

WHO/CRVS Assessment Framework

| Component | Sub component | Q_Code | Question(Q) | Q_Sub_code | Answer (yes/No as required) | Answer_Explanation | Recommendation |
|-----------|---------------|--------|--|------------|-----------------------------|---|---|
| | | 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? هل يتم حساب مؤشرات الخصوبة (مثل المعدلات الخام للمواليد والخصوبة، ومعدل الخصوبة الخاص بعمر معين، ومعدل الخصوبة الكلي) بشكل روتيني من بيانات السجل المدني والإحصاءات الحيوية؟ | E1.1 | No | CRVS IS DEFICIENT & WE USE ESTIMATES INDICATORS | FERTILITY INDICATORS MUST BE ROUTINELY CALCULATED FROM CRVS |
| | | E1.2 | If so, which indicators are calculated? إذا كان الأمر كذلك، ما هي المؤشرات التي يتم حسابها؟ | E1.2 | n/a | | |
| | | 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? هل يتم، بصورة روتينية حساب مؤشرات الوفيات (مثل المعدلات الخام للمواليد والوفيات، ومعدل الوفيات الخاص بعمر معين، ومعدل وفيات الأطفال، ومعدل وفيات الآباء، ومعدل وفيات الأمهات) من بيانات السجل المدني والإحصاءات الحيوية؟ | E1.3 | No | CRVS IS DEFICIENT & WE USE ESTIMATED INDICATORS | MORTALITY INDICATORS MUST BE ROUTINELY CALCULATED FROM CRVS |
| | | E1.4 | If so, which indicators are calculated? إذا كان الأمر كذلك، ما هي المؤشرات التي يتم حسابها؟ | E1.4 | N / A | | |
| | | E1.5 | What data sources are used as the denominators to calculate these rates? ما هي مصادر البيانات المستخدمة كمقامات لحساب هذه المعدلات؟ | E1.5 | Yes | DIFFERENT PROGRAMS ARE USING DIFFERENT DENOMINATORS | Uniform estimates must be used at all levels |
| | | 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). صف منطقية واتساق التدقيقات التي تتم على المعلومات والمؤشرات قبل التصريح (انظر الإطار 3-9) باستخدامها | E1.6 | Yes | (Partially Available DHIS / HMIS) | Must be done for CRVS as well |

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|-----------|---|--------|--|------------|-----------------------------|--|--|
| | | 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. هل تستخدم معلومات السجلات المدنية والإحصاءات الحيوية لتقصي الاختلافات في معدلات الخصوبة والوفيات داخل البلد؟ إذا كان الأمر كذلك فصف كيف يتم ذلك؟ | E1.7 | No | CRVS IS DEFICIENT & WE USE SURVEYS | INCREASING THE COVERAGE OF CRVS |
| | | E1.8 | Are fertility rates derived from civil registration and vital statistics compared with rates derived from other sources? هل تتم مقارنة معدلات الخصوبة المنبثقة عن تسجيل الأحوال المدنية والإحصاءات الحيوية مع المعدلات المنبثقة عن سائر المصادر | E1.8 | No | CRVS is not being used | STRENGTHENING THE SYSTEM & INCREASING THE COVERAGE OF CRVS |
| | | E1.9 | Are mortality rates derived from civil registration and vital statistics compared with rates derived from other sources? هل تتم مقارنة معدلات الوفيات المنبثقة عن السجلات المدنية والإحصاءات الحيوية مع المعدلات المنبثقة عن سائر المصادر؟ | E1.9 | No | CRVS is not being used | STRENGTHENING THE SYSTEM & INCREASING THE COVERAGE OF CRVS |
| | | E1.10 | Did the last census include a question on births or deaths; for example: هل احتوى التعداد الأخير على سؤال حول المواليد أو الوفيات؛ على سبيل المثال: | E1.10 | Yes | | |
| | | | Number of children ever born alive and still alive? عدد الأطفال الذين وُلدوا أحياء ولا زالوا على قيد الحياة؟ | E1.10.1 | Yes | | |
| | | | Date of birth of last child born alive? تاريخ ميلاد آخر طفل وُلد حياً؟ | E1.10.2 | No | Not included in census form | should be included |
| | | | Whether the last birth was registered? ما إذا كانت آخر ولادة قد سُجِّلت؟ | E1.10.3 | No | Not included in census form | should be included |
| | | | Whether the last death was registered? ما إذا كانت آخر وفاة قد سُجِّلت؟ | E1.10.4 | No | Not included in census form | should be included |
| | | | Deaths in the household in the past 12–24 months? الوفيات التي حدثت بالمنزل خلال 12 إلى 24 شهراً السابقة؟ | E1.10.5 | Yes | for the last 12 months | |
| | | E1.11 | If so, have the data been analyzed and compared with the vital statistics data? إذا كان الأمر كذلك، فهل تم تحليل هذه البيانات ومقارنتها مع بيانات الإحصاءات الحيوية؟ | E1.11 | No | CRVS is deficient & also some info is missing in CENSUS form | should be included |
| | E1 – Data quality and plausibility checks | E1.12 | Are other sources used to complete and verify birth and death data? هل تستخدم سائر المصادر في استكمال بيانات المواليد والوفيات والتحقق منها؟ | E1.12 | Yes | | |
| | | E1.13 | If so, describe these. وإذا كان الأمر كذلك، فصف هذا. | E1.13 | Yes | Demographic Survey | |

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|-----------|---------------|--------|--|------------|-----------------------------|--|--|
| | | 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.) ما هي نسبة جميع الوفيات المعزاة إلى فئات الأسباب سيئة التحديد؟ (انظر الملحق 1 من المجلد الثاني من التصنيف الدولي العاشر للأمراض، والقسم 4-1-10 منه، القاعدة أ حول الشيخوخة والحالات سيئة التحديد). | E1.14 | No | ICD Coding not done | ICD coding must be done through technology |
| | | E1.15 | Has the proportion of deaths allocated to the ill-defined categories changed over time? هل تغيرت نسبة الوفيات المعزاة إلى فئات الأسباب سيئة التحديد مع مرور الوقت؟ | E1.15 | N / A | | |
| | | E1.16 | What is the proportion of unknown causes of death among all deaths? ما هي نسبة الوفيات المعزاة إلى الأسباب غير المعروفة بين إجمالي الوفيات؟ | E1.16 | N / A | | |
| | | E1.17 | Is the consistency of the national cause-of-death pattern checked over time, including disaggregation comparisons? هل يتم التدقيق في مدى اتساق النمط الوطني لأسباب الوفاة مع مرور الوقت، متضمناً أيضاً عقد مقارنات تصنيفية؟ | E1.17 | No | No cause of death data at national level | National Cause of Death Pattern must be determined |
| | | E1.18 | Does the overall cause-of-death distribution seems plausible, e.g. does it fit the expected disease and injury patterns given current national levels of life expectancy (see Box 3.10)? هل يبدو توزيع أسباب الوفاة، بصورة عامة، منطقياً، فمثلاً، هل يتناسب مع الأنماط المتوقعة للمرض والإصابات مع المستويات الوطنية القائمة لمأمول الحياة (انظر الإطار 3-10)؟ | E1.18 | No | No cause of death data at national level | Reviewing cause-of-death distribution and add in the annual report +compare it with the international standard |
| | | 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) هل هناك اتساق بين النمط العمري لأسباب الوفاة والمستمد من السجل المدني الخاص بالفئات الأساسية من الأمراض والإصابات، وبين الأنماط المتوقعة؟ (انظر الإطار 3-11). | E1.19 | No | No cause of death data at national level | Age Pattern of Cause of Death should determine |

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| | | | <p>Further checks on the quality of cause-of-death data can be made using the three 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>يمكن استخدام القياسات الثلاثة الواردة أدناه لإجراء المزيد من المراجعات حول جودة المعلومات الخاصة بأسباب الوفاة. وفي النظم التي تؤدي وظائفها بصورة جيدة من حيث شهادات الوفاة الصحيحة، يجب أن لا تزيد النسبة المئوية عن 10-15% تقريباً بالنسبة لجميع الوفيات المعزاة إلى الأمراض القلبية الوعائية، والسرطان، والإصابات والمرمزة تحت هذه الرموز</p> | E1.20 | Unknown | No cause of death data at national level | Age Pattern of Cause of Death should determine |
| | | E1.20 | <p>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, and I709)?</p> <p>• ما نسبة الوفيات المعزاة إلى فئة الفشل القلبي وسائر فئات الأمراض القلبية السيئة التحديد (رواميز التصنيف الدولي العاشر للأمراض 1472، 1490، 146، 150، 1514، 1515، 1516، 1519، 1709)؟</p> | E1.20.1 | Unknown | No cause of death data at national level | Age Pattern of Cause of Death should determine |

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|---|---------------|--------|---|------------|-----------------------------|--|--|
| E(Outputs) Data access, use and quality checks | | | What is the proportion of cancers with an ill-defined primary site (ICD-10 codes C76, C80, C97)? • ماهي نسبة السرطانات المترافقة بتشخيص سىء التحديد للموضع الأولي لها (رموز التصنيف الدولي العاشر للامراض C76، C80، C97)؟ | E1.20.2 | Unknown | No cause of death data at national level | Age Pattern of Cause of Death should determine |
| | | | What is the proportion of injury deaths that are of undetermined intent (ICD-10 codes Y10- Y34, Y872)? ماهي نسبة الوفيات الناجمة عن الإصابات غير محددة النوايا (رموز التصنيف الدولي العاشر للامراض Y10-Y34- Y872)؟ | E1.20.3 | Unknown | No cause of death data at national level | Age Pattern of Cause of Death should determine |
| | | E2.1 | Are births and deaths compiled according to date of occurrence or to date of registration? هل تجمع المواليد والوفيات وفقاً لتاريخ الوقوع ، تاريخ التسجيل | E2.1 | Yes | Date of Occurance | |
| | | E2.2 | Are births and deaths compiled according to place of occurrence as well as place of usual residence? هل تجمع المواليد والوفيات وفقاً لمكان حدوثها وكذلك مكان الإقامة المعتاد؟ | E2.2 | Yes | | |
| | | E2.3 | At what level of disaggregation are the birth data tabulated? Report separately for: في أي مستوى من مستويات التصنيف تتم عملية جدولة المواليد؟ قم بتقديم تقرير منفصل عن كل مما يلي: | E2.3 | Yes | | |
| | | | sex; الجنس | E2.3.1 | Yes | | |
| | | | sex, and age of mother; الجنس وعمر الام | E2.3.2 | Yes | | |
| | | | Sex, age of mother and sub region الجنس وعمر الام والاقليم الفرعى | E2.3.3 | Yes | | |
| | | 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: في أي مستوى من مستويات التصنيف تتم عملية جدولة الوفيات وسبب الوفاة؟ هل يتم تقديم تقرير منفصل عن الوفيات و سبب الوفاة؟ | E2.4 | Yes | Union council | |
| | | | sex; الجنس | E2.4.1 | Yes | | |
| | | | sex and age; الجنس والعمر | E2.4.2 | Yes | | |
| | | | sex and sub region; الجنس و الاقليم الفرعى | E2.4.3 | Yes | | |

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|-----------|----------------------|--------|---|---|-----------------------------|--|---|--|
| | E2 – Data tabulation | | Sex, age and sub region. الجنس، العمر والاقليم الفرعي | E2.4.4 | Yes | | | |
| | | E2.5 | Are standard WHO age groups used to tabulate mortality and cause-of-death data? هل تستخدم معايير منظمة الصحة العالمية في جدولة المعلومات الخاصة بالوفيات وأسباب الوفاة؟ | E2.5 | No | WHO age groups only being used in DHIS | WHO Standerds must be used | |
| | | E2.6 | What is the smallest subnational level used for tabulating vital statistics? Is this appropriate given the potential uses for disaggregated data? ما هو أصغر مستوى دون الوطني يتم استخدامه لجدولة الإحصاءات الحيوية؟ وهل يتناسب ذلك مع الاستخدامات المحتملة للمعلومات المصنفة؟ | E2.6 | Yes | Union council | | |
| | | E2.7 | Are any of the four standard mortality tabulation lists suggested by the ICD used for data presentation purposes? هل تستخدم أي من القوائم المعيارية الأربعة لجدولة الوفيات المطروحة من التصنيف الدولي للأمراض في الأغراض الخاصة بتقديم المعلومات؟ | E2.7 | No | ICD Coding not done | Standerd ICD Mortality Tabulation must be included | |
| | | E2.8 | If not, which condensed list is used? How was this list derived? إن لم يكن الأمر كذلك، فأى القوائم المختصرة هي التي تستخدم؟ وكيف تم إعدادها؟ | E2.8 | | DHIS Disease List Used | | |
| | | E2.9 | Are data compiled into 10 leading causes (separately for men and women and children)? هل تم جمع المعلومات في إطار العشرة أسباب الرئيسية (بشكل منفصل لكل من الرجال، والنساء، والأطفال)؟ | E2.9 | No | No Age wise breakup used for desease | age & gender wise breakup shuld be included | |
| | | E2.10 | From which list are the 10 leading causes selected? من أي قائمة اختيرت العشرة أسباب الرئيسية؟ | E2.10 | | DHIS Disease List Used | | |
| | | E2.11 | Are ill-defined causes included in the ranking as a category? هل أدرجت الأسباب السيئة التحديد في الترتيب بوصفها فئة من الفئات؟ | E2.11 | No | ICD Coding not done | Standerd ICD must be included | |
| | | E2.12 | What proportion of deaths is accounted for by the 10 leading causes of death? ما هي نسبة الوفيات المعزاة إلى العشرة أسباب الرئيسية للوفاة؟ | E2.12 | No | Demoninator not available | | |
| | | E3.1 | | Who are the main users of the vital statistics: من هم المستخدمون الأساسيون للإحصاءات الحيوية | E3.1 | | | |
| | | | | Within government? • من داخل الحكومة؟ | E3.1.1 | yes | NADRA, LG, PnD, Health, Education, Population, Interior | |

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| | | | Outside the government? من خارج الحكومه | E3.1.2 | yes | Donors, NGOs, Research organizations | |
| | | E3.2 | Is there an engagement strategy to regularly discuss data needs with the main data users? If so, describe this. هل هناك استراتيجية مشاركة لإجراء مناقشات بصورة منتظمة حول الاحتياجات الخاصة بالمعلومات مع مستخدميها الرئيسيين؟ وإذا كان الأمر كذلك، برجاء وصف هذه الاستراتيجية. | E3.2 | No | Lck of coordination between various producers of data and users | Strategy for coordination with all stakeholders |
| | | E3.3 | Is it possible to provide an example of how vital statistics have been used to guide policy and practice? هل في الإمكان سرد مثال حول الآلية التي استخدمت بها الإحصاءات الحيوية في توجيه السياسات والممارسات؟ | E3.3 | Yes | Govt Policies: MDG Targets, Rates, Estimates etc. | |
| | | 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: ما هي الفترة الزمنية بين نهاية فترة التبليغ (مثلاً، نهاية العام الذي حدثت فيه المواليد والوفيات) وإصدار ما يلي: | E3.4 | Jan-Dec | | |
| | | | Birth and death statistics? الإحصاءات الخاصة بالمواليد والوفيات؟ | E3.4.1 | Calender Year | | |
| | | | Cause-of-death statistics? الإحصاءات الخاصة بأسباب الوفاة؟ | E3.4.2 | Calender Year | | |
| | | E3.5 | Are analytical reports about birth, deaths and causes of deaths derived from vital registration produced? If so, include examples. هل يتم إصدار تقارير تحليلية حول المواليد والوفيات وأسباب الوفاة المأخوذة من التسجيل الحيوي؟ | E3.5 | No | CRVS is defficient & also some info is missing in CENCUS form | Analytical Reports must be generated |
| | | E3.6 | Is there a data-release schedule? هل هناك جدول لإصدار المعلومات؟ | E3.6 | No | N / A | There must be release schedule |
| | E3 – Data access | E3.7 | Are vital statistics made available to users as: هل تتوفر الإحصاءات الحيوية للمستخدمين في شكل: | E3.7 | Yes | Partially Avaliable | |
| | | | Print? مطبوع؟ | E3.7.1 | Yes | Partially Avaliable | |
| | | | Electronic files? ملفات إلكترونية؟ | E3.7.2 | Yes | Partially Avaliable | |

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|-----------|-------------------|--------|---|------------|-----------------------------|--|--|
| | and dissemination | E3.7 | Web sites? مواقع إلكترونية؟ | E3.7.3 | No | | Must be on Website |
| | | | PDFs? ملفات pdf ؟ | E3.7.4 | Yes | Partially Available | |
| | | | Interactive tables? جداول تفاعلية؟ | E3.7.5 | No | | Must be developed |
| | | E3.8 | Are the vital statistics available free of charge or at a cost? Please explain. هل تتوفر الإحصاءات الحيوية مجاناً أم بتكلفة مالية؟ رجاء التفسير | E3.8 | Yes | Free and only for government department | Must be on Website |
| | | E3.9 | What agency publishes the official vital statistics? من هي الوكالة التي تقوم بنشر الإحصاءات الحيوية الرسمية؟ | E3.9 | NADRA | | |
| | | E3.10 | How regularly is the data published or released? كيف يتم نشر البيانات أو إصدارها بصورة منتظمة؟ | E3.10 | No | Data availability is deficient | Must be published regularly |
| | | E3.11 | Are all definitions and concepts used in vital statistics publications clearly explained? هل جميع المصطلحات والمفاهيم المستخدمة في مطبوعات الإحصاءات الحيوية مشروحة بصورة واضحة؟ | E3.11 | No | | |
| | | E3.12 | What analyses are being routinely carried out on the data (e.g. fertility patterns, mortality differentials, disease mapping, etc.)? ، ما هي التحليل التي تجرى بصورة روتينية على البيانات: (مثال ، أنماط الخصوبة، الفوارق في معدلات الوفيات، رسم الخرائط للأمراض، وغير ذلك | E3.12 | N / A | Demographic Survey used | CRVS must be used for analysis |
| | | E3.13 | Along with the statistical tables, are analyses of the data published regularly? هل يتم، بصورة منتظمة، نشر الجداول الإحصائية إلى جانب التحليل المتعلقة بالبيانات؟ | E3.13 | No | Demographic Survey used | CRVS must be used for analysis |
| | | E3.14 | How are these data being used at various levels? ما هي الآلية التي تستخدم بها هذه البيانات على مختلف المستويات؟ | E3.14 | N / A | | |
| | | 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 is achieved? هل هناك محاولات لبناء القدرة التحليلية للعاملين القائمين بجمع وتجميع الإحصاءات الحيوية حتى يتولوا إجراء التحليلات الأساسية للبيانات، ولمساعدتهم في تفهم الغرض من وراء ما يقومون بجمعه، وتقدير قيمته بصورة أفضل؟ فإذا لم يكن الأمر كذلك، فكيف يمكن تحقيق ذلك؟ | E3.15 | Yes | NADRA is doing through partnerships with Government and Donor Agencies | Strengthening analytical capacity building of data |

4 Must start immediately
 3 Could be delayed for up to 6 months
 2 Could be delayed for up to 2 years
 1 Could be delayed until able to be done

4 Necessary action can be decided at the department level
 3 Require inter departmental agreement
 2 Requires legislation change
 1 Requires change in tradition/culture/policy

4 No cost implications
 3 Can be funded within current budget
 2 Need to apply for government funding
 1 Need to find external resources

4 <3 months
 3 3 months to a year
 2 1-5 years
 1 More than 5 years

High
 Medium
 Low

| Urgency | Feasibility | Cost | Timelines | Total score | Impact | Responsible agency |
|---------|-------------|------|-----------|-------------|--------|--------------------------------------|
| 2 | 3 | 2 | 2 | 9 | High | NADRA, HEALTH, NIPS, PBS, LOCAL GOVT |
| | | | | 0 | | |
| 2 | 3 | 2 | 2 | 9 | HIGH | NADRA, HEALTH, NIPS, PBS, LOCAL GOVT |
| | | | | 0 | | |
| 2 | 3 | 2 | 2 | 9 | HIGH | National Health Services and Coordin |
| 2 | 3 | 2 | 2 | 9 | HIGH | NADRA |

| Urgency | Feasibility | Cost | Timelines | Total score | Impact | Responsible agency |
|---------|-------------|------|-----------|-------------|--------|--------------------------------------|
| 2 | 3 | 1 | 2 | 8 | HIGH | NADRA, HEALTH, NIPS, PBS, LOCAL GOVT |
| 2 | 3 | 3 | 2 | 10 | HIGH | NADRA, HEALTH, NIPS, PBS, LOCAL GOVT |
| 2 | 3 | 3 | 2 | 10 | HIGH | NADRA, HEALTH, NIPS, PBS, LOCAL GOVT |
| | | | | 0 | | |
| | | | | 0 | | |
| 1 | 2 | 1 | 1 | 5 | Low | PBS |
| 1 | 2 | 1 | 1 | 5 | Low | PBS |
| 1 | 2 | 1 | 1 | 5 | Low | PBS |
| | | | | 0 | | |
| 1 | 2 | 1 | 1 | 5 | Low | PBS |
| | | | | 0 | | |
| | | | | 0 | | |

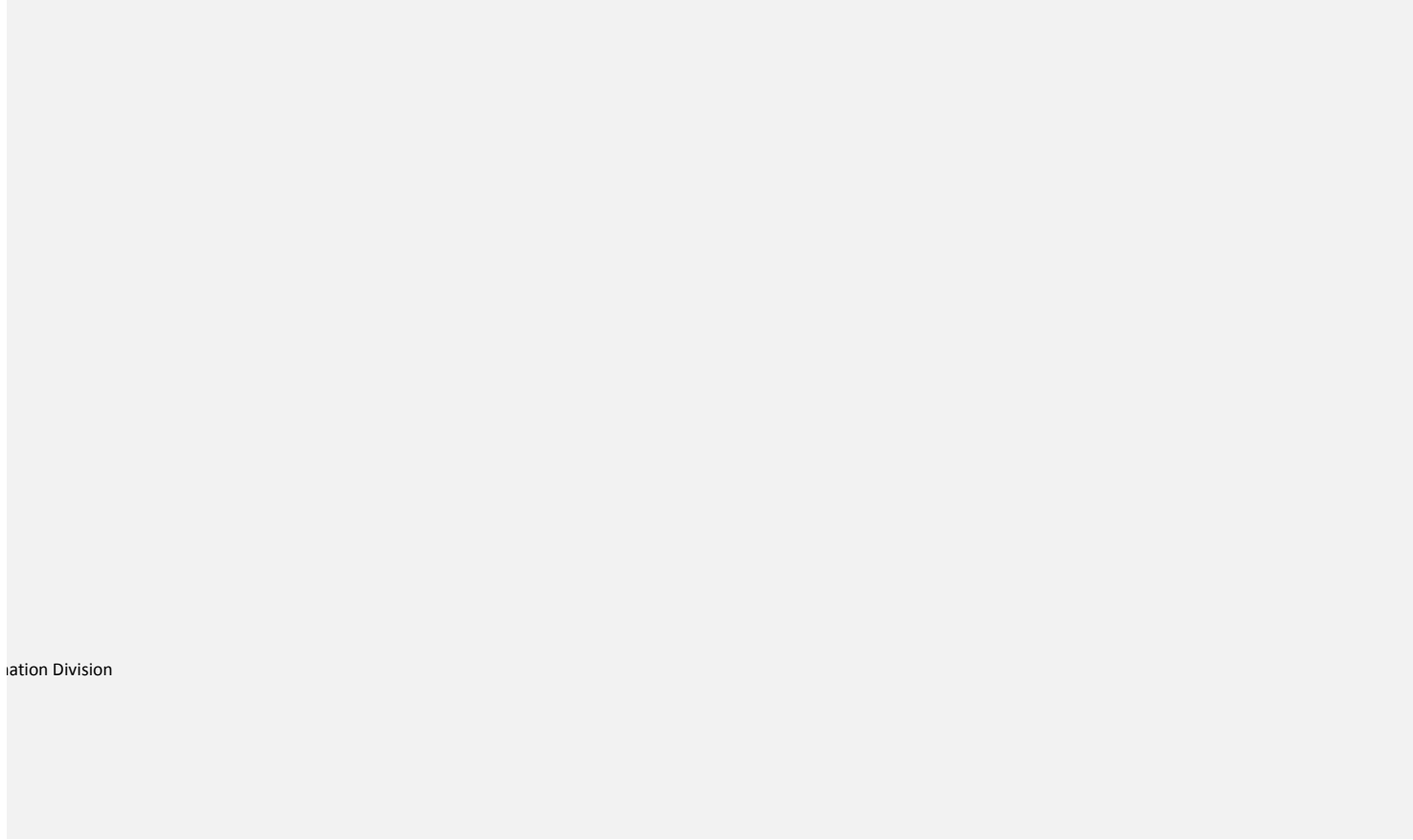
| Urgency | Feasibility | Cost | Timelines | Total score | Impact | Responsible agency |
|---------|-------------|------|-----------|-------------|--------|--------------------|
| | | | | 8 | | |
| 2 | 3 | 1 | 2 | | Medium | Health |
| | | | | 0 | | |
| | | | | 0 | | |
| 2 | 3 | 2 | 2 | 9 | | |
| | | | | 9 | | |
| 2 | 3 | 2 | 2 | | High | Health, LG |
| | | | | 9 | | |
| 2 | 3 | 2 | 2 | | High | Health |

| Urgency | Feasibility | Cost | Timelines | Total score | Impact | Responsible agency |
|---------|-------------|------|-----------|-------------|--------|--------------------|
| 2 | 3 | 2 | 2 | 9 | Medium | Health |
| 2 | 3 | 2 | 2 | 9 | Medium | Health |

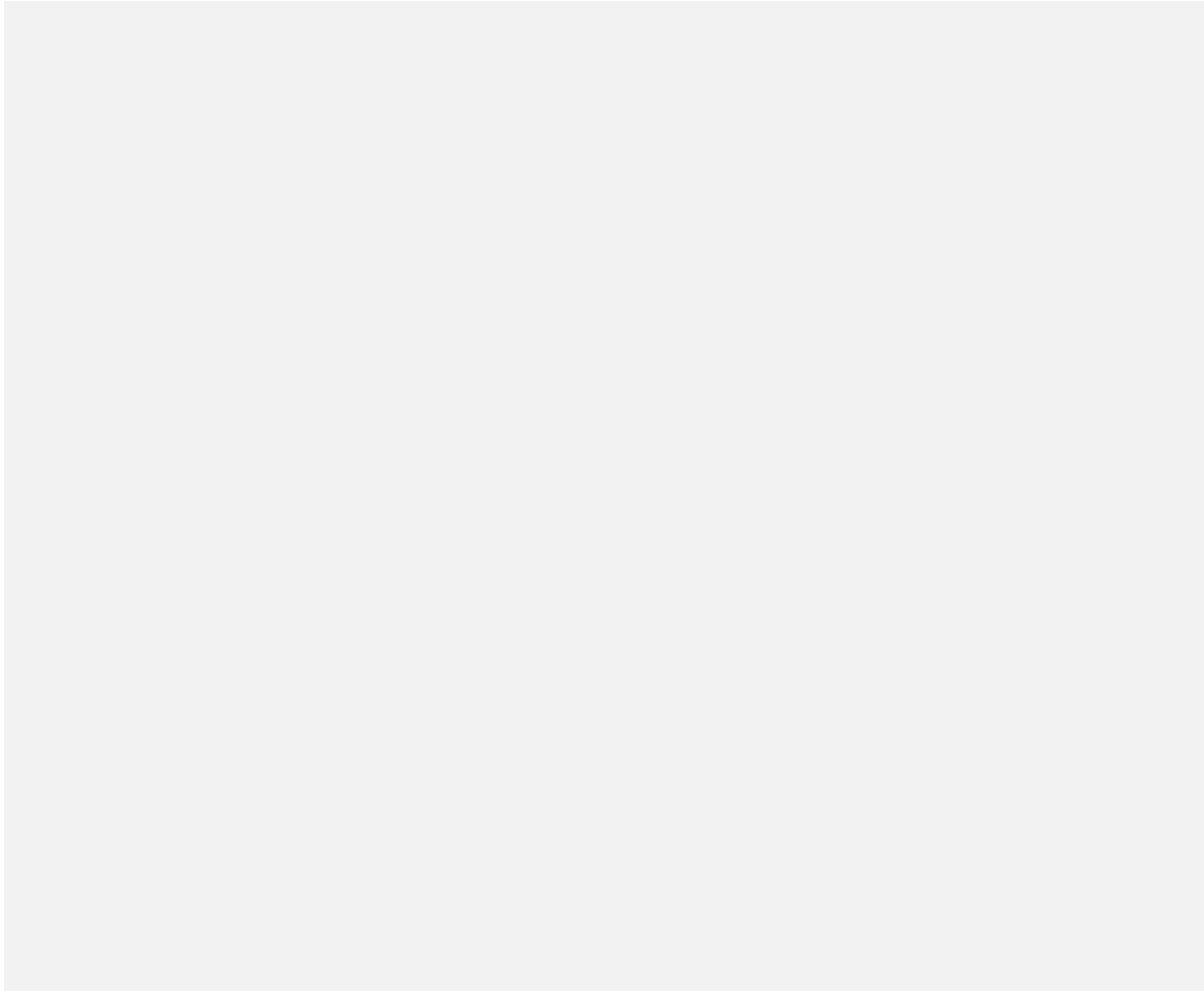
| Urgency | Feasibility | Cost | Timelines | Total score | Impact | Responsible agency |
|---------|-------------|------|-----------|-------------|--------|--------------------|
| | | | | 0 | | |
| 2 | 3 | 1 | 2 | 8 | High | Health |
| | | | | 0 | | |
| 2 | 3 | 1 | 2 | 8 | Medium | Health |
| | | | | 0 | | |
| 2 | 3 | 1 | 2 | 8 | High | Health |
| | | | | 0 | | |
| 2 | 3 | 1 | 2 | 8 | Medium | Health |
| | | | | 0 | | |
| | | | | 0 | | |
| | | | | 0 | | |

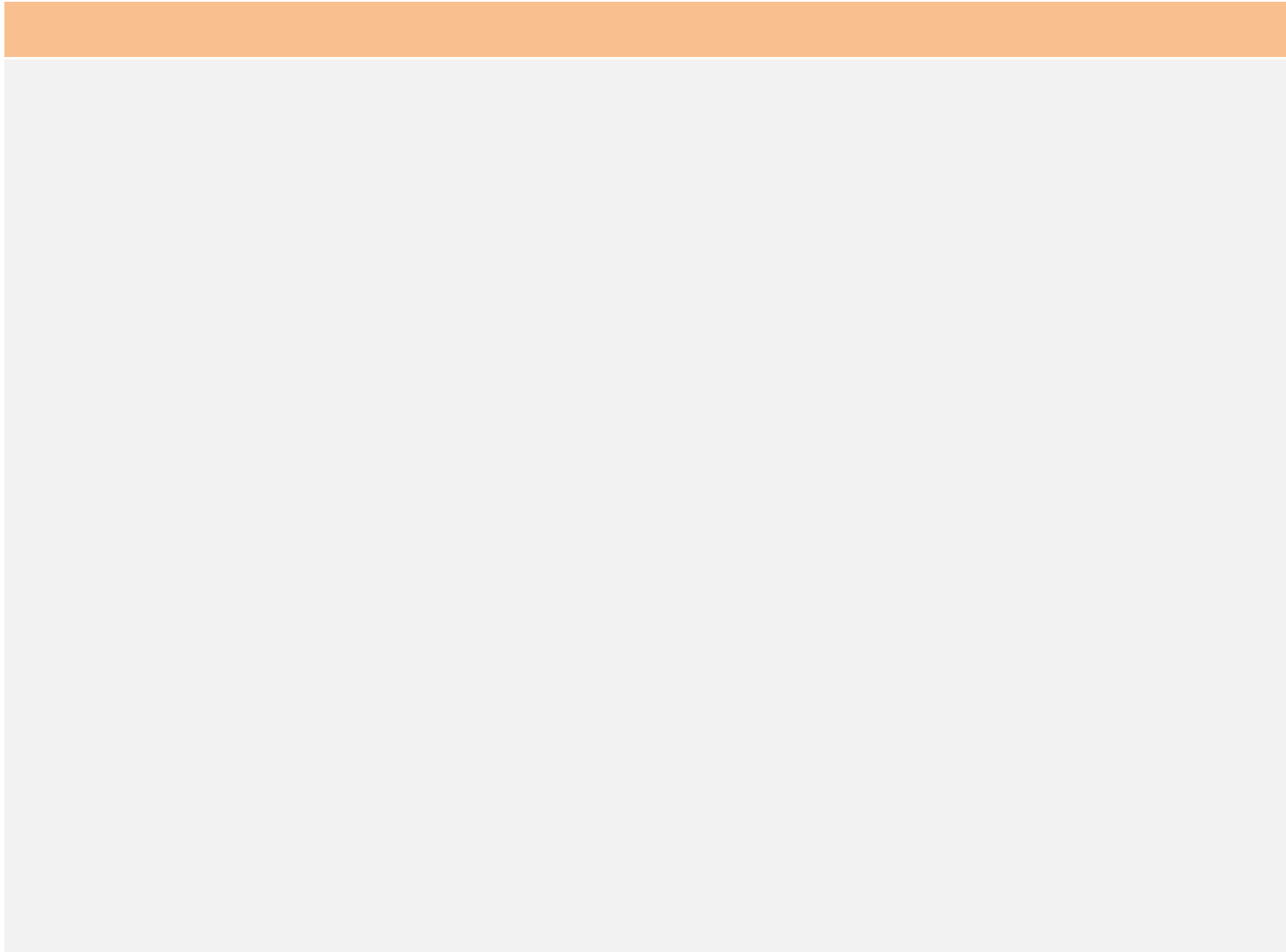
| Urgency | Feasibility | Cost | Timelines | Total score | Impact | Responsible agency |
|---------|-------------|------|-----------|-------------|--------|--------------------|
| | | | | 0 | | |
| | | | | 9 | | |
| 2 | 3 | 2 | 2 | | High | NADRA |
| | | | | 0 | | |
| | | | | 0 | | |
| | | | | 0 | | |
| | | | | 0 | | |
| 1 | 2 | 1 | 1 | 5 | Low | NADRA |
| | | | | 0 | | |
| | | | | 0 | | |
| | | | | 0 | | |
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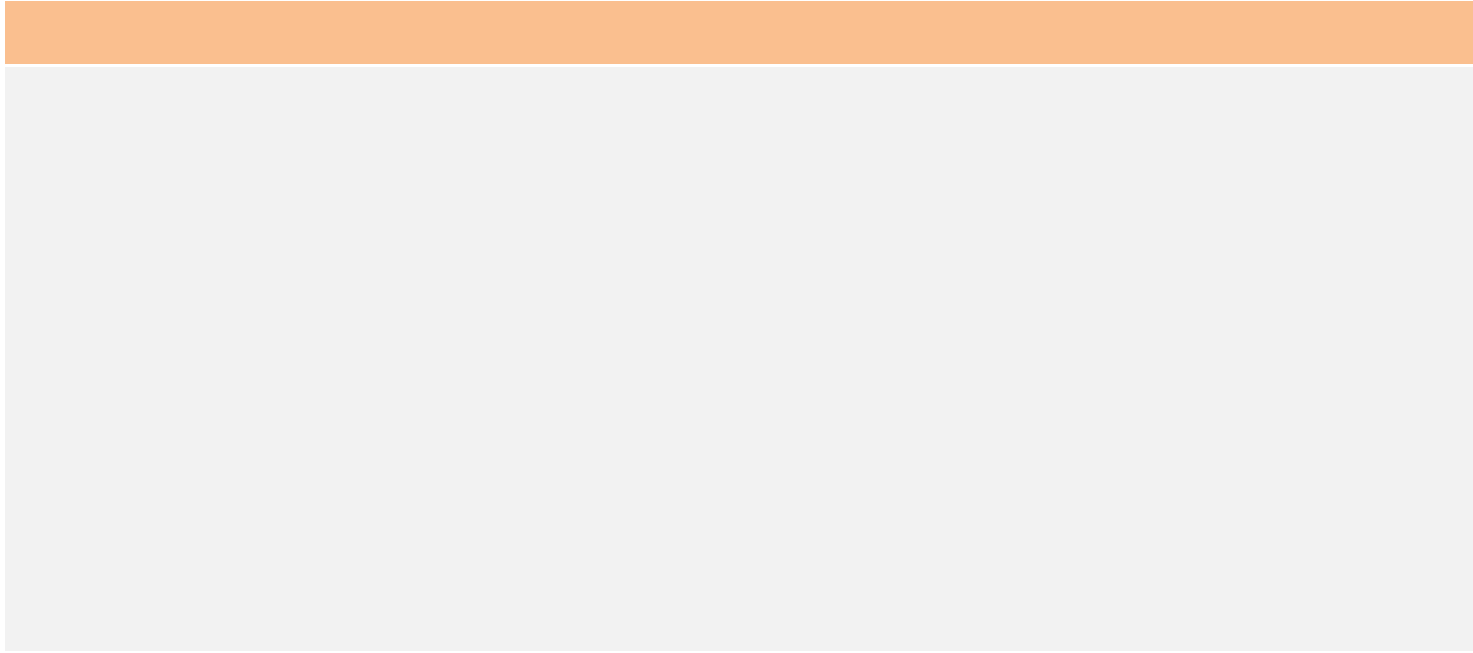
| Urgency | Feasibility | Cost | Timelines | Total score | Impact | Responsible agency |
|---------|-------------|------|-----------|-------------|--------|--------------------|
| 1 | 2 | 1 | 1 | 5 | Low | NADRA |
| | | | | 0 | | |
| 1 | 2 | 1 | 1 | 5 | Low | NADRA |
| 1 | 2 | 1 | 1 | 5 | Low | NADRA |
| | | | | 0 | | |
| 1 | 2 | 1 | 1 | 5 | Low | NADRA |
| | | | | 0 | | |
| 1 | 2 | 1 | 1 | 5 | Medium | NADRA |
| 1 | 2 | 1 | 1 | 5 | Medium | NADRA |
| | | | | 0 | | |
| 1 | 2 | 1 | 1 | 5 | Medium | NADRA |

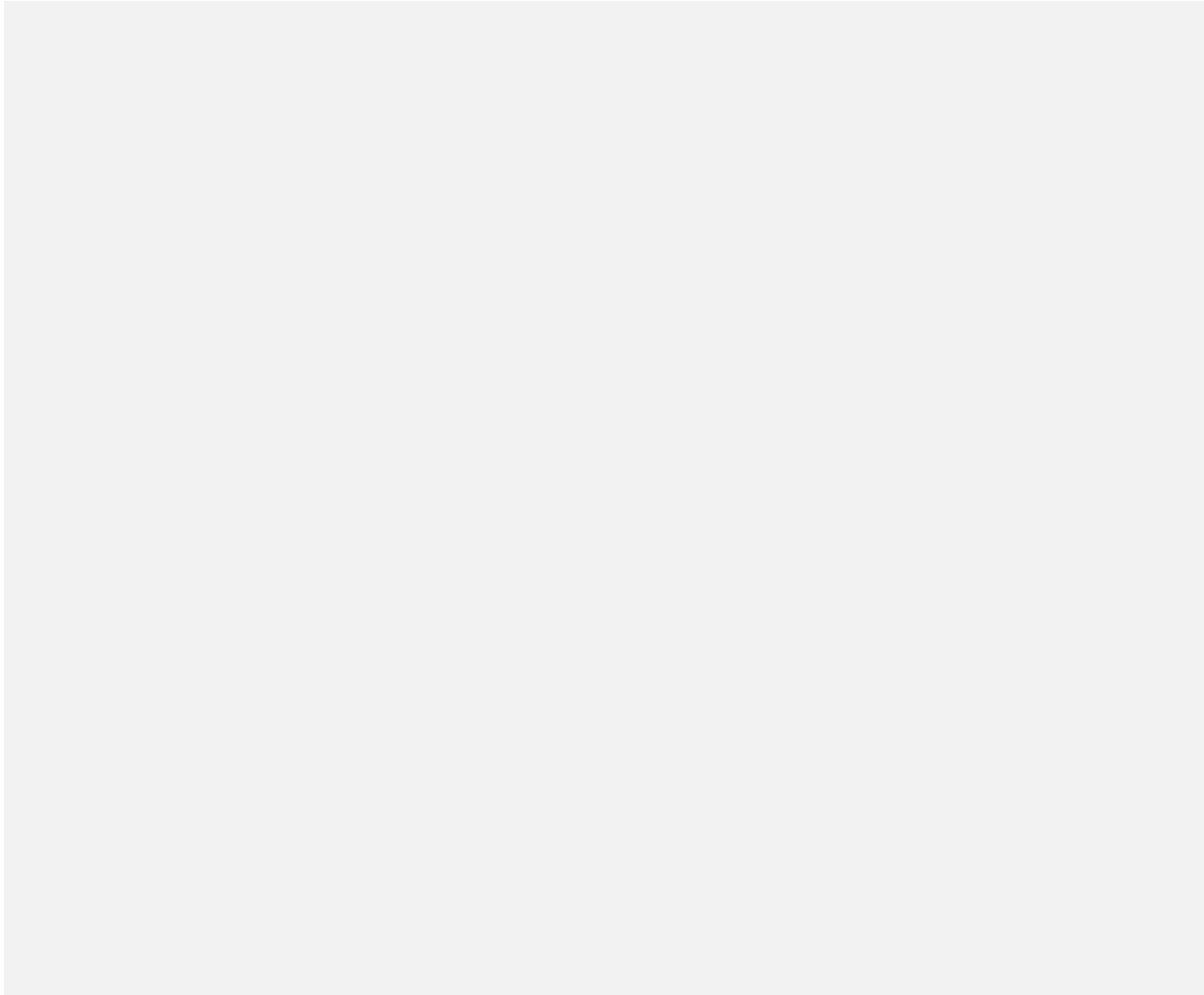


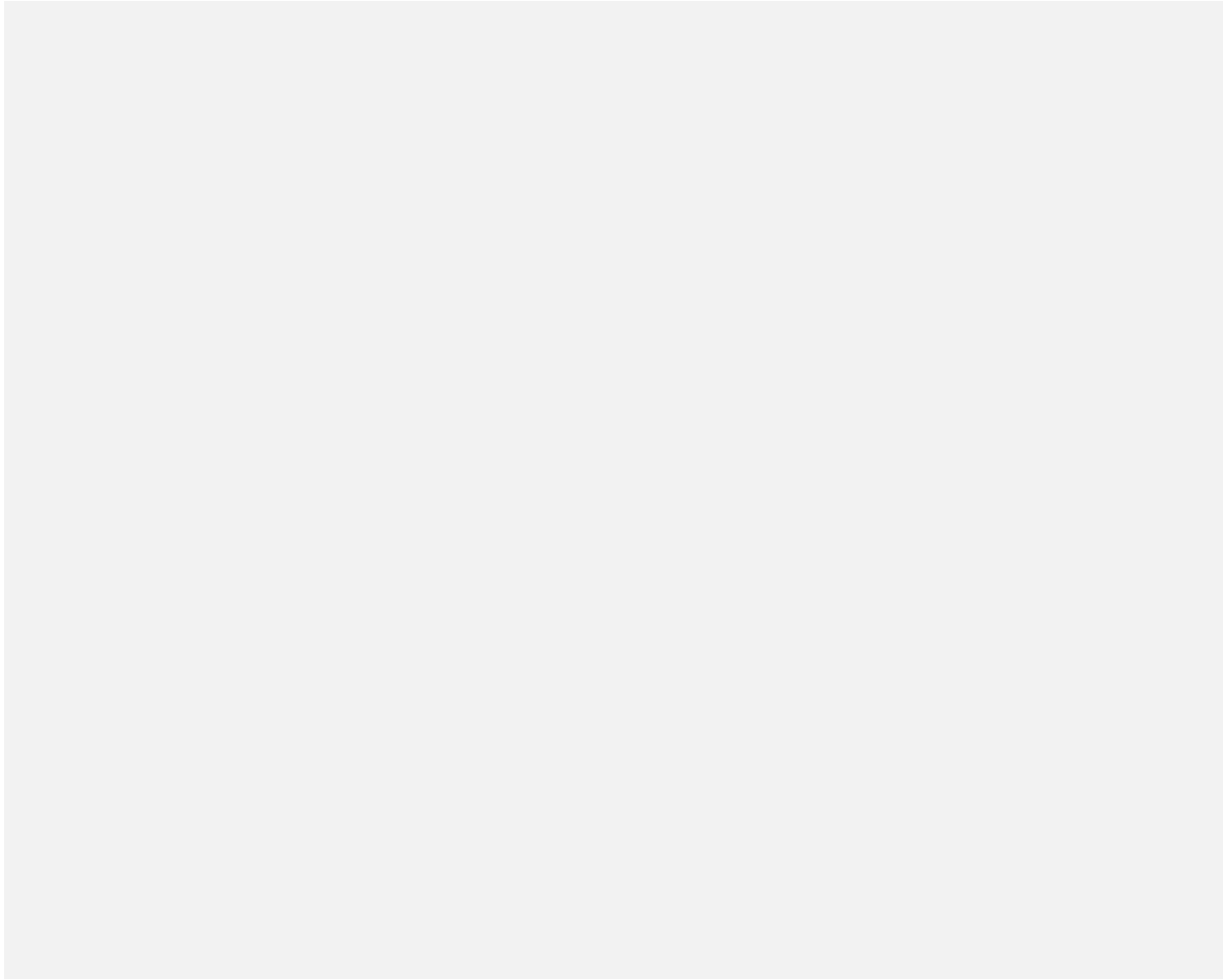
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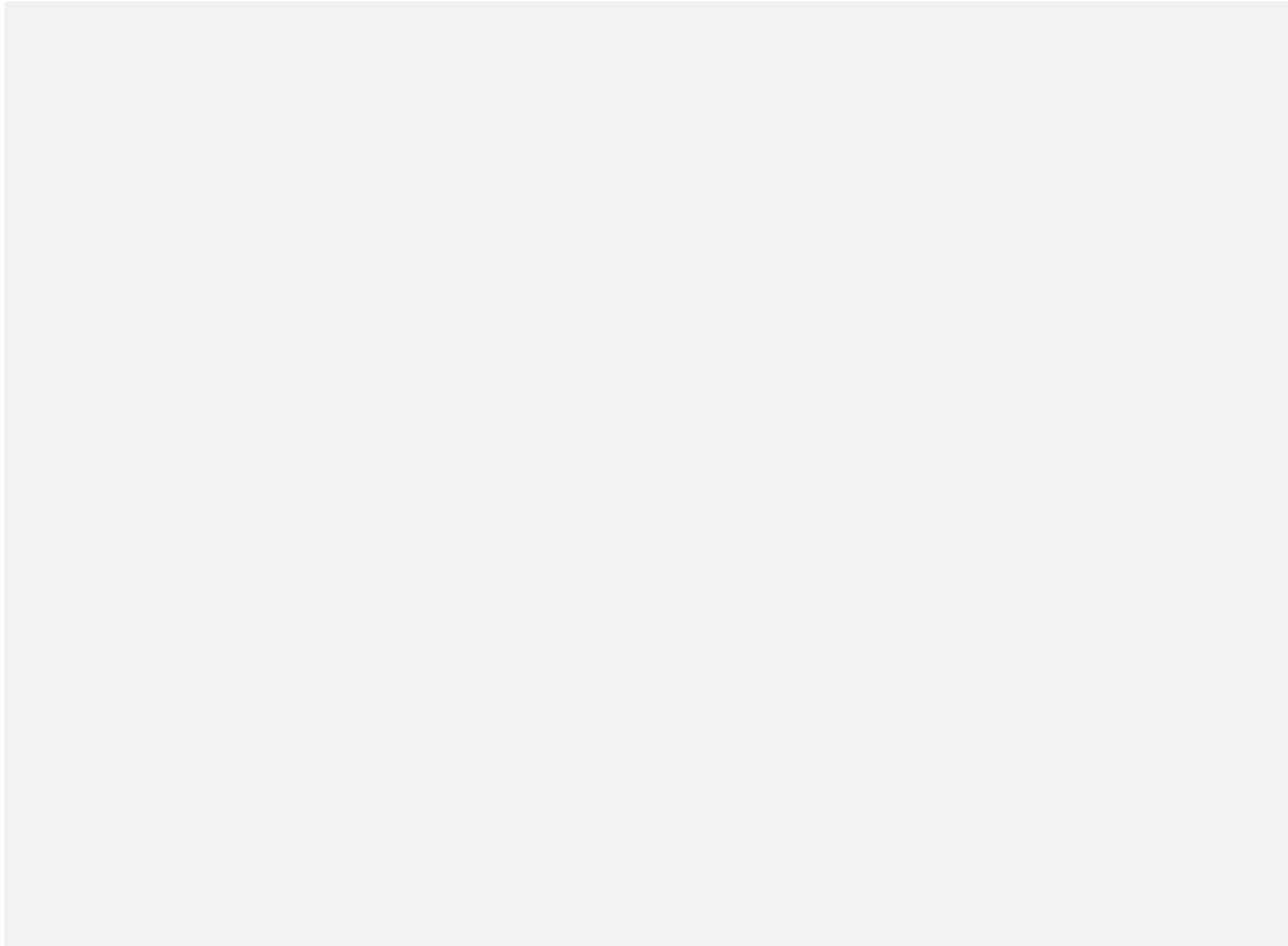


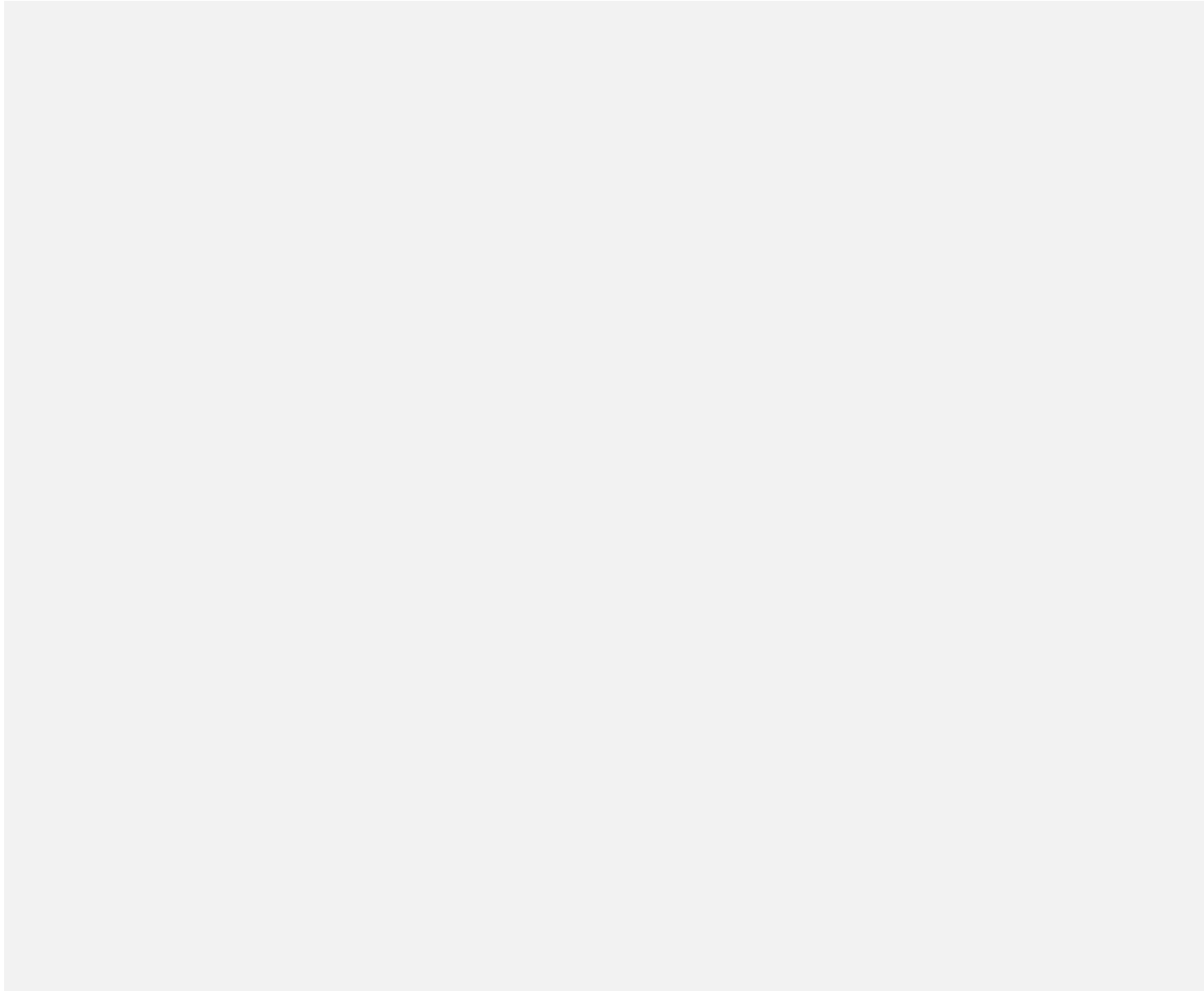












WHO/CRVS Assessment Framework

| Component | Sub component | Q_Code | Question(Q) | Q_Sub_code | Answer (yes/No as required) | Answer_Explanation | Recommendations | Resource Requirement | |
|--|--|--------|--|---|---|--|---|----------------------|--------|
| | | | | | | | | Training | Funds |
| (A) Input [Legal basis and resources for civil registration] | A1 – National legal framework for civil registration and vital statistics systems | A1.1 | Does the country have a law defining a civil registration system? هل للدولة قانون يحدد نظام تسجيل الأحوال المدنية؟ | A1.1 | yes | local govt law 1979 cover death and birth Merraige, Divirce, existing lageslative not coverd all events (minority marragies) | there could be one lageslative frame work on CR which is applicable for whole country | | 12,000 |
| | | A1.2 | Does the country have a law defining a vital statistics system? هل للدولة قانون يحدد نظام الإحصاءات الحيوية؟ | A1.2 | No | | they needs to be a law which der with interdepartmental coordination and take role and responsibility . | | |
| | | A1.3 | does the law clearly state that birth and death registration is compulsory? هل ينص القانون بوضوح على التسجيل الإلزامي للمواليد والوفيات؟ | A1.3 | Yes | | | | |
| | | A1.4 | is there a penalty for non-registration of: Births? هل هناك عقوبات على عدم تسجيل المواليد | A1.4.1 | No | | | | |
| | | | is there a penalty for non-registration of: Deaths? هل هناك عقوبات على عدم تسجيل الوفيات | A1.4.2 | No | | | | |
| | | A1.5 | If yes, please indicate the nature of the penalty ..إذا كانت الإجابة نعم، فيرجى بيان طبيعة هذه العقوبة | A1.5.1 | No | | | | |
| | | | If there is a financial penalty, specify the current amount .إذا كانت العقوبة مالياً فرجاءاً تحديد قيمتها | A1.5.2 | No | | | | |
| | | A1.6 | is the penalty routinely applied? هل تطبق هذه العقوبة بصورة روتينية؟ | A1.6 | No | | | | |
| | | A1.7 | does the birth registration law give clear and unambiguous definitions to be used for: Live birth? هل يقدم قانون تسجيل المواليد تعريفات واضحة وصريحة لاستخدامها فيما يلي | A1.7.1 | No | | | | |
| | | | does the birth registration law give clear and unambiguous definitions to be used for: Fetal death or stillbirth هل يقدم قانون تسجيل المواليد تعريفات واضحة وصريحة لاستخدامها فيما يلي: وفاة الجنين | A1.7.2 | No | | | | |
| | | A1.8 | Are these definitions aligned with the international standards in the Glossary? هل تتوافق هذه التعريفات مع المعايير الدولية في المسرد؟ | A1.8 | No | | | | |
| A1.9 | is it stated in law who is responsible for registering births or deaths and who should declare or report births or deaths? | A1.9 | yes | At the provincial level the LG is responsible, induisialy Parents , Family head | Health Facility Incharge, UC Secretary Awareness campaign is required | 12,000 | 12,000 | | |
| A1.10 | If yes, provide details of all possible informants .إذا كانت الإجابة نعم، فيرجى تقديم التفاصيل حول من يحتمل قيامه بتقديم المعلومات. | A1.10 | | | HCP, CBW, Teavhers , Revenew Staff | | | | |
| 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? | A1.11 | No | Reporting through DHIS but there is no legislation available | Immediate need to frame a law to bind the health facilites and union councils | | | | |

| Component | Sub component | Q_Code | Question(Q) | code | required) | Answer_Explanation | Recommendations | Training | Funds |
|-----------|---------------|--------|---|---------|-----------|--------------------|--|----------|--------|
| | | A1.12 | If yes, to what authorities do they report the births and deaths? إذا كانت الاجابه نعم فالى اى سلطه يتوجهون للتبليغ عن المواليد والوفيات؟ | A1.12 | No | | | | |
| | | A1.13 | does the law or regulations cover the private sector? هل يشمل القانون أو اللائحة القطاع الخاص؟ | A1.13.1 | No | | It is recommended to bring in the private sector reporting on vital statistics through government regulatory authorities | 10,000 | 10,000 |
| | | | Does the law or regulation also include social security and other nongovernmental facilities? هل يشمل القانون أو اللائحة أيضا الضمان الاجتماعي وسائر المرافق غير الحكومية؟ | A1.13.2 | No | | Role of Labour departments (for social security) need to be clarified in the law (information / data to be brought in the DHIS) and the role of non governmental sector need to be clarified and the | | |
| | | A1.14 | does the law state the time within which births and deaths should be registered? هل ينص القانون على الفترة الزمنية التي يتم خلالها تسجيل المواليد والوفيات؟ | A1.14 | yes | | This needs to be incorporated in the CRVS legislation | | |
| | | A1.15 | If yes, how long is the reporting period? إذا كانت الإجابة نعم، ما طول الفترة الزمنية للتبليغ؟ | A1.15 | No | | 2 months for birth and 1 month for death | | |
| | | A1.16 | is the reporting period suitable and is it respected throughout the country? هل الفترة الزمنية للتبليغ مناسبة، وهل تُحترم في جميع أنحاء البلد؟ | A1.16 | No | | The Reporting period for birth is 2 months & death is 2 month but is not respected through the country. There is no punishment for non compliance. | | |
| | | A1.17 | Does the law make provision for: Late registration? هل ينص القانون على استعداد مسبق يخص التسجيل المتأخر: | A1.17.1 | yes | | late fee is charged | | |
| | | | Does the law make provision for: Delayed registration? هل ينص القانون على استعداد مسبق يخص: التأخير التسجيل | A1.17.2 | yes | | inquiry is held and if reasons found acceptable then the late fee is charged | | |
| | | A1.18 | Are there clear procedures for dealing with these cases? هل هناك إجراءات واضحة للتعامل مع هذه الحالات؟ | A1.18 | 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? هل ينص القانون على مكان تسجيل المواليد والوفيات؛ مثلاً، وفقاً لمكان | A1.19 | Yes | | | | |

| Component | Sub component | Q Code | Question(Q) | code | required) | Answer_Explanation | Recommendations | Training | Funds |
|--|---------------|--------|---|---------|--------------|---|---|----------|--------|
| | | A1.20 | does the law clearly designate the functions, duties and responsibilities of each government department involved? هل يحدد القانون بوضوح مهام وواجبات ومسؤوليات كل إدارة حكومية معينة؟ | A1.20 | yes | Lack of coordination | There is a need a coordination and integration to establish close coordination with all line departments | | |
| | | A1.21 | Does the law establishes how the civil registration and vital statistics systems are to be funded? هل يحدد القانون كيفية تمويل نظم تسجيل الأحوال المدنية والإحصاءات | A1.21 | No | due to lack of funds the system could not be run efficiently | The sufficient and regular funds need to be allocated the functioning of the system | | |
| | | A1.22 | Does the law stipulate that registration should be free of charge for all? هل ينص القانون على وجوب مجانية التسجيل للجميع؟ | A1.22 | No | Does not stipulate free of charge | It must be charged | | |
| | | A1.23 | if registration is not free, what is the fee to register? A birth? إذا لم يكن التسجيل بالمجان، فما هي نفقات تسجيل المولود | A1.23.1 | Rs 60 - 500 | Rs. 100 per registration | the present system in practice to be continue | | |
| | | | if registration is not free, what is the fee to register? A Death? إذا لم يكن التسجيل بالمجان، فما هي نفقات تسجيل الوفاة | A1.23.2 | RS 500 - 600 | | | | |
| | | A1.24 | is the population covered by civil registration laws clearly defined? Is it, for example? The entire population living in the country? هل السكان الذي يشملهم قانون تسجيل الأحوال المدنية محددين؟ | A1.24.1 | No | FATA and FANA is not covered | | | |
| | | | is the population covered by civil registration laws clearly defined? Is it, for example? Only citizens living in the country? فقط المواطنين الذين يعيشون في البلد؟ | A1.24.2 | Yes | law does exist but require upgradation | the system need to be electronically connected with to NADRA as being done in registration within country | | 20,000 |
| | | | is the population covered by civil registration laws clearly defined? Is it, for example? Some other subsets of the population? بعض المجموعات الفرعية الأخرى من السكان؟ | A1.24.3 | Yes | Only Pakistani citizens | | | |
| | | A1.25 | what does the law require in relation to registering births and deaths of citizens living abroad? ما هي متطلبات القانون بالنسبة لتسجيل المواليد والوفيات للمواطنين | A1.25 | yes | Law already exit but the procedure need to be upgraded according to the latest technology | | | |
| | | A1.26 | what does the law require in relation to registration of births and deaths of Foreign nationals living in the country? الار علي الأجنبي المقيمين في البلد؟ ما هي متطلبات القانون بالنسبة لتسجيل | A1.26.1 | Yes | | | | |
| | | | what does the law require in relation to registration of births and deaths of Nomadic or displaced populations? البدو الرحل أو السكان النازحين؟ | A1.26.2 | yes | | | | |
| | | | what does the law require in relation to registration of births and deaths of Refugees and asylum seekers? اللاجئين وطالبي اللجوء السياسي؟ | A1.26.3 | Yes | | | | |
| | | A1.27 | Does the law include confidentiality measures to protect individuals? هل يشتمل القانون على تدابير للحفاظ على السرية لحماية الأفراد؟ | A1.27 | Yes | | | | |
| | | A1.28 | is it specified who can obtain copies of a person's birth and death certificates? هل تم تحديد من يمكنه الحصول على نسخ من شهادات ميلاد أو وفاة الأفراد؟ | A1.28 | Yes | | | | |
| | | A1.29 | does the law state who can certify death and the cause of death? هل ينص القانون على من الذي يقوم باعتماد الوفاة أو سبب الوفاة | A1.29 | Yes | | | | |
| | | A1.30 | Does the law specifies the official document(s) needed before a burial or cremation can take place? هل يحدد القانون الوثائق الرسمية الضرورية | A1.30 | No | | | | |
| A2 – Registration infrastructure and resources | | A2.1 | what is the annual national operating budget for civil registration? ما هي الميزانية الوطنية السنوية للتشغيل فيما يخص تسجيل الأحوال المدنية؟ | A2.1 | Yes | Exact figures not know but definitely to be enhanced | | | |

| Component | Sub component | Q Code | Question(Q) | code | required) | Answer_Explanation | Recommendations | Training | Funds |
|-----------|---------------|--------|---|--------|-----------------|------------------------------|--|----------|-------|
| | | A2.2 | Can this budget be separately identified at state and municipal levels? هل يمكن تحديد هذه الميزانية بصورة منفصلة على مستوى الدولة ومستوى المديريات؟ | A2.2.1 | No | | | | |
| | | | Can the budgets for national, state and municipal levels be separately identified? هل يمكن تحديد الميزانيات الخاصة بالمستوى الوطني ومستوى الدولة ومستوى المديريات، بصورة منفصلة؟ | A2.2.2 | No | | should be identified specifically at national and municipal level for CRVS | | |
| | | A2.3 | Are these funds adequate to ensure the proper functioning of the system? هل هذه الأموال كافية لضمان الأداء الجيد للنظام؟ | A2.3 | No | | | | |
| | | A2.4 | Where would additional funding be likely to make the most difference? أين يرجح أن تحدث هذه الأموال الإضافية أكبر فرق | A2.4 | No | | Civil Registration | | |
| | | A2.5 | How many local civil registrars does the country currently have? ما عدد إدارات السجلات المدنية المحلية التابعة للدولة في الوقت الحالي؟ | A2.5 | 6550 Registrars | | | | |
| | | A2.6 | Are they paid by: Central government or Local government or Fee-for-service or Other source ? هل تدفع رواتبهم: الحكومة المركزية أو الحكومة | A2.6 | Yes | Local Government | | | |
| | | A2.7 | Are there local variations in the way, and amounts, that registrars are paid? Explain these variations. هل هناك اختلافات في حجم وطريقة صرف | A2.7 | No | | | | |
| | | A2.8 | Are the number and distribution of local civil registration offices or registration points sufficient to cover the whole country? هل عدد المكاتب المحلية لتسجيل الأحوال | A2.8 | No | FATA and FANA is not covered | | | |
| | | A2.9 | Are there subsidiary reporting or registration units, such as hospitals or village officials, with registration duties? هل هناك وحدات تبليغ أو تسجيل فرعية تضطلع بمهام | A2.9 | No | | to make the CRVS, all the registration units should assign the duties | | |
| | | A2.10 | is there access to registration 24 hours a day, 7 days a week? هل يمكن الوصول إلى مكاتب التسجيل طوال الأربع وعشرين ساعة يوميا، على مدار أيام الأسبوع السبعة؟ | A2.10 | No | | should only be possible if celular technology launched | | |

| Component | Sub component | Q_Code | Question(Q) | code | required) | Answer_Explanation | Recommendations | Training | Funds |
|-----------|---------------|--------|--|-------|--|--|--|----------|--------|
| | | A2.11 | mobile registration facilities operational in remote or underserved areas? هل هناك مرافق متنقلة للتسجيل تعمل في المناطق النائية أو المحرومة من الخدمات؟ | A2.11 | No | There is a need of mobile registration | for fiang areas like FATA ,FANA and Balochistan | | |
| | | A2.12 | If yes, how many? Is the number of mobile registration services sufficient? إذا كانت الإجابة نعم، فكم عددها؟ هل عدد خدمات التسجيل المتنقلة كاف؟ | A2.12 | No | | | | |
| | | A2.13 | is there a separate budget for registration outreach? هل هناك ميزانية منفصلة للتوعية بضرورة التسجيل؟ | A2.13 | No | | there is a need separate buget for mobile registration | | |
| | | A2.14 | is there a national plan for achieving complete coverage of the country with registration offices or registration points? هل هناك خطة وطنية لتحقيق التغطية الكاملة للدولة | A2.14 | No | | There is a need a comprehensive plan for coverage for at national level | | 15,000 |
| | | A2.15 | Over what period does this plan extend? ماهي الفترة الزمنية التي تغطيها هذه الخطة؟ | A2.15 | No | | | | |
| | | A2.16 | For each type of civil registration point, describe the technical equipment available in all or most offices; for example, telephones, photocopiers, scanners, computers and internet. | A2.16 | Computers and Internet partially available | | equipment essential for electronically connectivity at alive facilities need to be provide | | 15,000 |
| | | A2.17 | how are civil registrars selected? كيف يتم انتقاء المسجلين المدنيين؟ | A2.17 | They are appointed | | as per recruitment policy | | |
| | | A2.18 | what qualifications do civil registrars need? ما هي المؤهلات التي يجب توافرها في المسجلين المدنيين؟ | A2.18 | No | | Minimum Intermediate and diploma in computer science from recognized institute | | |
| | | A2.19 | is there a budget for training civil registrars and staff involved in registration? هل هناك ميزانية لتدريب المسجلين المدنيين والعاملين المعنيين بعملية التسجيل؟ | A2.19 | No | | sufficient budget should be allocated for the training/refreshers course of Registrars | | 10,000 |
| | | A2.20 | is there a budget for preparing and disseminating written training materials, such as handbooks on civil registration? هل هناك ميزانية لإعداد ونشر المواد | A2.20 | no | | sufficient budget should be allocated for the training material | | 10,000 |
| | | 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.) | A2.21 | no | | | | |

| Sub component | Q_Code | Question(Q) | Q_Sub_code | Answer (Yes/No as required) | Answer_Explanation | Recommendation | Urgency | Feasibility | Cost | Timelines | Total score | Impact | Responsible agency | Resource Requirement (in US \$) | | |
|--|--|-------------|--|-----------------------------|---|---|---------|-------------|------|-----------|-------------|--------|--|---------------------------------|----------|-------|
| | | | | | | | | | | | | | | HR | Training | Funds |
| (a)Process (Registration practices, coverage and completeness) | 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) ما هي الترتيبات التنظيمية والإدارية لنظم تسجيل الأحوال المدنية والإحصاءات الحيوية (تم مراجعتها باستخدام المخططات المعدة)؟ | Yes | National Database Registration Authority Local Government, Cantonment Boards, National Program for FP & PHC, District health information System | Integration between these departments, Intensified technological support using mobile technology and emerging technologies etc. Incorporation of ICD in reporting systems. Dedicated person at Union Council Office for collection of Information. Legislation for Registration of Vital Statistics. | 4 | 2 | 3 | 3 | 12 | High | Provincial Governemnt | 10000 | 10000 | 20000 |
| | | B1.2 | what have been the main changes in the functioning of the systems over the last 10 years? ما هي التغييرات الرئيسية التي حدثت في أداء النظم على مدى العشر سنوات الماضية؟ | Yes | Sterngthening of local governemnt systems and ascaltion of automation. Improved collaboration between NADRA and Local Governemnts | Strengthening of Local Government Systems and Synergies with NADRA and Health Department. | 4 | 3 | 3 | 3 | 13 | High | Provincial Governemnt | | | 10000 |
| | | B1.3 | how have these changes affected functioning of the system or systems? كيف أثرت هذه التغييرات في أداء النظم أو النظم؟ | Yes | Improved access and expanded coverage of populations to the systems. Data base established resulting in transparency in issuance of birth certificates improved. Data is secured in server of NADRA | Utilization of Data for Planning purpose. | 4 | 4 | 3 | 4 | 15 | High | Federal Governemnt, NADRA & Provincial government | | 5000 | 5000 |
| | | B1.4 | what areas need improvement? ما هي المجالات التي تحتاج إلى تحسين؟ | Yes | Required 100% access is not available. Gaps in legislation and enforcement. | Conversion of data collection from off line mode to real time entry mode. Expansion of Coverage, Training, Awareness of masses, Improvement in Phisycal and HR Infrastructure at Union Councils. Legislation to make it mandatory. Birth & Death Certificates to made mandatory with in sixty days of event. Issuance of Marriage certificate for all communities/minorities. | 4 | 2 | 2 | 3 | 11 | High | Provincial Government | | 10000 | 10000 |
| | | B1.5 | what are the current communication mechanisms between the civil registration authority and others involved in the collection and production of vital statistics? ما هي البثت التواصل الحالية بين سلطة تسجيل الأحوال المدنية وغيرها من المعنيين بجمع وإنتاج الإحصاءات الحيوية؟ | No | Presently birth and death record generation is at multiple level like hospitals, National Program, Local Government, Funeral Agencies, Marriage Registraras, etc. | Marriage certification of all the groups should be ensured through legislation. All health facilities and outreach programs collecting information on vital statistics should be connected with respective Local Government Agencies. Interphase with the existing CRMS System. | 4 | 2 | 2 | 3 | 11 | High | Federal Government, NADRA, Dept of Local Govt from Provinces | | | 0 |
| | | B1.6 | Are there any areas where the responsibilities for specific functions overlap or are unclear? هل هناك أية مجالات تكون فيها المسؤوليات الخاصة بوظائف معينة متداخلة أو غير واضحة؟ | No | By law local government is the inly authorised agency responsible for collection of information on CRVS. | All information gathering bodies need to be linked to Local Governemnt | 4 | 3 | 2 | 2 | 11 | High | Provincial Dept of Local Govt and Dept of Health | | 10000 | 10000 |
| | | B1.7 | Are national, state or provincial and local responsibilities clearly defined? هل يتم تحديد المسؤوليات بوضوح على المستويات الوطنية، او على مستوى الولاية او المنطقة، او على المستوى المحلي؟ | Yes | Clearly Dfined, however there are issues of implementation | Address implementation issues | 4 | 4 | 4 | 4 | 16 | high | Provincial Dept of Local Govt and Dept of Health | | | 0 |
| | | B1.8 | Are there any areas where bottlenecks regularly occur? هل هناك مناطق تحدث فيها الاختناقات بانتظام؟ | Yes | Interdepartmental coordination, within the systems lack of deidcated HR and Infrastructure, lack of ownership on part of district government | Institutional capacity building, accountability and enforcement of law. | 4 | 3 | 1 | 3 | 11 | High | Provincial Dept of Local Govt and Dept of Health | | 10000 | 10000 |
| | | 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? راجع بالتفصيل ممارسات البلاد لتسجيل المواليد والوفيات. أي أنواع من المواليد والوفيات من المرجح ألا يتم تسجيلها في نظام تسجيل الأحوال المدنية؟ | Yes | all births outside CRVS are not registered, eg. hospitals, oprivate sector health facilities, midwives/home deliverires and deaths unless required by the legal hiers or for schools etc. Still births, neo-natal deaths, nomadic communities births and deaths, single mother births | Needs to be created through enforcement of law. Defining measures for effective enforcement of legal provisions | 4 | 2 | 3 | 3 | 12 | High | Federal and Provincial Dept of Local Govt and Dept of Health | | 5000 | 5000 |
| | | B1.10 | Are these types of births and deaths also missed by the vital statistics system? هل هذه الأنواع من المواليد والوفيات لا يتم تسجيلها أيضا من قبل نظام الإحصاءات الحيوية؟ | Yes | as above | As above | 4 | 2 | 3 | 3 | 12 | High | Federal and Provincial Dept of Local Govt and Dept of Health | | | 0 |

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|---------------|--------|--|------------|------------|-----------------------------|--|--|---------|-------------|------|-----------|-------------|--------|--|----|----------|-------|
| | B1.11 | Are there some vital events that cannot be registered through the normal system? هل هناك بعض الأحداث الحيوية التي لا يمكن تسجيلها من خلال النظام المعتاد؟ | B1.11 | | Yes | Non-registration of marriages of secluded groups at Union Council Level, whereas National Registration Office owns registration in Nation ID Card. | The ongoing legislation process in the provinces needs to be expedited. | 4 | 2 | 4 | 3 | 13 | Medium | Provincial Dept of Local Govt and Dept of Health | | | 0 |
| | 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)? هل يتم جمع نفس البيانات حول المواليد والوفيات في الدولة بأكملها على كافة مستويات النظام (وتشمل مستويات الولايات أو المناطق، أو المستويات الوطنية أو المحلية)؟ | B1.12 | | Yes | Similar Data collection system at all levels exist in the country. | Efficiency of the system needs to be improved | 3 | 4 | 4 | 4 | 15 | High | Provincial Dept of Local Govt and Dept of Health | | 5000 | 5000 |
| | B1.13 | is there an entity responsible for national vital statistics standards and coordination? هل هناك كيان مسؤول عن المعايير الوطنية للإحصاءات الحيوية وتنسيقها؟ | B1.13 | | Yes | National Database Registration Authority is coordinating and standards setting body, but have no role in implementation, eg, if any Union Council is not meeting targets of performance, they inform the respective district governments only. | Improve governance and accountability at District and Provincial Government level. | 3 | 3 | 4 | 4 | 14 | High | Provincial Dept of Local Govt | | 5000 | 5000 |
| | B1.14 | is cause of death included on the death registration form? هل سبب الوفاة وارد في استمارة تسجيل الوفاة؟ | B1.14 | | Yes | as documented by issuing authority | Causes of death need to be recorded as per ICD | 4 | 4 | 1 | 3 | 12 | High | Provincial Dept of Health | | 20000 | 20000 |
| | 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. إذا لم يكن الأمر كذلك، هل تجمع المعلومات حول سبب الوفاة في نفس توقيت تسجيل حالة الوفاة ولكن باستخدام استمارة أخرى؟ | B1.15 | | Yes | Coronial cases and deaths from suspected non-natural causes are reported to law enforcing agencies | Coronial cases and deaths from suspected non-natural causes are to be reported to the CRVS | 4 | 3 | 3 | 3 | 13 | Medium | Provincial Dept of Local Govt and Dept of Health | | | 0 |
| | B1.16 | who decides what details to collect on births and on causes of death? من الذي يقرر التفاصيل التي يتعين جمعها حول المواليد وحول أسباب الوفاة؟ | B1.16 | | Yes | Provincial Government | Coordination and Collaboration between Local Govt Dept and NADRA | 4 | 3 | 4 | 3 | 14 | High | NADRA and Provincial Dept of Local Govt | | 5000 | 5000 |
| | B1.17 | how is medical information on births and deaths exchanged among the different government agencies involved? كيف يتم تبادل المعلومات الطبية عن المواليد والوفيات بين مختلف الهيئات الحكومية المعنية؟ | B1.17 | | No | Multiple Information gathering levels are active without any established mechanisms of information sharing | Development of SOPs for integration and sharing of information | 4 | 3 | 1 | 2 | 10 | High | Fedral, Provincial Govt and Development Partner | | 4000 | 4000 |
| | B1.18 | is this process currently working well or does it need improvement? هل هذه العملية تعمل بشكل جيد حالياً أو أنها تحتاج إلى تحسين؟ | B1.18 | | No | as above | as above | 4 | 3 | 1 | 2 | 10 | High | Fedral, Provincial Govt and Development Partner | | | 0 |
| | B1.19 | is there a national population register? هل هناك سجل سكاني وطني؟ | B1.19 | | Yes | NADRA is mantining Population Register | Efficient updation is needed through rapid transfer and recording of information | 4 | 3 | 3 | 2 | 12 | High | NADRA | | | 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? إذا كان الأمر كذلك، كيف يتم تدفق المعلومات بين السجل السكاني الوطني ونظام تسجيل الأحوال المدنية؟ أي هيئة حكومية هي المسؤولة عن الحفاظ على السجل السكاني الوطني؟ | B1.20 | | yes | By intrinsic flow of information NADRA is mantining information | Linking of information with Pakistan Bureau of Statistics to avoid duplication of efforts | 4 | 3 | 3 | 3 | 13 | High | NADRA and Pakistan Bureau of Statistics | | 5000 | 5000 |

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|----------------------------------|--------|---|------------|------------|-----------------------------|--|---|---------|-------------|------|-----------|-------------|--------|--|----|----------|-------|
| | 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? هل يتم تعيين رقم تعريفى شخصى لكل فرد عند تسجيل الولادة أو أثناء استلامه للأوراق الخاصة بالهوية؟ | B1.21 | | yes | | Already in place, need further improvement to make system more efficient | 4 | 4 | 4 | 4 | 16 | Low | NADRA and Dept of Local Govt | | | 0 |
| | B1.22 | If a PIN is not given, how are records from various data systems linked, and how is the population register updated? هل يُستخدم هذا الرقم الشخصى في كافة قواعد البيانات الإدارية الحكومية؟ | B1.22 | | NA | | Already in place, need further improvement to make system more efficient | 4 | 4 | 4 | 4 | 16 | Low | NADRA and Dept of Local Govt | | | 0 |
| | B1.23 | Are computers used at any stage of the birth and death registration process? هل تُستخدم أجهزة الكمبيوتر في أي مرحلة من مراحل عملية تسجيل المواليد والوفيات؟ | B1.23 | | yes | | Already in place, need further improvement to make system more efficient | 4 | 4 | 4 | 4 | 16 | Low | NADRA and Dept of Local Govt | | | 0 |
| | B1.24 | Are computers used for any or all: هل تُستخدم أجهزة الكمبيوتر في أي مما يلي أو في جميع ما يلي | B1.24 | | Yes | | Already in place, need further improvement to make system more efficient | 4 | 4 | 4 | 4 | 16 | Low | NADRA and Dept of Local Govt | | | 0 |
| | | Data compilation? تجميع البيانات؟ | B1.24.1 | | Yes | | Already in place, need further improvement to make system more efficient | 4 | 4 | 4 | 4 | 16 | Low | NADRA and Dept of Local Govt | | | 0 |
| | | Data transmission? نقل البيانات؟ | B1.24.2 | | Yes | | Already in place, need further improvement to make system more efficient | 4 | 4 | 4 | 4 | 16 | Low | NADRA and Dept of Local Govt | | | 0 |
| | | Data validation? التحقق من صحة البيانات؟ | B1.24.3 | | Yes | | Already in place, need further improvement to make system more efficient | 4 | 4 | 4 | 4 | 16 | Low | NADRA and Dept of Local Govt | | | 0 |
| | | Data storage? تخزين البيانات؟ | B1.24.4 | | Yes | | Already in place, need further improvement to make system more efficient | 4 | 4 | 4 | 4 | 16 | Low | NADRA and Dept of Local Govt | | | 0 |
| | B1.25 | Are there any plans for further computerization in the near future? هل هناك أية خطط لتحقيق المزيد من التوسع في استخدام أجهزة الكمبيوتر في المستقبل القريب؟ | B1.25 | | yes | To gather information from Private and Public Sector health Facilities and communities | Advocacy with relevant departments | 4 | 3 | 1 | 3 | 11 | high | NADRA, local government, health department, developmental partners | | 10000 | 10000 |
| | B1.26 | If so, what are the priorities? إذا كان الأمر كذلك، ما هي الأولويات؟ | B1.26 | | yes | Network connectivities with CRVS Offices. Computerization of Medical Records and linkages with DHS and Community Based information system with CRVS. | Policy, legislation, Resource Allocation and implementation (Complete Legal Framework) | 4 | 2 | 2 | 1 | 9 | high | NADRA, local government, health department, developmental partners | | 10000 | 10000 |
| | 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? ما هي الإجراءات المتبعة حالياً في أماكن التسجيل للتحقق من اكتمال واتساق المعلومات التي تم جمعها في هذه الأماكن؟ | B1.27 | | yes | Automated information system does not accept incomplete forms | To create awareness among the general public | 4 | 4 | 1 | 3 | 12 | Medium | NADRA, local government, health department, developmental partners | | 5000 | 5000 |
| | B1.28 | what procedures for checking completeness and consistency of information are carried out at central and other levels? ما هي الإجراءات المتبعة للتحقق من اكتمال واتساق المعلومات على المستوى المركزي والمستويات الأخرى؟ | B1.28 | | yes | Well established monitoring system for accuracy of vital statistics is in place and any discrepancy is informed to respective district government | Reciprocal system of feed back from respective district government is to be established. | 4 | 3 | 2 | 3 | 12 | High | NADRA, local government, health department | | | 0 |
| | B1.29 | Are monthly or quarterly registration data routinely checked to ensure that they are comparable with previous years? هل يتم فحص الروتيني لتسجيل البيانات بصورة شهرية أو ربع سنوية لضمان مقارنتها بالأعوام المنصرمة؟ | B1.29 | | yes | Quarterly and yearly checks are being performed | Already in place, need further improvement to make system more efficient | 4 | 4 | 4 | 4 | 16 | Low | NADRA | | | 0 |
| | 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? على المستوى المركزي، هل يتم بصورة روتينية، تقدير أعداد المواليد والوفيات المتوقع حدوثها كل عام، لكل منطقة من مناطق التسجيل، ثم مقارنتها مع الأعداد الفعلية للأحداث المسجلة؟ | B1.30 | | No | Expected number of births and deaths are compared with preceding year. Only registration is done and no projections of births and deaths are estimated. Projections are estimated by Pakistan Bureau of Statistic. | Linkage between NADRA and Pakistan Bureau of Statistics need to be strengthened for comparison with last years | 4 | 3 | 3 | 3 | 13 | High | NADRA and Pakistan Bureau of Statistics | | | 0 |
| B2 - Registration Infrastructure | 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. أي من البنود التي أوصت بها الأمم المتحدة تم جمعها في استمارات تسجيل المواليد والوفيات؟ | B2.1 | | Yes | Live Births of occurrence, Place of occurrence, Date and Place of registration, Urban/Rural, Types of births, Sex, Address of parents, locality of residence, Deaths Date of occurrence, Date of registration, Place of occurrence, Urban/Rural, Cause(s) of death, Date of birth and age, Sex, Marital status of females only, Urban or rural residence, locality of residence, | Include Birth Weight, Date of Birth and age of parents, Educational Attainment of parents, Children Born alive to mother during her entire life. Children Born to mother and are still alive. Number of Fetal Deaths to mother, Date of last live birth, Date of marriage and duration Deaths Certifier and type of certification. Marital status of male also. B | 3 | 1 | 2 | 2 | 8 | Low | NADRA and Local Govt Dept. | | | 0 |

| Sub component | Q_Code | Question(Q) | Q_Sub_code | Q_Sub_code | Answer (Yes/No as required) | Answer_Explanation | Recommendation | Urgency | Feasibility | Cost | Timelines | Total score | Impact | Responsible agency | HR | Training | Funds |
|--|---|--|--|------------|--|--|--|---------|-------------|------|-----------|-------------|--|--|----|----------|-------|
| B2- Birth and death registration forms | B2.2 | which of the UN-recommended items that are not collected on the birth and death registration forms would be useful? أي من البنود التي أوصت بها الأمم المتحدة التي لم يتم جمعها في استمارات تسجيل المواليد والوفيات وقد تكون مفيدة؟ | B2.2 | | | Include Birth Weight, Date of Birth and age of parents, Educational Attainment of parents, Children Born alive to mother during her entire life. Children Born to mother and are still alive. Number of Fetal Deaths to mother, Date of last live birth, Date of marriage and duration Deaths Certifier and type of certification. Marital status of male also. !! | Include the missing items mentioned in answer | 4 | 1 | 1 | 3 | 9 | Medium | NADRA, local government, health department, developmental partners | | | 0 |
| | B2.3 | what additional items are collected on the birth and death registration forms? List and discuss these items. ماهي البنود الإضافية التي تتضمنها استمارات تسجيل المواليد والوفيات؟ اكتب قائمة بهذه البنود ونقشها | B2.3 | | | Birth Applicant Name with National ID Card # (in case of other than parent), Relation of child with applicant. Religion. Father & Mother national ID Card #. Vaccination Status. Disability if any. Grand Father name with CNIC # (if available). Doctor/Midwife Name. Verified By. Death Nature of Death. Applicants Name and National ID Card #. Diseased Name and National ID Card #. Relation with Applicant. Religion. Parents National ID Card #. Husbands Name in case of married women. Graveyard name/location. Date of Birth of Diseased. Date of Burial. Sickness period. Persons Name causing Disposal of Body. Doctor/Midwife name. | these items may be retained and reviewed periodically | 4 | 4 | 4 | 4 | 16 | Low | NADRA | | | 0 |
| | 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? هل جمعت أي تفاصيل طبية أخرى تتعلق بصحة الطفل أو عملية الولادة (سواء في استمارة تسجيل المولود أو في استمارة منفصلة أخرى؟ | B2.4 | No | No medical details are solicited in the birth registration forms | UN approved medical details may incorporated | 4 | 4 | 4 | 4 | 16 | Low | NADRA | | | 0 | |
| | B2.5 | Review all the forms used for registering and certifying births and deaths and answer the following questions for each set of forms: راجع جميع الاستمارات المستخدمة في تسجيل واعتماد المواليد والوفيات ثم أجب على الأسئلة التالية الخاصة بكل مجموعة من الاستمارات | B2.5 | | | Periodic review for efficiency of system is required | 4 | 4 | 4 | 4 | 16 | Low | NADRA | | | 0 | |
| | | Is all the information collected used? هل يُستفاد من جميع المعلومات المجمعة؟ | B2.5.1 | Yes | As and when required eg, Courts, inheritance cases etc. | | | | | | 0 | | | | | | 0 |
| | | How long does it take, on average, to fill out each set of forms? ما الوقت الذي يستغرقه، في المتوسط، استيفاء كل مجموعة من الاستمارات؟ | B2.5.2 | | five to ten minutes | | | | | | 0 | | | | | | 0 |
| | | Is the layout of the forms user-friendly? Explain why or why not. هل تنسيق الاستمارة يراعى المستخدم؟ واذرغ ذلك؟ | B2.5.3 | Yes | Simple Design and National and Main Local Language. | | | | | | 0 | | | | | | 0 |
| | | Is the form available in each of the main national languages? هل تتوفر الاستمارة بجميع اللغات الوطنية الرئيسية؟ | B2.5.4 | Yes | | | | | | | 0 | | | | | | 0 |
| | | 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? ما هي البنود التي تأتي من "القديم بالتصريح" وماهي البنود التي تنقل من سائر الوثائق؟ على سبيل المثال، هل ينقل سبب الوفاة من الاستمارة الخاصة بتهادة الوفاة؟ | B2.5.5 | yes | When Death Certificate or other relevant documents available. | | | | | | 0 | | | | | | 0 |
| | B3- Coverage and completeness of regist | B3.1 | what proportion of the population has access to civil registration in the area where they live? ما هي نسبة السكان الذين تتوفر لهم سبل الوصول إلى السجلات المدنية حيث يعيشون؟ | B3.1 | Yes | Average distance vary with Geographical terrain and density of population. However, one office at each Union Council (lowest revenue unit) is available. | Augmentation of the office to accommodate the variations of Geographical terrain and density of population in accordance with needs of the area and people | 3 | 1 | 2 | 2 | 8 | High | Federal and Provincial Govt | | | 0 |
| B3.2 | | has access over time: هل سبل الوصول مرتب بما يلي مع مرور الزمن: | B3.2 | | | | | | | | 0 | | | | | 0 | |
| | | Improved? If so, why? تحسنت إذا كان الأمر كذلك، فلماذا؟ | B3.2.1 | Yes | with increase in number of Registration points | Use of emerging technologies | 4 | 1 | 1 | 2 | 8 | High | Federal and Provincial Govt and Development partners | | | 0 | |
| | | Remained stable? If so, why? ظلت مستقرة؟ إذا كان الأمر كذلك فلماذا؟ | B3.2.2 | | | | | | | | 0 | | | | | 0 | |
| | | Decreased? If so, why? انخفضت؟ إذا كان الأمر كذلك فلماذا؟ | B3.2.3 | | | | | | | | 0 | | | | | 0 | |

| Sub component | Q_Code | Question(Q) | Q_Sub_code | Q_Sub_code | Answer (Yes/No as required) | Answer_Explanation | Recommendation | Urgency | Feasibility | Cost | Timelines | Total score | Impact | Responsible agency | HR | Training | Funds | |
|---------------|---|--|------------|------------|--|---|---|---------|-------------|------|-----------|-------------|----------------------------|--|-------|----------|-------|---|
| urban | B3.3 | If access has improved, what has led to the improvements? إذا كانت سبل الوصول قد تحسنت، فما الذي أدى إلى هذه التحسينات؟ | B3.3 | | yes | Improved service delivery outlets, increased awareness among the masses and legislative measures. | Periodic Review | 4 | 4 | 4 | 4 | 16 | Low | NADRA and Local Govt Dept. | | | 0 | |
| | 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. ما مدى اكتمال البيانات الخاصة بتسجيل المواليد (أي، ما هي النسبة المئوية لمستوى الاكتمال)؟ يرجى توضيح الطريقة التي تستخدمها لتقدير الاكتمال | B3.4 | | yes | 30% as per survey conducted by UNICEF | Completeness of data need to be improved in phasing manner | 4 | 3 | 3 | 2 | 12 | High | NADRA and Local Govt Dept. | | 15000 | 15000 | |
| | B3.5 | How complete are the death registration data (i.e. what is the percent completeness level)? يرجى توضيح الطريقة التي تستخدمها لتقدير الاكتمال | B3.5 | | No | no authentic figure is available | Need to be done | 4 | 3 | 2 | 2 | 11 | High | NADRA and Local Govt Dept. | | | 0 | |
| | B3.6 | Has completeness over the last decade been: خلال العقد المنصرم، هل كانت إجراءات الاكتمال قد: Improving? If so, why? تحسنت؟ إذا كان الأمر كذلك، فلماذا؟ Stable? If so, why? مستقرة؟ إذا كان الأمر كذلك، فلماذا؟ Decreasing? If so, why? انخفضت؟ إذا كان الأمر كذلك، فلماذا؟ | B3.6 | | | | | | | | | 0 | | | | | 0 | |
| | | | B3.6.1 | Yes | Improved service delivery outlets, increased awareness among the masses and legislative measures. | Periodic Review | 4 | 4 | 4 | 4 | 16 | Low | NADRA and Local Govt Dept. | | | | 0 | |
| | | | B3.6.2 | | | | | | | | | 0 | | | | | | 0 |
| | | | B3.6.3 | | | | | | | | | 0 | | | | | | 0 |
| | B3.7 | What subpopulations are most likely to be undercounted in vital registration? (Note: undercounting may be different for births and deaths.) ما هي المجموعات السكانية الفرعية التي على الأرجح يقل احتسابها في التسجيلات (ملاحظة: قد يكون التهميش في العد مختلفاً بالنسبة للمواليد والوفيات) الحيوية؟ | B3.7 | | yes | Poorest of poor, nomadic populations, residents of in inhospitable terrains. | To develop outreach teams for such communities | 4 | 1 | 2 | 2 | 9 | Medium | NADRA and Local Govt Dept. | | | | 0 |
| | B3.8 | If only part of the country is covered (e.g. urban areas), have 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)? إذا كانت التغطية تقتصر على جزء من البلد (مثل المناطق الحضرية)، هل تم النظر في الطرق البديلة للحصول على الإحصاءات الحيوية الخاصة بالسكان الذين لا تشملهم التغطية أو تنفيذ أي من هذه الطرق؛ مثل "نظام تسجيل العينات" أو نظام التردد الديموغرافي؟ | B3.8 | | Yes | Alternate systems like National Program fro FP & PHC (Lady health Worjers Program) exist, but not connected with National Database. | Interdepartmental linkages and coordination | 4 | 2 | 3 | 3 | 12 | High | Provincial Governemnt | | | | 0 |
| | B3.9 | What has been done in the last 10 years to increase: ما الذي حدث خلال العقد المنصرم من أجل زيادة: | B3.9 | | | | Periodic Review | 4 | 4 | 4 | 4 | 16 | Low | NADRA and Local Governemnt Dept | | | | 0 |
| | | Birth registration? تسجيل المواليد؟ | B3.9.1 | Yes | Establishment of Centralised Database through NADRA, improved service delivery outlets, increased awareness among the masses and legislative measures. | | | | | | | 0 | | | | | | 0 |
| | | Death registration? تسجيل الوفيات؟ | B3.9.2 | Yes | Establishment of Centralised Database through NADRA, improved service delivery outlets, increased awareness among the masses and legislative measures. | | | | | | | 0 | | | | | | 0 |
| | B3.10 | Is late registration tracked and monitored over time and at the sub national level? هل يتم تتبع ورصد التسجيل المتأخر مع مرور الوقت؟ | B3.10 | | No | No inbuilt system for tracking | Tracking system may be developed | 4 | 2 | 1 | 2 | 9 | High | Federal and Provincial Govt and Development partners | | 10000 | 10000 | |
| | B3.11 | Is late registration more common in some areas than others? هل التسجيل المتأخر أكثر شيوعاً في بعض المناطق عنه في مناطق أخرى؟ | B3.11 | | Yes | Better in Urban than rural areas and also depends upon need of general public. Not a very common practice. Attitudinal problem. | Improve access for rural population | 4 | 4 | 2 | 2 | 12 | High | NADRA and Local Governemnt Dept | | | | 0 |
| | B3.12 | What proportion of registered births take place in health facilities? ما هي نسبة المواليد المسجلة التي تتم في المرافق الصحية؟ | B3.12 | | yes | 11% PDHS 2007 | Measures need to be taken to improve utilization of Public Sector health Facilities | 4 | 4 | 3 | 2 | 13 | Medium | Provinciai Dept of Health | | | | 0 |
| | B3.13 | What proportion of registered deaths take place in health facilities? ما هي نسبة الوفيات المسجلة التي تتم في المرافق الصحية؟ | B3.13 | | No | No authentic figure available | Strengthen CRVS | 4 | 2 | 3 | 3 | 12 | High | Provincial Governemnt | | | | 0 |
| B3.14 | What proportion of hospitals or other health facilities have registration officers on the premises? ما هي نسبة المستشفيات أو سائر المرافق الصحية التي يتواجد بها مسؤولو التسجيل في نفس المبنى؟ | B3.14 | | No | None | Strengthen CRVS | 4 | 2 | 2 | 3 | 11 | High | Provincial Governemnt | | | | 0 | |
| B3.15 | Do midwives or other health personnel attending home births also report these births? If so, to whom? هل القابلات التقليديات أو سائر العاملين الصحيين الذين يحضرون الولادات بالمنزل يقومون بالتبليغ أيضاً عن هذه المواليد؟ | B3.15 | | No | No system in place | CRVS Strengthening and bringing Private sector in reporting loop | 4 | 2 | 2 | 3 | 11 | High | Provincial Governemnt | | 10000 | 10000 | | |
| B3.16 | Are reported births from such sources routinely compared with registered births? هل يتم، بصورة روتينية، مقارنة المواليد المبلغ عنها من مثل هذه المصادر مع المواليد المسجلة؟ | B3.16 | | No | No system in place | CRVS Strengthening and bringing Private sector in reporting loop | 4 | 2 | 2 | 3 | 11 | High | Provincial Governemnt | | | | 0 | |

| Sub component | Q_Code | Question(Q) | Q_Sub_code | Q_Sub_code | Answer (Yes/No as required) | Answer_Explanation | Recommendation | Urgency | Feasibility | Cost | Timelines | Total score | Impact | Responsible agency | HR | Training | Funds |
|---------------|--------|--|------------|--|-----------------------------|---|----------------|---------|-------------|------|-----------|-------------|--|--------------------|-------|----------|-------|
| | B3.17 | What proportion of births take place in nongovernmental health facilities? تحدث في المرافق الصحية غير الحكومية؟ | B3.17 | 23% | Yes | CRVS Strengthening and bringing Private sector in reporting loop | 4 | 2 | 2 | 3 | 11 | High | Provincial Governemnt | | | | 0 |
| | B3.18 | What proportion of deaths take place in nongovernmental health facilities? تحدث في المرافق الصحية غير الحكومية؟ | B3.18 | No authentic figure available | No | CRVS Strengthening and bringing Private sector in reporting loop | 4 | 2 | 2 | 3 | 11 | High | Provincial Governemnt | | | | 0 |
| | B3.19 | Does registration involve any financial costs to the family or informant: هل يشتمل التسجيل على فرض أية نفقات مالية على العائلة أو من ينل بالمعلومات For births? بالنسبة للمواليد؟ | B3.19 | Registration is free, if certificate is required it is charged | Yes | Improve awareness among the masses | 4 | 4 | 4 | 4 | 16 | Low | Provincial Governemnt | | | | 0 |
| | | For deaths? بالنسبة للوفيات؟ | B3.19.2 | Registration is free, if certificate is required it is charged | Yes | Improve awareness among the masses | 4 | 4 | 4 | 4 | 16 | Low | Provincial Governemnt | | | | 0 |
| | B3.20 | What social services or benefits are linked to birth registration? ما هي الخدمات الاجتماعية أو المزايا المرتبطة بتسجيل المواليد؟ | B3.20 | No legislation in place | No | Legislation and Policy Decesion required | 4 | 2 | 2 | 2 | 10 | High | Provincial Governments | | | | 0 |
| | B3.21 | What social services, insurance benefits or inheritance transfers are linked to death registration? الاجتماعية، والفوائد العائدة من التأمين أو انتقال الإرث والمرتبطة بتسجيل الوفاة؟ | B3.21 | Corporate Sector Insurance system, Social Sector Insurance Sytem are in place. Legislation for inheritance mandates the requirements of death registration | yes | Widen the scope of linkage between social benefits and death registration | 1 | 1 | 2 | 2 | 6 | high | Provincial Governments | | | | 0 |
| | B3.22 | If the country uses identity cards, how does that system affect vital events registration? إذا كانت البلد تستخدم بطاقات الهوية، فكيف يؤثر هذا النظام على تسجيل الأحداث الحيوية؟ | B3.22 | ID Card issuance is sequential process, initiated by vital registration | yes | Periodic Review | 4 | 4 | 4 | 4 | 16 | Low | Provincial Governments | | | | 0 |
| | B3.23 | What are the main obstacles to improving civil registration? For example: ما هي العقبات الرئيسية التي تحول دون تحسين تسجيل الأحوال المدنية؟ ومنها على سبيل المثال: | B3.23 | Deficient Infrastructure and Socio-economic obstacles | | Augmentation of structures and launching of awareness campaigns | 4 | 4 | 2 | 2 | 12 | High | Provincial Governments | | | | 0 |
| | | lack of registrars or places to register; نقص في المُسجّلين أو أماكن التسجيل | B3.23.1 | | Yes | | | | | | 0 | | | | | | 0 |
| | | lack of access to health facilities; نقص سبل الوصول إلى المرافق الصحية؛ | B3.23.2 | | yes | | | | | | 0 | | | | | | 0 |
| | | lack of knowledge about the need to register births and deaths; نقص المعرفة بضرورة تسجيل المواليد والوفيات | B3.23.3 | | Yes | | | | | | 0 | | | | | | 0 |
| | | social stigma of illegitimate children; الوصمة الاجتماعية التي تلحق بالأطفال غير الشرعيين؛ | B3.23.4 | | Yes | | | | | | 0 | | | | | | 0 |
| | | cultural barriers; العوائق الثقافية؛ | B3.23.5 | | Yes | | | | | | 0 | | | | | | 0 |
| | | financial barriers; العوائق المالية؛ | B3.23.6 | | Yes | | | | | | 0 | | | | | | 0 |
| | | illiteracy; الأمية؛ | B3.23.7 | | Yes | | | | | | 0 | | | | | | 0 |
| | | shortage of physicians and midwives; نقص الأطباء والقابلات | B3.23.8 | | Yes | | | | | | 0 | | | | | | 0 |
| | | Other obstacles (please specify). وغير ذلك من العقبات (رجاء التحديد) | B3.23.9 | lack of Political will and commitment and lack of Demand among the masses | yes | | | | | | 0 | | | | | | 0 |
| | B3.24 | When did the country last have a campaign to increase public awareness of the need to register vital events? متى نظمت البلد آخر حملة إعلامية بهدف زيادة الوعي العام بضرورة تسجيل الأحداث الحيوية؟ | B3.24 | National Campaign in 2012, at sub national still on-going | yes | Periodic Natrional and sub-national campaigns | 4 | 3 | 1 | 2 | 10 | High | Federal, Provincial Governments and Development Partners | | | | 0 |
| | B3.25 | Were the results evaluated? هل تم تقييم النتائج؟ | B3.25 | Showed improvement in Vital Registration | Yes | Periodic Natrional and sub-national campaigns | 4 | 3 | 2 | 2 | 11 | High | Federal, Provincial Governments | | 10000 | | 10000 |
| | B3.26 | Is there a committee that regularly monitors and evaluates civil registration completeness? هل هناك لجنة تقوم برصد وتقييم مدى استكمال إجراءات تسجيل الأحوال المدنية، بصورة منتظمة؟ | B3.26 | No systme in place at National and Provincial Level | No | National and provincial Committees should be established | 4 | 1 | 2 | 3 | 10 | High | Federal, Provincial Governments | | 20000 | | 20000 |

WHO/CRVS Assessment Framework

4 Must start immediately
3 Could be delayed for up to 3 months
2 Could be delayed for up to 6 months
1 Could be delayed until later than 6 months

4 Necessary action can be decided at the assessment level
3 Requires inter departmental agreement
2 Requires legislation change
1 Requires change in tradition/culture/policy

4 No cost implications
3 Cost for limited activities
2 Needs to supply for current budget
1 More than 5 years

4-6 months
3-5 months by a year
2-3 years
1 More than 5 years

High
Medium
Low

Resource Requirement

| Component | Sub component | Q_Code | Question(Q) | Q_Sub_code | Answer (Yes/No as required) | Answer_Explanation | Recommendation | Urgency | Feasibility | Cost | Timeliness | Total score | Impact | Responsible agency | Resource Requirement | | | |
|---|--|--------|--|---|--|--|---|---------|-------------|------|------------|-------------|-------------------------------------|--------------------|----------------------|----------|-------|-------|
| | | | | | | | | | | | | | | | HR | Training | Funds | |
| (C)Process (Death certification and cause of death) | C1 – ICD-compliant practices for death certification | C1.1 | How many registered deaths (as a percentage) have a medically certified cause of death? كم عدد الوفيات المسجلة كنسبة مئوية التي كان لها سببا معتمدا طبيًا؟ | C1.1 | No | no comprehensive data available | Rules of Business/ SOP/Implementation plan | 3 | 3 | 2 | 3 | 54 | 11 | | | | 25000 | |
| | | C1.2 | In the cause-of-death data, is it possible to separate medically certified deaths and those certified by a layperson? في المعلومات الخاصة بسبب الوفاة هل يمكن الفصل بين الوفيات المعتمدة طبيًا وتلك المعتمدة من أي شخص عادي؟ | C1.2 | No | no comprehensive data available | strategy to certify a death event | 3 | 2 | 2 | 3 | 36 | 10 | | | | | |
| | | C1.3 | Are these data compiled separately in the cause of death statistics for the country? هل تجمع هذه المعلومات حول سبب الوفاة بصورة منفصلة في الإحصائيات الخاصة بالوفيات؟ | C1.3 | No | no comprehensive data available | strategy to compile available data by cause death | 3 | 3 | 3 | 3 | 81 | 12 | | | | | |
| | | C1.4 | Are ICD-compliant practices used for death certification in the country? هل تستخدم الممارسات المتوافقة مع التصنيف الدولي للأمراض في الوفاة؟ | C1.4 | No | information not available to the group | adaptation, piloting and upscaling | 3 | 3 | 2 | 3 | 54 | 11 | | | | | |
| | | C1.5 | Is the standard international form of medical certificate of cause of death (Box 3.4) used for: هل تستخدم الإستمارة الدولية المعيارية للإشهاد الطبي حول سبب الوفاة - فيما يلي (الاجزاء 3-4): All deaths? جميع الوفيات Only deaths occurring in hospitals not for those taken place outside hospitals? يقتصر استخدامها على الوفيات التي تحدث داخل المستشفيات وليس تلك التي تحدث خارجها؟ Only deaths occurring in some specific hospitals, such as university or regional hospitals? يقتصر استخدامها على الوفيات التي تحدث في بعض المستشفيات المحددة مثل المستشفيات الجامعية أو الإقليمية؟ Other deaths (please specify)? وفيات أخرى (رجاء التحديد) | C1.5 | No | information not available to the group | adaptation, piloting and upscaling | 3 | 3 | 2 | 3 | 54 | 11 | | | | | |
| | | | | C1.5.1 | No | | | | | | | | 0 | 0 | | | | |
| | | | | C1.5.2 | No | | | | | | | | 0 | 0 | | | | |
| | | | | C1.5.3 | No | | | | | | | | 0 | 0 | | | | |
| | | C1.5.4 | No | | | | | | | | 0 | 0 | | | | | | |
| | | 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 establishments) would be required? إذا لم يكن البلد يستخدم الإستمارة المعيارية للإشهاد الطبي حول سبب الوفاة فكيف يمكن إدخال استخدامها "حدد الخطوات" وما هي الإجراءات المتخذة التي قد تكون مطلوبة "التحيز الواسع النطاقية مثلا" | C1.6 | No | | adaptation, piloting and upscaling | 3 | 2 | 2 | 3 | 36 | 10 | | | | | 20000 |
| | | C1.7 | Do doctors know how to correctly complete the death certificate, including the causal sequence and the underlying cause? هل الأطباء على علم بكيفية استكمال شهادة الوفاة بصورة صحيحة بما في ذلك التسلسل السببي والسبب الرئيسي؟ Yes, generally. نعم بصورة عامة Yes, always. نعم نعم بصورة دائمة No, they do not. لا لم يفعلوا | C1.7 | No | | introduction in pre-service medical education | 3 | 4 | 2 | 2 | 48 | 11 | | | | | 15000 |
| | | | | C1.7.1 | No | | | | | | | 0 | 0 | | | | | |
| | | | | C1.7.2 | No | | | | | | | 0 | 0 | | | | | |
| | | | | C1.7.2 | No | | | | | | | 0 | 0 | | | | | |
| | | 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? هل هناك كتيب أو نشر أو دليل إرشادية أخرى تشرح للإطباء كيفية إكمال شهادة الوفاة وإعداد الإستمارة الدولية بصورة صحيحة؟ | C1.8 | No | | 1. introduction in pre-service medical education 2. standard guidelines as part of PMDC-renewal | 3 | 3 | 2 | 2 | 36 | 10 | | | | | 15000 |
| C1.9 | If such material is not available, what would be involved in preparing it and how could it be distributed? إذا لم تتوفر هذه المواد "هل الذي يمكن أن يساعد في إعدادها وكيف يمكن توزيعها؟" | C1.9 | No | | MoH/DOH/PMDC to implement | | | | | 0 | 0 | | Hiring of consultants and trainings | MoH/DOH/PMDC staff | | 7000 | | |
| 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.) ما هي نسبة شهادات الوفاة التي لاورد فيها سوى سبب واحد فقط للوفاة. انظر الاجزاء 3-4 حول أهمية بيان السبب الرئيسي والعيانير علانية على الاشارة الى الحالات او الاوضاع التي بدونها قد يكون الموتى لاول على قيد الحياة | C1.10 | No | we have not seen that certificate | adaptation, piloting and upscaling | 2 | 3 | 2 | 2 | 24 | 9 | | | | | | | |
| C1.11 | What proportion of death certificates report the mode of death instead of the underlying cause of death? ما هي نسبة شهادات الوفاة التي تحتوي على طريقة الوفاة بدلًا عن تحديدها سبب الوفاة | C1.11 | No | there is no uniform established certifie to reflect | ICD recommended certificate to be adapted nationally | 3 | 3 | 3 | 2 | 54 | 11 | | Hiring of consultants | | | 5000 | | |

| Component | Sub component | Q_Code | Question(Q) | Q_Sub_code | Answer (Yes/No as required) | Answer_Explanation | Recommendation | Urgency | Feasibility | Cost | Timelines | Total score | Impact | Responsible agency | HR | Training | Funds | |
|-----------|----------------------------------|--------|---|---|-----------------------------|--|---|-------------------------------------|-------------|------|-----------|-------------|--------|-----------------------|-----------------------|----------|-------|-------|
| | | C1.12 | What proportion of death certificates do not indicate the interval between onset of disease and death? ما هي نسبة شهادات الوفاة التي لا تشير إلى المدة الزمنية بين بدء المرض والوفاة؟ | C1.12 | No | currently there is no authentic data to be proportionate | MIC have some information can be utilized for future planning | 3 | 3 | 2 | 2 | 36 | 10 | | | | | |
| | C2. Hospital death certification | C2.1 | In hospitals, who completes the death certificate: في المستشفيات من الذي يقوم بكتابة شهادة الوفاة: | C2.1 | yes | duty doctor | it has to be reinforced in letter and spirit: | 3 | 4 | 4 | 3 | 144 | 14 | | | | | |
| | | | The attending doctor? طبيب المعالج؟ | C2.1.1 | yes | | it has to be reinforced in letter and spirit: | 3 | 4 | 4 | 3 | 144 | 14 | | | | | |
| | | | Another doctor who did not treat the deceased person before death occurred? طبيب آخر لم يتم بمعالجة المتوفي قبل وفاته | C2.1.2 | NO | | may be authorized in case of non availability of attending doctor | 4 | 4 | 4 | 2 | 128 | 14 | | | | | |
| | | | A nurse? المرضى/المرضى؟ | C2.1.3 | No | | | | | | | 0 | 0 | | | | | |
| | | | A medical records officer? مسؤول السجلات الطبية؟ | C2.1.4 | NO | | may be authorized in case of non availability of attending doctor | 4 | 4 | 4 | 2 | 128 | 14 | | | | | |
| | | | Other (please specify)? آخرون (رجاء التحديد) | C2.1.5 | No | | Management to authorize in case of non availability of attending doctor | 4 | 4 | 4 | 2 | 128 | 14 | | | | | |
| | | | C2.2 | How are cases of DOA certified? كيف يتم إعداد الحالات المتوترة عند الوصول إلى المستشفى؟ | C2.2 | No | only entered in emergency register | a uniform certification is required | 3 | 2 | 2 | 3 | 36 | 10 | Hiring of consultants | | | 15000 |
| | | | C2.3 | How common are DOA deaths in hospitals? Do they constitute: ما مدى شوع إصابات حالات الوفاة عند الوصول في المستشفيات كمثل تشكل | C2.3 | | | | 3 | 3 | 2 | 3 | 54 | 11 | | | | |
| | | | | Less than 10% of deaths? ل من 10% من الوفيات؟ | C2.3.1 | Yes | accurate data is not available | a uniform certification is required | 2 | 3 | 2 | 3 | 36 | 10 | | | | |
| | | | | 10-20% of deaths? 10-20% من الوفيات؟ | C2.3.2 | | | | | | | | 0 | 0 | | | | |
| | | | | More than 20% of deaths? أكثر من 20% من الوفيات؟ | C2.3.3 | | | | | | | | 0 | 0 | | | | |
| | | | C2.4 | Are the vital events that take place in hospitals registered in the country: هل الأحداث الحيوية التي تحدث في المستشفيات يتم تسجيلها داخل البلد | C2.4 | | | | | | | | 0 | 0 | | | | |
| | | | | at civil registration points in hospitals? في نقاط التسجيل المدني في المستشفيات؟ | C2.4.1 | | | | | | | | 0 | 0 | | | | |
| | | | | by the hospital sending forms to the civil registration office? من طريق قيام المستشفيات بإرسال الاستمارات إلى مكتب السجل المدني | C2.4.2 | | | | | | | | 0 | 0 | | | | |
| | | | | by the individual family registering after the birth or death has occurred? عن طريق قيام أفراد العائلة بالتسجيل بعد حدوث الولادة والوفاة؟ | C2.4.3 | Yes | | | | | | | 0 | 0 | | | | |
| | | C3.1 | Is it mandatory to issue a death certificate with the cause of death indicated for people who die at home? هل يتم استخراج شهادة وفاة مضممة سبب الوفاة لمن يتوفون في المنزل؟ | C3.1 | No | | | | | | | 0 | 0 | | | | | |
| | | C3.2 | If so, are there any quality problems with these certificates and are they ever reviewed? وإن كان الأمر كذلك فهل هناك مشكلات معوية تبرز في مثل هذه الشهادات وماذا يتم من مراجعاتها؟ | C3.2 | yes | | | | | | | 0 | 0 | | | | | |
| | | C3.3 | Is the same cause-of-death form used for deaths in and outside hospital? هل تستخدم نفس الاستمارة الخاصة بسبب الوفاة في جميع الوفيات التي تحدث داخل وخارج المستشفيات | C3.3 | No | | Develop a checklist for Verbal autopsy to ascertain cause of Death | 2 | 3 | 2 | 3 | 36 | 10 | Hiring of consultants | | | 10000 | |
| | | C3.4 | If a different form is used for deaths outside hospital, what information is recorded about the cause of death? هل هناك استمارة مختلفة تستخدم للوفيات التي تحدث خارج المستشفيات وما هي المعلومات المسجلة حول سبب الوفاة؟ | C3.4 | No | currently there is no such practice | Develop a checklist for Verbal autopsy to ascertain cause of Death | 2 | 3 | 2 | 3 | 36 | 10 | | | | | |
| | | C3.5 | Who prepares the death certificate and certifies the cause of death for people dying outside of hospital: من الذي يقوم بإعداد شهادة الوفاة ويحدد سبب الوفاة لذلك المتوفى خارج المستشفى؟ | C3.5 | | | | | | | | 0 | 0 | | | | | |
| | | | A general practitioner? ممارس عام | C3.5.1 | No | | | | | | | 0 | 0 | | | | | |
| | | | A coroner or similar? قاضي تحقيق أو ماثابه | C3.5.2 | No | | | | | | | 0 | 0 | | | | | |
| | | | A health official? مسؤول صحي | C3.5.3 | No | | | | | | | 0 | 0 | | | | | |
| | | | A civil registrar? مسجل مدني | C3.5.4 | No | | | | | | | 0 | 0 | | | | | |
| | | | Other (please specify)? آخرون (رجاء التحديد) | C3.5.5 | No | Union Council Secretary prepares as per pre-defined certificate without cause of death | Develop a checklist for Verbal autopsy to ascertain cause of Death | 2 | 3 | 2 | 3 | 36 | 10 | | | | | |
| | | C3.6 | If a doctor is needed, is that person required to examine the deceased person before they have died? في حالة الإجماع إلى طبيب هل يجب على الطبيب هذا التفتيش بالتحقق على المتوفى قبل إخصاره؟ | C3.6 | No | currently there is no policy for this intervention | Develop a checklist for Verbal autopsy to ascertain cause of Death | 2 | 3 | 2 | 3 | 36 | 10 | | | | | |

| Component | Sub component | Q_Code | Question(Q) | Q_Sub_code | Answer (Yes/No as required) | Answer_Explanation | Recommendation | Urgency | Feasibility | Cost | Timelines | Total score | Impact | Responsible agency | HR | Training | Funds | |
|--|---------------|--------|---|------------|-----------------------------|---|---|---------|-------------|------|-----------|-------------|--------|-----------------------|----|----------|-------|--|
| | | C3.7 | How are deaths certified in cases where the certifying physician is not the person who treated the patient? كيف يتم تسجيل شهادة الوفاة في حالات التي يختلف فيها الطبيب الذي يتولى كتابة شهادة الوفاة عن الطبيب المعالج | C3.7 | No | currently there is no policy for this intervention | Develop a checklist for Verbal autopsy to ascertain cause of Death | 2 | 3 | 2 | 3 | 36 | 10 | | | | | |
| | | C3.8 | Are hospital medical records usually accessible to general practitioners when one of their patients dies at home? هل تتيح للممارسين في العيادة فرصة الاطلاع على السجلات الطبية للمستشفى والخاصة بالمدمنين عند وفاته في المنزل | C3.8 | No | currently there is no policy for this intervention | strategy to bring private practitioners in CR | 3 | 3 | 3 | 3 | 81 | 12 | Hiring of consultants | | | 5000 | |
| | | C3.9 | Is verbal autopsy routinely used to obtain the cause of death for any non-medically certified deaths in the country? هل يستخدم التشريح الطبي بصورة روتينية لمعرفة سبب الوفاة لأي حالة بصورة روتينية لمعرفة سبب الوفاة لأي حالة أو تمتد طبيًا في الدولة | C3.9 | No | selective in case of Maternal and Infant death in LHW covered areas In Punjab Social organizer in MNCH program assists | Develop a checklist for Verbal autopsy to ascertain cause of Death for all deaths | 2 | 3 | 2 | 3 | 36 | 10 | | | | | |
| | | C3.10 | If verbal autopsy procedures are routinely used, do they conform to the WHO standards(31)? هل تستخدم اجراءات التشريح الطبي بصورة روتينية وهل تتوافق مع معايير منظمة الصحة العالمية (31) | C3.10 | No | selective in case of Maternal and Infant death in LHW covered areas In Punjab Social organizer in MNCH program assists | Develop a checklist for Verbal autopsy to ascertain cause of Death for all deaths | 2 | 3 | 2 | 3 | 36 | 10 | | | | | |
| | | 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.) هل تم تعديل الاجراءات القياسية لمنظمة الصحة العالمية بحيث تكون تطبيقها بصورة اكثر في الدولة (اذا كان الامر كذلك رجاء تحديد التعديلات) | C3.11 | Yes | sizehood method for LHWs based on their educational standard | to be updated in non LHW covered areas | 2 | 3 | 2 | 3 | 36 | 10 | | | | | |
| CA- 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)? لمن سوي العائلة تتوفر المعلومات الخاصة بسبب الوفاة (إمّا في تلك الإفرا ما عند الطلب | C4.1 | Yes | Police / court / insurance agency | | | | | | 0 | 0 | | | | | |
| | | C4.2 | What information is provided to the family on the death certificate: بماهي المعلومات المتوفرة للعائلة في شهادة الوفاة | C4.2 | | | | | | | | | 0 | 0 | | | | |
| | | C4.2.1 | All the information on the cause-of-death form? جميع المعلومات المتوفرة في الاستمارة الخاصة بسبب الوفاة | C4.2.1 | Yes | | | | | | | | 0 | 0 | | | | |
| | | C4.2.2 | An extract for laypersons about the cause of death? مقتطفات من أجل الأشخاص العاديين حول سبب الوفاة | C4.2.2 | No | | | | | | | | 0 | 0 | | | | |
| | | C4.2.3 | Other (please specify)? اخرى (رجاء التحديد | C4.2.3 | Yes | Police / court / insurance agency | | | | | | | 0 | 0 | | | | |
| | | 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? هل هناك احتمال تحديد سبب وفاة أكثر مقبولة اجتماعياً في العديد من الحالات التي يكون فيها السبب حساساً أو مثيراً بالوصمة (مثل الانتحار أو الإصابة بمرض الإيدز والتهرب) | C4.3 | Yes | | Develop a checklist for Verbal autopsy to ascertain cause of Death | 2 | 3 | 2 | 3 | 36 | 10 | | | | | |

| Component | Sub component | Q_Code | Question(Q) | Q_Sub_code | Answer (Yes/No as required) | Answer_Explanation | Recommendation | Urgency | Feasibility | Cost | Timelines | Total score | Impact | Responsible agency | HR | Training | Funds | | |
|-----------|---------------|--------|--|------------|-----------------------------|---|---|---------|-------------|------|-----------|-------------|--------|--------------------|-----------------------|-----------|-------|-------|--|
| | | C4.4 | Does the death certificate state whether a woman was pregnant, or had recently been pregnant? هل توضح شهادة الوفاة ما إذا كانت السيدة حاملاً أو كانت حاملاً في الآسب الآخر* | C4.4 | No | | Develop a checklist for Verbal autopsy to ascertain cause of Death | 2 | 3 | 2 | 3 | 36 | 10 | | | | | | |
| | | C4.5 | Are maternal deaths reviewed separately from other deaths? هل تتم مراجعة وفات الأمومة بصورة منفصلة عن سائر الوفيات* | C4.5 | Yes | selective in case of Maternal and infant death LHW covered areas in Punjab Social organizer in MNCH program visits | Develop a checklist for Verbal autopsy to ascertain cause of Death for all deaths | 2 | 3 | 2 | 3 | 36 | 10 | | | | | | |
| | | C4.6 | Are perinatal deaths monitored using a special form, as recommended by the WHO? هل يتم رصد الوفيات في الفترة المحيطة بالولادة باستخدام استمار* خاصة وفقاً لتوصيات منظمة الصحة العالمية | C4.6 | No | | adaptation, piloting and upscaling | 2 | 3 | 2 | 3 | 36 | 10 | | Hiring of consultants | | | 10000 | |
| | | C4.7 | What training and practice do doctors receive in certifying the cause of death: بماذا يتلقا الأطباء من تدريب وممارسه بشأن إعداد سبب الوفاة: | C4.7 | | | | | | | | 0 | 0 | | | | | | |
| | | | None? لاشي | C4.7.1 | No | | | | | | | 0 | 0 | | | | | | |
| | | | One lecture in medical school or at the hospital? محاضرة واحدة في كلية الطب أو المستشفى* | C4.7.2 | Yes | the input is not uniform nationally | it requires to b structured and standardized | 3 | 3 | 3 | 3 | 81 | 12 | | | | | | |
| | | | An ICD-compliant training course on certification? دوره تدريبية بشأن إعداد الشهادات التي تتوافق مع التصنيف الدولي للأعراض* | C4.7.3 | No | | adaptation, piloting and upscaling | 2 | 3 | 2 | 3 | 36 | 10 | | | | | | |
| | | | On-the-job training? تدريب على رتبة العمل | C4.7.4 | Yes | | it requires to b structured and standardized | 3 | 3 | 3 | 3 | 81 | 12 | | | | | | |
| | | | Other (please specify)? الآخر (رجاء التحديد) | C4.7.5 | No | | it requires to b structured and standardized | 3 | 3 | 3 | 3 | 81 | 12 | | | | | | |
| | | C4.8 | Would most doctors be aware of the important public health uses of the information they provide on the death certificate? هل يدرك معظم الإطباء أهمية المعلومات التي يقدمونها في شهادات الوفاة بالنسبة للصحة العمومية* | C4.8 | No | | it requires to b structured and standardized | 3 | 3 | 3 | 3 | 81 | 12 | | | | | | |
| | | C4.9 | Has the country evaluated the quality of medical certification? هل قامت الدولة بتقييم جودة الشهادات الطبية | C4.9 | No | | adaptation, piloting and upscaling of ICD | 2 | 3 | 2 | 3 | 36 | 10 | | Hiring of consultants | | | 10000 | |
| | | C4.10 | If yes: إذا نعم | C4.10 | | | | | | | | 0 | 0 | | | | | | |
| | | | When was the evaluation done? متى أجري هذا التقييم | C4.10.1 | | | | | | | | 0 | 0 | | | | | | |
| | | | How was it done? كيف أجري | C4.10.2 | | | | | | | | 0 | 0 | | | | | | |
| | | | What did it conclude? ماذا كتبت نتيجة* | C4.10.3 | | | | | | | | 0 | 0 | | | | | | |
| | | | What follow-up was undertaken to improve certification practices? ماهي الإجراءات المتبعة لتحسين الممارسات الطبية في إعداد هذه الشهادات* | C4.10.4 | | | | | | | | 0 | 0 | | | | | | |
| | | C4.11 | Are hospital medical records generally: هل السجلات الطبية للمستشفى بصورة عامة: | C4.11 | | | | | | | | 0 | 0 | | | | | | |
| | | | Complete? كاملة | C4.11.1 | Yes | Partially/ varies station to station | it requires to b structured and standardized | 3 | 3 | 3 | 3 | 81 | 12 | | | | | | |
| | | | Reliable? موثوقة | C4.11.2 | Yes | Partially/ varies station to station | it requires to b structured and standardized | 3 | 3 | 3 | 3 | 81 | 12 | | | | | | |
| | | C4.12 | Are other health records, such as from health clinics, general practitioners or family doctors: ما سائر السجلات الصحية مثل تلك الخاصة بالمراكز الصحية أو العيادات من العيادات أو الأطباء العائليين | C4.12 | no | | strategy to bring private practitioners in CR | 3 | 3 | 3 | 3 | 81 | 12 | | | | | | |
| | | | Complete? كاملة | C4.12.1 | | | | | | | | 0 | 0 | | | | | | |
| | | | Reliable? موثوقة | C4.12.2 | | | | | | | | 0 | 0 | | | | | | |
| | | | Easily accessible to the certifier? يسهل الوصول إليها بالنسبة لمن يقوم بتحرير شهادة الوفاة | C4.12.3 | | | | | | | | 0 | 0 | | | | | | |
| | | C4.13 | Who certifies whether the cause of death is unnatural (i.e. accident, suicide or homicide) من الذي يتسبب بأن سبب الوفاة غير طبيعي أو حادث، أو انتحار، أو قتل | C4.13 | Yes | Directorate General Health/ Police surgeon/ District Medical Board/Surgeon Medicolegal | | | | | | 0 | 0 | | | | | | |
| | | C4.14 | If there is a special system for certifying these deaths, please describe how this works and how well it works. إذا كان هناك نظام خاص بإصدار سبب هذه الشهادات الخاصة بالوفيات، فراجع وصف آلية العمل به ومدى جودته. | C4.14 | Yes | a medical board is notified on case to case basis | | | | | | 0 | 0 | | | | | | |
| | | C4.15 | Are certifying doctors aware of how to report deaths from injuries and external causes according to the ICD rules? هل الأطباء المعتمدين بإعداد شهادة الوفاة على تربية كيفية التبليغ عن الوفيات الناجمة عن الإصابات أو الأسباب الخارجية وفقاً لقواعد التصنيف الدولي للأعراض* | C4.15 | No | | Develop a checklist to ascertain cause of Death based on ICD standards | 3 | 4 | 3 | 3 | 108 | 13 | | | Trainings | | 15000 | |

WHO/CRVS Assessment Framework

4 Must start immediately
 3 Could be delayed for up to 6 months
 2 Could be delayed for up to 2 years
 1 Could be delayed until able to be done

4 Necessary action can be decided at the department level
 3 Requires inter-departmental agreement
 2 Requires legislation change
 1 Requires change in tradition/culture/policy

4 No cost implications
 3 Can be funded within current budget
 2 Need to apply for government funding
 1 Need to find external resources

4 <3 months
 3 3 months to a year
 2 1-5 years
 1 More than 5 years

High
 Medium
 Low

| Component | Q_Code | Question(Q) | Q_Sub_code | Answer (yes/No as required) | Answer_Explanation | Recommendation | Urgency | Feasibility | Cost | Timelines | Total score | Impact | Responsible agency | Resource Requirement | | |
|--|--------|--|------------|--|--|---|---------|-------------|------|-----------|-------------|--------|--|----------------------|----------|-------|
| | | | | | | | | | | | | | | HR | Training | Funds |
| D(Process) ICD mortality coding practices | D1.1 | Is the ICD used for cause-of-death statistics? هل يستخدم التصنيف الدولي للأمراض في الإحصاءات الخاصة بسبب الوفاة؟ | D1.1 | No | Incorporation of ICD was never raised at policy and programming. Lack of awareness | ICD coding should be incorporated in mortality coding, curriculum, policies. Responsibility should be laid on National level (NHRC) | 3 | 1 | 1 | 3 | 8 | Medium | Ministry of Health Services/regulation | | | 3000 |
| | D1.2 | If so, which revision and edition is currently being used? إذا كان الأمر كذلك، فأي طبعة أو إصدار منه هي التي تستخدم في الوقت الحالي؟ | D1.2 | N/A | | ICD 10 which is the latest should adapted/used | | | | | 0 | | | | | 10000 |
| | D1.3 | Is a national-language version of the ICD used? هل تستخدم نسخة من التصنيف الدولي للأمراض باللغة الوطنية؟ | D1.3 | No | | English version should be used | | | | | 0 | | | | | |
| | D1.4 | Who is responsible for coordinating the implementation of the ICD? من المسؤول عن تطبيق استخدام التصنيف الدولي للأمراض؟ | D1.4 | Ministry of Health Services/regulation | | A focal person both provincial and federal level should immediately be notified | 4 | 4 | 4 | 4 | 16 | High | Ministry of Health Services/regulation/DOH | | | |
| | D1.5 | Who is responsible for training ICD coders? (المترجمين) من المسؤول عن تدريب من يقومون بالتدريب وفقاً للتصنيف الدولي للأمراض؟ | D1.5 | DHIS/WHO | | DHIS/WHO should take lead in training ICD coder/ UC level staff | 3 | 3 | 1 | 3 | 10 | High | Ministry of Health Services/regulation/DOH | | | |
| | D1.6 | Are the codes selected for cause-of-death reporting chosen from the complete ICD list, or is coding done from a summary tabulation list of the ICD? هل الرموز المنقاة للتبليغ حول سبب الوفاة مأخوذة من القائمة الكاملة للتصنيف الدولي للأمراض أو قائمة الجداول الموجزة للتصنيف الدولي للأمراض؟ | D1.6 | No | | Once implementation of ICD started, cause of death should be taken from summary tabulation list | 3 | 1 | 2 | 3 | 9 | Medium | Ministry of Health Services/regulation/DOH | | | |
| | D1.7 | If a summary list is used, which list is it? في حال استخدام قائمة موجزة، فأي قائمة هي التي تستخدم؟ | D1.7 | N/A | | | | | | | 0 | | | | | |
| | D1.8 | Are coding and ICD selection rules for underlying cause-of-death data applied? هل تطبق قواعد الترميز والاختيار الخاصة بالتصنيف الدولي للأمراض لتحديد المعلومات حول السبب الرئيسي للوفاة؟ | D1.8 | No | NA | | | | | | 0 | | | | | |
| | D1.9 | Is mortality coding centralized or decentralized? هل ترميز الوفيات يتم على نحو مركزي أم لامركزي؟ | D1.9 | NO | | Mortality coding should be adapted and decentralized | 3 | 1 | 1 | 3 | 8 | Medium | | | | |
| | 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? في حال ما إذا كان الترميز لامركزيًا، ماهي نوعية التدابير والإجراءات المستخدمة لضمان الاتساق الوطني عند تطبيق قواعد الترميز وفقاً للتصنيف الدولي للأمراض؟ | D1.10 | | | There should be a responsible central body, who should ensure standardized ICD coding rules are in practice | 3 | 1 | 4 | 3 | 11 | High | Ministry of Health regulation | | | 1000 |

| Component | Q_Code | Question(Q) | Q_Sub_code | Answer (yes/No as required) | Answer_Explanation | Recommendation | Urgency | Feasibility | Cost | Timelines | Total score | Impact | Responsible agency | HR | Training | Funds |
|-----------|--------|---|------------|-----------------------------|---|---|---------|-------------|------|-----------|-------------|--------|-----------------------------------|----|----------|-------|
| | 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? هل تم ترميز سبب الوفاة اعتماداً اعتماداً على النسخة الأصلية أو قائمته مكتوبه قدمت من قبل مكتب السجل المدني أو من بعض الوثائق الموزعة الأخرى | D1.11 | No | | Cause of death coding is not being practiced by Civil registration Office(NADRA). | | | | | 0 | | | | | |
| | D1.12 | Is all the information on the death certificate coded, or only the probable cause of death? هل كانت جميع المعلومات الواردة في شهادة الوفاة مرمزة * أم اقتصر الترميز على السبب الرئيسي المقترض للوفاة؟ | D1.12 | No | Death certificate in use are not standardized | Current death certificate are issued on probable cause of death | | | | | 0 | | | | | |
| | 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? هل هناك آلية واضحة للاستعلام من محور الشهادة في حالة عدم تفهم أو تفسير الرموز للأسباب (الطبيب) الواردة حول سبب الوفاة في الشهادة؟ | D1.13 | no | | There is no mechanism to query certifier for any clarity on reported causes of death | | | | | 0 | | | | | |
| | D1.14 | If so, please describe these procedures and discuss their efficacy. وإذا كان الأمر كذلك، فيرجى وصف هذه الإجراءات ومناقشة مدى نجاعتها؟ | D1.14 | No | | In case of ambiguity or crafty death certificate, coder/LC secretary should refer back to the person who has issued the certificate. If the concerned doctors is not available/fails to clarify a committee at UC level should issue final certificate within 1 month | | | | | 0 | | | | | |
| | D2.1 | What categories of staff (e.g. physicians, statisticians, and health professionals) are doing mortality coding in the country? (هل هو مثل الأطباء ارحصائون اوسمعيون محترفون) ما هي فئات العاملين الذين يتولون ترميز الوفيات في التولدة؟ | D2.1 | No | | Only causes of death is being practice by physician. NO coding is in practice | | | | | 0 | | | | | |
| | D2.2 | What level of education do mortality coders typically have ما هو مستوى التعليم الذي حصل عليه بصورة متوسطة القديون بترميز الوفيات؟ | D2.2 | No | | Graduate level person should do mortality coding | | | | | 0 | | | | | |
| | D2.3 | Are specific training courses provided for mortality coders or do they learn on-the-job? هل تتوفر الدورات التدريبية النوعية لترميز الوفيات أم أنهم يتعلمون أثناء العمل؟ | D2.3 | NO | | Specific training and on job training should be provided to coders who will issue death certificate | | | | | 0 | | | | | 10000 |
| | D2.4 | If coders are specifically trained to code: إذا كان المرزومون يتدربون بصورة خاصة على الترميز | D2.4 | No | | | | | | | 0 | | | | | |
| | | Are there sufficient local ICD trainers to meet the needs? هل هناك مدربون محليون بشكل كاف على ذرية * كاملة بالتصنيف الدولي للأمراض للأنشطة الاحتياجات؟ | D2.4.1 | | Not being practiced | | | | | | 0 | | | | | |
| | | Who is responsible for delivering the training? من المسؤول عن تقديم التدريب؟ * | D2.4.2 | | DHIS/CDC | | | | | | 0 | | | | | |
| | | What is the length of training and is there a standard curriculum? ماهي مدة التدريب وهل هناك منهج دراسي معياري؟ * | D2.4.3 | | Two days training | Standard curriculum is present at international level that could be adapted for Pakistan | 1 | 1 | 1 | 3 | 6 | Medium | Ministry of Health regulation/WHO | | | |
| | | How often is coder training conducted? كم مرة يتم فيها لتدريب القائم بالترميز؟ * | D2.4.4 | | Currently not being practiced | A refresher training should be conducted every year | | | | | 0 | | | | | |
| | D2.5 | Is there a high turnover among coders? هل هناك تبادل ملحوظ للأدوار والهام بين المرزومين؟ | D2.5 | No | NA | | | | | | 0 | | | | | |
| | D2.6 | Are coders recognized within staffing structures as a separate cadre, and are coding qualifications recognized separately to other administrative officers? هل يحترف بالمرزومين في نطاق الهياكل الوظيفية على أن لهم كادر منفصل؟ | D2.6 | No | NA | capacity of existing staff should enhanced by training as coder. At Ucs level UC secretary or as appropriate | | | | | 0 | | | | | 10000 |
| | D2.7 | Are there local senior trainers who have been trained at WHO-FIC supported training courses? هل يوجد مدربون محليون كبار تم تدريبهم من خلال الدورات التدريبية المدعومة من قبل مجموعة التصنيفات الدولية لمنظمة الصحة العالمية؟ | D2.7 | No | | WHO should train local seniors on ICD 10 coding | 4 | 4 | 1 | 3 | 12 | High | WHO | | | 4000 |

| Component | Q_Code | Question(Q) | Q_Sub_code | Answer (yes/No as required) | Answer_Explanation | Recommendation | Urgency | Feasibility | Cost | Timelines | Total score | Impact | Responsible agency | HR | Training | Funds |
|-----------|--------|--|------------|-----------------------------|--------------------|--|---------|-------------|------|-----------|-------------|--------|---|----|----------|-------|
| | D2.8 | Do coders have opportunities for ongoing education? هل تتوفر للتعليم المستمر فرص للتعليم المستمر؟ | D2.8 | no | NA | | | | | | 0 | | | | | |
| | D3.1 | Do all coders have a complete set of ICD volumes available to them when they code? هل تتوفر للتعليم المستمر فرص التعليم المستمر؟ هل تتوفر مجموعة كاملة من مجلدات التصنيف الدولي للأمراض لجميع المرمزين عند اضطلاعهم بمهمة الترميز؟ | D3.1 | no | | should be provided ICD volumes when started implementing ICD mortality coding | | | | | 0 | | | | | 5000 |
| | D3.2 | Do all coders have a set of the ACME decisions tables? لايخال بيانات شهادة الوفاة للوحدات الصحية لجمع هل يتم استخدام برنامج ACME المرمزين؟ | D3.2 | No | | All coders should be provided set of ACME decision tables | | | | | 0 | | | | | 3000 |
| | D3.3 | Do you regularly check: هل تقوم بالتحقق بصورة منتظمة في: | D3.3 | No | | | | | | | 0 | | | | | |
| | | The ICD web site? for updates to codes and coding practices? الموقع الإلكتروني 7 للتصنيف الدولي للأمراض لتحديث ممارسات الرموز والترميز؟ | D3.3.1 | No | | A focal person should be assigned at National and provincial level to periodically check for any updates after implementation of ICD coding | | | | | 0 | | | | | |
| | | The department of health's web site for updates on coding practices? الموقع الإلكتروني الخاص بالإدارة الصحية من أجل تحديث ممارسات الترميز؟ | D3.3.2 | No | | A focal person should be assigned at National and provincial level to periodically update the DoH website on coding practices after implementation of ICD coding | | | | | 0 | | | | | |
| | D3.4 | What processes are in place to assess the quality of cause of death coding, and how frequently is this assessed? ما هي الإجراءات المتوافرة لتقييم جودة ترميز سبب الوفاة، وكم عدد مرات تقييمه؟ | D3.4 | No | | A District death review committee should be constituted and review the cause of death coding on monthly basis. Maternal death review is already in place that can be broadened by adding medical specialists | 3 | 3 | 4 | 3 | 13 | High | DDH | | | |
| | D3.5 | Has the quality of mortality coding ever been evaluated? ☐ | D3.5 | No | | Periodic evaluation should be practice after full scale implementation of ICD 10 mortality coding | 1 | 1 | 1 | 1 | 4 | Medium | Third Party evaluation | | | 8000 |
| | D3.6 | If so, was the level of accuracy deemed satisfactory? What systemic issues were identified? | D3.6 | No | | NA | | | | | 0 | | | | | |
| | 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? ☐ | D3.7 | no | | Regular feedbacks to coders/UC secretaries should be provided after quality check and evaluations | 1 | 1 | 4 | 2 | 8 | Medium | National and provincial focal person for ICD 10 | | | 5000 |