

Questionnaire - input (A) - Working Group No. 1

Component A - resources and the legal basis for the Civil Status Registration

Questionnaire- Inputs (A)- Working group 1
Component A- Legal basis and resources for civil registration

A-1 Legal framework

1- Does the country have a law defining a civil registration system?	Yes	
2- Does the country have a law defining a vital statistics system?	Yes	
3- Does the law clearly state that birth and death registration is compulsory?		
a. Births?	Yes	
b. Deaths?	Yes	
3-1 If yes, please indicate the nature of this penalty	financial	
3-2 If there is a financial penalty, specify the current amount.	Not less than 100 and not more than 200	
3-3 Is the penalty routinely applied? <i>But it is not enabled</i>	Yes	
4- Does the birth registration law provide clear and explicit definitions to be used for:		
a. Live births?		No
b. fetal death or stillbirth?		No
4-1 Are these definitions compatible with international standards in the glossary?		No
5- Does law define who is responsible for the registration of births or deaths, and who is responsible for declaration or reporting of births or deaths?	Yes	
5- If yes, please provide details of all possible informants.	<p>For births - the father of the child if present - the child's mother if she provides a proof of the marital relationship - managers of hospitals and punishing institutions - the role of quarantine and other places where births occur (Law 126 for the year 2008 amended from to the Children's law 12 for the year 1996)</p> <p>For deaths - assets, branches, husband or wives of deceased, or who attended the death as adult relatives of the deceased – who lived in one house with the deceased - and others (Article 36 of the law for the year 1994)</p>	
6- Is there a law or regulations requiring hospitals and health facilities to report births and deaths?	Yes	

6-1 If the answer is yes, to what authority births and deaths are reported?

Health office

6-2 Does the law or regulation cover the private sector?	Yes	
6-3 Does the law or regulation include also social security and other non-governmental facilities?	Yes	

7- Does the law state the time within which births and deaths should be registered?	Yes	No
7-1 If the answer is yes, how long is the reporting period? within 15 days of birth		
7-2 Is the reporting period suitable and is it respected throughout the country? 24 hours of death	Yes	No
8- Does the law state the time within which births and deaths should be registered? Repeated	Yes	No
8-1 If yes, how long is the reporting period? repeated		

8-2 Is the reporting period suitable and is it respected throughout the country? Repeated	Yes	No
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A-2 Registration infrastructure or resources

9- Does the law make provision for:		No
a- Late registration?		
b- Delayed registration?	Yes	
9-1 Are there clear procedures for dealing with such cases? <i>pointed to delayed registration only (drop out)</i>		No

10- Does the law state the place of registration of births and deaths; example, according to the place of occurrence, or usual place of residence?	Yes	
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11- Does the law clearly identify the functions, duties and responsibilities of each concerned government department?	Yes	
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12- Does the law state how the civil registration and vital statistics systems are to be funded?		No
12-1 Does the law state that registration should be free for all?	Yes	

12-2 If registration is not free, what is the fee to register:		
a- A birth?		
b- A death?		

13- Is the population covered by civil registration laws clearly defined?	Yes	
a- the entire population living in the country?	Yes	
b- only citizens living in the country?		No

c- some other subsets of the population?		No
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14- What does the law require in relation to registering births and deaths of citizens living abroad?
If the incident occurred abroad, registration is done by Egyptian consulate as required by (Article 9 and 10) Law 143 – the consulates of the Arab Republic of Egypt have notifications records for civil registration events and applications for cards and copies of event documents from the Civil Registry Department abroad. The Executive Regulation regulates the procedures to be followed in such cases (procedures and documents specified in the internal Regulation)

14-1 What does the law require in relation to registration of births and deaths of:
a. Foreign nationals living in the country?
If the incident occurred to a foreigner inside the country (Article 4) Law 143 - health offices receive notifications of birth and death events, which occur within the Arab Republic of Egypt for citizens and foreigners living in the country (procedures and documents specified in the internal Regulation)
B. Nomads or displaced population?
Not addressed by the law and the law did not state them explicitly
C. Refugees and asylum seekers?
Addressed by the system, but the law did not state them explicitly

15- Does the law include confidentiality measures to protect individuals?	Yes	
15. Is it specified who can obtain copies of birth or death certificates of individuals?	Yes	

16. Does the law state who can certify death and the cause of death?	Yes	
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17. Does the law specify the necessary official documents before the burial or cremation process is completed?	Yes	
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18. What is the annual national operating budget for civil registration?		
18.1 Can this budget be separately identified at state and municipal levels?		No
18.2 Can the budgets for national, state and municipal levels be separately identified?		No
18.3 Are these funds adequate to ensure the proper functioning of the system?		No
18.4 Where would additional funding be likely to make the most difference?	In the Ministry of Health and Civil Status Authority offices	

19. How many local civil registrars does the country currently have? 378

19-1 Are they paid by:		
a- The central government?	Yes	
b- The local government?		No
c- Fees for services?		No

d- Other sources?	
19.2 Are there variations in the amount and way that registrars are paid? Explain these differences	No

20. Are the number and distribution of local civil registration offices or registration points sufficient to cover the whole country?	Yes	
20.1 Are there subsidiary reporting or registration units, such as hospitals or village officials, with registration duties?		No
20.2 Is there access to registration 24 hours a day, 7 days a week?		No

21. Are mobile registration facilities operational in remote or underserved areas?		No
21-1 If yes, how many?		
21.2 Is the number of mobile registration services adequate?		No
21-3 Is there a separate budget for registration outreach?		No

22. Is there a national plan for achieving complete coverage of the country with registration offices or registration points?	Yes	
22.1 What is the time period covered by this plan?	Continuous	

23. For each type of civil registration point, describe the technical equipment available in all or most offices	
a. Telphones	No
b. Photocopiers	No
c. Scanners	No
d. Computers	No
e. Internet	
f. Others	No
Paper	

24. How are civil registrars selected?

By appointment and there are not specific criteria

24.1 What qualifications do civil registrars need?

Intermediate qualification at least

24.2 Is there a budget for training civil registrars and staff involved in registration?

Yes, there is

24.3 Is there a budget for preparing and disseminating written training materials, such as handbooks on civil registration?

Yes, there is

25. 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.)

There is no separate budget

Questionnaire - procedures (b) - Working Group No. 2
Component B - registration practices, coverage and completeness

Questionnaire- Procedures (B)- Working group 2
Component B- Registration practices, coverage and completeness

B 1. Organization and functioning of civil registration and vital statistics systems

Supporting materials to be prepared in advance:

- Flowchart(s) showing the administrative structures of the civil registration and vital statistics systems, how data flows between them and how they interact.
- Flowchart(s) of the death and birth-registration processes in and outside of hospitals, and for deaths that are handled by the police, coroners or special medical examiners (see Figures 3.2 and 3.3 for examples from Mexico of death and birth registration processes).

1. What are the organizational and administrative arrangements of the civil registration and vital statistics systems (reviewed using the prepared diagrams)?

For the Ministry of Health

Notification is done in the Health Office then copies are transferred to the level of the health department where they are processed electronically into the National health information system and are reviewed initially with the technical directorate and then transferred to the management level and the same review is repeated with a feedback then transmitted to the central level, which extracts the health indicators and reports and review them with the technical directorate to make the information available to decision makers

For the record civil

Paper-based notifications are collected from health offices and sent to the local Civil Registry Office then to the Civil Registry offices in the governorate then to the governorate Civil Status Information Center where they are processed electronically and compiled on the central level

1 - 2 What have been the main changes in the functioning of the systems over the last 10 years?

- Notification of death has been modified according to the WHO standards about causes of death
- Deceased data report was created especially for cases of death in hospitals certified by the department physician and the hospital director
- Development of data collection from the manual system to an automated system from the health management level to the level of health directorate to the central level
- National ID was added to the notification of death

1 - 3 How have these changes affected functioning of the system or systems?

- Owning an accurate standard database (according to the International Classification of Diseases, tenth revision) in terms of numbers but lacking quality in terms of causes of death, accidents and maternal deaths due to pregnancy, childbirth, puerperium, smoking and tumors
- Accuracy of birth data numerically and proved

1.4 What are the areas that need improvement?

- Causes of death
- Detailed data for births in terms of the social characteristics of the mother and father
- Social characteristics of the deceased

2. What are the current communication mechanisms between the civil registration authority and others involved in the collection and production of vital statistics?

Paper work in most provinces where a hard copy of the data is sent from the health offices to the Civil Status Authority at regular intervals

3. Are there any areas where the responsibilities for specific functions overlap or are unclear?

✓Yes

No

(Please specify) – the areas:

Where health registrar fulfills different births and deaths forms for more than one party and free of charge

3 - 1 Are national, international, regional or local responsibilities clearly defined?

✓Yes

No

3 - 2 Are there any areas where bottlenecks occur regularly?

Yes

✓No

(Please specify)

4. Review in detail the practices of registration of births and deaths in the country. Which types of births and deaths are likely to escape the civil registration system?

Nomads - some tribes

4 - 1 Are these types of births and deaths also missed by the vital statistics system?

✓Yes

No

4 - 2 Are there some vital events that cannot be registered through the normal system?

✓Yes

No

(Please specify) some cases of live births die before their registration

5. 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)?

✓Yes

No

5.1 Is there an entity responsible for national vital statistics standards and coordination?

✓Yes

No

(Please specify)

Central Agency for Public Mobilization and Statistics

6. Is cause of death included on the death registration form?

✓Yes

No

6-1 If not, is information about the cause of death collected at the same time as the death is registered but using a different form?

Yes

No

Also discuss what happens with coronial cases and deaths from suspected non-natural causes.

There are two cases: -
 1 - Prosecutor re-submits the matter to the Senior health inspector
 2 - Prosecutor transfers the case to the forensic medicine
 He writes in the cause of death "case under investigation" and at the end, prosecution is addressed with a detailed report about the causes of death as there is no direct dealing between the Forensic Medicine and the Health Office and the dealing is through the prosecutor.

6-2 Who decides what details to collect on births and on causes of death?

Ministry of Health - Central Agency for Public Mobilization and Statistics

6-3 How is medical information on births and deaths exchanged among the different government agencies involved?

Through paper work and the electronical work is currently under development

6-4 Is this process currently working well or does it need improvement?	Works well	Needs improvement ✓
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(Please specify)
 Standardization of data collection forms to all competent authorities
 Use of the automated system (under implementation) to provide information for all applicants

7. Is there a national population register?	Yes	✓No
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7-1 if so, how does information flow between the National Population Register and the civil registration system?

7.2 Which government agency is responsible for maintaining the national population register?

7-3 Is each individual assigned a personal identification number (PIN) at birth registration or at the time of receiving identity papers?	✓Yes	No
7-4 Is this PIN used in all government administrative databases?	✓Yes	No

7-5 if a PIN is not given, how are records from various data systems linked, and how is the population register updated?

Flowchart

8. Are computers used at any stage of the birth and death registration process?	Yes	No
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	✓	
8-1 Are computers used for any or all of:		
a - Data collection?	✓ Yes	No
b- Data transmission?	✓ Yes	No
c - Data validation?	✓ Yes	No
d - Data Storage?	✓ Yes	No
e- others	✓ Yes	No
8.2 Are there any plans for further computerization in the near future?	✓ Yes	No
8.3 If so, what are the priorities?		
(Please specify) currently, work is done electronically at the level of the health directorates and the automation project is under implementation in health offices		

9. 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?

(Please specify) None

9-1 What procedures for checking completeness and consistency of information are carried out at central and other levels?

(Please specify) In which of the following three levels checking is carried out between the Center for Information and Technical Department?
 At the level of the health department
 Directorate level
 At the central level

10. Are data registration routinely checked monthly or quarterly to ensure that they are comparable with previous years?	✓ Yes	No
10.1 At the central level, are the expected numbers of births and deaths, which should occur each year routinely, estimated for each registration area and compared to the	✓ Yes	No

actual numbers of registered events?

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B 2. Review the forms used for the registration of births and deaths

The supporting materials to be prepared in advance:

- All forms related to the registration and certification of births and deaths .
- A copy of Box 3-2 (see below), showing a list of topics that United Nations recommends to be included in the registration of births and deaths.

11. Which of the UN-recommended items are collected on birth and death registration forms?

Characteristics of the event:		
• Date of occurrence	√Yes	No
• Date of registration	√Yes	No
• Place of occurrence	√Yes	No
• Place of registration	√Yes	No
• Locality of occurrence (derived)	√Yes	No
• Urban or rural occurrence (derived)	√Yes	No
• type of birth (ie, single, twin, triplet, etc)	Yes	√No
Characteristics of the baby:		
• Sex	√Yes	No
• Birth weight	Yes	√No
Characteristics of the parents:		
• Date of birth and age (derived) of both parents	√Yes	No
• Marital status of both parents	Yes	√No
• Educational attainment of both parents	Yes	√No
• Place of usual residence of both parents	√Yes	No
• Place of residence (derived)	√Yes	No
• Urban or rural residence (derived)	√Yes	No

<ul style="list-style-type: none"> • Children born alive to mother during her entire life (to date) 	Yes	√No
<ul style="list-style-type: none"> • Children born to mother and who are still living 	Yes	√No
<ul style="list-style-type: none"> • Fetal deaths to mother 	Yes	√No
<ul style="list-style-type: none"> • Date of last livebirth 	Yes	√No
<ul style="list-style-type: none"> • Date of marriage and its duration (derived) 	Yes	√No
Characteristics of the event:		
<ul style="list-style-type: none"> • Date of occurrence 	√Yes	No
<ul style="list-style-type: none"> • Date of registration 	√Yes	No
<ul style="list-style-type: none"> • Place of occurrence 	√Yes	No
<ul style="list-style-type: none"> • Place of registration 	√Yes	No
<ul style="list-style-type: none"> • Locality of occurrence (derived) 	√Yes	No
<ul style="list-style-type: none"> • Urban or rural occurrence (derived) 	√Yes	No
<ul style="list-style-type: none"> • Cause (s) of death 	√Yes	No
<ul style="list-style-type: none"> • Certifier and type of certification (derived) 	√Yes	No
Characteristics of the deceased:		
<ul style="list-style-type: none"> • Date of birth and age (derived) 	√Yes	No
<ul style="list-style-type: none"> • Sex 	√Yes	No
<ul style="list-style-type: none"> • Marital status 	√Yes	No
<ul style="list-style-type: none"> • Place of usual residence (for deaths, less than one year residence of mother) 	√Yes	No
<ul style="list-style-type: none"> • Locality of residence (derived) 	√Yes	No
<ul style="list-style-type: none"> • Urban or rural residence (derived) 	√Yes	No

11.1 Which of the UN-recommended items that are not collected on the birth and death registration

forms would be useful?		
Characteristics of the event:		
<ul style="list-style-type: none"> • Date of occurrence • Date of registration • Place of occurrence • Place of registration • Locality of occurrence (derived) • Urban or rural occurrence (derived) • type of birth (ie, single, twin, triplet, etc) 	Yes	No
	Yes	No
	Yes	No
	Yes	No
	Yes	No
	Yes	No
	√Yes	No
Characteristics of the baby:		
<ul style="list-style-type: none"> • sex • birth weight 	Yes	No
	√Yes	No
Characteristics of the parents:		
<ul style="list-style-type: none"> • Date of birth and age (derived) of both parents • Marital status of both parents • Educational attainment of both parents • Place of usual residence of both parents • Place of residence (derived) • Urban or rural residence (derived) • Children born alive to mother during her entire life (to date) • Children born to mother and who are still living • Fetal deaths to mother • Date of last livebirth • Date of marriage and its duration (derived) 	Yes	No
	Yes	No
	√Yes	No
	Yes	No
	Yes	No
	Yes	No
	√Yes	No
	√Yes	No
	√Yes	No
	√Yes	No
	√Yes	No
	Characteristics of the event:	
<ul style="list-style-type: none"> • Date of occurrence • Date of registration • Place of occurrence • Place of registration • Locality of occurrence (derived) • Urban or rural occurrence (derived) • Cause (s) of death • Certifier and type of certification (derived) 	Yes	No
	Yes	No
	Yes	No
	Yes	No
	Yes	No
	Yes	No
	Yes	No
	Yes	No
Characteristics of the deceased:		
<ul style="list-style-type: none"> • Date of occurrence 	Yes	No

<ul style="list-style-type: none"> • Date of registration • Place of occurrence 	Yes	No
	Yes	No
<ul style="list-style-type: none"> • Place of registration • Locality of occurrence (derived) • Urban or rural occurrence (derived) 	Yes	No
	Yes	No
	Yes	No

11.2 What additional items are included in the birth and death registration forms? List and discuss these items.

There are data on accidents - tumors - smoking - and maternal deaths due to antenatal, natal and postnatal causes

11.3 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?	✓Yes	No
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11-5 Review all the forms used in registration and certification of births and deaths, and then answer the following questions for each group of forms:

• Is all the information collected used?

it is proposed to add an item in the birth certificate to see the number of births per each

delivery (single - twin - more than two) and determining their sex

Also it is proposed to add that in the national ID card

✓Yes	No
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- What's the time it takes, on average, to fulfil each group of forms?

5-15 minutes

<ul style="list-style-type: none"> • Is the form available in all key national languages? • What are the items that come from the "declarant", and what are the items transferred from other documents; For example, is the cause of death transcribed from the death certification form? 	Yes ✓	No
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B3. Data coverage and completeness

Supporting materials to be prepared in advance:

- calculations of population access to the civil registration system (Box 3.3)
- calculations of the completeness of civil registration data (Box 3.3).

12. What proportion of the population has access to civil registration in the area where they live?
 (Access Level (%): $X = C / P \times 100$ (where X = the level of access in the form of%; C = the size of the population in health districts with registration points; P = total population in the country)

100 %

12-1 Has access over time:

- Improved?

Yes

No

If so, why?

due to improved multiple transportation

As the population increases, new civil registration offices (health offices) are established

- Remained stable?

Yes

No

If so, why?

- decreased??

Yes

No

If so, why?

12.2 If access has improved, what has led to these improvements?

Easy and fast access to civil registry offices due to transportation improvement

Maintain coverage ratios: -

Establishing a civil registration offices as the population increases

Or assigning primary health care units for carrying out the work of health offices

12.2 How complete are the birth registration data (i.e. what is the percent completeness level)?

Please indicate what method you used to estimate completeness.

Basic data is recorded by almost 100%

And there is lack in the National ID registration

For the social characteristics data, there is lack in completeness

13. How complete are the death registration data (i.e. what is the percent completeness level)?

$$Yd = (Rd / CDR \times P) \times 100$$

(Where Yd = estimated percentage of procedures completeness for the registration of deaths (%); Rd = actual number of registered deaths; CDR = crude mortality rates according to United Nations estimates (per 1,000); P = total population (in thousands))

Basic data is registered by almost 100% There is a lack in the registration of the national ID of the deceased and the name of the mother of the deceased		
13-1 Has completeness over the last decade been:		
• Improving?	Yes✓	No
If so, why? Due to increased health awareness among citizens Due to raised efficiency of workers in civil registration units by training		
• Stable?	Yes	No
If so, why?		
• Decreasing?	Yes	No
If so, why?		
13.2 What subpopulations are most likely to be undercounted in vital registration? (Note: undercounting may be different for births and deaths.)		
Nomadic groups - and some tribes		
13.3 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)?	Yes	No✓
13.4 What has been done in the last decade to increase:		
<ul style="list-style-type: none"> • Births registration? • As the population increases the civil registration units increase • Development of a pilot project to perform electronic registration in some selected governorates at the Health Office level • Automating health information system starting from the management level 		

- **Deaths registration?**

- As the population increases the civil registration units increase
- Development of a pilot project to perform electronic registration in some selected governorates at the Health Office level
- Automating health information system starting from the management level

14. Is late registration tracked and monitored over time?	Yes✓	No
14.1 And at the sub-national level?	Yes✓	No
14.2 Is late registration more common in some areas than others?	Yes	No✓
(Please specify)		

15. What proportion of registered births take place in health facilities?		
100% in health offices of a health facility except if not enrolled in the registration in the Civil Registry		
15-1 What proportion of registered deaths take place in health facilities?		
100% in its health offices of a health facility		
15.2 What proportion of hospitals or other health facilities have registration officers on the premises?		
100% in the health offices of a health facility as there is no registration in hospitals		
15.3 Do traditional Birth attendatns (TBAs) or other health workers attending home births also report these births?	Yes	✓No
And if so, to whom they report? The parents report to the health offices as indicated by a notification from the delivery attendant		
15.4 Are reported births from such sources routinely compared with registered births?	Yes	No✓
16. What is the proportion of births that occur in non-governmental health facilities?		

19. What are the main obstacles to improving civil registration? For example:					
<ul style="list-style-type: none"> • lack of registrars or places to register; Yes to registrars, No to places to register 	Unknown due to lack of information	<table border="1"> <tr> <td>Yes✓</td> <td>No✓</td> </tr> </table>	Yes ✓	No ✓	
	Yes ✓	No ✓			
<ul style="list-style-type: none"> • lack of access to health facilities; • lack of knowledge of the importance to register births and deaths; 	<table border="1"> <tr> <td>Yes</td> <td>No✓</td> </tr> <tr> <td>Yes✓</td> <td>No</td> </tr> </table>	Yes	No ✓	Yes ✓	No
Yes	No ✓				
Yes ✓	No				
Unknown due to lack of information					

17. Does registration involve any financial costs to the family or informant:				
<ul style="list-style-type: none"> • For births? 	The certificate is given free for the first time	<table border="1"> <tr> <td>Yes</td> <td>No✓</td> </tr> </table>	Yes	No ✓
Yes	No ✓			
<ul style="list-style-type: none"> • For deaths? 	The certificate is given free for the first time	<table border="1"> <tr> <td>Yes</td> <td>No✓</td> </tr> </table>	Yes	No ✓
Yes	No ✓			

18. What social services or benefits are linked to birth registration?		
Free immunizations food subsidies Free Schools Health insurance for school students		
18.1 What social services, insurance benefits or inheritance transfers are linked to death registration?		
Distribution of inheritance is linked to the death certificate Pay the pension		
18.2 If the country uses the identity cards, how does this system affect the registration of vital events?		
Identity card number is used as the main evidence in the registration of vital events		

- The social stigma of illegitimate children;
 - cultural barriers;
 - Financial barriers;
 - Illiteracy;
 - Shortage of doctors and midwives;
- Other obstacles (Please specify)

Yes✓	No
Yes✓	No
Yes	No✓
Yes✓	No
Yes	No✓

marriage below the legal age

20. When did the country last have a campaign to increase public awareness of the need to register vital events? None

20-1 Were the results evaluated?

Yes	No✓
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20-2 Is there a committee that regularly monitors and evaluates civil registration completeness?

Yes	No✓
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B 4. Storage and transfer of data

Supporting materials to be prepared in advance:

- Separate flowcharts of how data on birth and death registration are transmitted from the local level to higher levels and the central storage facility (include how often the data are transmitted and how the data are transmitted).
- A separate flowchart of how data from civil registration (and other sources recording vital events) are transmitted to the unit preparing vital statistics. (Note: the extent to which the civil registration and vital statistics systems are integrated or function as separate systems varies among countries and will determine whether many of the questions need to be duplicated to cover all the flows in both systems.)

21. Do local registration offices record and store the collected information on births and deaths by:

- | | | |
|---|-------|----|
| • Registry books? In all provinces | Yes ✓ | No |
| • Electronic files? approximately in some provinces | Yes ✓ | No |

- Other (Please specify)?

21.1 Are birth and death records filed by

- | | | |
|--|-----|----|
| • Date of registration? | Yes | No |
| • Name? | Yes | No |
| • A numbering system or other numerical index? | Yes | No |
| • Other (Please specify?) | | |

Registration number depends on the serial number in addition to the date of registration

22. What method of record backup is used and how frequently is this done?

Paper: there is a hardcopy as a backup in the Ministry of Health and the Civil Status Authority also keeps a backup copy

Electronic: electronic backups are present in the Ministry of Health and the Civil Status Authority

22.1 How are birth and death records archived?

Archived electronically

22.2 Have records ever been lost or destroyed?

Yes (Please specify)

22.3 How can the loss or destruction of records be avoided in the future?

Alternative electronic records in more than one place (Please specify)
 There are copies of records of births and deaths for the period before 1962 in the Archives House in Cairo and after this year they are present in the civil register

22.4 Can individual birth or death records easily be retrieved if needed?	Yes✓	No
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23. Have there been instances of fraudulent or multiple registrations?	Yes✓	No
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23.1 What precautions are built into the system to avoid fraudulent or multiple registrations?
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(Please specify)

By using National ID, and "log file" in the electronic version

24. Using the flowcharts of data transmission prepared for birth and death records, explain where and how data are being consolidated before transmission.

For the Ministry of Health - Health Information System
 Health offices are merged in the Health Administration
 Health departments are merged in the health Directorate
 Governorates are merged at the central level
 For Civil Status
 Paper forms are compiled in the governorate Civil Registry Offices
 Electroinc data entry in the governorate Civil Status Information Center
 Governorates are merged at the central level

25. Reflecting on the data-flowchart prepared, is there a fixed schedule for transferring data in a timely manner?	Yes✓	No
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25-1 Is this schedule strictly adhered to?	Yes✓	No
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25-2 Is this schedule routinely monitored by those receiving the data?	Yes✓	No
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25.3 Are there procedures in place to deal with late or non-reporting from local civil registration offices?	Yes✓	No
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25-4 If there are procedures in place, what are they?		
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(Please specify)

Instructions have been issued from the central level with specific work procedures - the timing of data transmission from health offices to health departments, then to Directorate, then to the central level

26. Is the information on the birth and death registration forms kept confidential?	Yes✓	No
--	-------------	-----------

26.1 How is confidentiality maintained?

(Please specify)

It is not permitted for any citizen to see these data, except if there is a letter from the prosecution or the court. The information can only be used in obtaining numerical statistical reports without reference to the personal data

26.2 Who can access the data and for what purpose?

(Please specify)

The relatives of the born of the deceased person as defined by law
The concerned authorities by official letters

27. What checks are made on individual birth and death records to ensure that they are accurate and complete when transferred?

Use names dictionary

Monthly review of the work for data auditing

Data confidentiality for workers in databases

27-1 **Are local registration offices routinely contacted for clarification about the statistics by the regional or central level?**

Yes ✓

No

27.2 **If so, how frequently is clarification sought?**

(Please specify)

monthly

28. Is there two-way communication and data transfer between central and peripheral offices?

Yes ✓

No

28.1 Do regional registration authorities routinely receive reports on how characteristics of their populations compare with the national average?

Yes

No ✓

استبيان- الإجراءات (ج)

المكون ج- شهادة الوفاة وسبب الوفاة

ج1. الممارسات المتوافقة مع التصنيف الدولي للأمراض فيما يخص شهادة الوفاة

مواد داعمة تعد مقدماً:

- نسخة من استمارة الشهادة الطبية الدولية حول سبب الوفاة (الملحق ج.1).
- نسخ من جميع الاستمارات المستخدمة لجمع المعلومات حول الوفاة وسبب الوفاة (مثل استمارات الوفيات التي تحدث داخل وخارج المستشفيات، والاستمارات المستخدمة من قبل الشرطة وقضاة التحقيق والسجلات المدنية، وغير ذلك)
- رسم تخطيطي يشرح كيفية التعاطي مع الوفيات غير الطبيعية الناجمة عن الحوادث والانتحار والقتل، وألية إدخال هذه البيانات إلى قاعدة البيانات الخاصة بسبب الوفاة.(الملحق ج.2، الملحق ج.3)

1. كم عدد الوفيات المسجلة (كنسبة مئوية) التي كان لها سبباً معتمداً طبيياً؟

عدد الوفيات المسجلة 483.385 حالة وفاة، 100 % منها لها سبب معتمد وذلك لان الوفاة وتصريح الدفن لا يتم الا بمعرفة الطبيب، وعلى اساس ان المقصود هو اعتماد طبيب الصحة تصريح الدفن عدا حالات المواليد موتى دون قيد والمواليد احياء ثم توفوا دون قيد.

2. في المعلومات الخاصة بسبب الوفاة، هل يمكن الفصل بين الوفيات المعتمدة طبياً وتلك المعتمدة من أي شخص عادي؟

نعم , علماً بأن الشخص العادي لا يعتمد الوفاة. لان رأى الطبيب المتخصص معتمداً على مباشرته للحالة ورأية يعد فنياً ولا يحتمل الكذب او التأثير عليه.

نعم

لا

1-2 هل تجمع هذه المعلومات حول سبب الوفاة بصورة منفصلة في الإحصاءات الخاصة بالدولة ؟

نعم , وتجمع بصورة منفصلة.

نعم

لا

3. هل تستخدم الممارسات المتوافقة مع التصنيف الدولي للأمراض في الدولة؟

نعم يسجل على ICD10 التصنيف الدولي العاشر ولكن هناك قصور لا يصل الى 100 %

نعم

لا

1-3 هل تستخدم الاستمارة الدولية الموحدة للشهادة الطبية حول سبب الوفاة في ما يلي:

• جميع الوفيات؟

لا

نعم

لا

• يقتصر استخدامها على الوفيات التي تحدث داخل المستشفيات وليس تلك التي تحدث خارجها؟

لا

نعم

لا

- يقتصر استخدامها على الوفيات التي تحدث في بعض المستشفيات المحددة، مثل المستشفيات الجامعية أو الإقليمية؟ لا

نعم

لا

- وفيات أخرى (برجاء التحديد)؟

4. إذا لم يكن البلد يستخدم الاستمارة الدولية الموحدة للشهادة الطبية حول سبب الوفاة، فكيف يمكن إدراج استخدامها (حدد الخطوات)؟ لا ينطبق

(برجاء التحديد)

1-4 ما هي الإجراءات المحتملة التي قد تكون مطلوبة (تحفيز المؤسسة الطبية مثلاً)؟

(برجاء التحديد)

5. هل الأطباء على علم بكيفية استيفاء شهادة الوفاة بصورة صحيحة، بما في ذلك التسلسل السببي والسبب الرئيسي؟

- نعم، بصورة عامة وذلك للتغيير السريع لأطباء مكاتب الصحة المكلفين

- نعم، بصورة دائمة.

- لا، لا يعلمون

6. هل هناك كتيب، أو نشرة أو دلائل إرشادية أخرى تشرح للأطباء كيفية اعتماد سبب الوفاة واستيفاء الاستمارة الدولية بصورة صحيحة؟ نعم موجود

1-6 إذا لم تتوافر هذه المواد، فما الذي يمكن أن يساعد في إعدادها، وكيف يمكن توزيعها؟ لا ينطبق

(برجاء التحديد)

7. ماهي نسبة شهادات الوفاة التي لا يرد فيها سوى سبب واحد فقط للوفاة؟

(برجاء التحديد)

حوالي 90 % لا يرد فيها سوى سبب واحد علما بان الشهادة المقصودة هي اخطار الوفاة.

1-7 ما هي نسبة شهادات الوفاة التي تحتوي على طريقة الوفاة بدلاً من تحديدها لسبب الوفاة؟

(برجاء التحديد) حوالي 90 %

2-7 ما هي نسبة شهادات الوفاة التي لا تشير إلى المدة الزمنية بين بدء المرض والوفاة؟

(برجاء التحديد)

100 % من الشهادات لا تشير إلى المدة الزمنية

ج2. شهادة الوفاة المستخرجة من المستشفى

8. في المستشفيات، من الذي يقوم بكتابة شهادة الوفاة:

• الطبيب المعالج؟

• طبيب آخر لم يقم بمعالجة المتوفى قبل وفاته؟

• ممرض/ممرضة؟

• مسؤول السجلات الطبية؟

• غير ذلك (برجاء التحديد)

9. كيف يتم اعتماد الحالات المتوفاة عند الوصول إلى المستشفى؟

(برجاء التحديد) بواسطة الطبيب

1-9 ما مدى شيوع الحالات المتوفاة عند الوصول في المستشفيات، وهل تشكل:

- أقل من 10% من الوفيات؟
إلا ان هذه النسبة غير واقعية لأن هذه المستشفيات ترفض إستلام المريض وتقوم بتسليمه لأهله متعللة بذلك لعدم إهائه الجثه - وهو موروث خاطيء - كما أن مرافقي المتوفى حين يعلمون أنه توفى يفضلوا ان تحدث مراسم الغسل والجنازة من منزله وليس المستشفى.

• 10-20% من الوفيات؟

• أكثر من 20% من الوفيات؟

إلا ان هذه النسبة غير واقعية لان هذه المستشفيات ترفض استلام المريض وتقوم بتسليمه لاهله متعللة بعدم اهانتة وهو موروث خاطئ بالاضافة الى ان مرافقي المتوفى يفضلون ان تحدث مراسم الغسل والجنازة بالمنزل وليس المستشفى.

10. هل الأحداث الحيوية التي تحدث في المستشفيات، يتم تسجيلها في البلد:

- في النقاط التابعة للسجل المدني المتواجدة بالمستشفيات؟
- عن طريق قيام المستشفيات بإرسال الاستمارات إلى مكتب السجل المدني؟
- عن طريق قيام أفراد العائلة بالتسجيل بعد حدوث الولادة أو الوفاة؟

جميع الاجابات غير صحيحة حيث يتم التسجيل في مكتب الصحة عن طريق العائلة والذي يقوم بدوره بإبلاغ السجل المدني.

ج3: الوفيات التي تحدث خارج المستشفيات

11. هل يتحتم استخراج شهادة وفاة متضمنة سبب الوفاة لمن يتوفون في المنزل؟

نعم

نعم

لا

1-11 وإن كان الأمر كذلك، فهل هناك مشكلات معنية بالجودة تؤثر في مثل هذه الشهادات؟

نعم

نعم

لا

وهل تتم مراجعتها؟ نعم

نعم

لا

2-11 هل تستخدم نفس الاستمارة الخاصة بسبب الوفاة في جميع الوفيات التي تحدث داخل وخارج المستشفيات؟

نعم مع ملاحظة الآتي: أن القوانين واللوائح تنص على ذلك إلا أن يوجد إهمال في المتابعة تؤدي إلى عدم تنفيذ اللوائح والقوانين مما يترتب عليه وجود مشكلات معنية بالجودة.

نعم

لا

3-11 هل هناك استمارة مختلفة تستخدم للوفيات التي تحدث خارج المستشفيات، وما هي المعلومات المسجلة حول سبب الوفاة؟

لا

نعم

لا

12. من الذي يقوم بإعداد شهادة الوفاة، ويعتمد سبب الوفاة لأولئك المتوفين خارج المستشفى:

• ممارس عام؟

• قاضي تحقيق، أو ماشابه؟

• مسؤول صحي؟

• مسجل مدني؟

• غير ذلك (برجاء التحديد)

1-12 في حالة الاحتياج إلى طبيب، هل طالب هذا الشخص بالكشف على المتوفى قبل احتضاره؟ لا

نعم

لا

2-12 كيف تستخرج شهادة الوفاة في الحالات التي يختلف فيها الطبيب الذي يتولى كتابة شهادة الوفاة عن الطبيب المعالج؟

(برجاء التحديد) لا ينطبق

13. هل تتاح للممارسين في العادة، فرصة الاطلاع على السجلات الطبية للمستشفى والخاصة بأحد مرضاهم عند وفاته في المنزل؟ نعم , حيث لا يوجد قانون يمنع ذلك ولكن عادة تمنع المستشفيات العامه ذلك كنوع من البيروقراطية إلا ان المستشفيات الخاصة تمنع ذلك للحفاظ على السرية وتمنح الورثة فقط هذا الحق.

نعم

لا

14. هل يستخدم التشريح اللفظي بصورة روتينية لمعرفة سبب الوفاة لأي حالة وفاة لم تُعتمد طبياً في الدولة؟

لا , ولكن يستخدم روتينيا فى رعاية الطفوله والأمومه فقط حيث ينتدب مدير مكتب رعاية الطفوله والامومه لمقابله أقارب جميع حالات وفيات الإناث فى سن الإبتجاب نتيجة أسباب متعلقه بالحمل أو الولادة أو النفاس (حتى سنه اسابيع بعد الولادة) منذ 2001

نعم

لا

1-14 هل تستخدم إجراءات التشريح اللفظي، بصورة روتينية، وهل تتوافق مع معايير منظمة الصحة العالمية؟ لا

نعم

لا

2-14 هل أدخلت أية تعديلات على الإجراءات المعيارية لمنظمة الصحة العالمية بحيث يمكن تطبيقها بصورة أكبر في الدولة؟ لا

نعم

لا

(إذا كان الأمر كذلك، برجاء تحديد التعديلات)

لا ينطبق

ج4: الممارسات التي تؤثر على جودة المعلومات الخاصة بسبب الوفاة

15. لمن، سوى العائلة، تتوفر المعلومات الخاصة بسبب الوفاة (بما في ذلك توفرها عند الطلب)؟ تتوفر لدى مكتب الصحة ولا تتاح لاحد الا بامر محكمة وكذلك بجهاز الاحصاء والسجل المدنى ولكن لا تتاح .

1-15 ما هي المعلومات المتوفرة للعائلة في شهادة الوفاة: اسم المتوفى – تاريخ الوفاة – محافظة الوفاة – قسم الوفاة – عمر المتوفى – اسم الام – الرقم القومى منذ عام 2009 – الا ان المختص غالبا لا يسجل هذه البيانات.

• جميع المعلومات المتوافرة في الاستمارة الخاصة بسبب الوفاة؟

• مقتطفات من أجل الأشخاص العاديين حول سبب الوفاة؟

غير ذلك (برجاء التحديد)؟ لا تتوافر كل البيانات ويوصى باستكمال نموذج الوفاة بالكامل.

16. هل هناك احتمال تعيين سبب وفاة أكثر مقبولية اجتماعياً في العديد من الحالات التي يكون فيها السبب حساساً أو مشوباً بالوصمة (مثل الانتحار أو الإصابة بمرض الإيدز والعدوى بفيروسه)؟ **نعم**

نعم

لا

17. هل توضح شهادة الوفاة ما إذا كانت السيدة حاملاً، أو كانت حاملاً في الآونة الأخيرة؟ **لا ولكن يذكر في نموذج تبليغ الوفاة.**

نعم

لا

18. هل تتم مراجعة وفيات الأمومة بصورة منفصلة عن سائر الوفيات؟ **نعم**

نعم

لا

1-18 هل يتم رصد الوفيات في الفترة المحيطة الولادة باستخدام استمارة خاصة، وفقاً لتوصيات منظمة الصحة العالمية؟ **نعم**

نعم

لا

19. ما الذي يتلقاه الأطباء من تدريب وممارسات بشأن اعتماد سبب الوفاة:

- لا شيء؟
- محاضرة واحدة في كلية الطب أو في المستشفى؟
- دورة تدريبية بشأن إصدار الشهادات تتوافق مع التصنيف الدولي للأمراض؟
- تدريب على رأس العمل؟

- غير ذلك (برجاء التحديد) ولكن تفتقد الدورة التدريبية الاستدامة والتكرار والمتابعة بعد التدريب.

1-19 هل يدرك معظم الأطباء أهمية المعلومات التي يقدمونها في شهادات الوفاة بالنسبة للصحة العمومية؟ لا

نعم

لا

20. هل قامت الدولة بتقييم جودة الشهادات الطبية؟ نعم

نعم

لا

1-20 في حالة الإجابة بنعم:

- متى أجري هذا التقييم؟

(برجاء التحديد) في الاعوام 1999، 2009، 2010، 2011

• كيف أأري هذا التقييم؟

(برآء التآييد) بأستأءم الأءاءة برنامآ (ACME) بالمركز القومى لمعلوماء وزارة الصأة والسكان

• ماأ كانت نتيجته؟

(برآء التآييد)

فى عام 1999 %7

عام 2009 %17

عام 2010 %46

عام 2011 %53

- ما هي إجراءات المتابعة المتخذة لتحسين الممارسات المتبعة في إصدار هذه الشهادات؟

(برجاء التحديد) تم اعداد برنامج مراقبة جودة البيانات ويتم تطبيقه منذ عام 2012.

21- بصفة عامة، هل السجلات الطبية للمستشفى:

- كاملة؟ لا
 - موثوقة؟ لا
- نعم
لا
نعم

لا

- يسهل الوصول إليها بالنسبة لمن يقوم بتحرير شهادة الوفاة؟ لا يسهل وخاصة في المستشفيات الخاصة ولكن يمكن ذلك في المستشفيات العامة.

نعم

لا

1-21 هل سائر السجلات الصحية، مثل تلك الخاصة بالعيادات الصحية أو الممارسين العاميين أو أطباء العائلة:

كاملة؟ لا

نعم

لا

موثوقة؟ لا

نعم

لا

يسهل الوصول إليها بالنسبة لمن يقوم بتحرير شهادة الوفاة؟ لا

نعم

لا

22- من الذي يشهد بأن سبب الوفاة غير طبيعي (مثلاً بسبب حادثة أو انتحار أو قتل)؟

(برجاء التحديد)

- أهلية المتوفى.
- شاهد الواقعة اذا حدثت بالطريق العام أو مكان عام.
- النيابة العامة بعد أخذ التقرير الفني لمفتش الصحة الظاهري أو تقرير الطب الشرعي بعد التشريح.

22. إذا كان هناك نظام خاص باستخراج مثل هذه الشهادات الخاصة بالوفيات، برجاء وصف آلية العمل به ومدى جودته.

(برجاء التحديد)

لا يوجد شهادة خاصة.

23. هل الأطباء الممثلين باعتماد شهادات الوفاة على دراية بكيفية الإبلاغ عن الوفيات الناجمة عن الإصابات أو تلك الناجمة عن أسباب خارجية وفقاً لقواعد التصنيف الدولي للأمراض؟ **نعم**

نعم

لا

الملحق ج.1

شكل الشهادة الطبية الدولية حول سبب الوفاة

سبب الوفاة

الفترة التقريبية بين بداية الحالة ووقوع الوفاة

المرض أو الحالة المؤدية إلى الوفاة مباشرة*

.....(أ)

.....

بسبب (أو نتيجة لـ)

الأسباب السابقة

الحالة المرضية، إن وجدت، المؤدية إلى السبب أعلاه، التي تشير إلى الحالة الأساسية الأخيرة.

.....(ب)

.....

بسبب (أو نتيجة لـ)

.....(ج)

.....

بسبب (أو نتيجة لـ)

.....(د)

.....

||

حالات هامة أخرى مساهمه في الوفاة، لكن ليس لها علاقة بالمرض أو الحالة المؤدية إليه

.....

.....

.....

.....

* هذا لا يعني طريقة الوفاة، على سبيل المثال فشل القلب أو الفشل التنفسي. بل هذا يعني المرض أو الإصابة أو المضاعفات المؤدية إلى الوفاة

ج الممارسات المتوافقة مع التصنيف الدولي للأمراض فيما يخص شهادة الوفاة؟

ج كم عدد الوفيات المسجلة كنسبة مئوية التي كان لها سببا معتمدا عليها؟

, 100%

2 فى المعلومات الخاصة بسبب الوفاة هل يمكن الفصل بين الوفيات المعتمدة طبيا وتلك المعتمدة من أى شخص عادي؟

نعم , علما بأن الشخص العادي لايعتمد الوفاة. لان رأى الطبيب المتخصص معتمداً على مباشرته للحالة ورأية يعد فنيا ولا يحتمل الكذب او التأثير عليه.

1-2 هل تجمع هذه المعلومات حول سبب الوفاة بصورة مفصلة فى الإحصاءات الخاصة بالدولة؟

نعم , وتجمع بصورة منفصله.

3- هل تستخدم الممارسات المتوافقة مع التصنيف الدولي للأمراض فى الدولة؟

نعم يسجل على ICD10 التصنيف الدولي العاشر ولكن هناك قصور لا يصل الى 100 %

1-3 هل تستخدم الاستمارة الدولية الموحدة للشهادة الطبية حول سبب الوفاة فيما يلي:-

- جميع الوفيات لا
- يقتصر استخدامها على الوفيات التي تحدث داخل المستشفيات وليس تلك التي تحدث خارجها ؟ لا

- يقتصر استخدامها على الوفيات التي تحدث في بعض المستشفيات المحدده مثل المستشفيات الجامعية أو الاقليمية ؟

- 4

6- هل هناك كتيب أو نشرة أو دلائل إرشادية أخرى

Annex C.1

International form of medical certificate of cause of death

Cause of death

The approximate interval between onset and death

Disease or condition directly leading to death *

(a).....

.....

Due to (or as a consequence of)

Antecedent causes

Morbid condition, if any, giving rise to the above cause, stating the underlying last condition.

(b).....

.....

Due to (or as a consequence of)

(C).....

.....

Due to (or as a consequence of)

(D).....

.....

II

Other significant conditions contributing to the death, but not related to the disease or the condition causing it

.....

.....

.....

.....

** This does not mean the mode of dying, for example, heart failure, respiratory failure. It means the disease, injury or complications that caused death*

C- ICD-compliant practices for death certification?

C - How many registered deaths (as a percentage) have a medically certified cause of death?

100%,

2- In the cause-of-death data, is it possible to separate medically certified deaths and those certified by a layperson?

Yes, but note that ordinary person does not certify death. The opinion of a specialized doctor is officially accredited because he follows up the case and his opinion is technical and not likely subject to lying or influence.

2.1 Are these data compiled separately in the cause of death statistics for the country?

Yes, and they are compiled separately

3 - Are ICD-compliant practices used for death certification in the country?

Yes, the ICD10 is used but there is lack not reaching to 100%

3.1 Is the standard international form of medical certificate of cause of death used for:

- All deaths No
- only deaths occurring in hospitals not for those taken place outside hospitals? No
- only deaths occurring in some specific hospitals, such as university or regional hospitals?

6 - Is there a booklet, brochure or other guideline

No

Questionnaire - procedures (d)

Component D - ICD mortality coding practices

D 1: Mortality coding practices

1. Is the ICD used for cause-of-death statistics?	Yes	No
1-2 If so, which revision and edition is currently being used?		
ICD-10		
1.3 Is a national-language version of the ICD used? The code is only used in English and the names of diseases are used in both Arabic and English	Yes	No
1.4 Who is responsible for coordinating the implementation of the ICD?		
Ministry of Health		
1-5 Who is responsible for training ICD coders?		
Ministry of Health		

2. Are the codes selected for cause-of-death reporting chosen from:		
<ul style="list-style-type: none">The complete ICD listA summary tabulation list of the ICD?	Yes	No
2-1 If a summary list is used, which list is it?	Yes	No

3. Are coding and ICD selection rules for underlying cause-of-death data applied?	Yes	No
--	------------	-----------

4. Is mortality coding:		
<ul style="list-style-type: none">centralizedDecentralized	Yes	No
4-1 If coding is decentralized, what quality measures and procedures are in place to ensure national consistency in the application of ICD coding rules?	Yes	No
Standardized training manual		
Preparation of trainers training at the local level		
Measuring data quality through the WHO tool		

5. Is cause-of-death coding relying on:		
<ul style="list-style-type: none">A copy of the original death certificateA transcribed list provided by the civil registration office	Yes	No
	Yes	No

• Or some other documents	Yes	No
5.1 Is all the information:		
• on the death certificate coded	Yes	No
• or only the presumed underlying cause of death	Yes	No

6. s 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?	Yes	No
6.1 If so, please describe these procedures and discuss their efficacy?		
The editor doctor is contacted by phone to make sure of the original cause of death from the health department at the unit level		

D 2: Mortality coder qualification and training

Compile a list of the ICD training courses that have been offered in the last 3 years. As far as possible, include a summary list of the subject matter taught (see Appendix D .1)

7. What categories of staff are doing mortality coding in the country?		
Physicians coders assistants	Yes	No
Statisticians	Yes	No
Health professionals	Yes	No
(Please specify)		
Statistical and registration technician and helpers Clerks and other qualifications Egyptian fellowship doctors are trained on the International Classification of Diseases		
7.1 What level of education do mortality coders typically have?		
Medical registration and statistical technician		

8. Are specific training courses provided for mortality coders or do they learn on-the-job?
Yes. Quality training courses are available but they do not cover all health offices and units working as health office

8.1 If coders are specifically trained to code:		
• Are there sufficient local ICD trainers to meet the needs?	Yes	No
• Who is responsible for delivering the training?	Yes	No
Partnership between the Information Centre of the Directorate and the Department of Preventive affairs		
• What is the length of training and is there a standard curriculum?		
6 days- Yes, there is training according to the training system of the tenth revision of the World Health Organization		
• How often is coder training conducted?		
Only once		

9. Is there a high turnover among coders?	Yes	No
9.1 Are coders recognized within staffing structures as a separate cadre?	Yes	No
9.2 Are coding qualifications recognized separately to other administrative officers?	Yes	No

10. Are there local senior trainers who have been trained at The WHO Collaborating Centres Network for the Family of International Classifications (“WHO-FIC”) supported training courses?	Yes	No
10-1. Do coders have opportunities for ongoing education?	Yes	No

D3: Quality of Mortality coding

11. Do all coders have a complete set of ICD volumes available to them when they code? Electronic	Yes	No
11.1 Do ACME program is used to insert death certificate data for all health units by all encoders?	Yes	No

12. Do you regularly check:		
• The 7 th Website of ICD to update codes and coding practices?	Yes	No
• The department of health’s web site for updates on coding practices?	Yes	No

13. What processes are in place to assess the quality of cause of death coding, and how frequently is this assessed?
Review of death certificate data (random sample) with the data record of the unit on irregular intervals Periodic review between the information center and the Preventive Medicine locally and centrally on monthly basis Follow WHO tool ANACoD to measure the quality of data annually

13-1 Has the quality of mortality coding ever been evaluated?	Yes	No
13.2 If so, was the level of accuracy deemed satisfactory?	Yes	No
13.3 What systemic issues were identified?		
<p>The level of accuracy is unsatisfactory because it is less than 80% as it was 7% in 1999</p> <p style="padding-left: 40px;">in 2009 reached 17%</p> <p style="padding-left: 40px;">in 2010 reached 46%</p> <p style="padding-left: 40px;">in 2011 reached 53%</p>		
13.4 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?		
<p style="padding-left: 40px;">Follow-up action on a monthly basis through the local network of the Ministry</p> <p style="padding-left: 40px;">Regular annual and semi annual meetings to discuss problems</p>		

Questionnaire - Results (E) - Working Group 3

Supporting materials prepared in advance:

- a) Tabulations of relevant vital event data from other sources (e.g. censuses with birth and death questions, demographic and health surveys (DHS) and other national surveys). Calculations of birth and death rates from these sources compared with birth and death rates derived from civil registration (see Box 3.8). (Appendix E.1)
- b) Calculations of the percentage distribution of deaths for the latest available year according to three broad cause-of-death groups, the first, second and third groups. (Appendix E.2)
- c) Calculations of the percentage distribution of deaths for the latest available year according to cause of death groups, the first, second and third groups within 5-year or 10-year age intervals (see Box 3-11). (Appendix E.3)
- d) Calculation of the percentage of deaths by age and sex being assigned to ill-defined cause-of-death categories.

Component E - Data access, use and quality checks

E1: Data quality and plausibility checks

E1 (a): Levels of fertility and mortality

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?

Yes

1-2 If so, which indicators are calculated?

Crude birth rates - Crude fertility rates - Total fertility rates - General fertility rates- age-specific fertility rates

1-3 Are mortality indicators (e.g. crude birth or mortality rate, age-specific mortality rate, infant mortality rate, parental mortality rate and maternal mortality rate) routinely calculated from the civil registration and vital statistics data?

Yes

1-4 If so, which indicators are calculated?

All indicators mentioned above are calculated except (parental mortality rate)

1.5 What are the sources of data used as denominators for the calculation of these rates?

General Population Census

Population estimates which are calculated annually by the Central Agency for Public Mobilization and Statistics

1-6 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) (worksheet E (a))

**Data are audited in each party at the level of the two sources of births data, i.e. the Population Health Survey the Central Agency data, which are derived mainly from the Ministry of Health through the Civil Status Department
But data are not audited between these two mentioned sources due to lack of coordination between them in addition to the variation between them in the periodicity of data collection**

2. Are the civil registration and vital statistics data used to investigate variations in fertility and mortality within the country?

Yes

Records information is used to calculate and highlight the differences between the governorates in the mentioned indicators

2-1 Are fertility rates derived from civil registration and vital statistics compared with rates derived from other sources?

No

2-2 Are mortality rates derived from civil registration and vital statistics compared with rates derived from other sources?

No

3. Did the last census include a question on births or deaths; for example:

- Number of children ever born alive and still alive?

No

- Date of birth of last child born alive?

No

- Whether the last birth was registered?

No

- Whether the last death was registered?

No

- Deaths in the household in the past 12–24 months?

No

3-1 If so, have the data been analysed and compared with the vital statistics data?

No

4. Are other sources used to complete and verify birth and death data?

Yes

4-1 if so, describe these.

The Central Agency for Public Mobilization and Statistics verifies data by numerical comparison between that of the Civil Status Department and from the Ministry of Health by only numerical comparison and not at the level of characteristics

E1 (b): Cause of death

5. 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.)

47%

5.1 Has the proportion of deaths allocated to the ill-defined categories changed over time?

Yes

5.2 What is the proportion of unknown causes of death among all deaths?

0%

6. Is the consistency of the national cause-of-death pattern checked over time, including disaggregation comparisons?

Yes

7. 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)?

No

8. Is the age pattern of causes of death obtained from civil registration for major disease

groups and injuries consistent with expected patterns? (see Box 3.11)

No

9. 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%.

- What is the proportion of cardiovascular disease deaths assigned to heart failure and other ill-defined heart-disease categories (ICD-10 codes I472, I490, I46, I50, I514, I515, I516, I519, I709)?

Poorly defined heart disease is 47% in 2011

- What is the proportion of cancers with an ill-defined primary site (ICD-10 codes C76, C80, C97)?
- What is the proportion of injury deaths that are of undetermined intent (ICD-10 codes Y10-Y34, Y872)?

E2: Data tabulation

10. Are births and deaths compiled according to:

- date of occurrence

Yes

- date of registration

Yes

11. Are births and deaths compiled according to place of occurrence as well as place of usual residence?

Births and deaths are collected on the basis of their place of occurrence and the data of place of residence is added within the general data of the deceased

Yes

12. At what level of disaggregation are the birth data tabulated? Report separately for:

- sex;

Yes

- Sex and the age of mother

Yes

- Sex, age of mother and sub-region

Yes

12.1 At what level of disaggregation are the deaths and cause-of-death data tabulated? Report separately for deaths and cause of death for: **Is a separate report submitted on deaths and cause of death?**

- Sex;

Yes

- Sex and age;

Yes

- Sex and sub-region;

Yes

- Sex, age and sub-region.

Yes

13. Are the World Health Organization (WHO) standards being used to tabulate mortality and cause of death data?

Yes

14. What is the smallest subnational level used for tabulating vital statistics? Is this appropriate given the potential uses for disaggregated data?

Vital Statistics data are tabulated at the level of district in urban areas and the village level in the rural areas (in the villages where there is an office) that registers births and deaths as well as the department, the center and also the governorate

14.1 Will this fit with the potential uses of this disaggregated information?

Yes

15. Are any of the four standard mortality tabulation lists suggested by the ICD used for data presentation purposes?

Yes

15-1 If not, which condensed list is used? How was this list derived?

16. Are data compiled into 10 leading causes (separately for men and women and children)?

Yes

16.1 From which list are the 10 leading causes selected?

Sorted by selecting the top ten causes as given

16.2 Are ill-defined causes included in the ranking as a category?

Yes

16.3 What proportion of deaths is **accounted for the 10** leading causes of death?

E3: Data access and dissemination

Supporting materials to be prepared in advance:

- Compile a list of publications and information products available that use the vital statistics.

17. Who are the main users of the vital statistics:

- within the government?
Yes
- outside the government?
Yes

17.1 Is there an engagement strategy to regularly discuss data needs with the main data users?
No

If so, please describe this strategy.

17.2 Is it possible to provide an example of how vital statistics have been used to guide policy and practice?

The vital statistics data is used in formulation of the country population policies by using historical data for a specific time series and prediction what will be in the future, in order to be prepared to face the expected increase in population and services needed for them

18. 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 issuing of the following:

- births and deaths statistics?
Yes
- causes of death statistics?
Yes

18.1 Are analytical reports about birth, deaths and causes of deaths derived from vital registration produced?

The Population Studies Center in the Central Agency for Public Mobilization and Statistics Issues periodic reports on births and deaths statistics as well as the causes of death, fertility analysis, the impact of certain diseases on the causes of death and their proportions and analysis of maternal and infant mortality.

18.2 Is there a data-release schedule?

Yes

19. Are vital statistics made available to users as:

- print?

Yes

- electronic files?

Yes

- web sites?

Yes

- pdfs

Yes

- interactive tables?

Yes

19.1 Are the vital statistics available free of charge or at a cost? Please explain.

free

Data is provided free of charge to serve all data users whether they are research centers, researchers or scholars as their studies have an impact on the overall country situation

20. What agency publishes the official vital statistics?

**Central Agency for Public Mobilization and Statistics
National Information Center for Health and Population - The Ministry of Health
and Population**

20.1 How regularly are the data published or released?

**Published through a timetable and according to the followings:
Print - electronic files - Websites -
PDF - interactive tables**

20.2 Are all terms and concepts used in vital statistics publications clearly explained?

Yes

21. What analyses are being routinely carried out on the data:

- Fertility patterns **Yes**
- mortality differentials **Yes**
- disease mapping **Yes**
- others **Yes**

21.1 Along with the statistical tables, are analyses of the data published regularly?

Yes

21.2 How are these data being used at various levels?

**Data is used routinely on the level of the whole Republic as well as at a lower
administrative level (governorate)
It is used at the lower administrative levels (Center - department – Xiahe شياخة -
Village) depending on the purpose and not routinely**

21.3 Is there any attempt to build analytical capacity among staff who collect and compile vital statistics to perform basic analyses of the data to help them better understand the value and purpose of the data which they collect? If not, how could this be achieved?

Yes

If not, how could this be achieved?

Appendix E1

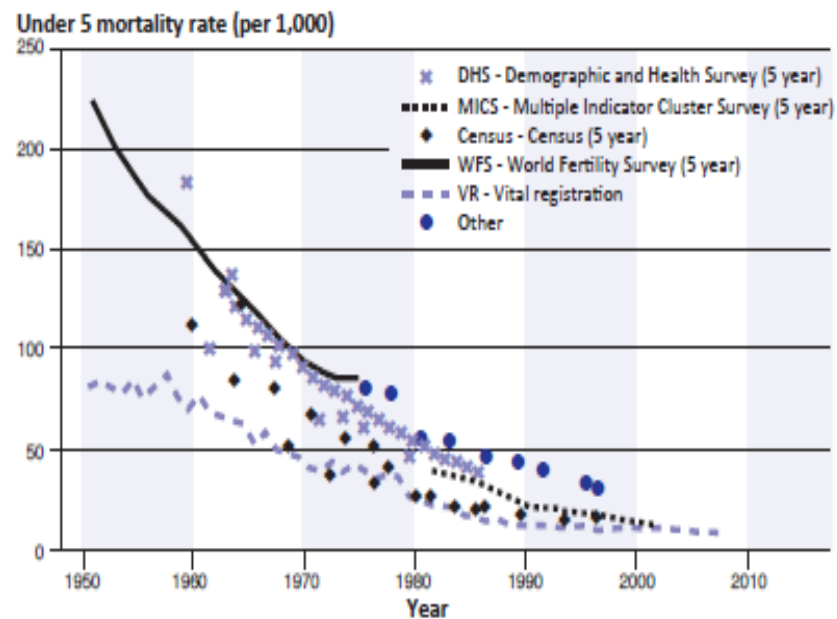
Sorting and tabulating the relevant vital events data from other sources (such as population censuses with questions about births and deaths, demographic and health surveys (DHS), and other national surveys).

Other sources	Relevant vital events data					
	A	B	C	D	E	Notes
Population Censuses with questions about births and deaths						
Demographic and health surveys (DHS)						
Other national surveys						
.....						
.....						
.....						

Box 3.8 Child mortality in Thailand

The graph shows how estimates of “child mortality” (i.e. death before age 5) in Thailand derived from censuses or surveys can be used to estimate the degree of underreporting of child deaths (completeness) in the vital registration system, and how this has changed over time. This is done by comparing the line of best “fit” for the observed child mortality rates derived from censuses and surveys in Thailand with the actual observed values calculated from vital registration data for the same year or years. From this analysis it can be concluded that child deaths were grossly underreported in the national vital registration system in the 1970s and 1980s. However, levels of reporting appear to have improved dramatically over the past decade.

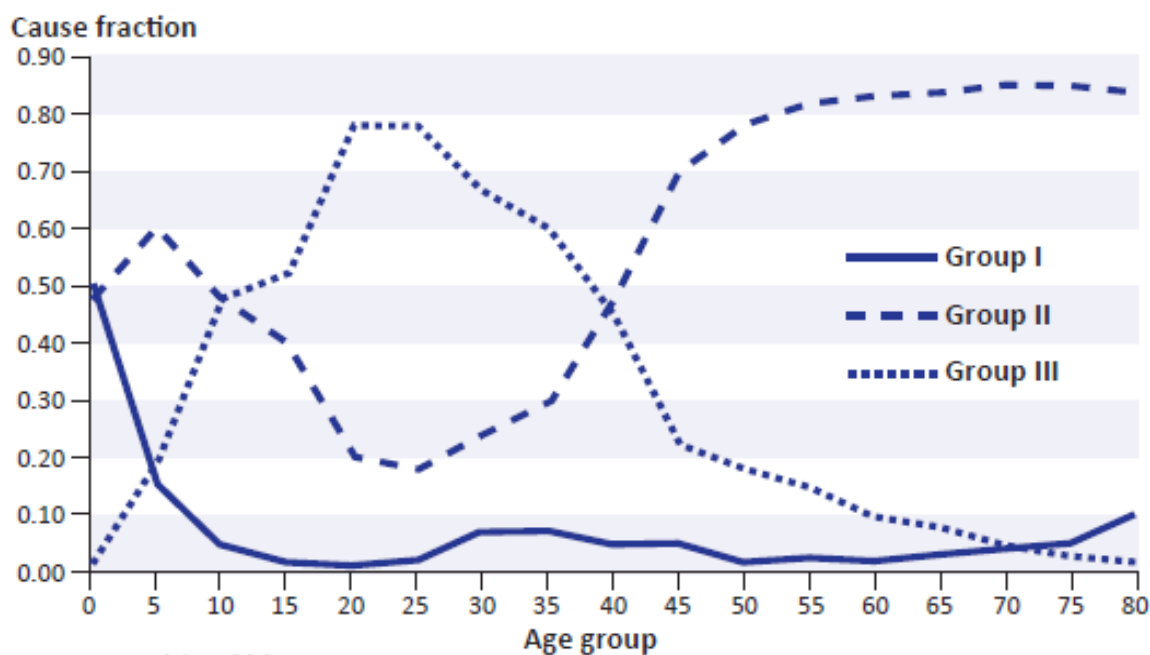
Countries are strongly urged to prepare similar visual aids of the comparative levels of child mortality derived from difference sources as critical background information about the performance of their death registration system.



<p>The table above shows how the relative importance of different broad causes of death changes as the average life expectancy of a population increases. Three broad cause groups are shown:</p>	<p>First group - Infectious and parasitic diseases, maternal and perinatal and nutritional causes.</p> <p>Second group - cancers, heart disease, stroke, chronic lung, liver and other non-communicable diseases and mental health conditions such as schizophrenia.</p> <p>Third group - injuries such as accidents, homicides and suicides.</p>			
<p>First group: Communicable diseases, maternal, perinatal and nutritional conditions (ICD-10 codes A00–B99, G00–G04, N70–N73, J00–J06, J10–J18, J20–J22, H65–H66, O00–O99, P00–P96, E00–E02, E40–E46, E50, D50–D53, D64.9, E51–64)</p>	<p>Second group: Noncommunicable diseases (ICD-10 codes C00–C97, D00–D48, D55–D64 (minus D 64.9) D65–D89, E03–E07, E10–E16, E20–E34, E65–E88, F01–F99, G06–G98, H00–H61, H68–H93, I00–I99, J3–J98, K00–K92, N00–N64, N75–N98, L00–L98, M00–M99, Q00–Q99)</p>	<p>Third group: Intentional and non-intentional injuries (including homicide and suicide) (ICD-10 codes V01–Y89)</p>		

Appendix 3: Calculation of the percentage distribution of deaths for the latest available year according to the three groups of causes of death: the first, second and third group, within 5 years or 10 years age intervals (see Box 3.11).

Box 3.11 Typical age pattern of broad cause-of-death groups (I–III)



Source: Lopez et al. (2007) (5)

The chart shows the typical age distribution of deaths for the three broad groups of causes described in Box 3.10:

- Group I – Communicable diseases, maternal, perinatal and nutritional conditions.
- Group II – Noncommunicable diseases.
- Group III – Intentional and non-intentional injuries, including homicide and suicide.

The chart shows a hypothetical example of a country with a life expectancy of 65 years. The typical percentage distribution of causes at each age would be similar at other levels of life expectancy between about 55 and 75 years. Comparing this typical pattern with the age and cause distribution generated from the vital statistics system permits a plausibility check of the age pattern of causes of death.

In conducting plausibility checks of the age pattern of causes of death, the first step is to compute the distribution of deaths across the three broad cause groups for deaths within each age group: <1 year, 1–4 years, 5–9 years, 10–14 years, ... , 80–84 years, 85+ years. The next step is to plot the cause fractions (i.e. percentage deaths from each broad cause group) for each age group, to produce a chart similar to the example shown above.

Separate charts should be computed for male deaths and female deaths, although in the absence of high maternal mortality rates, the cause fractions by age for the sexes should be similar. Typically, about half to two thirds of all deaths at ages <5 years are due to group I causes, particularly infectious diseases and pneumonia, and other communicable diseases such as malaria. Perinatal conditions such as birth trauma and birth asphyxia are also common causes at these ages, whereas injuries (particularly accidents) are not. Injuries become progressively more important a cause of death in older children and young adults, so that by about age 20–24 years, typically 70–80% of all deaths are due to accidents, homicide or suicide. The cause-specific fractions from injuries for females at these ages are typically slightly lower than for males. Beyond age 40 years, the percentage of deaths due to group II (noncommunicable) diseases rises sharply, so that by about age 60 years, they typically account for about 80% of deaths. There may be a slight decline in the cause fraction of group II diseases at ages above 80 years due to the importance of pneumonia (a group I disease) as a cause of death in the elderly.

The chart shows a hypothetical example of a typical cause-of-death pattern at different ages. The precise distribution of causes will, of course, vary from country to country. However, significant departures from this age pattern should be closely investigated because they would be suggestive of problems with either the certification and coding of causes of death, or age-misreporting of deaths, or both.

While country age patterns of causes of death should be broadly similar to the hypothetical example shown in the chart, important exceptions may occur. For example, pandemic influenza deaths, generalized HIV epidemics, wars or natural disasters such as earthquakes or tsunamis may result in legitimate and understandable departures from these typical age patterns for one or more years. What is important is an understanding of the reasons for any deviations from this typical age pattern of cause-of-death distribution.

Note that the figures do not include deaths due to ill-defined causes.

Assessment Tool of Marriage and Divorce

1- Legal tools

1.1 Does the country have legislation stating the registration of marriage and divorce events?

Option	Response	Group A	Group E	
A	Yes, there are legislations forcing citizens to record marriage and divorce events	✓	✓	2
B	Yes, there are legislations but does not state that registration is compulsory (mention)			
C	No legislation is present			

1.2 Does the law state the responsible authorities for the registration of marriage and divorce events?

Option	Response	Group A	Group E	
A	Yes, the law stated for registration of all marriage and divorce events	✓	✓	2
B	The law includes some events (Mention)			
C	No legislation is present			

1.3 Are there legal tools (documents - records) to support data collection, coding and analysis?

Option	Response	Group A	Group E	
A	Yes - the law provides the existence of forms and records for data collection	✓	✓	2
B	The law includes some forms			

	(Mention).			
C	There are no supporting tools or records			

1.4 & 1.5 Does the law state the types of marriage and divorce events?

Option	Response	Group A	Group E	
A	Yes – the law states all marriage and divorce events	✓	✓	2
B	The law includes some types (Mention).			
C	There are no texts			

1.6 Are there other documents covering the registration of marriage and divorce events?

Option	Response	Group A	Group E	
A	There are no documents as the current system covers all types of marriage and divorce events	✓	✓	2
B	There are some other documents covering some events			
C	There are other documents, but they are not always taken into account			

1.7 Are there any social or religious criteria governing marriage and divorce?

Option	Response	Group A	Group E	
A	Yes – there are strong standards and fully applicable	✓	✓	2
B	There are some applicable religious and social standards (Mention).			

C	No religious standards or systems			
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1.8 Does the law provide the types of marriage or divorce to be registered?

Option	Response	Group A	Group E	
A	Yes – the law includes all common types of marriage and divorce in the country	✓	✓	2
B	The law provides some types (Mention).			
C	There is no law satating that			

1.9 Does the law specify the party responsible for registration, who is responsible for registration, the time frame and keeping the records of marriage and divorce?

Option	Response	Group A	Group E	
A	Yes, the law states that clearly.	✓	✓	2
B	Yes, the law states some of that (mention.....)			
C	No			

2 - Institutional arrangements (responsible authorities)

2.1 Who are the main stakeholders in recording marriage and divorce events?

Option	Response	Group A	Group E	
A	Ministry of Justice - National Bureau of Statistics - Ministry of Interior	✓	✓	2
B	Some of them (Mention)			
C	No one.			

2.2 What are the ministries, agencies and systems responsible for marriage and divorce registration system?

Option	Response	Group A	Group E	
A	Ministry of Justice - National Bureau of Statistics - Ministry of Interior.	✓	✓	2
B	Ministry of Justice only			
C	No one			

2.3 What are the agencies and institutions responsible for regulatory rules of vital statistics registrations?

Option	Response	Group A	Group E	
A	Ministry of Justice - National Bureau of Statistics - Ministry of the Interior	✓	✓	2
B	Some of them (Mention)			
C	No one.			

2.4 Are there specific jobs or roles for each entity in the registration process?

Option	Response	Group A	Group E	
A	Yes, there is a specific, clear and detailed role for each entity.	✓	✓	2
B	Yes, there are roles, but there is some overlapping.			
C	There are no defined roles.			

2.5 Is there a documentary cycle and collaboration between stakeholders from the beginning of registration till dissemination?

Option	Response	Group A	Group E	
A	Yes, there is a close cooperation between the concerned authorities and a specific documentary cycle.			
B	There is a documentary cycle, but there is no full cooperation between parties.	✓	✓	1
C	There is no documentary cycle			

2.6 Are there other participants at the sub-national level?

Option	Response	Group A	Group E	
A	Yes, there are participants at the entire sub-national level.	✓	✓	2
B	Yes, but do not cover the entire sub-national level (Mention..... ..).			
C	There are no participants at the sub-national level			

2.7 Are there gaps that the system does not cover in its various stages?

Option	Response	Group A	Group E	
A	There are no gaps allowing leaking of any marriage and divorce events			
B	Yes, there are some gaps (mention ..)	✓	✓	1
C	There are many gaps.			

2.8 Is there a role for social and religious institutions and others in the registration of marriage and divorce events?

Option	Response	Group A	Group E	
--------	----------	---------	---------	--

A	Yes, there is a role for religious and social institutions, and others.	✓	✓	2
B	Yes, there is a role for some institutions (mention)			
C	There is no role for any of them.			

2.9 Are institutions responsible for the registration of marriage and divorce completely separate from institutions responsible for the registration of births and deaths?

Option	Response	Group A	Group E	
A	Yes, there is a complete separation between them			
B	Yes, there is a separation in some responsibilities (mention ..	✓	✓	1
C	There is no separation between them			

2.10 Is there anything not implemented in the basic performance stages of the system?

Option	Response	Group A	Group E	
A	All stages operate effectively.	✓	✓	2
B	Some stages operate partially.			
C	Most stages are not being implemented.			

2.11 Are there mechanisms that link the institutions responsible for the registration process?

Option	Response	Group A	Group E	
A	Yes, there are fully and effectively working mechanisms	✓	✓	2

B	Yes, but not activated (mention)			
C	No mechanisms are present			

3 – The scope of civil registration

3.1 Are all vital events being covered through legal documents?

Option	Response	Group A	Group E	
A	Yes, they are fully covered.	✓	✓	2
B	Yes, they are partially covered (mention ..).			
C	No, they are not covered			

3.2 Is registration of all vital events done in the current system?

Option	Response	Group A	Group E	
A	Yes, they are fully registered.	✓	✓	2
B	Yes, but partially registered (mention)			
C	No, they are not registered at all.			

4 - Registration coverage

4.1 Does the system cover all geographical areas in the whole country?

Option	Response	Group A	Group E	
A	Yes, it covers the whole country.	✓	✓	2
B	Yes, but not all areas (mention)			

C	The system does not target any coverage.			
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4.2 Are there registration centers at the lowest administrative division levels of the country?

Option	Response	Group A	Group E	
A	Yes, registration centers are available at the lowest administrative division of the country.	✓	✓	2
B	Yes, but not available at the lowest administrative division levels of the country (mention).			
C	Not available			

4.3 What is the lowest geographic level covered by the registration centers?

Option	Response	Group A	Group E	
A	Village / Xiahe شياحة	✓	✓	2
B	Department or center / district / region			
C	National level only			

4.4 Are there any policies or standards that define the distance between the center and the notifier (served places)?

Option	Response	Group A	Group E	
A	Yes, there are applied policies and standards.			
B	Yes, but not activated.			
C	There are no policies or standards.	✓	✓	0

5 - Registration Content

5.1 & 5.2 Are all variables contained in the recommendations of the United Nations covered in the Registration form?

Option	Response	Group A	Group E	
A	Yes, they are completely covered.			
B	Yes, some of them are covered.	✓	✓	1
C	Not covered			

5.3 Are there any additional variables included in the registration form?

Option	Response	Group A	Group E	
A	Yes, there are some variables (Mention)			
B	Yes, but not compulsory. (Mention)	✓	✓	1
C	No			

6- Registration completeness

6.1 What is the proportion of registration completeness at all levels?

Option	Response	Group A	Group E	
A	More than 90%	✓	✓	2
B	60-89%			
C	Less than 60%			

6.2 How is the completeness proportion identified?

Option	Response	Group A	Group E	
A	via other sources (administrative records - Census Research)	✓	✓	2
B	Using indirect methods and calculation of mathematical equations.			
C	completeness proportion is not identified			

6.3 What are the other sources for marriage and divorce data access?

Option	Response	Group A	Group E	
A	More than one source.	✓	✓	2
B	One source only			
C	No other source			

6.4 Are these sources matching the civil registry data?

Option	Response	Group A	Group E	
A	Yes, they are matching			
B	Yes, but partially.	✓	✓	1
C	No, they are not			

6.5 Which administrative levels are characterized by high completeness proportion and which are characterized by low completeness proportion?

Option	Response	Group A	Group E	
A	All levels are characterized by high			

	completeness proportion.			
B	Some levels are characterized by high completeness proportion (specify.....)	✓	✓	1
C	They are characterized by low completeness proportion			

6.6 What are the most types of registered marriage and why?

Option	Response	Group A	Group E	
A	Marriage accepted by law.	✓	✓	2
B	Marriage partially accepted by law (Mentio)			
C	nothing			

6.7 What is the registration proportion of marriage events that takes place in a court, governmental premises or other agencies?

Option	Response	Group A	Group E	
A	More than 90%	✓	✓	2
B	60-89%			
C	Less than 60%			

7. Data collection and processing:

7.1 Which kinds of media are used in marriage and divorce data registration?

Option	Response	Group A	Group E	
A	All information is recorded electronically at all levels.			

B	Printed paper forms and paper records are used in local offices and the district office where they are recorded electronically in the central office.	✓	✓	1
C	Registration is mainly relying on paper			

7.2 How is data exchanged between registrating and data requesting bodies?

Option	Response	Group A	Group E	
A	All information is exchanged electronically			
B	Data is exchanged on paper media from local offices and district Office and electronically from central office	✓	✓	1
C	The system is still based mainly on paper media			

7.3 Is there a cycle to get data from forms and records

Option	Response	Group A	Group E	
A	Yes, and covers all requirements	✓	✓	2
B	Yes, but partially activated (mention ...)			
C	Not present			

7.4 & 7.5 Are all required data and information fulfilled and registered in the registration form?

Option	Response	Group A	Group E	
A	Yes - all data contained in Registration form are complete and recorded			
B	Yes - large part of data is complete and recorded (Mention)	✓	✓	1
C	No - only basic data are recorded			

7.6 What is the level of data contained in the registration form of marriage and divorce events?

Option	Response	Group A	Group E	
A	- All basic geographic and demographic data	✓	✓	2
B	- Basic and some geographic and demographic data (mention ...)			
C	- Only basic personal data			

8. Users of information:

8.1 Who are the users of the recorded data in the marriage and divorce system?

Option	Response	Group A	Group E	
A	- Citizens - Ministry of Justice - National Statistics Authority and others	✓	✓	2
B	- Citizens - Ministry of Justice			
C	- Citizens only			

8.2 What are the main purposes of issuing marriage and divorce documents and certificates?

Option	Response	Group A	Group E	
A	- Used for legal, statistical and planning purposes	✓	✓	2
B	- Only legal aspects and some other purposes (Mention)			
C	- For legal purposes only			

8.3 Is recorded information used regularly and continuously?

Option	Response	Group A	Group E	
A	Yes - recorded information is used regularly and continuously at the national level and subnational levels	✓	✓	2
B	Yes - recorded information is used at irregular intervals and at the national level only (Mention)			
C	No - they are not usually used			

8.4 At what form is data available to users?

Option	Response	Group A	Group E	
A	- It is often available in electronic forms through the media and websites in addition to the printed form			
B	- Its is available in paper and printed forms (Mention)	✓	✓	1
C	- It is not readily available and needs effort to process it			

8.5 How are the needs of data users identified?

Option	Response	Group A	Group E	
A	- Through a joint committee between the point of production and major users, or through surveys, requests and feedback reports from users			
B	- It is defined according to expertise and other means for those in charge of the system in the Ministry of Justice (mention)			
C	- There is no specific way	✓	✓	0

8.6 Is there any form of dialogue, workshops or seminars that bring together the producers and users of information regularly?

Option	Response	Group A	Group E	
A	Yes - There are regular meetings – annual seminars and workshops gathering the Ministry Justice, the National Statistics Authority, the Ministry of Planning and all stakeholders of scholars, researchers and nongovernmental organizations			
B	Yes - some events are organized but irregularly (Mention)	✓	✓	1
C	Nothing			

8.7 Which institutions have contact or regular and ongoing relationship with the marriage and divorce information system?

Option	Response	Group A	Group E	
A	Ministry of Justice, Ministry of Interior, National Statistics Authority, Ministry of Planning and others.	✓	✓	2

B	Ministry of Justice and some systems or institutions (Mention)			
C	Nothing			

9 .Users Management

9.1 Are users allowed to participate in the dissemination of data?

Option	Response	Group A	Group E	
A	Yes - it is allowed for anybody to disseminate data after indicating the source	✓	✓	2
B	Yes – for some bodies only (Mention)			
C	No –data dissemination is not allowed			

9.2 How can users express their needs to data dissemination?

Option	Response	Group A	Group E	
A	- There is full and continuous cooperation and they can use direct dealing with existing system or by sending reports and correspondence, or attending events and activities associated with data dissemination	✓	✓	2
B	- There are some procedures that must be followed (Mention.....)			
C	- No means of communication or relationship with users regarding dissemination of data			

9.3 What are the challenges, problems or difficulties facing the users' needs?

Option	Response	Group A	Group E	
A	- All users needs are fully met			
B	- Some problems and challenges can be overcome (Mention)	✓	✓	1
C	- Many challenges and problems			

9.4 What are the users' needs that can't be met and what are the reasons that hinder them?

Option	Response	Group A	Group E	
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A	- All users' needs are fully met			
B	- Some needs require human and material potentials (Mention ...)	✓	✓	1
C	- The system do not address the users' needs			

10. Factors affecting the registration level

10-1 Do marriage registration procedures require time intervals according to the marriage type?

Option	Response	Group A	Group E	
A	- All types of marriage procedures are recorded and there is no difference between them regarding the registration period	✓	✓	2
B	- There is a difference in the time interval for registration procedures according to the type of marriage (Mention)			
C	- Nothing in the system shows that			

10.2 Does the system cover all stages or links between different types of marriage?

Option	Response	Group A	Group E	
A	Yes – the system covers all stages and links completely.	✓	✓	2
B	Yes - but there are some problems in the registration system (Mention)			
C	There are links and stages but have not been taken into account in the registration system			

10.3 Are there certain beliefs or traditions associated with marriage or divorce events that affect the registration system?

Option	Response	Group A	Group E	
A	There are no beliefs or traditions that affect the registration system			
B	Yes, there are some beliefs and traditions that affect the registration system (Mention ...)	✓	✓	1
C	Yes, there are lot of beliefs and traditions that affect the registration system			

10.4 Does the registration system deal with all ways of ending the marital relationship?

Option	Response	Group A	Group E	
A	Yes - All types of ending the marital relationship are registered	✓	✓	2
B	Yes - but some types are not registered (Mention)			
C	It does not deal with that			

10.5 How are different types of marriage or divorce registered?

Option	Response	Group A	Group E	
A	All are registered according to the international evidence and definitions and the clear legal texts	✓	✓	2
B	Some are registered according to the international definitions (Mention)			
C	No specific definitions are present			

11 – Non-traditional ways

11.1 In what stage do the authorities participate in marriage and divorce events?

Option	Response	Group A	Group E	
A	They participate in all stages	✓	✓	2
B	They participate in some stages			
C	They do not participate			

11.2 What kind of participation do traditional authorities and leaders do in the preparation of registration activities?

Option	Response	Group A	Group E	
A	They participate in the basic stages to complete the events.	✓	✓	2
B	There is no specific way of participation.			
C	No participation			

11.3 How can people and agencies be involved?

Option	Response	Group A	Group E	
A	There is a law governing the participation of bodies and people.	✓	✓	2
B	There is no law forcing people and bodies to participate.			
C	No participation			

11.4 Mention the most important available versions of these statistics

Option	Response	Group A	Group E	
A	There are many versions in the form of books, booklets, newsletters, web pages and other.	✓	✓	2
B	There is one of these versions (Mention)			
C	No versions are available			

12 - Analysis and dissemination

12.1 Are there specific timings for regular issues?

Option	Response	Group A	Group E	
A	Yes, there is a time plan and all parties adhere to it.	✓	✓	2
B	There is a time plan but not implemented.			
C	No time plan or regular issues.			

12.2 Which institutions are responsible for compilation and dissemination of marriage and divorce statistics from the civil registry?

Option	Response	Group A	Group E	
A	There is a specific agreement between the institutions responsible for issuing such statistics and the National Bureau of Statistics.	✓	✓	2
B	There is an agreement but not implemented			
C	No specific agreement			

12.3 What are the arrangements for data transmission from the civil registry till its dissemination?

Option	Response	Group A	Group E	
A	There are specific arrangements governing the relationship between the civil registry and the compilation and dissemination party	✓	✓	2
B	There are arrangements but not activated			
C	No arrangements			

12.4 Is this responsibility legally authorized?

Option	Response	Group A	Group E	
A	Yes, there is a law authorizing responsibilities.	✓	✓	2
B	There is a law but not enforced			
C	No legal authorization			

12.5 When is the data of marriage and divorce issued and how long it covers?

Option	Response	Group A	Group E	
A	Last year data is issued in the current year.	✓	✓	2
B	There is a delay for more than one year in order to issue reference period data.			
C	No specific time period for issuance.			

12.6 What are the main results of analyzing data?

Option	Response	Group A	Group E	
A	All variables of marriage and divorce are covered when analyzing data.	✓	✓	2
B	Some variables are covered when analyzing data.			
C	There is no cover for any variables when analyzing data.			

12.7 How is the application of main results used to improve the system?

Option	Response	Group A	Group E	
A	All variables included in the key findings are			

	taken into consideration to improve the system.			
B	Some variables included in the key findings are taken into consideration to improve the system.	✓	✓	1
C	No results are used to improve the system			

12.8 Mention the most important indicators that are included in the regular versions of data?

Option	Response	Group A	Group E	
A	All indicators of marriage and divorce are included in the versions such as marriages and divorce crude and adjusted rates and others.	✓	✓	2
B	Some indicators of marriage and divorce are included in the versions.			
C	No indicators are present in the versions			

12.9 What is the role of National Bureau of Statistics in data compilation and dissemination?

Option	Response	Group A	Group E	
A	It has a major role determined by laws and regulations for compiling and dissemination of data.	✓	✓	2
B	It has a role, but the laws which states that are not enforced			
C	There is no role for the National Bureau of Statistics in data compilation and dissemination			

13 - Nongovernmental and civil society organizations

13.1 To what extent do the non-governmental and civil society organizations participate?

Option	Response	Group A	Group E	
A	Full participation			

B	Paritial participation	✓	✓	1
C	No paricipation			

2.13 Did the institutions offer any support for civil Registration system in the past and what was the nature and level of this support?

Option	Response	Group A	Group E	
A	Financial and moral support was offered from many bodies to strengthen the civil registration system.			
B	Some support was provided but it was not enough.	✓	✓	1
C	No support was provided			

14- Structure and infrastructure

14-1 For every level of registration-Describe the system prepared for registration

Option	Response	Group A	Group E	
A	There is an agreement between various ministries such as Ministries of Justice and Interior to regulate registration process.	✓	✓	2
B	No existing system for dealing among the concerned ministries.			
C	No clear system of registration.			

14.2 What is the structure and composition of the unit responsible for registration?

Option	Response	Group A	Group E	
A	There is a certain structural system for all workers in the unit.	✓	✓	2
B	A specific structural system is present but not effective.			
C	There is no specific structural system			

14.3 What are the efficiency and capability of the employees?

Option	Response	Group A	Group E	
A	Very high			
B	medium	✓	✓	1
C	Not efficient			

14.4 What are the minimum qualifications required for the registrars? What is the maximum level?

Option	Response	Group A	Group E	
A	All registrars are highly qualified or have higher education.			
B	The minimum requirement is an average educational certification	✓	✓	1
C	Less than the average			

14.5 What are the available equipments in the registration offices?

Option	Response	Group A	Group E	
A	All the necessary equipment for registration as computers, photocopiers, fax and phone, etc.			
B	There is some equipment (mention)	✓	✓	1
C	No equipment			

14.6 What is the extent of availability of equipments for each person working in the registration and what are the ages of these equipments?

Option	Response	Group A	Group E	
A	All equipments are modern and sufficient to the staff.			
B	All equipments are not modern and not sufficient.	✓	✓	1
C	No equipments are present			

14.7 Are there any other requirements and what is the extent of their availability?

Option	Response	Group A	Group E	
A	All requirements are available			
B	Some requirements are available	✓	✓	1
C	No requirements are available			

14.8 What is the nature of the allocated budget for the concerned ministries and bodies working in the registration of of marriage and divorce events regarding training, workshops and users participation..... etc..

Option	Response	Group A	Group E	
A	The budget covers the above items			
B	The budget covers some of the previous items, but not enough	✓	✓	1
C	No budget covering the previous items.			

14.9 What is the amount of external funding available to improve marriage and divorce events and statistics and indicate whether there is available funding for projects and initiatives?

Option	Response	Group A	Group E	
A	Many international and regional organizations welcome funding			
B	Some organizations partially welcome this funding	✓	✓	1
C	No funding			

Group 15 The most important projects and initiatives for improvement of marriage and divorce events registration, efficiency and effectiveness

15.1 Are there special projects/initiatives to increase the level of registration?

Yes **No**..... (go to 3)

15.2 Specify these initiatives, covered periods, duration, concerned institution (s), source of funding and achievements, etc.

Initiatives	the covered period	Duration	The concerned institutions	Source of funding	The achievements
person to Designing a special form for marriage and divorce distributed to the authorized complete some data not existent in the core document	2006	3 months	The Central Agency and the Ministry of Justice	CAPMAS (Technical and moral)	An experiment began in Giza and Alexandria and has not been accepted as the authorized persons considered it a heavy burden because of
Train all authorized persons at the national level by the branches of the statistical offices in the governorates.	2009	1 week	The Central Agency and the Ministry of Justice	CAPMAS (Technical and moral)	Increased interest in completing the forms for the agency - and this was reflected in the increase in the number of contracts and certificates compared to

15.3 Does this initiative include any innovation or renewal? Mention it

Yes..... **No** (End of the questionnaire)

Increased interaction and communication between parties

15.4 How effective is this innovation or renewal?

It increases the communication between statistical workers and those responsible for the supervision and monitoring of registration of marriage and divorce events especially head writers.

15.5 Has the innovation been repeated and circulated? How?

Yes ... it is scheduled to be repeated every two years

15.6 How has the initiative affected the level of registration?
it Improves the completeness of the form to some extent

15.7 What is the most effective procedure, and why?
Increase the number of sources of data transmission.

15.8 How is the documentation of the lessons learned and experience done?
1 - By printing a booklet with instructions to complete the data
2 - Issuing a technical publication in collaboration with the Ministry of Justice to show the importance of completing the forms of marriage and divorce