and related software to CSO (Demography) staff - Hiring of statistician/dem ographer in CSO to develop the analysis manual, as well as provide on the job training for the staff - Participate in the regional/internat ional workshops on the topic	1-3 years	CSO (Demography Dep. And field operation department)		

E1.4 If so, which indicators are calculated?	No indicator is calculated as		When data are available,	Upon the availabilit	CSO (Demography		
0.00.00.00.00.00.00.00.00.00.00.00.00.0	complete data		stakeholders need	y of	Dep)		
	is available,		based indicators	required	2 3 6 7		
	only counts are		and international	data			
	tabulated by		recommended				
	province and		indicators will be				
	tabulations		calculated along				
	produced		quality checks				
E1.5 What data sources are	No rates are		Population data are	Upon the	CSO		
used as the denominators to	calculated as		available from	availabilit	(Demography		
calculate these rates?	denominator		estimations which	y of	Dep.)		
	data are not		has been done by	required			
	complete		multiplying growth	data			
			rate into				
			population of the				
			census in 1979 and				
			midyear population				
			will be used				
E1.6 Describe the plausibility	No standard		All standard quality	Continuou	CSO		
and consistency checks that	quality checks		check procedures	s process	(Demography		
are carried out on the data	are being done		and analyses will be		Dep.)		
and	by CSO as no		done when data				
indicators before they are	estimates are		are available				
released for use (see Box 3.9).	calculated yet						
	because of the						
	unavailability						
54.7 And the said three in the said	of data	Decreation de la contra	Conduction	1.6	CCO		
E1.7 Are the civil registration	No, the	Promoting data analysis	- Conducting	1-6 years	CSO		
and vital statistics data used to	required date	and data use for mortality	provincial level		(Demography		
investigate variations in	is not available	and fertility at provincial	data analysis to		Dep.)		

fertility and mortality within the country? If so, describe how this is being done.	(please refer to the Q1)	level	have provincial level estimates for mortality and fertility - Promoting data dissemination and use by				
			relevant governmental departments				
E1.8 Are fertility rates derived from civil registration and vital statistics compared with rates derived from other sources?	No, the rates are not being calculated (please refer to the Q1)		Establishment of mechanism of comparing of national survey's data with CRVS estimates	1 year	CSO (Demography Dep. & Field Operation Unit)		
E1.9 Are mortality rates derived from civil registration and vital statistics compared with rates derived from other sources?	No, the rates are not being calculated (please refer to the Q1)		Establishment of mechanism of comparing of national survey's estimate with CRVS data	1 year	CSO (Demography Dep.)		
E1.10 Did the last census include a question on births or deaths; for example:  n Number of children ever born alive and still alive?  n Date of birth of last child born alive?  n Whether the last birth was registered?  n Whether the last death was registered?	The last census was conducted in 1979 and all these questions included		In future census all these questions mentioned in 1.10 will be addressed	When census conducted	CSO (Demography Dep. And filed operation)		

n Deaths in the household in the past 12–24 months? E1.11 If so, have the data been analysed and compared with the vital statistics data? E1.12 Are other sources used to complete and verify birth	No comparison has been done yet	NA	Comparing CRVS data with Census NA	Upon the availabilit y of data NA	Demography department/CSO and Field Operation dept. NA		
and death data?							
E1.13 If so, describe these.	NA	NA	NA	NA	NA		
E1.14 What is the proportion of all deaths allocated to illdefined categories? (See Annex 1 of Volume 2 of ICD-10 and Section 4.1.10 of ICD-10, Rule A on Senility and other illdefined conditions.)	NA, because ICD is not introduced yet in the country.		Conducting analyses on the correctly-defined and ill-defined ICD-10 diagnostic categories.	Upon the availabilit y of data	CSO/demography department		
E1.15 Has the proportion of	NA, because		Calculation of ill-	Upon the	CSO		
deaths allocated to the ill-	ICD is not		defined categories	availabilit	(Demography		
defined categories changed over time?	introduced yet		year by year to see	y of data	Dep.)		
E1.16 What is the proportion of unknown causes of death among all deaths?	in the country.  NA, because ICD is not introduced yet and the cause of death data are not available		the changes  Proportion calculation of unknown causes of deaths among all causes of deaths to provide feedback to the coders on quality of coding	Upon the availabilit y of data	CSO (Demography Dep.)		
E1.17 Is the consistency of the	No, because		When data	Upon the	CSO		
national cause-of-death	the cause of		provided to CSO:	availabilit	(Demography		

pattern checked over time, including disaggregation comparisons?	death data are not provided to CSO	<ul> <li>Calculate cause specific mortality rate on annual bases and comparing year to year</li> <li>Sharing the results with relevant stakeholders</li> </ul>	y of data	Dep.)		
E1.18 Does the overall cause- of-death distribution seems plausible, e.g. does it fit the expected disease and injury patterns given current national levels of life expectancy (see Box 3.10)?	NA, because the cause of death data are not provided to CSO and ICD-10 is not introduced in the country	When data provided to CSO plausibility check analyses will be done on the proportion of major cause of death categories	Upon the availabilit y of data	CSO (Demography Dep.)		
E1.19 Is the age pattern of causes of death obtained from civil registration for major disease groups and injuries consistent with expected patterns? (see Box 3.11)	No, no data are provided to CSO and ICD-10 is not introduced in the country	When data provided to CSO plausibility check analyses will be done on the proportion of major cause of death categories	Upon the availabilit y of data	CSO (Demography Dep.)		
E1.20 Further checks on the quality of cause-of-death data can be made using the three	No, no data are provided to CSO and ICD-10	When data are available on causes of death, the	Upon the availabilit y of data	CSO (Demography Dep.)		

below. In properly functioning systems with good death certification, the percentage of all cardiovascular, cancer or injury deaths assigned to these codes should not exceed about 10–15%.  n What is the proportion of cardiovascular disease deaths assigned to heart failure and other ill-defined heart-disease categories (ICD-10 codes M72, 1490, 146, 150, 1514, 1515, 1516, 1519, 1709)?  n What is the proportion of cancers with an ill-defined primary site (ICD-10 codes C76, C80, C97)?  n What is the proportion of injury deaths that are of undetermined intent (ICD-10 codes C76, C80, C97)?  Table 10 to 10	measures	is not	required				
systems with good death certification, the percentage of all cardiovascular, cancer or injury deaths assigned to these codes should not exceed about 10–15%.  n What is the proportion of cardiovascular disease deaths assigned to heart failure and other ill-defined heart-disease categories (ICD-10 codes I472, 1490, 146, 150, 1514, 1515, 1516, 1519, 1709)?  n What is the proportion of cancers with an ill-defined primary site (ICD-10 codes C76, C80, C97)?  n What is the proportion of injury deaths that are of undetermined intent (ICD-10 codes C76, C80, C97)?  E2: Data tabulation  E2: 1 Are births and deaths complied according to date of oregistration?  Dates of birth and death occurrence or to date of registration?			•				
certification, the percentage of all cardiovascular, cancer or injury deaths assigned to these codes should not exceed about 10–15%.  In What is the proportion of cardiovascular disease deaths assigned to heart failure and other ill-defined heart-disease categories (ICD-10 codes I472, I490, I46, I50, I514, I515, I516, I519, 1790)?  In What is the proportion of cancers with an ill-defined primary site (ICD-10 codes C76, C80, C97)?  In What is the proportion of injury deaths that are of undetermined intent (ICD-10 codes Y10- Y34, W372)?  E2.1 Are births and deaths compiled according to date of occurrence or to date of registration?  Dates of birth and death are on dates of birth and death are being recorded along with date in the compilation should be done on dates of birth and death are on dates of birth and death occurrence.							
of all cardiovascular, cancer or injury deaths assigned to these codes should not exceed about 10–15%.  n What is the proportion of cardiovascular disease deaths assigned to heart failure and other ill-defined heart-disease categories (ICD-10 codes I472, I490, I46, I50, I514, I515, I516, I519, I709)? n What is the proportion of cancers with an ill-defined primary site (ICD-10 codes C76, C80, C97)? n What is the proportion of injury deaths that are of undetermined intent (ICD-10 codes Y10- Y34, Y872)?  E2. Data tabulation E2. The compilation should be done on dates of birth and death are being recorded along with date death occurrence  Dep.)  Dep.)		the country	calculated				
cardiovascular, cancer or injury deaths assigned to these codes should not exceed about 10–15%.  n What is the proportion of cardiovascular disease deaths assigned to heart failure and other ill-defined failure and other ill-defined heart-disease categories (ICD-10 codes I472, I490, I46, I50, I514, I515, I516, I519, I709)?  n What is the proportion of cancers with an ill-defined primary site (ICD-10 codes C76, C80, C97)?  n What is the proportion of injury deaths that are of undetermined intent (ICD-10 codes Y10- Y34, N872)?  E2: Data tabulation  E2: Data tabulation  E2: Date sof birth and deaths compiled according to date of occurrence or to date of registration?  Dates of birth and death occurrence death of the solution of	•						
injury deaths assigned to these codes should not exceed about 10–15%.  In What is the proportion of cardiovascular disease deaths assigned to heart failure and other ill-defined heart-disease categories (ICD-10 codes I472, I490, I46, I50, I514, I515, I516, I519, I709)?  In What is the proportion of cancers with an ill-defined primary site (ICD-10 codes C76, C80, C97)?  In What is the proportion of injury deaths that are of undetermined intent (ICD-10 codes Y10- y34, N872)?  E2: Data tabulation  E2: Are births and deaths compiled according to date of oregistration?  Dates of birth and death occurrence or to date of registration?  Dates of birth and death occurrence with death occurrence or to date of registration?							
codes should not exceed about 10–15%.  n What is the proportion of cardiovascular disease deaths assigned to heart failure and other ill-defined heart-disease categories (ICD-10 codes I472, I490, I46, I50, I514, I515, I516, I519, I709)?  n What is the proportion of cancers with an ill-defined primary site (ICD-10 codes C76, C80, C97)?  n What is the proportion of injury deaths that are of undetermined intent (ICD-10 codes Y10- Y34, Y872)?  E2. Data tabulation  E2.1 Are births and deaths compiled according to date of oregistration?  Dates of birth and death occurrence or to date of registration?  about 1 - 1 - 2 years   CSO   (Demography   Dep.)	· ·						
about 10–15%.  N What is the proportion of cardiovascular disease deaths assigned to heart failure and other ill-defined heart-disease categories (ICD-10 codes I472, I490, I46, I50, I514, I515, I516, I519, I709)?  N What is the proportion of cancers with an ill-defined primary site (ICD-10 codes C76, C80, C97)?  N What is the proportion of injury deaths that are of undetermined intent (ICD-10 codes Y10- Y34, N872)?  E2. Data tabulation  E2.1 Are births and deaths compiled according to date of occurrence or to date of registration?  Dates of birth and death are being recorded along with date  Dates of birth and death occurrence	·						
10–15%.  n What is the proportion of cancers with an ill-defined primary site (ICD-10 codes C76, C80, C97)?  n What is the proportion of cancers with an ill-defined primary site (ICD-10 codes V10-y24, Y872)?  E2.1 Are births and deaths compiled according to date of or gegistration?  Dates of birth and compiled according to date of or gegistration?  Dates of birth and compiled according to date of or gegistration?  The compilation adeath occurrence of the compilation of care of the compilation of cates of birth and death occurrence of the compilation of care of the care							
n What is the proportion of cardiovascular disease deaths assigned to heart failure and other ill-defined heart-disease categories (ICD-10 codes I472, I490, I46, I50, I514, I515, I516, I519, I709)?  n What is the proportion of cancers with an ill-defined primary site (ICD-10 codes C76, C80, C97)?  n What is the proportion of injury deaths that are of undetermined intent (ICD-10 codes Y10- y34, Y872)?  E2: Data tabulation  E2.1 Are births and deaths compiled according to date of oregistration?  Dates of birth and death oregistration?  Dates of birth and death oregistration?	about						
cardiovascular disease deaths assigned to heart failure and other ill-defined heart-disease categories (ICD-10 codes I472, I490, I46, I50, I514, I515, I516, I519, I709)?  n What is the proportion of cancers with an ill-defined primary site (ICD-10 codes C76, C80, C97)?  n What is the proportion of injury deaths that are of undetermined intent (ICD-10 codes Y10- Y34, Y872)?  E2: Data tabulation  E2.1 Are births and deaths compiled according to date of registration?  Dates of birth and death occurrence or to date of registration?  Dates of birth and death occurrence or death of along with date or some content of the compiled according to date of along with date or death occurrence or to date of each occurrence or to date of along with date or death occurrence or to date of each	10–15%.						
assigned to heart failure and other ill-defined heart-disease categories (ICD-10 codes I472, I490, I46, I50, I514, I515, I516, I519, I709)?  n What is the proportion of cancers with an ill-defined primary site (ICD-10 codes C76, C80, C97)?  n What is the proportion of injury deaths that are of undetermined intent (ICD-10 codes Y10- Y34, Y872)?  E2: Data tabulation  E2.1 Are births and deaths compiled according to date of occurrence or to date of registration?  Dates of birth and death occurrence  The compilation should be done on dates of birth and death occurrence	n What is the proportion of						
other ill-defined heart-disease categories (ICD-10 codes I472, I490, I46, I50, I514, I515, I516, I519, I709)?  In What is the proportion of cancers with an ill-defined primary site (ICD-10 codes C76, C80, C97)?  In What is the proportion of injury deaths that are of undetermined intent (ICD-10 codes Y10- Y34, Y872)?    C2: Data tabulation   Dates of birth and cent of cocurrence or to date of registration?	cardiovascular disease deaths						
categories (ICD-10 codes I472, I490, I46, I50, I514, I515, I516, I519, I709)?  n What is the proportion of cancers with an ill-defined primary site (ICD-10 codes C76, C80, C97)?  n What is the proportion of injury deaths that are of undetermined intent (ICD-10 codes Y10- Y34, Y872)?  E2: Data tabulation  E2.1 Are births and deaths compiled according to date of occurrence or to date of registration?  Dates of birth and death occurrence death occurrence  Dates of birth and death occurrence or to date of occurrence or to date of along with date	assigned to heart failure and						
I490, I46, I50, I514, I515, I516, I519, I709)?  n What is the proportion of cancers with an ill-defined primary site (ICD-10 codes C76, C80, C97)?  n What is the proportion of injury deaths that are of undetermined intent (ICD-10 codes Y10- Y34, Y872)?  E2: Data tabulation  E2.1 Are births and deaths compiled according to date of occurrence or to date of engistration?  The compilation should be done on dates of birth and death occurrence  dates of birth and death occurrence	other ill-defined heart-disease						
IS16, IS19, I709)?  n What is the proportion of cancers with an ill-defined primary site (ICD-10 codes C76, C80, C97)?  n What is the proportion of injury deaths that are of undetermined intent (ICD-10 codes Y10- Y34, Y872)?  E2: Data tabulation  E2.1 Are births and deaths compiled according to date of occurrence or to date of eleing recorded along with date  Dates of birth and death occurrence  The compilation should be done on dates of birth and death occurrence  death occurrence  Dep.)	categories (ICD-10 codes I472,						
n What is the proportion of cancers with an ill-defined primary site (ICD-10 codes C76, C80, C97)?  n What is the proportion of injury deaths that are of undetermined intent (ICD-10 codes Y10- Y34, Y872)?  E2: Data tabulation  E2.1 Are births and deaths compiled according to date of occurrence or to date of registration?  Dates of birth and death occurrence	1490, 146, 150, 1514, 1515,						
cancers with an ill-defined primary site (ICD-10 codes C76, C80, C97)?  n What is the proportion of injury deaths that are of undetermined intent (ICD-10 codes Y10- Y34, Y872)?  E2: Data tabulation  E2.1 Are births and deaths compiled according to date of occurrence or to date of registration?  Dates of birth and death occurrence	1516, 1519, 1709)?						
primary site (ICD-10 codes C76, C80, C97)?  n What is the proportion of injury deaths that are of undetermined intent (ICD-10 codes Y10- Y34, Y872)?  E2: Data tabulation  E2.1 Are births and deaths compiled according to date of occurrence or to date of registration?  Dates of birth and death are being recorded along with date  Dates of birth and death occurrence	n What is the proportion of						
C76, C80, C97)?  n What is the proportion of injury deaths that are of undetermined intent (ICD-10 codes Y10- Y34, Y872)?  E2: Data tabulation  E2.1 Are births and deaths compiled according to date of occurrence or to date of registration?  Dates of birth and death occurrence  Dates of birth and death occurrence  The compilation should be done on dates of birth and death occurrence	cancers with an ill-defined						
C97)?  n What is the proportion of injury deaths that are of undetermined intent (ICD-10 codes Y10- Y34, Y872)?  E2: Data tabulation  E2.1 Are births and deaths compiled according to date of occurrence or to date of registration?  Dates of birth and death occurrence	primary site (ICD-10 codes						
C97)?  n What is the proportion of injury deaths that are of undetermined intent (ICD-10 codes Y10- Y34, Y872)?  E2: Data tabulation  E2.1 Are births and deaths compiled according to date of occurrence or to date of registration?  Dates of birth and death occurrence	C76, C80,						
n What is the proportion of injury deaths that are of undetermined intent (ICD-10 codes Y10- Y34, Y872)?  E2: Data tabulation  E2.1 Are births and deaths compiled according to date of occurrence or to date of egistration?  Dates of birth and death occurrence							
injury deaths that are of undetermined intent (ICD-10 codes Y10- Y34, Y872)?  E2: Data tabulation  E2.1 Are births and deaths compiled according to date of occurrence or to date of registration?  Dates of birth and death occurrence  being recorded along with date	•						
undetermined intent (ICD-10 codes Y10- Y34, Y872)?  E2: Data tabulation  E2.1 Are births and deaths compiled according to date of occurrence or to date of registration?  Dates of birth and death occurrence death occurrence death occurrence or to date of along with date	· · · · · · · · · · · · · · · · · · ·						
codes Y10- Y34, Y872)?  E2: Data tabulation  E2.1 Are births and deaths compiled according to date of occurrence or to date of registration?  Dates of birth and death occurrence							
Y34, Y872)?  E2: Data tabulation  E2:1 Are births and deaths compiled according to date of occurrence or to date of registration?  Dates of birth and death are being recorded along with date of death occurrence or to date of along with date of death occurrence or to date of along with date of death occurrence or to date occurrence occurrence or to date occurrence occurrence or to date occurrence occurrence occurrence occurrence occurrence occurrence occurrence occurre	•						
E2: Data tabulation  E2.1 Are births and deaths compiled according to date of occurrence or to date of registration?  Dates of birth and death are being recorded along with date of death occurrence or to date of along with date of death occurrence or to date of date occurrence or to date of date occurrence or to date occurrence occurrence or to date occurrence							
E2.1 Are births and deaths compiled according to date of occurrence or to date of registration?  Dates of birth and death are being recorded along with date of dates of birth and death occurrence or to date of along with date of dates of birth and death occurrence or to date of dates of birth and dates of birth and dates of birth and dates or birth and	•						
compiled according to date of occurrence or to date of being recorded along with date sof birth and death occurrence or to date of along with date sof birth and death occurrence should be done on dates of birth		Dates of birth	The compilation	1-2 years	CSO		
occurrence or to date of being recorded registration? being with date dates of birth and death occurrence death occurrence		and death are	•				
registration? along with date death occurrence		being recorded	dates of birth and				
		_	death occurrence		' '		
of registration,		of registration,					

	Ι.		1		1	<b>.</b>	
	but						
	compilation is						
	unclear						
E2.2 Are births and deaths	the	The birth and	1-2 years	CSO			
compiled according to place of	compilation is	deaths are to be		(Demography			
occurrence as well as place of	being done	registered by the		Dep.)			
usual	based on	original place					
residence?	present						
	address of						
	birth and death						
E2.3 At what level of	The tabulation	Tabulations will be	Upon	CSO			
disaggregation are the birth	is being done	done by	availabilit	(Demography			
data tabulated? Report	on sex and	• sex	y of data	Dep.)			
separately for:	regions, but	<ul><li>age of mothers</li></ul>					
n sex;	not by age of	and sub region					
n sex, and age of mother;	mothers.						
n sex, age of mother and	However, the						
subregion.	data are not						
	complete						
E2.4 At what level of	The tabulation	Tabulations will be	Upon	CSO			
disaggregation are the deaths	is being done	done by	availabilit	(Demography			
and cause-of-death data	on sex and	• sex	y of data	Dep.)			
tabulated? Report	regions, but	<ul><li>age of mothers</li></ul>					
separately for deaths and	not by age of	and sub region					
cause of death for:	mothers.						
n sex;	However, the						
n sex and age;	data are not						
n sex and subregion;	complete						
n sex, age and subregion.							
E2.5 Are standard WHO age	The data are	When data	Upon	CSO			
groups used to tabulate	currently not	provided to CSO,	availabilit	(Demography			
mortality and cause-of-death	available	analyses will be	y of data	Dep.)			
data?		done based on					

	T T		T	1	1	
		WHO standard age				
		group to tabulate				
		mortality and cause				
		of death data				
E2.6 What is the smallest	District level	At national level	Upon	CSO		
subnational level used for	analyses are	provincial	availabilit	(Demography		
tabulating vital statistics? Is	being done but	tabulation will be	y of	Dep.)		
this	data are not	done but in	complete			
appropriate given the	complete.	provincial level	data			
potential uses for	·	district level				
disaggregated data?		analyses will be				
		done properly				
E2.7 Are any of the four	No, because	When ICD coding is	Upon	CSO		
standard mortality tabulation	ICD coding	in place the	availabilit	(Demography		
lists suggested by the ICD used	system is not in	tabulation will be	y of data	Dep.)		
for data	use in the	done based on	,	- 5/5-7		
presentation purposes?	country	standard mortality				
presentation purposes.	Country	tables				
E2.8 If not, which condensed	NA, as	When data	Upon	CSO		
list is used? How was this list	mortality data	available the	availabilit	(Demography		
derived?	are not	standard tabulation	y of data	Dep.)		
derived:	collected by	for mortality will be	y or data	Вср.,		
	CRVS	used				
E2.9 Are data compiled into 10	NA, as	When data	Upon	CSO		
leading causes (separately for	mortality data	available so will be	availabilit	(Demography		
men and women and	are not	compiled into top	y of data	Dep.)		
		10 main causes of	y Oi data	Dep.)		
children)?	collected by CRVS	deaths				
	CNV3					
		disaggregated by				
F2 10 Frame which list are the	NA the sauce	Sex	I loon the	CCO		
E2.10 From which list are the	NA, the cause	When data	Upon the	CSO		
10 leading causes selected?	of death	available the list	availabilit	(Demography		
	information is	will be developed	y of data	Dep.)		

	not present		based on ICD-10				
	with CSO		coding				
E2.11 Are ill-defined causes	NA, as no		When data are	Upon	CSO		
included in the ranking as a	ranking is		available the	availabilit	(Demography		
category?	made		ranking will be	y of data	Dep.)		
,			done correctly and	,			
			ill-defined category				
			will be identified				
E2.12 What proportion of	Data not		When data are	Upon	CSO		
deaths is accounted for by the	available		available the	availabilit	(Demography		
10 leading causes of death?			proportions for the	y of data	Dep.)		
			10 leading				
			mortality causes				
			will be calculated				
E3: Data access and disseminati			_	_			
E3.1 Who are the main users	MoPH, MoE,	The relevant and need-	Conducting 2-day	1-2 years	CSO		
of the vital statistics:	MoHE, MoI,	base data analyses will be	workshop with the		(Demography		
n within government?	MoEc, MoD,	done and the results will	staff of relevant		Dep.)		
n outside the government?	UN agencies	be shared timely	ministries and				
	and NGOs		bilateral				
			organizations and				
			ask for their				
			information need in				
52.2 le there are a reconstant	No alasas		the workshop Refer to 3.1		CSO		
E3.2 Is there an engagement	No, please refer to 3.1		Refer to 3.1				
strategy to regularly discuss data needs with the main data	where the data				(Demography		
users?	need will be				Dep.)		
If so, describe this.	discussed						
E3.3 Is it possible to provide	No, because		When data is	Upon	CSO		
an example of how vital	the		available the	availabilit	(Demography		
statistics have been used to	comprehensive		analyses will be	y of data	Dep.)		
guide policy	data is not		done and data will	y or data	5-ср./		
galac policy	uuta is not		done and data will				

and practice?	available with CSO in order to calculate estimates that eventually guide policy formulations	be used for policy guide				
E3.4 What is the time from the end of the reporting period (e.g. end of calendar year in which births and deaths occurred) to the dissemination of: n birth and death statistics? n cause-of-death statistics?	The data is received monthly by CSO and the analyses done annually. At the end of the first quarter of the current year the data of last year disseminated	Based on the need of data users the data will be analysed and results will be shared with them	1-2 years	CSO (Demography Dep.)		
E3.5 Are analytical reports about birth, deaths and causes of deaths derived from vital registration produced? If so, include examples.	The data submitted to CSO is incomplete so the required indicators cannot be produced	When complete data available the reports will be generated	Upon availabilit y of data	CSO (Demography Dep.)		
E3.6 Is there a data-release schedule?  E3.7 Are vital statistics made available to users as:	No, because estimates are not produced  No, because complete data	Schedule will be developed to disseminate the results in time When data available and	1 year  Upon availabilit	CSO (Demography Dep.)  CSO (Demography		USD 60,000

n print? n electronic files? n web sites? n pdfs? n interactive tables?  E3.8 Are the vital statistics available free of charge or at a cost? Please explain.  E3.9 What agency publishes the official vital statistics?	are not available with CSO and reports are not produced  NA, because complete data are not available with CSO and reports are not produced  NA, because complete data are not available with CSO and reports are not	estimates calculated the results will be available for users in print, electronic files and websites  The reports will be produced in a number of copies and will be distribute free. The reports will also be available in websites  The CSO will publish official CRVS reports	Regular on annual basis  Annually	CSO (Demography Dep.)  CSO (Demography Dep.)		
E3.10 How regularly are the data published or released?  E3.11 Are all definitions and concepts used in vital statistics publications clearly explained?	produced  NA, because complete data are not available with CSO and reports are not produced  NA, because complete data are not available with CSO and	The reports will be published annually  The report will include all definitions used	Annually	CSO (Demography Dep.)  CSO (Demography Dep.)		

	reports are not					
	produced					
E3.12 What analyses are being	NA, because	Analyses will be	Upon	CSO		
routinely carried out on the	complete data	done to calculate	availabilit	(Demography		
data (e.g. fertility patterns,	are not	the fertility	y of data	Dep.)		
mortality	available with	patterns and	and			
differentials, disease mapping,	CSO and	mortality and	annually			
etc.)?	reports are not	disease mapping				
	produced					
E3.13 Along with the statistical	NA, because	The codes will be	Upon	CSO		
tables, are analyses of the	complete data	provided to the	request	(Demography		
data published regularly?	are not	concerned		Dep.)		
	available with	personnel				
	CSO and					
	reports are not					
	produced					
E3.14 How are these data	NA, because	The user specific	Annually	CSO		
being used at various levels?	complete data	CRVS information	and need	(Demography		
	are not	will be provided to	based	Dep.)		
	available with	the users as				
	CSO and	needed				
	reports are not					
	produced					

3.15 Is there any attempt to	No,	National and	1-6 years	CSO		USD
build analytical capacity		provincial trainings		(Demography		350,000
among staff who collect and		will be conducted		Dep. And field		
compile vital		to the MoI and		operation		
statistics to perform basic		HMIS staff who		department)		
analyses of the data to help		collect data for				
them better understand the		CRVS				
value						
and purpose of the data which						
they collect? If not, how could						
this be achieved?						

## **Template for assessment**

## **Component B (Registration practices, coverage and completeness)**

Questions	Assessment findings	Improvement	Actions/activities in	Time	Respon	Reso	urce require	ment
		goal	sequence	Frame	sibility	HR	Training	Funds
	B1 – Organization and f	l functioning of the civ	 ilregistration and vital st	 atistics sy	<u>stems;</u>			
B1.1 What are the organizational and administrative arrangements of the civil registration and vital statistics systems (reviewed using the prepared diagrams)? B1.2 What have been the main changes in the functioning of the systems over the last 10 years?	1-Design and implementation of new birth and deaths registration system in the country 2- Creating local birth registration centers at village level 3- Design of new vital statistics registration formats 4- Creating positions for the vital statistics employees in the structure of civil registration offices of the districts 4- Provision of transportation for all vital statistic units at all provinces and districts	Extension of the vital statistic registration in the country and availability of access to the mentioned precise data	1. Close attention of the relevant authorities according to the new vital statistics registration system 2- Complete participation of relevant organization regarding the vital statistics registration					
B1.3 How have these changes affected functioning of the system or systems?	The implementation of new vital statistics registration system in comparison to the							

Questions	Assessment findings	Improvement	Actions/activities in	Time	Respon	Reso	urce require	ment
		goal	sequence	Frame	sibility	HR	Training	Funds
	civil registration system is positive and is extended to the catchment area of the office	//	//					
B1.4 What areas need improvement?	1-Capacity building is needed for the registrars at hospitals and local registration centers 2- Increase the number of civil registration employees	Improve national vital statistics coverage across the country	Due to the workload at local registration centers at villages the employees should receive physical incentives					
B1.5 What are the current communication mechanisms between the civil registration authority and others involved in the collection and production of vital statistics?	The relationship between civil registration and vital statistics authorities are partially official and partially unofficial which means that all the registrars from health facilities and also the courts that are recording in the civil registration law are the governmental employees and are responsible to work in this area. But the rest of them are from local vital statistic registration colleagues that are Malik's of the villages, Mula's of Mosques and Lawyers of Passes and the relationship with them is not official and they are considered as the social leaders that are helping in the process	Registering the vital statistics regularly and sending the reports according to the civil registration law	Approval for creating the inter-offices at provinces and districts level and improving their activities regarding to the strengthening of the relationship among the registrar and the civil registration office					
B1.6 Are there any areas where the responsibilities for specific		0	0					

Questions	Assessment findings	Improvement	Actions/activities in	Time	Respon	Reso	urce require	ment
		goal	sequence	Frame	sibility	HR	Training	Funds
functions overlap or are unclear?								
B1.7 Are national, state or provincial and local responsibilities clearly defined?	Yes	0	0					
B1.8 Are there any areas where bottlenecks regularly occur?	No	0	0					
B1.9 Review in detail the country's practices for birth and death registration. Which types of births and deaths are likely to escape the civil registration system?	There are far and remote locations of Kochi, nomadic peoples, in Afghanistan for which the civil registration is generally unable to access. As a consequence, it is likely that the registration of many a birth and death will be missed. In addition, it is possible to miss some of the newborns with unknown identity	1-Extending of the vital statistics activities coverage in the far and impossible areas of the country 2- Vital statistic registration of the unknown births at the country level	1-Provision of inputs for creating mobile groups for vital statistics registration 2- Large community information campaigns to change the culture to one which accepts newborns who have an unknown identity					
B1.10 Are these types of births and deaths also missed by the vital statistics system?	Yes	0	0					
B1.11 Are there some vital events that cannot be registered through the normal system?	Yes. The vital events that are happening among the Afghan immigrants outside of the country especially in those countries which neighbor Afghanistan.	Access to the accurate data of the vital events of Afghans from outside of the country	Securing of the consul's office activities based on the vital statistics registration of Afghan's outside of the country and also giving awareness for the Afghan residence of outside of the					

Questions	Assessment findings	Improvement	Actions/activities in	Time	Respon	Reso	urce require	ement
		goal	sequence	Frame	sibility	HR	Training	Funds
			country from importance of the mentioned vital events					
B1.12 Are the same data on births and deaths collected across the country and at every level of the system (including state or provincial, national and local levels)?	No	0	0					
B1.13 Is there an entity responsible for national vital statistics standards and coordination?	Yes the department of vital statistic is under the Ministry of the Interior framework	Regulation of the vital statistics according to the international standards	Expansion of the organization by recruiting expert and professional employees					
B1.14 Is cause of death included on the death registration form?	Yes	0	0					
B1.15 If not, is information about the cause of death collected at the same time as the death is registered but using a different form? Also discuss what happens with coronial cases and deaths from suspected non-natural causes.	0	0	0					
B1.16 Who decides what details to collect on births and on causes of death?	The civil registration office in agreement with the other relevant offices of vital statistics	0	0					

Questions	Assessment findings	Improvement	Actions/activities in	Time	Respon	Reso	urce require	ment
		goal	sequence	Frame	sibility	HR	Training	Funds
B1.17 How is medical information on births and deaths exchanged among the different Government agencies involved?	Through a special birth and deaths formats	0	0					
B1.18 Is this process currently working well or does it need improvement?	With all past activities that have done in this section still the vital statistics registration system needs more work and improvement	0	0					
B1.19 Is there a national	Yes	0	0					
population register?  B1.20 If so, how does information flow between the national population register and the civil registration system, and which government agency is responsible for maintaining the national population register?	Yes, the vital statistics monthly reports (births, deaths, marriage and migrations) is routinely collected by type of sex and location of the event at province level and submits to central statistics office	To improve reporting system at provincial level	To strengthen the cooperation of relevant organization and people on reporting of the vital statistics					
B1.21 Is each individual assigned a PIN at birth registration or at the time of receiving identity papers, and is this PIN used throughout the government's administrative databases?	Yes	0	0					
B1.22 If a PIN is not given, how are records from various data systems linked, and how is the Population register updated?	0	0	0					

Questions	Questions Assessment findings		Actions/activities in	Time	Respon	Reso	urce require	ement
		goal	sequence	Frame	sibility	HR	2	Funds
B1.23 Are computers used at any stage of the birth and death registration process?	No	1-More concentration on vital statistics registration and reporting system 2-Better usage of the registered information	To receive more support from government and the international institutions especially UNICEF office					
B1.24 Are computers used for any or all of: n data compilation? n data transmission? n data validation? n data storage?	No	0	0					
B1.25 Are there any plans for further computerization in the near future. B1.26 If so, what are the priorities?	Yes, the priorities are as following: 1-Provision and supplying of the required equipments 2-Activating the internet connection system at the civil registration office 3-Increasing the professional employees	1-More concentration on the vital statistics registration and reporting system, 2-Better usage of registration information	To receive more support from government and the international institutions especially UNICEF office					
B1.26 which procedures of controlling do you use for the for assuring the completeness or compatibility of the data collected?	The vital statistic registration centers for the birth and death will be partially monitored through the provincial and central authorities of the country	Upgrading the status of vital statistics reporting quality and its completeness of needed statistics indicators in the design of	To have a continuous monitoring and evaluation system for vital statistics processes creating a monitoring and evaluation office with consideration of	Perma nent	Departm ent of Statistics	To recruit 38 responsi ble persons for monitorin g and		2 million Afs/year

Questions	Assessment findings	Improvement	Actions/activities in	Time	Respon	Reso	urce require	ement
		goal	sequence	Frame	sibility	HR	Training	Funds
		governmental development plans	specific budget	_		evaluatio n		
B1.27 What procedures for checking the completeness and consistency of information collected at points of registration are currently being carried out at the points of registration?	The vital statistic registration centers for the births and deaths will be partially monitored through the provincial and central authorities of the country	Upgrading the status of vital statistics reporting quality and its completeness of needed statistics indicators in the design of governmental development plans	To have a continuous monitoring and evaluation of the vital statistics processes with an allocated budget for this activity.	Perma nent	Departm ent of Statistics		Training courses for the employe e at central and provincial level	1.5 Million Afs/year
B1.28 What procedures for checking completeness and consistency of information are carried out at central and other levels?	After collection of the birth and death data from sites, provinces and data collection centers the data is analyzed and after integration it is sent to the central statistics department	For the improvement of planned governmental indicators	Modernization process of birth and deaths registration	Perma nent	Departm ent of Statistics		Training courses for the employe es at central and provincial levels	
B1.29 Are monthly or quarterly registration data routinely checked to ensure that they are Comparable with previous years?	No	Improvement of the reporting system through the new database	The data should be entered on a monthly basis through the provinces. Central statistics department after comparison process will submit the reports to the relevant addresses	Perma nent	Vital statistics offices			

Questions	Assessment findings	Improvement	Actions/activities in	Time	Respon	Reso	Resource require	
		goal	sequence	Frame	sibility	HR	Training	Funds
B1.30 At the central level, are the expected numbers of births and deaths that should occur each year routinely estimated for each registration area, and compared to the actual numbers of Registered events?	No	The birth and death data is anticipated in close coordination of Ministry of Public Health and central statistics department	Providing a list of estimated data in breakdown of districts and provinces. Comparing the estimated data with the actual data	At startin g and end of the year	Ministry of Internal Affairs and the Ministry of Public Health Central Statistics	0	0	0
B2.1 Which of the UN-recommended items are collected on birth and death registration forms? Use Box 3.2 and tick off all items collected.	The following points are requested by the United Nations to be collected through the vital statistics registration forms  1. Birth section: Newborn specification: Date of birth Date of registration Place of birth Place of registration Urban rural breakdown Type of birth Parent's specification: Place of birth (parents) Death section: Events specification: Fevents date Registration date	Evidence of the inclusion of the noted UN requests in the revised formats.	Modification in the law materials and working procedures	Until the end of the year 1393	Departm ent of Statistics			

Questions	Assessment findings	Improvement	Actions/activities in	Time	Respon	Reso	urce require	ement
		goal	sequence	Frame	sibility	HR	Training	Funds
B2.2 Which of the UN-recommended items that are not collected on the birth and death registration forms would be useful?	<ul> <li>Place of event</li> <li>Place of registration</li> <li>Location of the event</li> <li>Cause of death</li> <li>Deceased specification: <ul> <li>Sex</li> <li>Marital status</li> <li>Current place for living</li> </ul> </li> <li>Birth registration: <ul> <li>Date of birth and parents age</li> <li>Rural and urban events</li> <li>Total live births that mother delivered in her life</li> <li>Total children that are alive now</li> <li>The last childbirth date</li> <li>Marriage date and its duration</li> </ul> </li> <li>Deaths: <ul> <li>Rural and urban events</li> <li>Confirmer and type of confirmation</li> </ul> </li> </ul>	Evidence of the inclusion of the noted UN requests in the revised formats.	Modification in the law materials and working procedures	Until the end of the year 1393	Departm ent of Statistics			
B2.3 What additional items are collected on the birth and death	In the birth registration form:  1. Sex	Evidence of 5 of the points are						
registration forms? List and discuss these items.	Father's occupation     Father's ID registration     Mother tongue	included in the revised formats.						

Questions	Assessment findings	Improvement	Actions/activities in	Time	Respon	Reso	urce require	ement
		goal	sequence	Frame	sibility	HR	Training	Funds
B2.4 Are any medical details collected (either on the birth registration form or a separate form) regarding the health of the child or the birth process?	5. Which one of the child (1st 2nd) 6. Type of delivery In the death registration form: • ID registration address  Just happening at the health facilities							
B2.5 Review all the forms used for registering and certifying births and deaths and answer the following questions for each set of forms:  Is all the information collected used?  In How long does it take, on average, to fill out each set of forms?  Is the layout of the forms user-friendly? Explain why or why not.  Is the form available in each of the main national languages?  In Which items come from the "declarant" and which are transcribed from other	1. No 2. 10 to 20 minutes 3. Yes 4. No Reports are directly collected by the vital statistics units and after registering there it is sent to the center, and after having photocopies of the reports there a copy is sent to the central statistics office							

Questions	Assessment findings	Improvement	Actions/activities in	Time	Respon	Respon Resource requ		ement
		goal	sequence	Frame	sibility	HR		Funds
documents; for example, is the cause of death transcribed from the death certification form?								
B3.1 What proportion of the population has access to civil registration in the area where they live?	The proportion of the access is differing from one area to another area of the country	Improve the coverage of civil registration and vital statistics services nationally	Improving the cooperation of relevant organizations to create interagency offices. Establish a committee at district and provincial level					
B3.2 Has access over time: n improved? If so, why? n remained stable? If so, why? n decreased? If so, why?	Due to the implementation of new vital statistics registration system and creating of local registration sites ( selecting Mula's, Lawyers of Passes and Malik's of the villages as supportive colleagues for the vital statistics registration)the access is improved	Outspreading of the status of vital statistics registration coverage at the country level and access for the accurate data of the mentioned events	1-More attention of the relevant responsible in the implementation of the vital statistics registrations 2-Contribution of all relevant organization in the vital statistics registration 3-Creating interagency offices and committees for the implementation and monitoring of the new vital statistics registration system at district and provincial level under the presidency of district	Perma nent	Departm ent of Statistics			

Questions	Assessment findings	Improvement	Actions/activities in	Time	Respon	Resc	ource require	ement
		goal	sequence	Frame	sibility	HR	Training	Funds
			and provincial governor					
B3.3 If access has improved, what has led to the improvements?	Implementation the new vital statistics registration system and the supporting of relevant organizations in this process	Outspreading of the status of vital statistics registration coverage at the country level and access for the accurate data of the mentioned events	1-more attention of the relevant responsible in the implementation of the vital statistics registrations 2-contribution of all relevant organization in the vital statistics registration 3-creating interoffices committees for the implementation and monitoring of the new vital statistics registration system at district and provincial level under the presidency of district and provincial governor	Perma				
B3.4 How complete are the birth registration data (i.e. what is the percent completeness level)? Please indicate what method you used to estimate completeness.	30%	Outspreading of the status of vital statistics registration coverage at the country level and access for the accurate data of the mentioned events	Strengthening awareness for the people and receiving their support for the registration of birth events. Extensive information campaigns through the media, printing posters and brochures	Perma nent	Departm ent of Statistics			5 Million Afs/Year

Questions	Assessment findings	Improvement	Actions/activities in	Time	Respon	Reso	urce require	ement
		goal	sequence	Frame	sibility	HR	Training	Funds
B3.5 How complete are the death registration data (i.e. what is the percent completeness level)?	10%	Outspreading of the status of vital statistics registration coverage at the country level and access for the accurate data of the mentioned events	Strengthening awareness for the people and receiving their support on the registration of births events Extensive propagandas by the Media and also printing posters and brochures	Perma nent	Departm ent of Statistics			
B3.6 Has completeness over the last decade been: n improving? If so, why? n stable? If so, why? n decreasing? If so, why?	Due to the implementation of the new vital statistics registration system, increasing the vital statistics registration centers at district level and with support of UNICEF, partial improvement has occurred	as above	as above					
B3.7 What subpopulations are most likely to be undercounted in vital registration? (Note: undercounting may be different for births and deaths.)	Afghan Migrants outside the country, kochis, geographically isolated and insecure communities. This issue is same in both birth and death registration events	Increasing the vital statistic registration coverage	Determining those areas that are not in the civil registration catchment areas Activation of vital statistics registration mobile groups	Perma nent	Departm ent of Statistics	110	Training courses for the Mobile health units	1 Million Afs/ year
B3.8 If only part of the country is covered (e.g. urban areas), have alternative ways of	All over the country is under the coverage	Increasing the vital statistic registration	Determining those areas that are not in the civil registration	Perma nent	Departm ent of Statistics	110	Training courses for the	1 Million Afs/ year

Questions	Assessment findings	Improvement	Actions/activities in	Time	Respon	Reso	ement	
		goal	sequence	Frame	sibility	HR	Training	Funds
obtaining vital statistics for non-covered populations been considered or implemented; for example, a "sample registration system" (SRS) or a demographic surveillance system (DSS)?		coverage	catchment areas Activation of vital statistics registration mobile groups				Mobile health units	
B3.9 What has been done in the last 10 years to increase: n birth registration? n death registration?	For both birth and death registration: A new registration system and process has been implemented which not only uses health facilities for registration but also Mula's – lawyers of the passes. Malik's are also contributing to the registration process. In addition, registration offices and health facilities are using a revised birth registration card.	Outspreading of the status of vital statistics registration coverage at the country level and access for the accurate data of the mentioned events	Creating interagency offices and coordination committees between the Ministry of Public Health and Ministry of the Interior. Two persons from the civil registration department of the Ministry of the Interior and two persons from the Obstetrics and Gynecology hospitals will be required to assist with the registration of delivery cases and to create interagency offices and committees for the implementation and monitoring of the new vital statistics registration system at	Until the end of the year 1394	Departm ent of Statistics Ministry of interior	20 Persons	Training courses	5 Million Afs/ Year

Questions	Assessment findings	Improvement	Actions/activities in	Time	Respon	Reso	ement	
		goal	sequence	Frame	sibility	HR	Training	Funds
			district and provincial level under the presidency of district and provincial governor					
B3.10 Is late registration tracked and monitored over time and at the subnational level?	No	Creating monitoring and evaluation system and preventing delays in the birth and death registration	Developing constitutions at district and provincial level and creating mobile groups with supplying transportation vehicles	Perma nent	Departm ent of Statistics	Question B-1 part 26	Question B-1 part 26	Question B-1 part 26
B3.11 Is late registration more common in some areas than others?	Yes/ as the system is not covered all around the country it is common	Creating monitoring and evaluation system and preventing delays in the birth and death registration	Developing constitutions at district and provincial level and creating mobile groups with supplying transportation vehicles	Perma nent	Departm ent of Statistics	Question B-1 part 26	Question B-1 part 26	Question B-1 part 26
B3.12 What proportion of registered births take place in health facilities?	Approximately 50%	Creating monitoring and evaluation system and preventing delays in the birth and death registration	Strengthening of inter Ministerial committees	Perma nent	Departm ent of Statistics	Question B-1 part 26	Question B-1 part 26	Question B-1 part 26
B3.13 What proportion of registered deaths take place in health facilities?	Approximately 10 %	Creating monitoring and evaluation system and preventing delays in the birth	Strengthening of interagency Ministerial committees	Perma nent	Departm ent of Statistics	Question B-1 part 26	Question B-1 part 26	Question B-1 part 26

Questions	Assessment findings	Improvement	Actions/activities in	Time	Respon	Reso	urce require	ement
		goal	sequence	Frame	sibility	HR	Training	Funds
		and death registration						
B3.14 What proportion of	0	Question B-3 part	Question B-3 part 9	Questi	Question	Question	Question	Question
hospitals or other health		9		on B-3	B-3 part	B-3 part	B-3 part	B-3 part
facilities have registration				part 9	9	9	9	9
officers on the								
premises?								
B3.15 Do midwives or other	No	Question B-1 part	Question B-1 part 26	Questi	Question	Question	Question	Question
health personnel attending		26		on B-1	B-1 part	B-1 part	B-1 part	B-1 part
home births also report these				part	26	26	26	26
births? If so, to whom?				26				
B3.16 Are reported births from	No	Question B-1 part	Question B-1 part 26	Questi	Question	Question	Question	Question
such sources routinely		26		on B-1	B-1 part	B-1 part	B-1 part	B-1 part
compared with registered				part	26	26	26	26
births?				26				
B3.17 What proportion of births	5% private hospitals	N/A	N/A	N/A	N/A	N/A	N/A	N/A
take place in nongovernmental	Source: AMS							
health facilities?								
B3.18 What proportion of	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
deaths take place in								
nongovernmental health								
facilities?								
B3.19 Does registration involve	No	N/A	N/A	N/A	N/A	N/A	N/A	N/A
any financial costs to the family								
or informant:								
n for births?								
n for deaths?								

B3.20 What social services or benefits are linked to birth registration?	Civil service that is provided by the birth registration is as following: 1.Enrolment in preschool and school 2.Distribution of national Identity 3.Distribution of Passport	Some other services also should be related to the birth registration process	The health services provision should be on the birth registration card which requires the cooperation and support of the Ministry of Public Health			
B3.21 What social services, insurance benefits or inheritance transfers are linked to death Registration?	Social services that are linked to deaths registration include: 1.Fulfillment of the Exhibition law 2.Fulfilment of collateral Inheritance and other social services					
B3.22 If the country uses identity cards, how does that system affect vital events registration?	Of course the ID card is effective in the registration of the vital statistics, as all the vital statistic services are provided on the availability of ID card and is directly effecting registration of vital events, also the vital statistics registration does the same effects to the distribution of ID cards for the citizens, as the birth card can be the bases for the distribution of ID card and also the death reports are dealing with the ID card offices	Nationalization of the identity card distribution				
B3.23 What are the main obstacles to improving civil registration? For example: n lack of registrars or	The main challenges include:  1. A shortage of registrars  2. A shortage of working offices					

places to register; n lack of access to health facilities; n lack of knowledge about the need to register births and deaths; n social stigma of illegitimate children; n cultural barriers; n financial barriers; n illiteracy; n shortage of physicians and midwives; n other obstacles (please specify).	<ol> <li>The inaccessibility of health services in some areas</li> <li>Lack of knowledge</li> <li>Non admission of Illegitimate children</li> <li>Illiteracy- poverty and cultural and security problems in the country</li> </ol>						
B3.24 When did the country last have a campaign to increase public awareness of the need to register vital events?	Some public awareness campaigns have partially been conducted but since last year extensive public awareness campaigns have been conducted within the country through the media (TV, brochures, posters) particularly in those communities supported by UNICEF	Outspreading of the status of vital statistics registration coverage at the country level and access for the accurate data of the mentioned events	Extensive public awareness campaigns using multiple media sources and by establishing a mobile network.				
B3.25 Were the results evaluated?	Evaluation of the public awareness campaign demonstrated that communities were more aware of the need to register vital events.	Outspreading of the status of vital statistics registration coverage at the country level and access for the accurate data of the mentioned	Extensive public awareness campaigns using multiple media sources and by establishing a mobile network.	As above	As above	As above	

		events					
B3.26 Is there a committee that regularly monitors and evaluates civil registration completeness?	Yes the inter- Ministerial committees are available in the central level, also for outspreading of monitoring creation of inter-offices committees has been requested at both district and provincial level of the country	Question B-1 part 26	Question B-1 part 26	Questio n B-1 part 26	Question B-1 part 26	Question B-1 part 26	
	Data storage and transmission				T		
B4.1 Do local registration offices record and store the collected information on births and deaths by: n registry books? n electronic files? n other (please specify)?  B4.2 Are birth and death records filed by: n date of registration? n name?	The collected birth and death information is recorded in specific registers at the local registration offices but in the future it is anticipated that this process will be computerized  Birth and death events are filed by registration and by the date that the event occurs						
n a numbering system or other numerical index? n other (please specify)?							
B4.3 What method of record backup is used and how frequently is this done?	Currently, by the registration serial number but in the future this will be accessible by the birth and death registration database						
B4.4 How are birth and death records archived?	After signing and stamping the records it is managed on an annual basis and archived	Facilitation in the integration of the vital statistics events and also facilitation of the recording and					

		analysis of recult-				
DA E III	Compared the affice a basic keeps	analysis of results				
B4.5 Have records ever	Some of the offices have been					
been lost or destroyed?	destroyed during the years of	//				
24.644	internal war					
B4.6 How can the loss or	By computerizing and having					
destruction of records be	back up from the vital statistics	//				
avoided in the future?	registration database					
B4.7 Can individual birth or	Yes and the computerized system					
death records easily be	makes it easier					
retrieved if needed?						
B4.8 Have there been	Rarely	Preventing	Activation of	Until the		
instances of fraudulent or	-	fraudulent entries	computerized	end of		
multiple registrations?		and duplications	system	the year		
		in the registration		1392		
		process by using				
		computerized				
		system				
B4.9 What precautions are	To prevent the fraudulent and	Preventing	Activation of	Until the		
built into the system to	duplication of registrations the	fraudulent entries	computerized	end of		
avoid fraudulent or	office purposes that the vital	and duplications	system	the year		
multiple registrations?	statistics registration establishes	in the registration		1392		
	a computerization process.	process by using				
		computerized				
		system				
B4.10 Using the flowcharts	Is one of the responsibility of the					
of data transmission	central statistics office					
prepared for birth and						
death records, explain						
where and how data are						
being consolidated before						
transmission.						
B4.11 Reflecting on the						
data-flowchart prepared,	Is one of the responsibility of the					
is there a fixed schedule	central statistics office					
is there a fixed selfeduic		l			1	

for transferring data in a timely manner?					
B4.12 Is this schedule strictly adhered to?	Yes				
B4.13 Is this schedule routinely monitored by those receiving the data?	Yes				
B4.14 Are there procedures in place to deal with late or non-reporting from local civil registration offices?	Yes, the procedures are legally in place but are not enforced	Preventing from delay or non reporting with the law implementation and creating system which is requested in the Question B-1 part 26			
B4.15 If there are procedures in place, what are they?	Rewards and punishment- Recommendations- warnings- Salary deductions- warning with inclusion of resumes- alternate and segregation				
B4.16 Is the information on the birth and death registration forms kept confidential?	Yes				
B4.17 How is confidentiality maintained?	After the registration and archiving of birth and death data the contents are secured and only by order from the appropriate authorities are files able to be accessed.				

			T
B4.18 Who can access the	For the purpose of providing		
data and for what	citizen's right for the Inheritance		
purposes?	and retirements rights only based		
	on the order of relevant		
	authorities the data is shared with		
	the official bodies		
B4.19 What checks are	According to the law the death		
made on individual birth	reports are requested by the		
and death records to	confirmation of two governmental		
ensure that they are	employees or relevant Lawyers of		
accurate and complete	Passes and for the births the		
when transferred?	accuracy of the reports are		
	confirmed by the hospitals and		
	registration centers through filling		
	of the births registration forms		
B4.20 Are local registration	Yes		
offices routinely contacted			
for clarification about the			
statistics by the regional or			
central level?			
B4.21 If so, how frequently	Verification of the statistics will be		
is clarification sought?	conducted with consideration of		
	location and date of the event by		
	monthly bases		
B4.22 Is there two-way	No but the birth and death		
communication and data	computerizing system will solve		
transfer between central	this problem		
and peripheral offices?			
B4.23 Do regional	No but the birth and death		
registration authorities	computerizing system will solve		
routinely receive reports	this problem		
on how the characteristics			
of their populations			
compare with the national			

average?				

## 7Component C (Death certification and cause of death)

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	urce requir	ement
	findings	goal	in sequence	Frame		HR	Training	Funds
C1 – ICD-complian	t practices for death	certification (24)						
C1.1 How many registered deaths (as a percentage) have a medically certified cause of death?	There are no medically certified cause of deaths registered. Most deaths at health facilities and hospitals are not recorded according to International standards. The data on causes of deaths occurring in the private sector and communities are not available.	Establish medically certified cause of death system	ToT for the national death certification system should be conducted and cascading plan to hospitals, academic institutions, MoPH needs to be develop.	18 months	МоРН	internatio nal WHO consultant to develop cascade training package for master trainers that can be used at tertiary training facilities	40 person x 3 day Training for Death Certificati on	55,000 (Master Trainer Program)
			Develop curriculum package to be taught within medical universities (this will also include an ICD component)	24 months	MoPH, Ministry of Higher Education	1 medical education alist to develop curriculu m package for preservice	1	5,000

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Resc	urce require	ement
	findings	goal	in sequence	Frame		HR	Training	Funds
						training		
			Develop a death notification process to capture cause of death data from the community and facility level.		MoPH, MoI, Mo Haj			
C1.2 In the cause- of-death data, is it possible to separate medically certified deaths and those certified by a layperson?	There is no cause of death data and no means at present to separate lay person certification from medically certified deaths.	That death certification is able to separate reporting from a lay person as well as a medical service provider.	The death certificates need to be able to have separate sections for identifying the recording by a lay person from that of a medical provider.	24 months	MoPH, MoI			
			The guidelines, procedures need to be developed and institutionalized. This activity needs to be well coordinated among line ministries and departments within those line ministries including civil society, media and parliament.	24 months	MoPH, MoI			7,000

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	urce require	ement
	findings	goal	in sequence	Frame		HR	Training	Funds
			Reporting system needs to be	36 months	MoPH, MoI			
			implemented and reinforced.	(piloting)				
C1.3 Are these	No.	Data will be	Addressed in actions	36	MoPH, MoI			
data compiled		compiled	above	months				
separately in the		separately when						
cause of death		cause of death						
statistics for the country?		occurs						
C1.4 Are ICD-	No	ICD 10 to be	Addressed in actions	36	MoPH, Mol, Mo			7,000
compliant		included in death	above	months	Haj			,
practices used for		certification			,			
death certification		procedures						
in the country?								
C1.5 Is the	No	That the standard	To include in the HIS	18				5,000
standard		international form	SP and to promote	months	MoPH			
international form		for medical	the use amongst					
of medical		certification is used	practioners by the					
certificate of		for cause of death	Master Trainers					
cause of death								
(Box 3.4) used								
for:								
<ul><li>all deaths?</li></ul>								
<ul> <li>only deaths</li> </ul>								
occurring in								
hospitals not								
for those								
taken place								
outside								

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	urce require	ement
	findings	goal	in sequence	Frame		HR	Training	Funds
hospitals?								
<ul> <li>only deaths</li> </ul>								
occurring in								
some specific								
hospitals, such								
as university								
or regional								
hospitals?								
<ul> <li>Other deaths</li> </ul>								
(please								
specify)?								
C1.6 If the country	No advocacy for use	Advocacy for the	To include in the HIS	18	MoPH			5,000
does not use the	of the international	use of the	SP and to promote	months				
standard	form for medical	international form	the use amongst					
International form	certification of cause	for medical	practioners by the					
of medical	of death	certification of	Master Trainers					
certificate of		cause of death						
cause of		occurs						
death, how could								
it be introduced								
(specify steps)?								
What potential								
actions (e.g.								
sensitization								
of medical								
establishment)								
would be								
required?								
C1.7 Do doctors	refer to C1							
know how to								

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	ement	
	findings	goal	in sequence	Frame		HR	Training	Funds
correctly complete								
the death								
certificate,								
including the								
causal								
sequence and the								
underlying cause?								
<ul> <li>Yes, generally.</li> </ul>								
<ul> <li>Yes, always.</li> </ul>								
No, they do								
not.								
C1.8 Is there a	No refer to previous							
booklet, brochure	activity							
or other guideline								
for doctors								
explaining how to								
certify the								
cause of death								
and complete the								
international form								
properly?								
C1.9 If such	See above							
material is not								
available, what								
would be involved								
in preparing it and								
how could it be								
distributed?								
C1.10 What	See above							
proportion of								

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	Resource requireme	
	findings	goal	in sequence	Frame		HR	Training	Funds
death certificates								
list only one cause								
of death? (See Box								
3.4 about								
the need to state								
not only the								
disease directly								
leading to death,								
but also the								
underlying								
conditions without								
which the person								
would not have								
died.)								
C1.11 What	See above							
proportion of								
death certificates								
report the mode								
of death instead								
of the underlying								
cause of death?								
C1.12 What	See above							
proportion of								
death certificates								
do not indicate								
the interval								
between onset of								
disease								
and death?								
C2: Hospital death of	certification							

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Resc	urce requir	ement
	findings	goal	in sequence	Frame		HR	Training	Funds
C2.1 In hospitals, who completes the death certificate:  • The attending doctor?  • Another doctor who did not treat the deceased person before death occurred?  • A nurse?  • A medical records officer?  • Other (please specify)?	There is no system in place	That a doctor will complete a death certificate for all deceased patients.	A cascade training program will be developed by the death certified master trainers	42 months	МоРН		5,000 clinicians	150,000
C2.2 How are cases of DOA certified?	The hospitals do not take responsibility for DOA.	That medical practioners in all hospitals certify all patients presenting DOA.	Part of death certification system and to be established with cascading plan	24 months	МоРН			
C2.3 How common is DOA deaths in hospitals? Do they constitute:  Less than 10%	Not established and no information available	See above	See above	See above	See above			

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	urce require	ment
	findings	goal	in sequence	Frame		HR	Training	Funds
of deaths?								
• 10–20% of								
deaths?								
<ul> <li>More than</li> </ul>								
20% of								
deaths?								
C2.4 Are the vital	Yes, - by the hospital	That hospitals	For one Mol	24	Mol, MoPH			
events that take	sending forms to the	forward forms to	appointed person to	months				
place in hospitals	civil registration	civil registration	be assigned at all					
registered in the	office however the	points	national and					
country:	system is not		regional hospitals					
At civil	working well, as		for the reporting of					
registration	hospital staff do not		vital events to civil					
points in	take responsibility		registration.					
hospitals?	for this.							
By the hospital								
sending forms								
to the civil								
registration								
office?								
By the								
individual								
family								
registering								
after the birth or death has								
or death has occurred?								
C3: Deaths occurrin	g outside hespital							
C3.1 ls it	Yes it is mandatory	That there is	That there is	60	Mol, MoPH			
	but there is no			months	ועוטו, ועוטצח			
mandatory to	but there is no	compliance to the	compliance to the	HOHLIS				

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	urce require	ement
	findings	goal	in sequence	Frame		HR	Training	Funds
issue a death	system is in place	legislation and that	legislation governing					
certificate with		a system is in place	the issuing of a					
the cause of death		for the recording	cause of death					
indicated for		of cause of death	certificate in the					
people who		within the	community.					
die at home?		community						
			A process is	60	Mol, MoPH		Literacy	70,000
			developed which	months			training	
			captures the				for CHWs	
			reporting of deaths					
			from the community					
			(either through the					
			community shura,					
			CHW – only to					
			collect or Mullah)					
			and which clearly					
			articulates the role					
			for each					
			organization					
			including the MoPH,					
			CSO, Mol and					
			others.					
			Establish verbal	60	Mol, MoPH	Need one	22,00	150,00
			autopsy (VA)	months		national	CHWs,	
			procedures which			consultant	20,00	
			ensure the reporting			to	Mullahs,	
			of community			develop	20,00	
			deaths.			process	Communit	
						and	y Health	
						training	, Shura	

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	urce require	ement
	findings	goal	in sequence	Frame		HR	Training	Funds
						package		
C3.2 If so, are	Not applicable	That a quality	Develop a quality	60				
there any quality		assurance system	assurance system	months				
problems with		is in place which						
these certificates		assures the quality						
and are they ever		of community						
reviewed?		reported deaths.						
C3.3 Is the same	A form is available	That the same	To develop a	60	MoPH	Will use	<mark>2,200</mark> _	15,000
cause-of-death	which includes,	cause of death	training package for	months		Master	CHWs,	
form used for	place of death,	form is used for	those who will be			Trainers	<mark>20,00</mark>	
deaths in and	gender, month/year,	the reporting of	completing the form				Mullahs,	
outside hospital?	marital status, age,	both health facility					<mark>20,00</mark>	
	cause of death (not	and community					Communit	
	based on ICD) but it	deaths					y Health	
	has not been						<mark>Shura</mark>	
CO. 4 IC - 11111 1	institutionalized.	Nich con Produk						
C3.4 If a different	Not applicable	Not applicable						
form is used for								
deaths outside hospital, what								
information is								
recorded about								
the cause of								
death?								
C3.5 Who	No one yet	That a community	Establish process for	60	MoPH, MoRR,			
prepares the		health delegate	death certification	months	MoHaj, Mol			
death certificate		(Mullah, CHW or	from community to		,, -			
and certifies the		Health Shura	central MoPH level.					
cause of death for		representative) will	See C3.1					
people dying		firstly conduct the						

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	urce require	ment
	findings	goal	in sequence	Frame		HR	Training	Funds
outside		verbal autopsy and						
of hospital:		then complete the						
<ul> <li>A general</li> </ul>		necessary						
practitioner?		documentation.						
A coroner or		The CHW will						
similar?		forward the						
A health		completed						
official?		document through						
A civil		the MoPH health						
registrar?		facilities for death						
Other (please		certification by						
specify)?		medical doctors.						
C3.6 If a doctor is	Not applicable							
needed, is that								
person required to								
examine the								
deceased person								
before they								
have died?								
C3.7 How are	If the	That a community	To develop a	60	MoPH, MoRR,			
deaths certified in	documentation is	health delegate	training package for	months	MoHaj, Mol			
cases where the	not available then	(Mullah, CHW or	those who will be					
certifying	verbal autopsy will	Health Shura	completing the form					
physician is not	need to be	representative) will						
the person who	completed	firstly conduct the						
treated the	according to the	verbal autopsy and						
patient?	developed	then complete the						
	processed in C3,5	necessary						
		documentation.						
		The CHW will						

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	ement	
	findings	goal	in sequence	Frame		HR	Training	Funds
		forward the						
		completed						
		document through						
		the MoPH health						
		facilities for death						
		certification by						
		medical doctors.						
C3.8 Are hospital	No	Not applicable						
medical records								
usually accessible								
to general								
practitioners when								
one of their								
patients die at home?								
C3.9 Is verbal	Not routine	That a community	Establish process for	60	MoPH, MoRR,			
autopsy routinely	Not routine	health delegate	death certification	months	MoHaj, Mol			
used to obtain the		(Mullah, CHW or	from community to	1110111113	ivioriaj, ivior			
cause of death for		Health Shura	central MoPH level.					
any non-medically		representative) will	See C3.1					
certified		firstly conduct the	300 03.1					
deaths in the		verbal autopsy and						
country?		then complete the						
·		necessary						
		documentation.						
		The CHW will						
		forward the						
		completed						
		document through						
		the MoPH health						

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Resource requirer		ment
	findings	goal	in sequence	Frame		HR	Training	Funds
		facilities for death						
		certification by						
		medical doctors.						
C3.10 If verbal	Not applicable							
autopsy								
procedures are								
routinely used, do								
they conform to								
the WHO								
standards								
(31)?								
C3.11 Has the	Not applicable							
WHO standard								
procedure been								
modified in any								
way to make it								
more applicable to								
the country? (If so,								
please specify the								
modification.)								
	ng the quality of cause		1					
C4.1 To whom,	There is no system	Needs further	This needs to be					
other than the	in place	clarification with	clarified with the					
family, is the		legal system.	MoJ and or					
cause-of-death		Confidentiality	parliament.					
information for		between patient						
individuals		and family needs						
provided		to be protected.						
(including upon								
request)?								

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	urce require	ment
	findings	goal	in sequence	Frame		HR	Training	Funds
C4.2 What	As above	As above	As above					
information is								
provided to the								
family on the								
death certificate:								
n all the								
information on								
the cause-of-								
death form?								
n an extract for								
laypersons about								
the cause of								
death?								
n other (please								
specify)?								
C4.3 Is it likely that	It is unlikely that							
many cases with a	there would be a							
sensitive or	more socially							
stigmatizing cause	acceptable disease							
of death (e.g.	assigned as the							
suicide or	cause of death for							
HIV/AIDS) would	diseases such as HIV							
be assigned to a	and suicide.							
more socially								
acceptable cause								
of death?								
C4.4 Does the	Not applicable	That the death						
death certificate		certificate that will						
state whether a		be used will be the						
woman was		WHO standard						

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	urce requir	ement
	findings	goal	in sequence	Frame		HR	Training	Funds
pregnant, or had recently been pregnant?		which includes a checkbox prompting the certifying person to indicate whether a women of reproductive age who died was pregnant.						
C4.5 Are maternal deaths reviewed separately from other deaths?	Some hospitals have a maternal death review committee	That maternal mortality review committees are strengthened/esta blished at both the provincial and central hospitals	MoPH will develop a standard terms of reference for MND RCs for implementation at the hospitals by the medical director and clinical governance training and root cause analysis for senior medical personnel	36 months	МоРН	One national consultant to develop MND RCs ToR and RCA training package	300 senior hospital personnel trained in RCA for MND RCs	50,000
C4.6 Are perinatal deaths monitored using a special form, as recommended by the WHO?	As above	As above	As above	As above	As above	As above	As above	As above
C4.7 What training and practice do doctors receive in	None	That death certification will be ICD compliant	A unit needs to be established (including the	60 months	МоРН	5 persons to be employed		1,000,000 for three years

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	urce require	ement
	findings	goal	in sequence	Frame		HR	Training	Funds
certifying the cause of death:  None?  One lecture in medical school or at the hospital?  An ICD-compliant training course on certification?  On-the-job training?  Other (please specify)?			development of the Unit ToR) in MoPH that could be in ANPHI or HMIS departments.			in new unit		
			The ICD coding and death certification system should be piloted initially in national and reform hospitals.	24 months	МоРН	As above as responsibi lity of the death certificati on unit		As above
C4.8 Would most doctors be aware of the important public health uses of the information they provide on the	Not applicable							

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	urce require	ement
	findings	goal	in sequence	Frame		HR	Training	Funds
death certificate?								
C4.9 Has the	Not applicable							
country evaluated								
the quality of								
medical								
certification?								
C4.10 If yes:	Not applicable							
<ul> <li>When was the</li> </ul>								
evaluation								
done?								
<ul> <li>How was it</li> </ul>								
done?								
What did it								
conclude?								
<ul> <li>What follow-</li> </ul>								
up was								
undertaken to								
improve								
certification								
practices?								
C4.11 Are hospital	Incomplete, poor	That a	Develop a	72	MoPH	1 national		1,000,000
medical records	reliability, poor	standardized	comprehensive	months		consultant		for three
generally:	access medical	medical record	assessment of the			to		years
• Complete?	records	system is	current medical			conduct		
• Reliable?		implemented in all	record system			and		
<ul><li>Easily</li></ul>		national and	within all			implemen		
accessible to		provincial	Afghanistan			t these		
the certifier?		hospitals.	hospitals			activities.		

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	urce require	ement
	findings	goal	in sequence	Frame		HR	Training	Funds
			Develop standard procedures for the recording, filing, storing and retrieving of medical records.	72 months	МоРН	As above		
			Develop a training package for medical record staff	72 months	МоРН	As above		
			Develop a medical record package for each ward of the hospital	72 months	МоРН	2 person from each hospital and 2 people from the MoPH should be trained to diploma level in medical record managem ent		100,000
			Renovation of the medical record department	72 months	МоРН			See above

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	urce require	ement
	findings	goal	in sequence	Frame		HR	Training	Funds
			Provision of ICT infrastructure and equipment to both the wards and the Medical Record Department.	72 months	МоРН			See above
C4.12 Are other health records, such as from health clinics, general practitioners or family doctors:  Complete?  Reliable?  Easily accessible to the certifier?	As above	As above	As above	As above	As above	As above	As above	As above
C4.13 Who certifies whether the cause of death is unnatural (i.e. accident, suicide or homicide)? C4.14 If there is a	Not applicable  There is no special	Beyond the scope of this assessment  To implement as						
special system for certifying these deaths, please describe how this	system at present	part of the death certification process as detailed above.						

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	Resource requirement		
	findings	goal	in sequence	Frame		HR	Training	Funds	
works and									
how well it works.									
C4.15 Are	There is no special	To implement as							
certifying doctors	system at present	part of the death							
aware of how to		certification							
report deaths		process as detailed							
from injuries and		above.							
external causes									
according to the									
ICD rules?									

## **Template for assessment**

## **Component D (ICD mortalitycoding practices)**

Questions	Assessment	Improvement	Actions/activities	See MoPH Section C1.1	Respon	Reso	ource require	ement
	findings	goal	in sequence	Frame	sibility	HR	Training	Funds
D1 – Mortality coding practices								
D1.1 Is the ICD used for cause-of-death statistics?	No as there is no system as yet	That all cause of death will have ICD applied	See section C1.1	section	МоРН	See section C1.1	See section C1.1	See section C1.1
D1.2 If so, which revision and edition is currently being used?	No system as yet							
D1.3 Is a national-language version of the ICD used?	No system as yet	Need to research availability of ICD in local language						
D1.4 Who is responsible for coordinating the implementation of the ICD?	No system as yet	That there will be one unit within the MoPH responsible for the coordination and implementation of ICD	See section C4.7		See section C4.7	See section C4.7	See section C4.7	See section C4.7
D1.5 Who is responsible for training ICD coders?	No system as yet	That there will be one unit within the MoPH responsible for the coordination and implementation of ICD	See section C4.7	See section C4.7	See section C4.7	See section C4.7	See section C4.7	See section C4.7
D1.6 Are the codes selected for cause-of-death	No system as yet	To be determined						

Questions	Assessment	Improvement	Actions/activities				ource require	ment
	findings	goal	in sequence	Frame	sibility	HR	Training	Funds
reporting chosen from the complete ICD list, or is coding done from a summary tabulation list of the ICD?		when system developed but it is likely that a summary list will be used initially						
D1.7 If a summary list is used, which list is it?	No system as yet.							
D1.8 Are coding and ICD selection rules for underlying cause-of-death data applied?	No system as yet.							
D1.9 Is mortality coding centralized or decentralized?	No system as yet.							
D1.10 If coding is decentralized, what quality measures and procedures are in place to ensure national consistency in the application of ICD coding rules?	No system as yet.							
D1.11 Is cause-of-death coding done from a copy of the original death certificate or from a transcribed list provided by the civil registration office, or from some other summary document?	No system as yet.							
D1.12 Is all the information on the death certificate coded, or only the presumed underlying cause of death?	No system as yet.							
D1.13 Is there an established mechanism to query the certifier (doctor) in cases where the coder cannot understand or interpret the reported causes of death on the certificate?	No system as yet.							
D1.14 If so, please describe these procedures and discuss their efficacy.	No system as yet.							
D2: Mortality coder qualification and training					1			
D2.1 What categories of staff (e.g. physicians,	No system as yet.						1	

Questions	Assessment	Improvement	Actions/activities	Time	Respon	Reso	urce require	ement
	findings	goal	in sequence	Frame	sibility	HR	Training	Funds
statisticians, and health professionals) are doing								
mortality coding in the country?								
D2.2 What level of education do mortality coders	No system as yet.							
typically have?								
D2.3 Are specific training courses provided for	No system as yet.							
mortality coders or do they learn on-the-job?								
D2.4 If coders are specifically trained to code:	No system as yet.							
<ul> <li>Are there sufficient local ICD trainers to</li> </ul>								
meet the needs?								
<ul> <li>Who is responsible for delivering the</li> </ul>								
training?								
What is the length of training and is there a								
standard curriculum?								
<ul> <li>How often is coder training conducted?</li> </ul>								
D2.5 Is there a high turnover among coders?	No system as yet.							
D2.6 Are coders recognized within staffing	No system as yet.							
structures as a separate cadre, and are coding								
qualifications recognized separately to other								
administrative officers?								
D2.7 Are there local senior trainers who have been	No system as yet.							
trained at WHO-FIC supported training								
courses?								
D2.8 Do coders have opportunities for ongoing	No system as yet.							
education?								
D3: Quality of mortality coding								
D3.1 Do all coders have a complete set of ICD	No system as yet.							
volumes available to them when they code?	Nia avatava se et ti							
D3.2 Do all coders have a set of the ACME decisions	No system as yet. No							
tables?	system as yet.							
D3.3 Do you regularly check:								

Questions	Assessment	Improvement	Actions/activities	Time	Respon	Reso	urce require	ement
	findings	goal	in sequence	Frame	sibility	HR	Training	Funds
<ul> <li>The ICD web site7 for updates to codes and coding practices?</li> <li>The department of health's web site for updates on coding practices?</li> </ul>								
D3.4 What processes are in place to assess the quality of cause of death coding, and how frequently is this assessed?	No system as yet.							
D3.5 Has the quality of mortality coding ever been evaluated?	No system as yet.							
D3.6 If so, was the level of accuracy deemed satisfactory? What systemic issues were identified?	No system as yet.							
D3.7 What mechanisms are in place to provide feedback to coders on the quality of coding, and to correct the problems and issues identified through evaluation and practice?	No system as yet.							

## **Template for assessment**

## Component E (Data access, use and quality checks)

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	urce require	ement
	findings	goal	in sequence	Frame		HR	Training	Funds
E1 – Data quality and	d plausibility checks	<u> </u>						
E1.1 Are fertility indicators (e.g. crude birth or fertility rate, age-specific fertility rate and total fertility rate) routinely calculated from the civil registration and vital statistics data?	No, due to:  - The required data is not submitted by the Mol to the CSO to calculate fertility indicators in the country  - Poor capacity of data analysis at CSO level	The capacity building of CRVS staff of CSO to perform appropriate level of updated analyses, report writing, dissemination of results and advocate for CRVS data use with relevant governmental and non- governmental entities CSO/CRVS department enabled to lead, perform, and implement all the activities and achieve objectives	<ul> <li>Conducting training on statistics and related software to CSO (Demography) staff</li> <li>Hiring of statistician/demo grapher in CSO to develop the analysis manual, as well as provide on the job training for the staff</li> <li>Participate in the regional/internati onal workshops on the topic</li> </ul>	1-3 years	CSO (Demography Dep. And field operation department)	Demograp her or statisticia n	Statistics and demograp hy for one month	USD 500,000

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	urce require	ement
	findings	goal	in sequence	Frame		HR	Training	Funds
		independently						
E1.2 If so, which	No indicator is	NA	When data are	Upon	CSO			
indicators are	calculated as		available,	the	(Demography			
calculated?	complete data is		stakeholders need	availabili	Dep. And field			
	available, only		based indicators and	ty of	operation			
	counts are		international	required	department)			
	tabulated by		recommended	data				
	province and		indicators will be					
	tabulations		calculated along					
	produced		quality checks					
E1.3 Are mortality	No, due to:	<ul> <li>Strengthening</li> </ul>	- Conducting	1-3 years	CSO	Yes	Yes	USD
indicators (e.g. crude	- The required	birth and deaths	training on		(Demography			500,000
death or mortality	data is not	registration	statistics and		Dep. And field			
rate, age-specific	submitted by	mechanism in	related software		operation			
mortality rate, infant	the MoI to the	Mol to provide	to CSO		department)			
mortality rate,	CSO to	accurate and	(Demography)					
neonatal mortality	calculate	complete data	staff					
rate and maternal	fertility	(numerator and	- Hiring of					
mortality rate)	indicators in	denominator) to	statistician/demo					
routinely calculated	the country	CSO	grapher in CSO to					
from	- Poor capacity of	- The capacity of	develop the					
the civil registration	data analysis at	CSO staff is	analysis manual,					
and vital statistics	CSO level	built on	as well as provide					
data?		statistics to	on the job					
		calculate	training for the					
		required	staff					
		indicators	- Participate in the					
			regional/internati					
			onal workshops					

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	urce require	ment
	findings	goal	in sequence	Frame		HR	Training	Funds
			on the topic					
E1.4 If so, which	No indicator is		When data are	Upon	CSO			
indicators are	calculated as		available,	the	(Demography			
calculated?	complete data is		stakeholders need	availabili	Dep)			
	available, only		based indicators and	ty of				
	counts are		international	required				
	tabulated by		recommended	data				
	province and		indicators will be					
	tabulations		calculated along					
	produced		quality checks					
E1.5 What data	No rates are		Population data are	Upon	CSO			
sources are used as	calculated as		available from	the	(Demography			
the denominators to	denominator		estimations which	availabili	Dep.)			
calculate these rates?	data are not		has been done by	ty of				
	complete		multiplying growth	required				
			rate into population	data				
			of the census in					
			1979 and midyear					
			population will be					
			used					
E1.6 Describe the	No standard		All standard quality	Continu	CSO			
plausibility and	quality checks are		check procedures	ous	(Demography			
consistency checks	being done by		and analyses will be	process	Dep.)			
that are carried out	CSO as no		done when data are					
on the data and	estimates are		available					
indicators before	calculated yet							
they are released for	because of the							
use (see Box 3.9).	unavailability of							

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Resc	ource require	ment
	findings	goal	in sequence	Frame		HR	Training	Funds
	data							
E1.7 Are the civil registration and vital statistics data used to investigate variations in fertility and mortality within the country? If so, describe how this is being done.	No, the required date is not available (please refer to the Q1)	Promoting data analysis and data use for mortality and fertility at provincial level	<ul> <li>Conducting provincial level data analysis to have provincial level estimates for mortality and fertility</li> <li>Promoting data dissemination and use by relevant governmental departments</li> </ul>	1-6 years	CSO (Demography Dep.)	Yes	Yes	USD 60,000
E1.8 Are fertility rates derived from civil registration and vital statistics compared with rates derived from other sources?	No, the rates are not being calculated (please refer to the Q1)		Establishment of mechanism of comparing of national survey's data with CRVS estimates	1 year	CSO (Demography Dep. & Field Operation Unit)	Yes	Yes	USD 20,000
E1.9 Are mortality rates derived from civil registration and vital statistics compared with rates derived from other sources?	No, the rates are not being calculated (please refer to the Q1)		Establishment of mechanism of comparing of national survey's estimate with CRVS data	1 year	CSO (Demography Dep.)			
E1.10 Did the last census include a	The last census was conducted in		In future census all these questions	When census	CSO (Demography			

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	Resource requirem	
	findings	goal	in sequence	Frame		HR	Training	Funds
question on births or	1979 and all		mentioned in 1.10	conduct	Dep. And filed			
deaths; for example:	these questions		will be addressed	ed	operation)			
n Number of children	included							
ever born alive and								
still alive?								
n Date of birth of last								
child born alive?								
n Whether the last								
birth was registered?								
n Whether the last								
death was								
registered?								
n Deaths in the								
household in the past 12–24 months?								
E1.11 If so, have the	No comparison		Comparing CRVS	Linon	Domography			
data been analysed	has been done		data with Census	Upon the	Demography department/CS			
and compared with	yet		data with Census	availabili	O and Field			
the vital statistics	yet			ty of	Operation dept.			
data?				data	Operation dept.			
E1.12 Are other	No	NA	NA	NA	NA	NA	NA	NA
sources used to								
complete and verify								
birth and death data?								
E1.13 If so, describe	NA	NA	NA	NA	NA	NA	NA	NA
these.								
E1.14 What is the	NA, because ICD		Conducting analyses	Upon	CSO/demograph			
proportion of all	is not introduced		on the correctly-	the	y department			
deaths allocated to	yet in the		defined and ill-	availabili				
ill-defined	country.		defined ICD-10	ty of				

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	urce require	ement
	findings	goal	in sequence	Frame		HR	Training	Funds
categories? (See			diagnostic	data				
Annex 1 of			categories.					
Volume 2 of ICD-10								
and Section 4.1.10 of								
ICD-10, Rule A on								
Senility and other ill-								
defined								
conditions.)								
E1.15 Has the	NA, because ICD		Calculation of ill-	Upon	CSO			
proportion of deaths	is not introduced		defined categories	the	(Demography			
allocated to the ill-	yet in the		year by year to see	availabili	Dep.)			
defined categories	country.		the changes	ty of				
changed over time?				data				
E1.16 What is the	NA, because ICD		Proportion	Upon	CSO			
proportion of	is not introduced		calculation of	the	(Demography			
unknown causes of	yet and the cause		unknown causes of	availabili	Dep.)			
death among all	of death data are		deaths among all	ty of				
deaths?	not available		causes of deaths to	data				
			provide feedback to					
			the coders on					
			quality of coding					
E1.17 Is the	No, because the		When data provided	Upon	CSO			
consistency of the	cause of death		to CSO:	the	(Demography			
national cause-of-	data are not		<ul> <li>Calculate cause</li> </ul>	availabili	Dep.)			
death pattern	provided to CSO		specific mortality	ty of				
checked over time,			rate on annual	data				
including			bases and					
disaggregation			comparing year					
comparisons?			to year					
			<ul> <li>Sharing the</li> </ul>					

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Resc	urce require	ment
	findings	goal	in sequence	Frame		HR	Training	Funds
			results with					
			relevant					
			stakeholders					
E1.18 Does the	NA, because the		When data provided	Upon	CSO			
overall cause-of-	cause of death		to CSO plausibility	the	(Demography			
death distribution	data are not		check analyses will	availabili	Dep.)			
seems plausible, e.g.	provided to CSO		be done on the	ty of				
does it fit the	and ICD-10 is not		proportion of major	data				
expected	introduced in the		cause of death					
disease and injury	country		categories					
patterns given								
current national								
levels of life								
expectancy (see Box								
3.10)?								
E1.19 Is the age	No, no data are		When data provided	Upon	CSO			
pattern of causes of	provided to CSO		to CSO plausibility	the	(Demography			
death obtained from	and ICD-10 is not		check analyses will	availabili	Dep.)			
civil registration for	introduced in the		be done on the	ty of				
major disease	country		proportion of major	data				
groups and injuries			cause of death					
consistent with			categories					
expected patterns?								
(see Box 3.11)								
E1.20 Further checks	No, no data are		When data are	Upon	CSO			
on the quality of	provided to CSO		available on causes	the	(Demography			
cause-of-death data	and ICD-10 is not		of death, the	availabili	Dep.)			
can be made using	introduced in the		required	ty of				
the three measures	country		proportions will be	data				
below. In properly			calculated					

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	Resource requirement		
	findings	goal	in sequence	Frame		HR	Training	Funds	
functioning systems									
with good death									
certification, the									
percentage of all									
cardiovascular,									
cancer or injury									
deaths assigned to									
these codes should									
not exceed about									
10–15%.									
n What is the									
proportion of									
cardiovascular									
disease deaths									
assigned to heart									
failure and									
other ill-defined									
heart-disease									
categories (ICD-10									
codes 1472, 1490, 146,									
150, 1514, 1515,									
1516, 1519, 1709)?									
n What is the									
proportion of cancers									
with an ill-defined									
primary site (ICD-10									
codes C76, C80,									
C97)?									
n What is the									
proportion of injury									

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	urce require	ment
	findings	goal	in sequence	Frame		HR	Training	Funds
deaths that are of								
undetermined intent								
(ICD-10 codes Y10-								
Y34, Y872)?								
E2: Data tabulation								
E2.1 Are births and	Dates of birth		The compilation	1-2 years	CSO			
deaths compiled	and death are		should be done on		(Demography			
according to date of	being recorded		dates of birth and		Dep.)			
occurrence or to date	along with date		death occurrence					
of registration?	of registration,							
	but compilation is							
	unclear							
E2.2 Are births and	the compilation is		The birth and	1-2 years	CSO			
deaths compiled	being done based		deaths are to be		(Demography			
according to place of	on present		registered by the		Dep.)			
occurrence as well as	address of birth		original place					
place of usual	and death							
residence?								
E2.3 At what level of	The tabulation is		Tabulations will be	Upon	CSO			
disaggregation are	being done on		done by	availabili	(Demography			
the birth data	sex and regions,		• sex	ty of	Dep.)			
tabulated? Report	but not by age of		<ul><li>age of mothers</li></ul>	data				
separately for:	mothers.		<ul><li>and sub region</li></ul>					
n sex;	However, the							
n sex, and age of	data are not							
mother;	complete							
n sex, age of mother								
and subregion.			<del>-</del> 1 1	ļ	000			
E2.4 At what level of	The tabulation is		Tabulations will be	Upon	CSO			
disaggregation are	being done on		done by	availabili	(Demography			

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	urce require	ment
	findings	goal	in sequence	Frame		HR	Training	Funds
the deaths and cause-of-death data tabulated? Report separately for deaths and cause of death for: n sex; n sex and age; n sex and subregion; n sex, age and subregion.	sex and regions, but not by age of mothers. However, the data are not complete		<ul> <li>sex</li> <li>age of mothers and sub region</li> </ul>	ty of data	Dep.)			
E2.5 Are standard WHO age groups used to tabulate mortality and cause- of-death data?	The data are currently not available		When data provided to CSO, analyses will be done based on WHO standard age group to tabulate mortality and cause of death data	Upon availabili ty of data	CSO (Demography Dep.)			
E2.6 What is the smallest subnational level used for tabulating vital statistics? Is this appropriate given the potential uses for disaggregated data?	District level analyses are being done but data are not complete.		At national level provincial tabulation will be done but in provincial level district level analyses will be done properly	Upon availabili ty of complet e data	CSO (Demography Dep.)			
E2.7 Are any of the four standard mortality tabulation lists suggested by the	No, because ICD coding system is not in use in the country		When ICD coding is in place the tabulation will be done based on	Upon availabili ty of data	CSO (Demography Dep.)			

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Resc	ource require	ment
	findings	goal	in sequence	Frame		HR	Training	Funds
ICD used for data presentation purposes?			standard mortality tables					
E2.8 If not, which condensed list is used? How was this list derived?	NA, as mortality data are not collected by CRVS		When data available the standard tabulation for mortality will be used	Upon availabili ty of data	CSO (Demography Dep.)			
E2.9 Are data compiled into 10 leading causes (separately for men and women and children)?	NA, as mortality data are not collected by CRVS		When data available so will be compiled into top 10 main causes of deaths disaggregated by sex	Upon availabili ty of data	CSO (Demography Dep.)			
E2.10 From which list are the 10 leading causes selected?	NA, the cause of death information is not present with CSO		When data available the list will be developed based on ICD-10 coding	Upon the availabili ty of data	CSO (Demography Dep.)			
E2.11 Are ill-defined causes included in the ranking as a category?	NA, as no ranking is made		When data are available the ranking will be done correctly and ill-defined category will be identified	Upon availabili ty of data	CSO (Demography Dep.)			
E2.12 What proportion of deaths is accounted for by the 10 leading causes of death?	Data not available		When data are available the proportions for the 10 leading mortality causes will be	Upon availabili ty of data	CSO (Demography Dep.)			

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	urce requir	ement
	findings	goal	in sequence	Frame		HR	Training	Funds
			calculated					
E3: Data access and dis	ssemination			•				
E3.1 Who are the main users of the vital statistics: n within government? n outside the government?	MoPH, MoE, MoHE, MoI, MoEc, MoD, UN agencies and NGOs	The relevant and need-base data analyses will be done and the results will be shared timely	Conducting 2-day workshop with the staff of relevant ministries and bilateral organizations and ask for their information need in the workshop	1-2 years	CSO (Demography Dep.)			USD 60,000 for 2-day workshop
E3.2 Is there an engagement strategy to regularly discuss data needs with the main data users?  If so, describe this.	No, please refer to 3.1 where the data need will be discussed		Refer to 3.1		CSO (Demography Dep.)			
E3.3 Is it possible to provide an example of how vital statistics have been used to guide policy and practice?	No, because the comprehensive data is not available with CSO in order to calculate estimates that eventually guide policy formulations		When data is available the analyses will be done and data will be used for policy guide	Upon availabili ty of data	CSO (Demography Dep.)			
E3.4 What is the time from the end of the reporting period (e.g.	The data is received monthly by CSO and the		Based on the need of data users the data will be	1-2 years	CSO (Demography Dep.)			

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	urce require	ement
	findings	goal	in sequence	Frame		HR	Training	Funds
end of calendar year in which births and deaths occurred) to the dissemination of: n birth and death statistics? n cause-of-death statistics?	analyses done annually. At the end of the first quarter of the current year the data of last year disseminated		analysed and results will be shared with them					
E3.5 Are analytical reports about birth, deaths and causes of deaths derived from vital registration produced? If so, include examples.	The data submitted to CSO is incomplete so the required indicators cannot be produced		When complete data available the reports will be generated	Upon availabili ty of data	CSO (Demography Dep.)			
E3.6 Is there a data- release schedule?	No, because estimates are not produced		Schedule will be developed to disseminate the results in time	1 year	CSO (Demography Dep.)			
E3.7 Are vital statistics made available to users as: n print? n electronic files? n web sites? n pdfs? n interactive tables?	No, because complete data are not available with CSO and reports are not produced		When data available and estimates calculated the results will be available for users in print, electronic files and websites	Upon availabili ty of data	CSO (Demography Dep.)			USD 60,000
E3.8 Are the vital	NA, because		The reports will be	Regular	CSO			

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Reso	urce require	ment
	findings	goal	in sequence	Frame		HR	Training	Funds
statistics available	complete data		produced in a	on	(Demography			
free of charge or at a	are not available		number of copies	annual	Dep.)			
cost? Please explain.	with CSO and		and will be	basis				
	reports are not		distribute free. The					
	produced		reports will also be					
			available in websites					
E3.9 What agency	NA, because		The CSO will publish	Annually	CSO			
publishes the official	complete data		official CRVS		(Demography			
vital statistics?	are not available		reports		Dep.)			
	with CSO and							
	reports are not							
	produced							
E3.10 How regularly	NA, because		The reports will be	Annually	CSO			
are the data	complete data		published annually		(Demography			
published or	are not available				Dep.)			
released?	with CSO and							
	reports are not							
	produced							
E3.11 Are all	NA, because		The report will	Annually	CSO			
definitions and	complete data		include all		(Demography			
concepts used in vital	are not available		definitions used		Dep.)			
statistics publications	with CSO and							
clearly explained?	reports are not							
	produced							
E3.12 What analyses	NA, because		Analyses will be	Upon	CSO			
are being routinely	complete data		done to calculate	availabili	(Demography			
carried out on the	are not available		the fertility patterns	ty of	Dep.)			
data (e.g. fertility	with CSO and		and mortality and	data and				
patterns, mortality	reports are not		disease mapping	annually				
differentials, disease	produced							

Questions	Assessment	Improvement	Actions/activities	Time	Responsibility	Resource require		ement
	findings	goal	in sequence	Frame		HR	Training	Funds
mapping, etc.)?								
E3.13 Along with the	NA, because		The codes will be	Upon	CSO			
statistical tables, are	complete data		provided to the	request	(Demography			
analyses of the data	are not available		concerned		Dep.)			
published regularly?	with CSO and		personnel					
	reports are not							
	produced							
E3.14 How are these	NA, because		The user specific	Annually	CSO			
data being used at	complete data		CRVS information	and	(Demography			
various levels?	are not available		will be provided to	need	Dep.)			
	with CSO and		the users as needed	based				
	reports are not							
	produced							
E3.15 Is there any	No,		National and	1-6 years	CSO			USD
attempt to build			provincial trainings		(Demography			350,000
analytical capacity			will be conducted to		Dep. And field			
among staff who			the MoI and HMIS		operation			
collect and compile			staff who collect		department)			
vital			data for CRVS					
statistics to perform								
basic analyses of the								
data to help them								
better understand								
the value								
and purpose of the								
data which they								
collect? If not, how								
could this be								
achieved?								