

Template for assessment

Component A (Legal basis and resources for civil registration)

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
A1 – National legal framework for civil registration and vital statistics systems;								
A1.1 Does the country have a law defining a civil registration system?	Yes the civil registration law is available and it is applicable	1- The expectation of 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.	1- For establishing 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	24 months	General Directorate of Civil Registration and Ministry of Interior			

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			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			

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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? n fetal death or stillbirth?	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			

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	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			

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		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							

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country?	reinforcement							
A1.17 Does the law make provision for: n late registration? n delayed registration?	No, but in respect to the clients solicitation the events will be registered without any delay							
A1.18 Are there clear procedures for dealing with these cases?	No							
A1.19 Is it stated where births or deaths should be registered; for example, according to place of occurrence or place of usual residence?	Births and deaths events will be registered according to the province where the event happened and then the result will be reported to their birthplace							
A1.20 Does the law clearly designate the functions, duties and responsibilities of each government department involved?	Yes							

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A1.21 Does the law establish how the civil registration and vital statistics systems are to be funded?	No							
A1.22 Does the law stipulate that registration should be free of charge for all?	No, but it is without any charge							
A1.23 If registration is not free, what is the fee to register: n a birth? n a death?	It is free of charge							
A1.24 Is the population covered by civil registration laws clearly defined? Is it, for example: n the entire population living in the country? n only citizens living in the country? n some other subsets of the population?	No. However, the registration of vital statistics for the birth and deaths of foreigners living in the country is guaranteed in the vital				General Directorate of civil registration Ministry of Interior			

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	statistics procedures							
A1.25 What does the law require in relation to registering births and deaths of citizens living abroad?	Legal requirements identified in clause 17 of the law							
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?	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							

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the official document(s) needed before a burial or cremation can take place?								
<u>Subcomponent A2: Registration infrastructure and resources Supporting</u>								
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			

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system?								
A2.4 Where would additional funding be likely to make the most difference?	<p>1-The recruitment and training of the civil registration office,</p> <p>2- Equipping the civil registration offices</p> <p>3-Creating mobile units to improve the coverage of vital statistics registration</p> <p>4- Improving public awareness of civil registration and vital statistics</p> <p>5- Capacity building</p> <p>6- Monitoring and evaluation</p>	<p>Improve the coverage of vital statistics registration by establishing civil registration offices with trained personnel nationally</p>	<p>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</p>	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			

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	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			

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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?	No							
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 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	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 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)	Four years	Ministry of Internal Affairs			

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	offices							
A2.10 Is there access to registration 24 hours a day, 7 days a week?	The vital statistics offices are active and available six days per week			
A2.11 Are mobile registration facilities operational in remote or underserved areas?	No	.	.	.	.
A2.12 If yes, how many? Is the number of mobile registration services sufficient?	No	.	.	.	.
A2.13 Is there a separate budget for registration outreach?	No	.	.	.	.
A2.14 Is there a national plan for achieving complete coverage of the country with registration offices or registration points?	No	There is a development plan for the coverage of registration of vital statistics scheme	.	.	.			
A2.15 Over what period does this plan extend?	No	.	.	.	.
A2.16 For each type of civil registration point, describe	The birth and deaths	That the 400 civil registration	Purchase and installation of:	Three years	Ministry of Internal			

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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 administrative 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 findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
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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 findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
B1 – Organization and functioning of the civil registration and vital statistics systems;								
B1.1 What are the organizational and administrative arrangements of the civil registration and vital statistics systems (reviewed using the prepared diagrams)?	See Attached.							
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	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					

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
	transportation for all vital statistic units at all provinces and districts		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 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	Registering 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 findings	Improvement goal		Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
							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 remote locations of Kochi, nomadic peoples, in Afghanistan for which the civil registration is generally unable to access. As a consequence, it is likely	1- Extending of the vital statistics activities coverage		1-Provision of inputs for creating mobile groups for vital					

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likely to escape the civil registration system?	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 registration of the unknown births at the country level	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					

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			giving awareness for the Afghan residence of outside of the 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	Yes	0	0					

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included on the death registration form?								
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					
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					

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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					
B1.23 Are computers used at any stage of the	No	1-More concentrat	To receive more					

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birth and death registration process?		ion on vital statistics registration and reporting system 2-Better usage of the registered information	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 registratio	To receive more support from government and the international institutions especially UNICEF office					

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		n information						
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 governmental development 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 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	To have a continuous monitoring and evaluation of the vital statistics processes with an allocated	Permanent	Department of Statistics			

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		statistics indicators in the design of governmental development 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 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	Permanent	Department of Statistics			
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	Permanent	Vital statistics offices			

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			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 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 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 points are requested by the United Nations to be collected through the vital statistics registration forms 1. Birth section: Newborn specification: <ul style="list-style-type: none"> Date of birth 	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			

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	<ul style="list-style-type: none"> • Date of registration • Place of birth • Place of registration • Urban rural breakdown • Type of birth Parent's specification: <ul style="list-style-type: none"> • Place of birth (parents) 2. Death section: Events specification: <ul style="list-style-type: none"> • Events date • Registration date • Place of event • Place of registration • Location of the event • Cause of death Deceased specification: <ul style="list-style-type: none"> • Sex • Marital status • Current place for living 	formats.						
B2.2 Which of the UN-recommended items that are not collected on the birth and death registration forms would be useful?	Birth registration: <ul style="list-style-type: none"> • Date of birth and parents age • Rural and urban events • Total live births that mother delivered in her life 	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	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
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	<ul style="list-style-type: none"> Total children that are alive now The last childbirth date Marriage date and its duration Deaths: <ul style="list-style-type: none"> 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 registration form: <ol style="list-style-type: none"> Sex Father's occupation Father's ID registration Mother tongue Which one of the child (1st 2nd ...) Type of delivery In the death registration form: <ul style="list-style-type: none"> ID registration address 	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 the health facilities							

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process?								
<p>B2.5 Review all the forms used for registering and certifying births and deaths and answer the following questions for each set of forms:</p> <ul style="list-style-type: none"> n Is all the information collected used? n How long does it take, on average, to fill out each set of forms? n Is the layout of the forms user-friendly? Explain why or why not. n Is the form available in each of the main national languages? n 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? 	<ol style="list-style-type: none"> 1. No 2. 10 to 20 minutes 3. Yes 4. No <p>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</p>							
B3.1 What proportion of	The proportion of the access	Improve	Improving					

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the population has access to civil registration in the area where they live?	is differing from one area to another area of the country	the coverage of civil registration and vital statistics services nationally	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	Permanent	Department of Statistics			

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			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 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	1-more attention of the relevant responsible in the implementation of the vital statistics	Permanent				

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		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 implementation and monitoring of the new vital statistics registration system at district and provincial level under the presidency of district and provincial governor					
B3.4 How complete are	30%	Outspread	Strengtheni	Permanent	Department of			

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<p>the birth registration data (i.e. what is the percent completeness level)?</p> <p>Please indicate what method you used to estimate completeness.</p>		<p>ing of the status of vital statistics registration coverage at the country level and access for the accurate data of the mentioned events</p>	<p>ng awareness for the people and receiving their support for the registration of birth events. Extensive information campaigns through the media, printing posters and brochures</p>		Statistics			
<p>B3.5 How complete are the death registration data (i.e. what is the percent completeness level)?</p>	10%	<p>Outspread ing of the status of vital statistics registration coverage at the country level and access for</p>	<p>Strengtheni ng awareness for the people and receiving their support on the registration of births events Extensive</p>	Permanent	Department of Statistics			

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		the accurate data of the mentioned events	propagandas 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 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	Permanent	Department of Statistics			
B3.8 If only part of the country is covered (e.g. urban areas), have	All over the country is under the coverage	Increasing the vital statistic	Determining those areas that are not	Permanent	Department of Statistics			

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						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)?		registration coverage	in the civil registration catchment areas Activation of vital statistics registration mobile groups					
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	Until the end of the year 1394	Department of Statistics Ministry of interior			

Questions	Assessment findings	Improvement goal		Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
							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 implementation and monitoring of the new vital statistics registration system at district and provincial					

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						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 registration	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 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	Permanent	Department of Statistics			

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
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	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 registration	Strengthening 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 findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						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 hospitals Source: AMS	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			

<p>B3.20 What social services or benefits are linked to birth registration?</p>	<p>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</p>	<p>Some other services also should be related to the birth registration process</p>	<p>The health services provision should be on the birth registration card which requires the cooperation and support of the Ministry of Public Health</p>						
<p>B3.21 What social services, insurance benefits or inheritance transfers are linked to death Registration?</p>	<p>Social services that are linked to deaths registration include: 1.Fulfillment of the Exhibition law 2.Fulfilment of collateral Inheritance and other social services</p>								
<p>B3.22 If the country uses identity cards, how does that system affect vital events registration?</p>	<p>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</p>	<p>Nationalization of the identity card distribution</p>							
<p>B3.23 What are the main obstacles to improving civil</p>	<p>The main challenges include: 1. A shortage of registrars 2. A shortage of working</p>								

<p>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).</p>	<p>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</p>							
<p>B3.24 When did the country last have a campaign to increase public awareness of the need to register vital events?</p>	<p>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</p>	<p>Outspreading of the status of vital statistics registration coverage at the country level and access for the accurate data of the mentioned events</p>	<p>Extensive public awareness campaigns using multiple media sources and by establishing a mobile network.</p>					
<p>B3.25 Were the results evaluated?</p>	<p>Evaluation of the public awareness campaign demonstrated that communities were more aware</p>	<p>Outspreading of the status of vital statistics registration</p>	<p>Extensive public awareness campaigns using multiple media</p>	<p>As above</p>	<p>As above</p>			

	of the need to register vital events.	coverage at the country level and access for the accurate data of the mentioned events	sources and by establishing a mobile network.					
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	Question B-1 part 26	Question B-1 part 26			
B4: Data storage and transmission								
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)?	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							
B4.2 Are birth and death records filed by: n date of registration? n name? n a numbering system or other numerical index? n other (please specify)?	Birth and death events are filed by registration and by the date that the event occurs							

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 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 flowcharts of data transmission prepared for birth and death records, explain where and how data are being consolidated before transmission.	Is one of the responsibility of the central statistics office							
B4.11 Reflecting on the data-flowchart prepared, is there a fixed schedule for transferring data in a timely manner?	Is one of the responsibility of the central statistics office							
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	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							

B4.20 Are local registration offices routinely contacted for clarification about the statistics by the regional or central level?	Yes							
B4.21 If so, how frequently is clarification sought?	Verification of the statistics will be conducted with consideration of location and date of the event by monthly bases							
B4.22 Is there two-way communication and data transfer between central and peripheral offices?	No but the birth and death computerizing system will solve this problem							
B4.23 Do regional registration authorities routinely receive reports on how the characteristics of their populations compare with the national average?	No but the birth and death computerizing system will solve this problem							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
C1 – ICD-compliant 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	MoPH			
			Develop curriculum package to be taught within medical universities (this will also include an ICD component)	24 months	MoPH, Ministry of Higher Education			
			Develop a death notification process to capture cause of death data from the community and facility level.		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, Mol			
			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, Mol			
			Reporting system needs to be implemented and reinforced.	36 months (piloting)	MoPH, Mol			
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, Mol			
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, Mol, Mo Haj			

certification in the country?		procedures						
<p>C1.5 Is the standard international form of medical certificate of cause of death (Box 3.4) used for:</p> <ul style="list-style-type: none"> • all deaths? • only deaths occurring in hospitals not for those taken place outside hospitals? • only deaths occurring in some specific hospitals, such as university or regional hospitals? • Other deaths (please specify)? 	No	That the standard international form for medical certification is used for cause of death	To include in the HIS SP and to promote the use amongst practioners by the Master Trainers	18 months	MoPH			
C1.6 If the country does not use the standard International form of medical certificate of cause of death, how could it	No advocacy for use of the international form for medical certification of cause of death	Advocacy for the use of the international form for medical certification of cause of death occurs	To include in the HIS SP and to promote the use amongst practioners by the Master Trainers	18 months	MoPH			

<p>be introduced (specify steps)? What potential actions (e.g. sensitization of medical establishment) would be required?</p>								
<p>C1.7 Do doctors know how to correctly complete the death certificate, including the causal sequence and the underlying cause?</p> <ul style="list-style-type: none"> • Yes, generally. • Yes, always. • No, they do not. 	refer to C1							
<p>C1.8 Is there a booklet, brochure or other guideline for doctors explaining how to certify the cause of death and complete the international form properly?</p>	No refer to previous activity							
<p>C1.9 If such material is not available, what would be involved in preparing it and how</p>	See above							

could it be distributed?								
C1.10 What 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.)	See above							
C1.11 What proportion of death certificates report the mode of death instead of the underlying cause of death?	See above							
C1.12 What proportion of death certificates do not indicate the interval between onset of disease and death?	See above							
C2: Hospital death certification								
C2.1 In hospitals, who	There is no	That a doctor will	A cascade training	42	MoPH			

<p>completes the death certificate:</p> <ul style="list-style-type: none"> • The attending doctor? • Another doctor who did not treat the deceased person before death occurred? • A nurse? • A medical records officer? • Other (please specify)? 	system in place	complete a death certificate for all deceased patients.	program will be developed by the death certified master trainers	months				
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	MoPH			
C2.3 How common is DOA deaths in hospitals? Do they constitute:	Not established and no information available	See above	See above	See above	See above			
C2.4 Are the vital events that take place in hospitals registered in the country:	Yes, - by the hospital sending forms to the civil registration office however the system is not	That hospitals forward forms to civil registration points	For one Mol appointed person to be assigned at all national and regional hospitals for the reporting of vital events to civil registration.	24 months	Mol, MoPH			

<ul style="list-style-type: none"> By the individual family registering after the birth or death has occurred? 	<p>working well, as hospital staff do not take responsibility for this.</p>							
C3: Deaths occurring outside hospital								
<p>C3.1 Is it mandatory to issue a death certificate with the cause of death indicated for people who die at home?</p>	<p>Yes it is mandatory but there is no system is in place</p>	<p>That there is compliance to the legislation and that a system is in place for the recording of cause of death within the community</p>	<p>That there is compliance to the legislation governing the issuing of a cause of death certificate in the community.</p>	<p>60 months</p>	<p>MoI, MoPH</p>			
			<p>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.</p>	<p>60 months</p>	<p>MoI, MoPH</p>			
			<p>Establish verbal autopsy (VA) procedures which ensure the reporting</p>	<p>60 months</p>	<p>MoI, MoPH</p>			

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

of hospital: <ul style="list-style-type: none"> • A general practitioner? • A coroner or similar? • A health official? • A civil registrar? • Other (please specify)? 		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.	See C3.1					
C3.6 If a doctor is needed, is that person required to examine the deceased person before they have died?	Not applicable							
C3.7 How are deaths certified in cases where the certifying physician is not the person who treated the patient?	If the documentation is not available then verbal autopsy will need to be completed according to the developed processed in C3,5	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	To develop a training package for those who will be completing the form	60 months	MoPH , MoRR, MoHaj, Mol			

		the MoPH health facilities for death certification by medical doctors.						
C3.8 Are hospital medical records usually accessible to general practitioners when one of their patients die at home?	No	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, Mol			
C3.10 If verbal autopsy procedures are routinely used, do they conform to the WHO standards (31)?	Not applicable							
C3.11 Has the WHO	Not							

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

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

<p>C4.11 Are hospital medical records generally:</p> <ul style="list-style-type: none"> • Complete? • Reliable? • Easily accessible to the certifier? 	<p>Incomplete, poor reliability, poor access medical records</p>	<p>That a standardized medical record system is implemented in all national and provincial hospitals.</p>	<p>Develop a comprehensive assessment of the current medical record system within all Afghanistan hospitals</p>	<p>72 months</p>	<p>MoPH</p>			
			<p>Develop standard procedures for the recording, filing, storing and retrieving of medical records.</p>	<p>72 months</p>	<p>MoPH</p>			
			<p>Develop a training package for medical record staff</p>	<p>72 months</p>	<p>MoPH</p>			
			<p>Develop a medical record package for each ward of the hospital</p>	<p>72 months</p>	<p>MoPH</p>			
			<p>Renovation of the medical record department</p>	<p>72 months</p>	<p>MoPH</p>			
			<p>Provision of ICT infrastructure and equipment to both the wards and the</p>	<p>72 months</p>	<p>MoPH</p>			

			Medical Record Department.					
<p>C4.12 Are other health records, such as from health clinics, general practitioners or family doctors:</p> <ul style="list-style-type: none"> • Complete? • Reliable? • Easily accessible to the certifier? 	As above	As above	As above	As above	As above			
<p>C4.13 Who certifies whether the cause of death is unnatural (i.e. accident, suicide or homicide)?</p>	Not applicable	Beyond the scope of this assessment						
<p>C4.14 If there is a special system for certifying these deaths, please describe how this works and how well it works.</p>	There is no special system at present	To implement as part of the death certification process as detailed above.						
<p>C4.15 Are certifying doctors aware of how to report deaths from injuries and external causes according to the ICD rules?</p>	There is no special system at present	To implement as part of the death certification process as detailed above.						

7Component C (Death certification and cause of death)

Template for assessment

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						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	See section C1.1	MoPH			
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 is coding done from a summary tabulation list of the ICD?		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	No system as yet.							

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 these procedures and discuss their efficacy.	No system as yet.							
D2: Mortality coder qualification and training								
D2.1 What categories of staff (e.g. physicians, statisticians, and health professionals) are doing mortality coding in the country?	No system as yet.							
D2.2 What level of education do mortality coders typically have?	No system as yet.							
D2.3 Are specific training courses provided for mortality coders or do they learn on-the-job?	No system as yet.							
D2.4 If coders are specifically trained to code: <ul style="list-style-type: none"> • Are there sufficient local ICD trainers to meet the needs? • Who is responsible for delivering the training? • What is the length of training and is there a standard curriculum? 	No system as yet.							

<ul style="list-style-type: none"> How often is coder training conducted? 								
D2.5 Is there a high turnover among coders?	No system as yet.							
D2.6 Are coders recognized within staffing structures as a separate cadre, and are coding qualifications recognized separately to other administrative officers?	No system as yet.							
D2.7 Are there local senior trainers who have been trained at WHO-FIC supported training courses?	No system as yet.							
D2.8 Do coders have opportunities for ongoing education?	No system as yet.							
D3: Quality of mortality coding								
D3.1 Do all coders have a complete set of ICD volumes available to them when they code?	No system as yet.							
D3.2 Do all coders have a set of the ACME decisions tables?	No system as yet. No system as yet.							
D3.3 Do you regularly check: <ul style="list-style-type: none"> The ICD web site⁷ for updates to codes and coding practices? The department of health's web site for updates on coding 								

practices?								
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.							

Component D (ICD mortality coding practices)

Template for assessment

Component E (Data access, use and quality checks)

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
E1 – Data quality and plausibility 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/demographer 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 availability 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 MoI 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/demographer in CSO to develop the analysis manual, as well as provide on the job training for the staff - Participate in the regional/international 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 complete data is available, only counts are tabulated by province and tabulations produced		When data are available, stakeholders need based indicators and international recommended indicators will be calculated along quality checks	Upon the availability of required data	CSO (Demography Dep)			
E1.5 What data sources are used as the denominators to calculate these rates?	No rates are calculated as denominator data are not complete		Population data are available from estimations which has been done by multiplying growth rate into population of the census in 1979 and midyear population will be used	Upon the availability of required data	CSO (Demography Dep.)			
E1.6 Describe the plausibility and consistency checks that are carried out on the data and indicators before they are released for use (see Box 3.9).	No standard quality checks are being done by CSO as no estimates are calculated yet because of the unavailability of data		All standard quality check procedures and analyses will be done when data are available	Continuous process	CSO (Demography Dep.)			
E1.7 Are the civil registration and vital statistics data used to investigate variations in	No, the required data is not available	Promoting data analysis and data use for mortality and fertility at provincial	- Conducting provincial level data analysis to	1-6 years	CSO (Demography 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?	No comparison has been done yet		Comparing CRVS data with Census	Upon the availability of data	Demography department/CSO and Field Operation dept.			
E1.12 Are other sources used to complete and verify birth and death data?	No	NA	NA	NA	NA			
E1.13 If so, describe these.	NA	NA	NA	NA	NA			
E1.14 What is the proportion of all deaths allocated to ill-defined categories? (See Annex 1 of Volume 2 of ICD-10 and Section 4.1.10 of ICD-10, Rule A on Senility and other ill-defined 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 availability of data	CSO/demography department			
E1.15 Has the proportion of deaths allocated to the ill-defined categories changed over time?	NA, because ICD is not introduced yet in the country.		Calculation of ill-defined categories year by year to see the changes	Upon the availability of data	CSO (Demography Dep.)			
E1.16 What is the proportion of unknown causes of death among all deaths?	NA, because ICD is not introduced yet and the cause of death data are not available		Proportion calculation of unknown causes of deaths among all causes of deaths to provide feedback to the coders on quality of coding	Upon the availability of data	CSO (Demography Dep.)			
E1.17 Is the consistency of the national cause-of-death	No, because the cause of		When data provided to CSO:	Upon the availability	CSO (Demography			

pattern checked over time, including disaggregation comparisons?	death data are not provided to CSO		<ul style="list-style-type: none"> • Calculate cause specific mortality rate on annual bases and comparing year to year • Sharing the results with relevant stakeholders 	y of data	Dep.)			
E1.18 Does the overall cause-of-death distribution seem 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 availability 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 availability 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 availability of data	CSO (Demography Dep.)			

<p>measures 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%.</p> <p>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)?</p> <p>n What is the proportion of cancers with an ill-defined primary site (ICD-10 codes C76, C80, C97)?</p> <p>n What is the proportion of injury deaths that are of undetermined intent (ICD-10 codes Y10-Y34, Y872)?</p>	<p>is not introduced in the country</p>		<p>required proportions will be calculated</p>					
<p>E2: Data tabulation</p>								
<p>E2.1 Are births and deaths compiled according to date of occurrence or to date of registration?</p>	<p>Dates of birth and death are being recorded along with date of registration,</p>		<p>The compilation should be done on dates of birth and death occurrence</p>	<p>1-2 years</p>	<p>CSO (Demography Dep.)</p>			

	but compilation is unclear							
E2.2 Are births and deaths compiled according to place of occurrence as well as place of usual residence?	the compilation is being done based on present address of birth and death		The birth and deaths are to be registered by the original place	1-2 years	CSO (Demography Dep.)			
E2.3 At what level of disaggregation are the birth data tabulated? Report separately for: n sex; n sex, and age of mother; n sex, age of mother and subregion.	The tabulation is being done on sex and regions, but not by age of mothers. However, the data are not complete		Tabulations will be done by <ul style="list-style-type: none"> • sex • age of mothers • and sub region 	Upon availability of data	CSO (Demography Dep.)			
E2.4 At what level of disaggregation are 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.	The tabulation is being done on sex and regions, but not by age of mothers. However, the data are not complete		Tabulations will be done by <ul style="list-style-type: none"> • sex • age of mothers and sub region 	Upon availability of data	CSO (Demography 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	Upon availability of data	CSO (Demography Dep.)			

			WHO standard age group to tabulate mortality and cause of death data					
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 availability of complete data	CSO (Demography Dep.)			
E2.7 Are any of the four standard mortality tabulation lists suggested by the ICD used for data presentation purposes?	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 standard mortality tables	Upon availability of data	CSO (Demography Dep.)			
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 availability 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 availability of data	CSO (Demography Dep.)			
E2.10 From which list are the 10 leading causes selected?	NA, the cause of death information is		When data available the list will be developed	Upon the availability of data	CSO (Demography Dep.)			

	not present with CSO		based on ICD-10 coding					
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 availability 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 calculated	Upon availability of data	CSO (Demography Dep.)			
E3: Data access and dissemination								
E3.1 Who are the main users of the vital statistics: n within government? n outside the government?	MoPH, MoE, MoHE, Mol, 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.)			
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	No, because the comprehensive data is not		When data is available the analyses will be done and data will	Upon availability of data	CSO (Demography Dep.)			

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 availability 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:	No, because complete data		When data available and	Upon availability	CSO (Demography			USD 60,000

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

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

<p>3.15 Is there any attempt to build analytical capacity among staff who collect and compile vital 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?</p>	<p>No,</p>		<p>National and provincial trainings will be conducted to the MoI and HMIS staff who collect data for CRVS</p>	<p>1-6 years</p>	<p>CSO (Demography Dep. And field operation department)</p>			<p>USD 350,000</p>
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Template for assessment

Component B (Registration practices, coverage and completeness)

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
B1 – Organization and functioning of the civil registration and vital statistics systems;								
B1.1 What are the organizational and administrative arrangements of the civil registration and vital statistics systems (reviewed using the prepared diagrams)?	See Attached.							
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 goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						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 goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						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 goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						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 goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						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 population register?	Yes	0	0					
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	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	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	Permanent	Department of Statistics	To recruit 38 responsible persons for monitoring and		2 million Afs/year

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
		governmental development plans	specific budget			evaluation		
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.	Permanent	Department of Statistics		Training courses for the employee 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	Permanent	Department of Statistics		Training courses for the employees 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	Permanent	Vital statistics offices			

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						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 starting 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.	<p>The following points are requested by the United Nations to be collected through the vital statistics registration forms</p> <p>1. Birth section: Newborn specification:</p> <ul style="list-style-type: none"> • Date of birth • Date of registration • Place of birth • Place of registration • Urban rural breakdown • Type of birth <p>Parent's specification:</p> <ul style="list-style-type: none"> • Place of birth (parents) <p>2. Death section: Events specification:</p> <ul style="list-style-type: none"> • Events 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	Department of Statistics			

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
	<ul style="list-style-type: none"> Place of event Place of registration Location of the event Cause of death Deceased specification: <ul style="list-style-type: none"> Sex Marital status Current place for living 							
B2.2 Which of the UN-recommended items that are not collected on the birth and death registration forms would be useful?	Birth registration: <ul style="list-style-type: none"> Date of birth and parents age Rural and urban events Total live births that mother delivered in her life Total children that are alive now The last childbirth date Marriage date and its duration Deaths: <ul style="list-style-type: none"> Rural and urban events Confirmer and type of confirmation 	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	Department of Statistics			
B2.3 What additional items are collected on the birth and death registration forms? List and discuss these items.	In the birth registration form: <ol style="list-style-type: none"> Sex Father's occupation Father's ID registration Mother tongue 	Evidence of 5 of the points are included in the revised formats.						

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
	5. Which one of the child (1 st 2 nd ...) 6. Type of delivery In the death registration form: <ul style="list-style-type: none"> • ID registration address 							
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?	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: n Is all the information collected used? n How long does it take, on average, to fill out each set of forms? n Is the layout of the forms user-friendly? Explain why or why not. n Is the form available in each of the main national languages? n 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 goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	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	Permanent	Department of Statistics			

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						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 inter-offices 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	Permanent				
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	Permanent	Department of Statistics			5 Million Afs/Year

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						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	Permanent	Department 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	Permanent	Department 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	Permanent	Department of Statistics	110	Training courses for the	1 Million Afs/ year

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						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	Department of Statistics Ministry of interior	20 Persons	Training courses	5 Million Afs/ Year

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						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	Permanent	Department 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	Permanent	Department 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	Permanent	Department 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	Permanent	Department of Statistics	Question B-1 part 26	Question B-1 part 26	Question B-1 part 26

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								

<p>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).</p>	<ol style="list-style-type: none"> 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 							
<p>B3.24 When did the country last have a campaign to increase public awareness of the need to register vital events?</p>	<p>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</p>	<p>Outspreading of the status of vital statistics registration coverage at the country level and access for the accurate data of the mentioned events</p>	<p>Extensive public awareness campaigns using multiple media sources and by establishing a mobile network.</p>					
<p>B3.25 Were the results evaluated?</p>	<p>Evaluation of the public awareness campaign demonstrated that communities were more aware of the need to register vital events.</p>	<p>Outspreading of the status of vital statistics registration coverage at the country level and access for the accurate data of the mentioned</p>	<p>Extensive public awareness campaigns using multiple media sources and by establishing a mobile network.</p>	<p>As above</p>	<p>As above</p>	<p>As above</p>		

		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	Question B-1 part 26	Question B-1 part 26	Question B-1 part 26		
B4: Data storage and transmission								
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)?	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							
B4.2 Are birth and death records filed by: n date of registration? n name? n a numbering system or other numerical index? n other (please specify)?	Birth and death events are filed by registration and by the date that the event occurs							
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 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 registrations?	To prevent the fraudulent and duplication of registrations the office purposes that the vital statistics registration establishes a computerization process.	Preventing fraudulent entries and duplications in the registration process by using computerized system	Activation of computerized system	Until the end of the year 1392				
B4.10 Using the flowcharts of data transmission prepared for birth and death records, explain where and how data are being consolidated before transmission.	Is one of the responsibility of the central statistics office							
B4.11 Reflecting on the data-flowchart prepared, is there a fixed schedule	Is one of the responsibility of the central statistics office							

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.							

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							
B4.20 Are local registration offices routinely contacted for clarification about the statistics by the regional or central level?	Yes							
B4.21 If so, how frequently is clarification sought?	Verification of the statistics will be conducted with consideration of location and date of the event by monthly bases							
B4.22 Is there two-way communication and data transfer between central and peripheral offices?	No but the birth and death computerizing system will solve this problem							
B4.23 Do regional registration authorities routinely receive reports on how the characteristics of their populations compare with the national	No but the birth and death computerizing system will solve this problem							

average?								
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7Component C (Death certification and cause of death)

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
C1 – ICD-compliant 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	MoPH	1 international 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 Certification	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 curriculum package for pre-service	1	5,000

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
						training		
			Develop a death notification process to capture cause of death data from the community and facility level.		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, Mol			
			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, Mol			7,000

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
			Reporting system needs to be implemented and reinforced.	36 months (piloting)	MoPH, Mol			
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, Mol			
C1.4 Are ICD-compliant practices used for death certification in the country?	No	ICD 10 to be included in death certification procedures	Addressed in actions above	36 months	MoPH, Mol, Mo Haj			7,000
C1.5 Is the standard international form of medical certificate of cause of death (Box 3.4) used for: <ul style="list-style-type: none"> all deaths? only deaths occurring in hospitals not for those taken place outside 	No	That the standard international form for medical certification is used for cause of death	To include in the HIS SP and to promote the use amongst practioners by the Master Trainers	18 months	MoPH			5,000

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
hospitals? <ul style="list-style-type: none"> only deaths occurring in some specific hospitals, such as university or regional hospitals? Other deaths (please specify)? 								
C1.6 If the country does not use the standard International form of medical certificate of cause of death, how could it be introduced (specify steps)? What potential actions (e.g. sensitization of medical establishment) would be required?	No advocacy for use of the international form for medical certification of cause of death	Advocacy for the use of the international form for medical certification of cause of death occurs	To include in the HIS SP and to promote the use amongst practioners by the Master Trainers	18 months	MoPH			5,000
C1.7 Do doctors know how to	refer to C1							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
<p>correctly complete the death certificate, including the causal sequence and the underlying cause?</p> <ul style="list-style-type: none"> • Yes, generally. • Yes, always. • No, they do not. 								
<p>C1.8 Is there a booklet, brochure or other guideline for doctors explaining how to certify the cause of death and complete the international form properly?</p>	<p>No refer to previous activity</p>							
<p>C1.9 If such material is not available, what would be involved in preparing it and how could it be distributed?</p>	<p>See above</p>							
<p>C1.10 What proportion of</p>	<p>See above</p>							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						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 proportion of death certificates report the mode of death instead of the underlying cause of death?	See above							
C1.12 What proportion of death certificates do not indicate the interval between onset of disease and death?	See above							
C2: Hospital death certification								

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
<p>C2.1 In hospitals, who completes the death certificate:</p> <ul style="list-style-type: none"> • 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	MoPH		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	MoPH			
<p>C2.3 How common is DOA deaths in hospitals? Do they constitute:</p> <ul style="list-style-type: none"> • Less than 10% 	Not established and no information available	See above	See above	See above	See above			

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
<ul style="list-style-type: none"> of deaths? 10–20% of deaths? More than 20% of deaths? 								
<p>C2.4 Are the vital events that take place in hospitals registered in the country:</p> <ul style="list-style-type: none"> At civil registration points in hospitals? By the hospital sending forms to the civil registration office? By the individual family registering after the birth or death has occurred? 	Yes, - by the hospital sending forms to the civil registration office however the system is not working well, as hospital staff do not take responsibility for this.	That hospitals forward forms to civil registration points	For one MoI appointed person to be assigned at all national and regional hospitals for the reporting of vital events to civil registration.	24 months	MoI, MoPH			
C3: Deaths occurring outside hospital								
C3.1 Is it mandatory to	Yes it is mandatory but there is no	That there is compliance to the	That there is compliance to the	60 months	MoI, MoPH			

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
issue a death certificate with the cause of death indicated for people who die at home?	system is in place	legislation and that a system is in place for the recording of cause of death within the community	legislation governing the issuing of a cause of death certificate in the 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, Mol and others.	60 months	Mol, MoPH		Literacy training for CHWs	70,000
			Establish verbal autopsy (VA) procedures which ensure the reporting of community deaths.	60 months	Mol, MoPH	Need one national consultant to develop process and training	22,00 CHWs, 20,00 Mullahs, 20,00 Community Health Shura	150,00

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

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
outside of hospital: <ul style="list-style-type: none"> • A general practitioner? • A coroner or similar? • A health official? • A civil registrar? • Other (please specify)? 		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.						
C3.6 If a doctor is needed, is that person required to examine the deceased person before they have died?	Not applicable							
C3.7 How are deaths certified in cases where the certifying physician is not the person who treated the patient?	If the documentation is not available then verbal autopsy will need to be completed according to the developed processed in C3,5	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	To develop a training package for those who will be completing the form	60 months	MoPH , MoRR, MoHaj, Mol			

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
		forward the completed document through the MoPH health facilities for death certification by medical doctors.						
C3.8 Are hospital medical records usually accessible to general practitioners when one of their patients die at home?	No	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	Establish process for death certification from community to central MoPH level. See C3.1	60 months	MoPH , MoRR, MoHaj, Mol			

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

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
C4.2 What 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)?	As above	As above	As above					
C4.3 Is it likely that many cases with a sensitive or stigmatizing cause of death (e.g. suicide or HIV/AIDS) would be assigned to a more socially acceptable cause of death?	It is unlikely that there would be a more socially acceptable disease assigned as the cause of death for diseases such as HIV and suicide.							
C4.4 Does the death certificate state whether a woman was	Not applicable	That the death certificate that will be used will be the WHO standard						

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						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/established 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	MoPH	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	MoPH	5 persons to be employed		1,000,000 for three years

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
certifying the cause of death: <ul style="list-style-type: none"> • 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	MoPH	As above as responsibility of the death certification 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 findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
death certificate?								
C4.9 Has the country evaluated the quality of medical certification?	Not applicable							
C4.10 If yes: <ul style="list-style-type: none"> • When was the evaluation done? • How was it done? • What did it conclude? • What follow-up was undertaken to improve certification practices? 	Not applicable							
C4.11 Are hospital medical records generally: <ul style="list-style-type: none"> • Complete? • Reliable? • Easily accessible to the certifier? 	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	MoPH	1 national consultant to conduct and implement these activities.		1,000,000 for three years

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

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
			Provision of ICT infrastructure and equipment to both the wards and the Medical Record Department.	72 months	MoPH			See above
C4.12 Are other health records, such as from health clinics, general practitioners or family doctors: <ul style="list-style-type: none"> • 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)?	Not applicable	Beyond the scope of this assessment						
C4.14 If there is a special system for certifying these deaths, please describe how this	There is no special system at present	To implement as part of the death certification process as detailed above.						

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

Template for assessment

Component D (ICD mortality coding practices)

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
<u>D1 – Mortality coding practices</u>								
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	MoPH	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	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 findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						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								
D2.1 What categories of staff (e.g. physicians,	No system as yet.							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
<ul style="list-style-type: none"> The ICD web site⁷ for updates to codes and coding practices? The department of health's web site for updates on coding practices? 								
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 findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
E1 – Data quality and plausibility 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	<ul style="list-style-type: none"> - Conducting training on statistics and related software to CSO (Demography) staff - Hiring of statistician/demographer in CSO to develop the analysis manual, as well as provide on the job training for the staff - Participate in the regional/international workshops on the topic 	1-3 years	CSO (Demography Dep. And field operation department)	Demographer or statistician	Statistics and demography for one month	USD 500,000

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
		independently						
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 availability 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 MoI 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/demographer in CSO to develop the analysis manual, as well as provide on the job training for the staff - Participate in the regional/international workshops	1-3 years	CSO (Demography Dep. And field operation department)	Yes	Yes	USD 500,000

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

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						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 data is not available (please refer to the Q1)	Promoting data analysis and data use for mortality and fertility at provincial level	<ul style="list-style-type: none"> - Conducting provincial level data analysis to have provincial level estimates for mortality and fertility - Promoting data dissemination and use by relevant governmental departments 	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 findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
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? n Deaths in the household in the past 12–24 months?	1979 and all these questions included		mentioned in 1.10 will be addressed	conduct ed	Dep. And filed operation)			
E1.11 If so, have the data been analysed and compared with the vital statistics data?	No comparison has been done yet		Comparing CRVS data with Census	Upon the availability of data	Demography department/CSO and Field Operation dept.			
E1.12 Are other sources used to complete and verify birth and death data?	No	NA	NA	NA	NA	NA	NA	NA
E1.13 If so, describe these.	NA	NA	NA	NA	NA	NA	NA	NA
E1.14 What is the proportion of all deaths allocated to ill-defined	NA, because ICD is not introduced yet in the country.		Conducting analyses on the correctly-defined and ill-defined ICD-10	Upon the availability of	CSO/demography department			

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
categories? (See Annex 1 of Volume 2 of ICD-10 and Section 4.1.10 of ICD-10, Rule A on Senility and other ill-defined conditions.)			diagnostic categories.	data				
E1.15 Has the proportion of deaths allocated to the ill-defined categories changed over time?	NA, because ICD is not introduced yet in the country.		Calculation of ill-defined categories year by year to see the changes	Upon the availability of data	CSO (Demography Dep.)			
E1.16 What is the proportion of unknown causes of death among all deaths?	NA, because ICD is not introduced yet and the cause of death data are not available		Proportion calculation of unknown causes of deaths among all causes of deaths to provide feedback to the coders on quality of coding	Upon the availability of data	CSO (Demography Dep.)			
E1.17 Is the consistency of the national cause-of-death pattern checked over time, including disaggregation comparisons?	No, because the cause of death data are not provided to CSO		When data provided to CSO: <ul style="list-style-type: none"> • Calculate cause specific mortality rate on annual bases and comparing year to year • Sharing the 	Upon the availability of data	CSO (Demography Dep.)			

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
			results with relevant stakeholders					
E1.18 Does the overall cause-of-death distribution seem 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 availability 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 availability of data	CSO (Demography Dep.)			
E1.20 Further checks on the quality of cause-of-death data can be made using the three measures below. In properly	No, no data are provided to CSO and ICD-10 is not introduced in the country		When data are available on causes of death, the required proportions will be calculated	Upon the availability of data	CSO (Demography Dep.)			

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
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 of registration, but compilation is unclear		The compilation should be done on dates of birth and death occurrence	1-2 years	CSO (Demography Dep.)			
E2.2 Are births and deaths compiled according to place of occurrence as well as place of usual residence?	the compilation is being done based on present address of birth and death		The birth and deaths are to be registered by the original place	1-2 years	CSO (Demography Dep.)			
E2.3 At what level of disaggregation are the birth data tabulated? Report separately for: n sex; n sex, and age of mother; n sex, age of mother and subregion.	The tabulation is being done on sex and regions, but not by age of mothers. However, the data are not complete		Tabulations will be done by <ul style="list-style-type: none"> • sex • age of mothers • and sub region 	Upon availability of data	CSO (Demography Dep.)			
E2.4 At what level of disaggregation are	The tabulation is being done on		Tabulations will be done by	Upon availability	CSO (Demography			

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						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 style="list-style-type: none"> sex age of mothers and sub region 	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 availability 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 availability of complete 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 availability of data	CSO (Demography Dep.)			

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						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 availability 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 availability 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 availability 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 availability 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 availability of data	CSO (Demography Dep.)			

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
			calculated					
E3: Data access and dissemination								
E3.1 Who are the main users of the vital statistics: n within government? n outside the government?	MoPH, MoE, MoHE, Mol, 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 availability 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 findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						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 availability 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 availability of data	CSO (Demography Dep.)			USD 60,000
E3.8 Are the vital	NA, because		The reports will be	Regular	CSO			

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

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