



# Afghanistan Civil Registration and Vital Statistics Country Strategic Plan 2016 to 2020

The path to achieving Universal Civil Registration in Afghanistan will focus on strengthening seven key strategies including (i) political commitment, (ii) public engagement, (iii) coordination, (iv) policies, legislation and implementation of regulation, (v) infrastructure and resources, (vi) operational procedures and (vii) production, dissemination and use of vital statistics data. This report contains key interventions for each strategy, a cost analysis and monitoring and evaluation plan.

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Universal civil registration is crucial because it helps safeguard human rights and vital statistics information can be used for planning, administration and research across multiple sectors including education, labour and health. The strategic plan is based on comprehensive assessments of the country's institutional capacity to implement CRVS activities. Experts from international and national non-governmental organizations and multi-lateral funding and technical agencies participated in the planning of the assessments and many people have contributed to the successful development of this strategic plan.

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Minister of Interior

Minister of Public Health

General Director of  
Central Statistics organization

## Acronyms

BPHS	Basic Package of Health Services
CHW	Community Health Worker
COD	Cause of death
CRVS	Civil Registration and Vital Statistics
CSO	Central Statistics Office
DHS	Demographic and Health Survey
GBD	Global Burden of Disease
GPS	Global Positioning System
HIS	Health Information System
HMIS	Health Management Information System
HMN	Health Metrics network
ICD	International Statistical Classification of Diseases and Related Health Problems
ICT	Information and Communication Technology
ID	Identification
MCCD	Medically Certified Cause of Death
MNDSR	Maternal, Newborn Death Surveillance and Response
MoD	Ministry of Defence
MoEC	Ministry of the Economy
MOI	Ministry of Interior
MoPH	Ministry of Public Health
NPR	National Population Register
NGOs	Non-Government Organizations
SAVVY	Sample vital registration with verbal autopsy
TOR	Terms of Reference
OHCHR	Office of the United Nations High Commissioner for Human Rights
RCA	Root Cause Analysis
UN	United Nations
UNFPA	United Nations Population Fund
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNICEF	United Nations Children's Fund
VA	Verbal autopsy
VS	Vital Statistics
WHO	World Health Organisation

# Introduction

## Key Concepts

Civil registration is defined by the United Nations (UN) as “the continuous, permanent, compulsory, and universal recording of the occurrence and characteristics of vital events and other civil status events pertaining to the population as provided by decree, law or regulation, in accordance with the legal requirements in each country.”

Vital events refer to events concerning the life and death of individuals, as well as their family and civil status. They include live birth, death and foetal deaths, marriages, registered partnerships, separations, divorces, legal dissolutions of register partnerships and annulment of marriage as well as adoptions, legitimation and recognition.

Universal civil registration is crucial because it helps safeguard human rights. Documentary evidence is often required to secure recognition of one’s legal identity, family relationships, nationality and is necessary legal proof to enable individuals to seek employment, exercise electoral rights, claim inheritance, transmit property, open bank accounts, access credits, obtain passports and driving licenses. Vital statistics provides important information on the population of a country and is usually collected through a comprehensive civil registration system that uses standardized administrative mechanisms by trained and skilled individuals.

## Use of Civil Registration and Vital Statistics Information

Vital statistics provides disaggregated demographic and epidemiologic population data by age, sex, administrative unit and population subgroups which can be compared across time. This information can be used for planning, administration and research and used across multiple sectors such as education, labour and health.

Vital statistics form the core of a country’s health information system by:

- Providing information on the prevalence and distribution of mortality due to disease and injuries, identification of health inequality and priorities, monitoring of trends and evaluation of the impact and effectiveness of health programmes;
- Providing (when timely and complete) a reliable method for measuring baseline levels and monitoring progress towards both national and global initiatives, health reform and poverty reduction
- Enable the monitoring of global health challenges such as new and emerging diseases and non-communicable diseases and support planning monitoring and evaluation efforts at regional and local level in decentralized health systems.

## Global and Regional Initiatives

In 2000, the United Nations General Assembly adopted the Millennium Declaration which emphasized the link between human rights, good governance and development. The global commitment to the Millennium Declaration and the Millennium Development Goals that were subsequently established has led to the increased recognition of the critical need for reliable, continuous and comparable vital statistics to monitor progress and created momentum to improve these data.

In 2010, the Commission on Information and Accountability for Women's and Children's Health (COIA) was convened by WHO at the request of the Secretary-General. The COIA 2011 report recommended that all countries, as a priority, increase their efforts to strengthen their CRVS systems. COIA is focusing support on 74 high-priority countries globally, of which 20, including Afghanistan, are located in the Asia- Pacific Region.

Following a 2012 resolution of the WHO Regional Committee for the Eastern Mediterranean Region, member States were called upon to strengthen health information systems including civil registration. The Regional Office started concerted efforts to address civil registration and vital statistics systems. By November 2012, some 34 countries in Asia and the Pacific had conducted a rapid self-assessment of their CRVS systems. Information on the status of these systems was generated from several sources including:

- A rapid assessment carried out by stakeholders from the health, statistical and registration sectors using a standard assessment tool (WHO and University of Queensland) conducted in all countries during the period from November 2012 to January 2013.
- An in-depth review of civil registration and vital statistics systems conducted in 2013 in eight countries representing categories at vastly different stages of civil registration and vital statistics development.
- Qualitative information obtained from discussions in two meetings in which a range of stakeholders from almost all countries in the Region were represented together with representatives of development agencies. The first of these meetings was held in Dubai in January 2013 and the second in May 2013 in Cairo.

The results indicate substantial weaknesses in civil registration and vital statistics systems in most countries and highlighted significant areas of concern for the Region. The optimal method for generating good quality mortality data is through a well-functioning civil registration system which collects medically-certified cause of death information. Such information is of particular relevance for the Asia Pacific region where populations are rapidly ageing and disease patterns are changing from communicable to non-communicable disease burdens but where health systems remain weak.

A Regional Strategic Plan for the Improvement of Civil Registration and Vital Statistics in Asia and the Pacific was developed following the first Global Summit on Civil Registration and Vital Statistics, held in April 2013. Countries within the region including Afghanistan are now in the process of developing their own country strategies based on the WHO Regional strategy for the improvement of civil registration and vital statistics systems 2014-2019.



## About Afghanistan

Afghanistan is a landlocked country located within South Asia and Central Asia. It is bordered by Pakistan in the south and east; Iran in the west; Turkmenistan, Uzbekistan, and Tajikistan in the north; and China in the far northeast. Its territory covers 652,000 km<sup>2</sup> (252,000 sq. mi), making it the 41st largest country in the world.

The 2016 Central Statistics Office has projected a population for Afghanistan as being approximately 29,200,000 of which approximately 1.3 million comprise asylum-seekers, refugees, returning refugees and internally displaced persons (IDPs) (UNHCR 2012.). The situation in Afghanistan remains volatile, with continuing conflict and random violence causing further internal displacement.

Nearly half of Afghanistan's population (47 %) is under age 15, 16 % is under age 5 and less than 3% comprise 65 years and over (AMS 2010). The population of the country is divided into approximately 19 distinct ethno-linguistic groups with Pashto and Dari being the official languages of Afghanistan. Over 99% of the Afghan population is Muslim with approximately 90%.

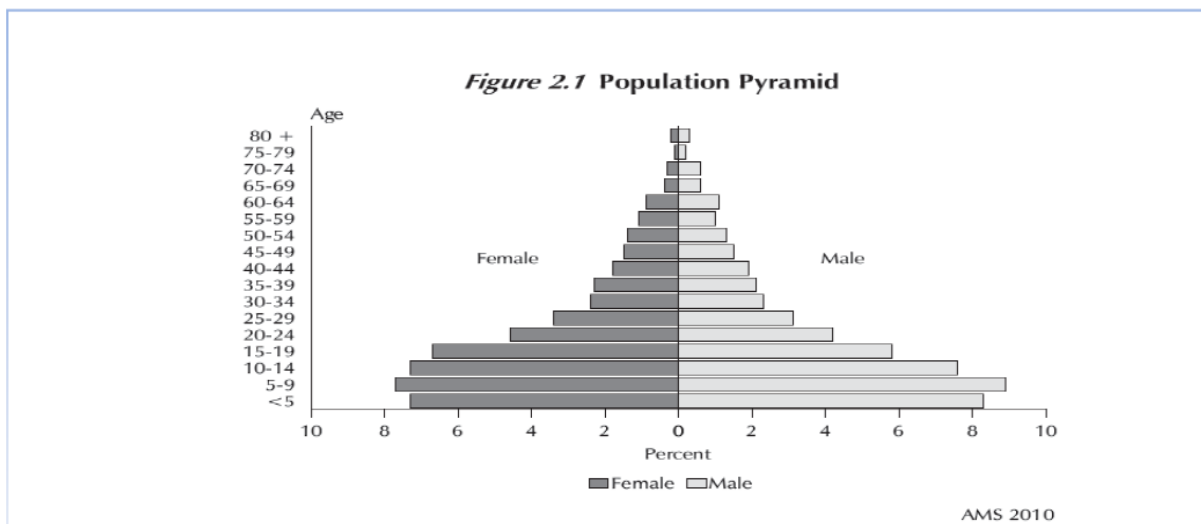


Table 1: Afghanistan Population Pyramid data source AMS 2010

Afghanistan is one of the poorest and least developed countries in the world and is ranked 169 out of 187 countries in the most recent 2014 Human Development Report and remains highly dependent on foreign aid. Afghanistan's labour market has the typical characteristics of a less developed economy: it is dominated by the agricultural sector and performs poorly in providing decent work, reflected in productive employment, secure income, gender equality and social protection. Much of the population continues to suffer from shortages of housing, clean water, electricity, medical care, and jobs. Criminality, insecurity, weak governance, and the Afghan Government's difficulty in extending rule of law to all parts of the country pose challenges to future economic growth.

Afghanistan's living standards are among the lowest in the world. Approximately 77% of people live in rural areas and there is an annual rate of urbanization at 4.7% (UNHRC 2012). 36% of the population lives below the poverty line and cannot meet his or her basic needs (UNHRC 2012). 70% of women are under the age of 30 years (AMS 2010). Only 54% of the population has access to safe drinking water

(AMS 2010), 42% is connected to the electric grid and no more than 20% of households have improved sanitation (AMS 2010). There is a bias towards households living in urban areas compared to rural. The lack of basic infrastructure for water and sanitation creates an environment which is high in risk for contracting potentially fatal diseases, and is especially detrimental for the health and survival chances of infants and young children. The lack of electricity prohibits the effective spread of information to the general public through mass media, like radio, TV and internet.

## Afghanistan Statistical Profile

Basic Indicators	Figures
Total Population (thousands) 2016	29,200.0
Male Population (%) 2016	51.3%
Female Population (%) 2016	48.7%
Urban Population (%) 2016	24.9%
Rural Population (%) 2016	75.1%
Sex ratio at birth [Male(s)/female]	1.05
Sex ratio 15 years and under [Male(s)/female]	1.03
Crude birth rate, 2010	44
Total fertility rate, 2010	5.1
Under-5 mortality rate, 2010	97
Infant mortality rate (under 1 year of age), 2010	77
Birth registration (%)	37%
Birth registration urban/rural ratio	2.7
Death registration	0

Table 2: Afghanistan Statistical Profile

## Background of CRVS in Afghanistan

Registration of vital events has been practiced inconsistently in Afghanistan since 1878. The current official CRVS system was established in 1977 under the Ministry of Interior (MOI) and Central Statistics Office (CSO). These offices function independently from other ministries reporting directly to the President of Afghanistan. At the provincial level CRVS responsibilities belong to the provincial police department.

The MOI is responsible for the collection of civil registration events including marriages and divorces and uses a decentralized system. Currently there are registration offices in 364 districts for which supervision and training in birth and death registration is provided by the MOI. Paktya, Paktika and Khost provinces still have districts which do not provide a civil registration services. Divorce and engagement registration is only available in 14 provinces. The role of regional sites is to record the event prior to receipt of documentation at national level. The CSO Vital Statistics and Demographic Department is responsible for the calculation of indicators, compilation of collected information, statistical analysis, report writing and the dissemination of results.

Another key administrative ministry for CRVS in Afghanistan is the Ministry of Public Health (MoPH) which is responsible for the collection of vital statistics data through health facilities. However, there is no one department responsible within the MoPH for the coordination, collection and dissemination of vital statistics data. Coordination between key stakeholders is weak with no Memorandum of Understanding developed which guides the sharing and dissemination of vital statistic information. Occasional ad hoc meetings occur between representatives from MOI, UNICEF, MoPH, Ministry of Culture, Ministry of Hajj and Religious affairs and the High Court.

The laws governing CRVS in Afghanistan were reviewed in 1999. The legislation mandates that all civil events such as births, deaths, marriage, and divorce are to be reported with all births and deaths to be registered within six months. There are currently no penalties for non-reporting and the registration of civil events is not widely practiced by the population. There are no fees applied for birth registration.

Birth registration occurs predominantly at health centres. Current completion rates are around 37%. Some birth registration in the past has occurred in conjunction with immunization campaigns. This was not thought to be highly successful. It is not necessary to have a birth certificate to gain entry to school. However, it is mandatory to have a national identification card.

There is little death registration and cause of death data is often not recorded accurately. Both private and public doctors can certify the cause of death. Deaths occurring outside the hospital can be certified by the community leader or a non-professional registrar and are not necessary for burial or the claiming of pension or heritage services. Verbal autopsy is not widely used. The International Classification of Disease is not used routinely in the recording of cause of death.

The current CRVS is paper based with official registration books located at provincial and district levels with copies of completed forms forwarded to national level offices each month. Copies of the documents for civil registration purposes are retained at the initial registration site. As part of a national e-governance policy and strategy a project has commenced to register the population and issue ID cards however to date there is no electronic transmission of data.

The collection of birth and death data from the community is also almost non-existent. Some data is collected on births, deaths, marriages and divorce for the purpose of maintaining population records, certifying births and deaths and distributing the national identification card with some information being used for resource planning and allocation. Some vital statistics information is forwarded to the MOI from the MoPH periodically but the system is weak and is not institutionalized. There is no capacity at local level to prepare vital statistics data for local use. There is no regular publication which disseminates information on vitals statistic data and the last official national publication was released in 1986. Indicators such as maternal, infant and child mortalities are all estimated from national surveys for which the last was the Afghanistan Mortality Survey conducted in 2010.

Afghanistan is a landlocked mountainous country and remains one of the poorest and least developed countries in the world. Infrastructure is poor with many centres lack direct road connections. Some usable roads may be blocked by snow for long periods in winter further hampering access to the local population. Aid sometimes needs to be distributed under these circumstances by donkeys.

Continued conflict and random violence continues to cause internal displacement making it difficult to provide consistent services of high quality. It is anticipated that the security situation will worsen with more intense combat and an increase in criminality and kidnapping making it more difficult to provide services to some centres and also increasingly difficult for communities to access those services being provided.

Mobile phone and GPS technology needs to be negotiated carefully with local leaders and the community. This technology has in some places been viewed as a tool for spies with those using such technologies are at great risk of harm. Network coverage remains patchy and mobile phones remain largely in the hands of men. Radio remains a useful channel for communication with communities.

As such, any intervention to strengthen CRVS in Afghanistan will first need to be negotiated with a broad set of community stakeholders, shura and their leaders at the local level. This may prevent potential misunderstandings or misbeliefs about the purpose of CRVS and the concerns around some methods that may be used to collect data. Recruiting people from local villages to support and implement the CRVS strategy may further assist building acceptance of new registration practices. A thorough risk management plan and regular risk assessments will also need to be conducted before and during the implementation of any CRVS intervention.

Due to these factors, CRVS data has not been consistently collected or used. The CRVS rapid assessment revealed that out of 34 provinces, 28 have a malfunctioning birth and death registration system with only 37 % of births registered in 2014.

## **Rationale for the Strategic Plan**

In 2012, the Afghanistan MoPH Health Management Information System (HMIS) Department with the collaboration of WHO, the Ministry of the Interior and the Central Statistic Organization conducted a comprehensive assessment of the CRVS system against international standards in order to identify areas for improvement. The main challenges included:

- **Strategic Framework:** there are no strategic documents to reflect the vision, mission, goal, objectives, targets and action plan for the long term implementation of CRVS in Afghanistan.
- **Legal Framework:** The legislations needs to be further reviewed and enforced.
- **Weak Political Support:** Due to years of war and conflict and competing aid priorities there has been little attention given to the development of a national CRVS system. The unclear delineations of responsibilities has complicated CRVS training, supervision and monitoring. There is little awareness of the role of statistics for the use of health planning and social development. There is also little public awareness of the importance and benefits of registration.
- **CRVS System Structure and Organization:** The CRVS system needs to be strengthened at district level with the provision of more offices. These offices also need to be adequately

funded so that regular supplies and equipment can be provided. The introduction of mobile technologies needs to be carefully and judiciously considered.

- Resources and capacity for Implementation: There needs to be greater supervision, training and financial support of the CRVS system.
- Quality of registration: CRVS forms, tools and procedures for the collection, analysis and dissemination of CRVS data needs revision. New innovative technologies could better support the capturing of CRVS data in some locations with possible community engagement and an appropriate risk management strategy.
- Certification of birth and death: Data remains inaccurate and of poor quality. Reports are often incomplete and are not submitted in a timely manner for the publishing and dissemination of results. ICD is not used routinely in death certification and coding rules are routinely adhered.
- Lack of Coordination: There is poor coordination and collaboration between those responsible for civil registration and vital statistics at either national or sub-national level. This weak coordination or collaboration with the private sector. There is no interagency committee or coordination body that meets regularly to prevent fragmentation of services or duplication of roles and responsibilities.
- Culture of Data Use: vital statistics data is not used by decision and policy makers.
- Geographical Terrain: Road infrastructure is poor making access and supervision difficult. Access by the community to offices is low due the large geographical distance between some facilities and the difficulty in access during winter.
- Lack of Security: Security is volatile resulting in population displacement, migration, family separation, increased risk of mortality and threats to public health. This remains a significant challenge to the provision of services.

The comprehensive CRVS assessment demonstrated that the Afghanistan CRVS requires substantial improvement in all areas. This Afghanistan Civil Registration and Vital Statistics (CRVS) system strategic plan identifies strategies for strengthening the collection and use of vital statistic information.

## **Broad Development Partnership**

Civil registration and vital statistics systems involve a wide range of stakeholders. In Afghanistan these stakeholders include the broader communities that support civil registration including Civil Registration Office at Ministry of Interior (MOI) who lead CRVS in country, the Ministry of Public Health (MoPH), Vital Statistics of Central Statistical Office (CSO), Civil Societies, UN agencies including WHO, UNICEF, UNFPA, national and international donor agencies. Under the Basic Package of Health Services (BPHS), Non-Government Organizations (NGOs) are subcontracted to provide health care delivery. As such, NGOs also have a key role to play in the implementation of a vital statistics system in

Afghanistan. The multi-stakeholder nature of civil registration and vital statistics requires robust mechanisms for the effective collaboration and coordination of the CRVS system.

## **Strategic plan development process**

### **Guiding principles**

The following principles have been used to develop the Afghanistan CRVS Strategic Plan:

1. **Consistency:** The Afghanistan CRVS Strategic Plan needed to be consistent in terms of the goals, broad strategic domains, thematic areas and language of the current WHO-EMRO CRVS strategic plan;
2. **Country Context:** The plan needed to accommodate the significant geographical and security constraints of the country;
3. **Appreciate Diversity:** The plan needed to reflect the wide diversity of culture among the peoples of Afghanistan;
4. **Cascade and stepwise approach:** The plan seeks to utilize those ministries and departments already viewed as being current leaders in CRVS system development to engender a sense of trust and legitimacy to the incremental implementation of feasible and sustainable improvement strategies;
5. **Compliant with international legal principles:** The Afghanistan CRVS Strategic Plan seeks to be consistent with the relevant international legal framework and principles on non-discrimination;
6. **Partnerships, collaboration and coordination:** The development of the Afghanistan CRVS strategic plan relied heavily on strengthening relationships with key ministries and departments across all sectors to ensure continued collaboration, harmonization and support for the future implementation of CRVS system strategies. It is anticipated this approach will reduce duplication of services and efforts.
7. **Utilisation-focused:** Key stakeholders have strongly considered the current Afghanistan context in the selection of the most appropriate content, methods, and uses of CRVS information in the development of the Afghanistan CRVS strategic plan.
8. **Sustainability:** The reforms being implemented align with national priorities and there is sustained and close interaction with senior policy makers in those ministries responsible for CRVS indicating a strong sense of ownership of the CRVS strategic plan. Selected interventions need to be resourced within either the current resource envelop of ministries or a longer term commitment by donors for interventions is being sought. All of suggested interventions will be considered sustainable as they are embedded in national and local policy processes and systems.

### **Development Process**

A rapid assessment using the WHO Country Accountability Framework guide for the assessment of a countries Civil Registration and Vital Statistics system was undertaken in Afghanistan on December 23, 2012 in which 13 representatives from Ministry of Public Health (MoPH), Civil Registration Office at Ministry of Interior (MOI), Vital Statistics of Central Statistical Office (CSO), NGOs and others civil society groups participated. The tool was translated into local languages. Moderators for the event

were mentors and leaders within the health sector including the head of Health Management Information System (HMIS) who officiated the event.

The focus for the event was on encouraging those currently responsible for CRVS in Afghanistan to identify bottlenecks, challenges and develop strategies for systems improvement. The forums included both small and large focus group discussions. Presentations were provided by the Ministry of the Interior's Civil Registration Office in which the history, current status and challenges of CRVS in Afghanistan were detailed. These presentations included the process of registering births and deaths, death notification/certification, and vital statistics production and their main challenges. Scores were allocated to the assessment tool. Additional questions provided further understanding of the current status of the Afghanistan CRVS. Feedback on results to ensure the capturing of accurate information occurred in the subsequent weeks after the event which identified additional key challenges and possible strategies for improvement.

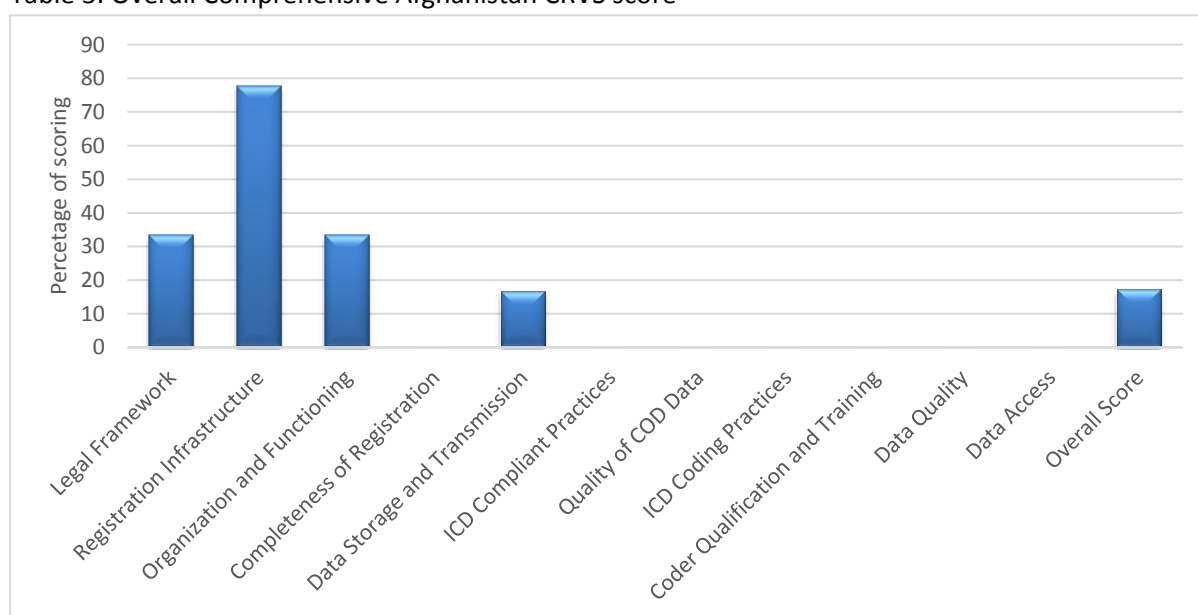
While the information collected was comprehensive and provided background to understanding the status of CRVS system in Afghanistan there needed to be a greater understanding of contextual environment, users beliefs, values, perceptions and attitudes in order to ensure that the strategic plan could be relevant, effective, applicable, practical and reflective of emerging population and sector needs and one which addressed organizational challenges. Further semi-structured interviews and focus group discussions with key stakeholders was able to illicit additional information on opinions, attitudes, beliefs around appropriate strategies in Afghanistan to improve CRVS. These interviews were conducted over a period of 4 months between June to September 2015. The results of the assessments and corresponding strategies to strengthen the CRVS system in Afghanistan now inform this strategic plan.

## Situation of CRVS in Afghanistan

### Overall

The table below demonstrates an overall country score of 17% from the recent comprehensive baseline assessment. Areas which received a score of 0 are left blank. The table highlights specific areas of significant weaknesses within the current Afghanistan CRVS.

Table 3: Overall Comprehensive Afghanistan CRVS score



The Afghanistan CRVS is strongest in the areas of registration infrastructure in which a score of nearly 70 % was achieved. This indicates that there are sufficient departments at central, provincial and district level to support civil registration and the reporting of vital statistics. While legal frameworks are in place there is the urgent need for their review. The quality of data reported throughout the system is poor affecting the country's ability to publish reports. Furthermore, ICD practices and compliance are not institutionalized.

### Key Strategic Areas

Seven key strategic areas have been identified in the regional CRVS strategic plan. Standards have been identified in the 2014 report from the Economic and Social Commission for Asia and the Pacific Ministerial Conference on Civil Registration and Vital Statistics in Asia and the Pacific.<sup>1</sup> Coordinated efforts to develop and enhance the institutional, organizational and individual capacity of providers in these seven action areas will be the focus of the Afghanistan CRVS Strategic Plan. The interventions proposed to strengthen these seven key strategic areas in Afghanistan have been the result of extensive consultation and interventions follow the discussions on the standard. A brief comment on the current status of each key strategic area in Afghanistan leads the selection of interventions. The seven key strategic areas are:

<sup>1</sup> Economic and Social Commission for Asia and the Pacific Ministerial Conference on Civil Registration and Vital Statistics in Asia and the Pacific Bangkok, 24-28 November 2014



Key Strategic Area A: Political commitment;  
Key Strategic Area B: Public engagement, participation and generation of demand;  
Key Strategic Area C: Coordination;  
Key Strategic Area D: Policies, legislation and implementation of regulations;  
Key Strategic Area E: Infrastructure and resources;  
Key Strategic Area F: Operational procedures, practices and innovations;  
Key Strategic Area G: Production, dissemination and use of vital statistics;

## **Key Strategic Area A: Political commitment**

### **Standard**

Sustained political commitment is crucial for the development and continuous functioning of CRVS systems. Political commitment can galvanize all stakeholders and levels of society around efforts to improve CRVS systems, and enable CRVS improvement to be embedded into national development plans. Furthermore, political commitment is critical for ensuring that CRVS systems are adequately resourced and are designed to be inclusive and responsive<sup>2</sup>.

### **Findings and major challenges**

The regional assessments and strategy show there will be an ongoing need to coordinate, align and sustain support from the different partners. Agencies such as UNESCAP, UNICEF, United Nations Population Fund (UNFPA), UNHCR, were active in this effort, which preceded and laid the ground for strategy development.

The rapid assessment in Afghanistan demonstrated a strong political willingness by key stakeholders to commit to the development of the CRVS. However, at present there is no national CRVS coordination mechanism which encourages consistent government engagement across line ministries. This means that sustained financial support and accountability for the continued development, monitoring and evaluation of the CRVS is not assured. As the coordination between key stakeholder ministries becomes institutionalised, the legal framework would need to be modified to reflect those interests, responsibilities and commitments. The Ministry of Public Health is the strongest lead in the development of the CRVS in Afghanistan and would be best placed to drive desired improvements in the CRVS.

### **Interventions**

The following are all immediate priorities.

- Ensure that the national CRVS coordination mechanism reports to the highest level of government and includes representation of all levels of government involved in the CRVS system;
- Provide additional administrative support and training to the national focal point located within MoI's civil registrar office to coordinate CRVS stakeholders, committees and development partners;
- Ensure that the prioritized multi-sectoral national CRVS strategic plan which details the organizational, capital, financial and human resource requirements is the basis for partner

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<sup>2</sup> ESCAP 2014 Report of the Ministerial Conference on Civil Registration and Vital Statistics in Asia and the Pacific

support and used to effectively monitor and evaluate the implementation of CRVS development interventions;

## **Key Strategic Area B: Public engagement, participation and generation of demand**

### **Standard**

Improving the coverage of civil registration requires individuals and families to know the value of declaring vital events to relevant authorities and to be willing to do so. Public engagement, participation and demand generation involves enhancing public awareness of the importance of declaring vital events and the value of vital statistics, and efforts to remove barriers to registration at all levels. This includes developing strategies to identify and remove barriers to registration and the acquisition of legal identity for everyone, in particular those that impede access by persons from marginalized groups including migrants, stateless persons, asylum seekers, refugees and other people of concern to the Office of the United Nations High Commissioner on Human Rights (OUNHCR).

### **Findings and major challenges**

There is no comprehensive awareness strategy that is either innovative or targeting hard to reach audiences. Some public awareness campaigns have partially been conducted. The MoI with the support of UNICEF has substantially contributed to a recent extensive public awareness campaigns using television, brochures and posters predominantly focused on birth registration. Further engagement of the public through outreach and campaigns is needed to increase awareness of the need to register births and deaths. Names are generally not selected before the birth of a child delaying the opportunity to register a birth. There is no death registration and birth registration is currently only at 6%. Poor literacy rates contribute to a lack of knowledge for the need for civil registration.

### **Interventions**

#### **Immediate priorities**

- Assess inequalities related to CRVS experiences by subgroups of the population, including among hard-to-reach and marginalized populations;
- Develop a comprehensive national CRVS awareness strategy which identifies coverage, mechanisms for public engagement and details the public participation process.
- Add CRVS as an agenda item to community Family Action Groups and the Community Health Worker (CHW) program;
- Have a national statistics day which advocates for the benefits of vital statistics;
- Include representatives of civil society, such as communities and non-governmental organizations, on national CRVS coordination mechanisms;
- Provide incentives to people to register, to civil registration and to the civil registry. Consider the use of penalties for non-registration or late registration but with due attention to the possible negative impact of penalties on marginalized groups;

#### **Medium term:**

- Undertake national and sub-national advocacy and outreach specifically directed to hard-to-reach and marginalized population groups;

- Create a policy for obligatory free registration identity such as the national identity number
- Allocate to the Ministry of Health the responsibility for the initial notification of events to the registration authorities;
- Reduce distances to registration points through the use of public facilities such as schools and health clinics;

**Longer term:**

- Introduce advocacy campaigns directed at main health professional associations such medical syndicates and health statisticians associations to ensure that the concepts on the international form of medical certificate of cause of death and the reasons for collecting the data, are well understood;

## **Key Strategic Area C: Coordination**

### **Standard**

Since there are so many institutions involved in and benefiting from CRVS, effective coordination is a prerequisite for universal and responsive CRVS systems. Coordination must take place among all relevant responsible stakeholders in countries at all levels of government, among development partners and between Governments and development partners. The many steps between the occurrence of vital events and their registration and consolidation into national statistics require good coordination between the different components of the system.

### **Findings and major challenges**

Coordination between key stakeholders is weak. There are no formal coordination mechanism. There is no Memorandum of Understanding developed which guides the sharing and dissemination of vital statistic information. Occasional ad hoc meetings occur between representatives from MOI, UNICEF, Ministry of Public Health, and Ministry of Culture, Ministry of Hajj and Religious affairs and the High Court. There is little feedback between hospital and the MoPH from hospital collected data.

### **Interventions**

The following are all immediate priorities.

- Reinforce the national multi-stakeholder civil registration and vital statistics coordination committees to ensure smooth coordination and cooperation and interoperability. Cooperation committees should meet regularly and include representatives from the health department, hospitals, forensic doctors, police, funeral agencies and religious authorities. Such meetings are particularly important when there is a need to change procedures;
- Set the national target value for each target, in consultation with all relevant stakeholders;
- Develop and implement a plan for monitoring and reporting on achievement of the targets;
- Ensure CRVS part of monthly provincial public health office meetings at least twice a year;
- Establish a National Population Register (NPR) which integrates all information on individuals into one record per person, identifiable by a personal identification number;

## **Key Strategic Area D: Policies, legislation and implementation of regulations**

### **Standard**

A sound legal and regulatory framework provides the basis for a universal and responsive CRVS system. Reviewing and updating of relevant legislation, regulations and policies is often a first step and common priority in a comprehensive multi-sectoral national CRVS strategy. It is especially important that the legal framework for CRVS does not create discriminatory barriers to civil registration.

Ensuring that appropriate legislation is in place is a critical first step in the overall plan for strengthening a country's civil registration system. The legal framework needs to reflect the national system of birth and death registration in place, the local practices for certifying deaths and disposing of deceased persons, the method by which the information is compiled into vital statistics and who is responsible for disseminating them.

Legislation is essential to ensure the universality and continuity of the civil registration system, the regular dissemination of data, and the confidentiality of individual information and to clarify the functions and responsibilities of the different government agencies involved.

### **Findings and major challenges**

In Afghanistan, there is no clear CRVS regulatory framework which describes both national and sub-national structures, key stakeholders and their responsibilities. The CRVS law has recently been amended and indicates clearly that birth and death registration is compulsory and needs to be reported within 6 months but there needs to be clear definitions for live births, foetal death or still birth.

Non-professional registrars within the civil registration and vital statistics office and within local registration centres as well as health officials in public and private health centres and are by law able to register births and deaths. The laws state that health facilities are to register and report vital statistics to the office of civil registrations.

There is no financial penalty for the non-registration of births and deaths but this needs to be reflected in the law. The population covered in the law also needs to be clearly defined.

There needs to be better measures in place to protect confidentiality including who can obtain copies of birth and death certificates.

The law does not state that it is necessary to obtain a death certificate before burial or cremation.

### **Interventions**

The following are all immediate priorities.

- There needs to be an overarching legal and regulatory framework to guide the development of CRVS legislation which describes what information is to be collected, by whom, from

whom and by when; who is responsible for compiling the information and transforming it into statistics and who is tasked with management and dissemination of the data, and who is responsible for the long-term archiving and safekeeping of registration records;

- Data confidentiality and the security of personal information needs to be enshrined in the legislation to protect individuals and stringently implemented. A cyber law needs to be developed which defines the protocols for the sharing of information across ministries and their departments and organizations. Data sharing protocols would need to be defined. Protocols which support the aggregation and de-identification of individual data needs to be developed;
- Establish or strengthen national coordination committee to review current civil registration and vital statistics legal frameworks. The role of the committee is to introduce improved rules and regulations for registering vital events and generating vital statistics taking in consideration security and confidentiality policies;
- Mandate the reporting of births and deaths from private facilities;

## **Key Strategic Area E: Infrastructure and resources**

### **Standard**

#### **Registration Points:**

Registration points should be within a reasonable distance for the whole population, or measures, such as mobile registration options, need to be undertaken to facilitate civil registration in remote areas on a routine basis, including for hard-to-reach and marginalized populations.

Innovative approaches for hard to reach areas:

#### **Availability of quality staff:**

In terms of human resources, CRVS systems depend on a sufficient number of qualified staff. Governments need to consider mechanisms for career development and appreciation, as well as ongoing training to enhance the skills of and retain staff.

#### **Budget:**

Sufficient and sustainable investments are essential to enable incremental improvements as high quality, standards-based registration of vital events enables the production of reliable and complete vital statistics, which support national and local decision-making across a range of social and economic sectors to facilitate evidence-based policy. To function effectively, civil registration systems depend on adequate annual budgets from government, to pay staff and to create and maintain sufficient registration facilities.

### **Findings and major challenges**

#### **Registration Points:**

There are currently 466 civil registration office employees located in 400 civil registration offices who are officially responsible for the collection of national vital statistics data. There has also been the creation of local birth registration centres at village level. The rapid country assessment has indicated that this is not sufficient. Registration could be also be managed at health facility level by staff who may be available over the hours of operation of that facility. The inaccessibility of health services provided to nomadic populations and to those populations in geographically remote locations coupled with continued insecurity which results in internal migration means that the Nomadic, Kochi peoples

and those in remote locations are not adequately covered in terms of access to birth and death registration facilities or practices.

**Availability of quality staff:**

There are approximately 4,000 local health workers who register birth events. Positions for vital statistics employees are now in the structure of the civil registration offices at district level.

There is weak coordination between the civil registration department and the medical record section of hospitals. However, the system could be strengthened with the continued skill training of hospital registrars and registrars at local registration centres. National, provincial and local responsibilities are clearly defined. However, workloads remain high and there needs to be an increase in the numbers of civil registration employees.

At the local village level the local registration centres (Mola's and Malik's) are cooperating with vital statistics registration offices but this system is weak and ineffective with only 2% of births registered by the Mola.

Additional support for registration could be provided by over 22,000 community health workers. There is no training program for civil registrars or for those persons registering births and deaths and cause of deaths in health facilities.

**Budget:**

There is no identified specific national annual operating budget for civil registration or a budget for a vital statistics unit. This is a general budget for the Ministry of the Interior only with no disaggregation to provincial or district budgets. There are insufficient funds to ensure the proper functioning of the CRVS system. Equipment is not sufficient to support the services. Birth cards are not supplied regularly to health facilities. Hospital do not have staff after hours to register or record births. There are no mobile services, no separate budget for registration outreach and no plan to date to achieve complete coverage. Mobile phone technology could supplement existing services if an assessment of coverage indicates sustained availability of coverage.

**Interventions**

The following are all immediate priorities.

**Registration Points:**

The following are all immediate priorities.

- Create more local vital statistics registration centres and train at least 330 civil registration and vital statistics employees and provide benefits commensurate with the geographic population area commencing first at provincial centres;
- Integrate registration points into hospitals;
- Assign CRVS staff to busy maternity hospitals;
- Certify midwives to register births;
- Use community health workers to initially capture birth and death data;
- Vaccinators will need to continue to certify unregistered births;

**Longer term priority:**

- Introduce mobile registration facilities to remote and hard-to-reach populations;

**Availability of quality staff:****Immediate priority:**

- Introduce courses in medical schools and continuing training for physicians in certification of causes of death and for statistic clear skin ICD coding procedures. This training package should include medical terminology, death certification and inclusion into medical curriculum;
- Provide continual in-service training to certifying physicians to ensure that information provided by doctors on death certificates is accurate and reliable;
- Develop a training plan to train master trainers in all hospitals on death certification;
- Train MoPH relevant staff on demography;
- Enhance capacities and skills of staff that register events and compile the data into statistics, and ensure the provision of the tools and supplies needed to carry out their work;

**Medium term:**

- Establish collaboration with religious authorities and cemetery officials to improve coverage of death registration;
- Introduce mobile registration facilities with community health worker outreach especially in remote and hard-to-reach sectors of the population;
- Providing staff in the national statistical system with training on using administrative data to produce statistics;

**Budget:**

The following are all immediate priorities.

- Birth cards need to be supplied to health facilities possibly through the pharmaceutical supply system and using existing MoPH BPHS/EPHS implementing partners;
- Introduce computerized systems, ensuring provision of budgets for equipment, maintenance and continuing staff training;

## **Key Strategic Area F: Operational procedures, practices and innovations**

**Standard**

Attention must be paid to ensure that legal and institutional frameworks are effectively and consistently applied through the design and implementation of operational procedures and practices.

In properly functioning civil registration and vital statistics systems, all births and deaths in the population are recorded. Best practice in cause of death registration means having a cause of death for every death. The deceased is examined by a qualified medical practitioner who certifies the cause of death using the WHO standard death certificate. The underlying cause is coded by trained statistical coders in line with rules and principles of the International Classification of Diseases (ICD).

**Findings and major challenges**

There are no medically certified cause of deaths registered and no ICD compliant practices for death certification. There is no system in place to support death notification or hospital death certification. While the law stipulates the need to issue a death certificate with the cause of death there is no system in place to support the practice. There also exists some confusion over death certificate and maternal

death notification. Death certification needs to be the supported practice. In addition, many of the UN recommended items are not collected on the birth and death registration forms. Approximately 37% of birth registration data is complete. Maternal death is only reported by some hospitals.

There have been some recent positive changes to the birth and death registration system in Afghanistan including the design and implementation of a new birth and death registration forms. Also the Afghanistan identification card facilitates vital statistics registration. However, birth and death data is not consistently collected across the country.

## **Interventions**

### **Cause of death**

The following are all immediate priorities.

- There is the urgent need to establish a clear business process describing who can certify death and causes of death, who can ensure reliable coding and how data can be share and analysed while maintaining client confidentiality;
- Establish a unit within the MOPH to ensure the capturing of accurate cause of death data, ensure the quality of death certification and provide ongoing training in ICD coding. Have this unit report mortality and cause of death to the CSO offices;
- Focus on strengthening birth and death registration within the MOPH and the provincial public health facilities following the establishment of the MOPH CRVS unit;
- Introduce a standardised internationally compliant medical certificate which can accurately record cause of death for all deaths occurring in the country. Link with MDSR as death notification;
- Introduce into the death certificate a checkbox prompting the certifying doctor to indicate whether a woman of reproductive age who died was pregnant at the time of death or had recently been pregnant, and ask for additional information that is frequently omitted;
- Prepare written materials (booklets and brochures) that provide a low-cost way to help doctors to correctly fill in the death certificate, using reference materials provided by WHO and other technical experts (4,5,6,7);
- Birth cards to be completed and collected by the NGO implementer within all health facilities from district to central level. This is similar in structure to reporting through the health management information system (HMIS). Hospitals within the provinces and those specialised hospitals have an existing system for reporting. The CRVS staff can then collect the reports from the NGO office or the provincial health office;
- Conduct a thorough technical analysis and risk assessment to establish how digital technologies can best be used to support CRVS processes in a scalable and sustainable way, and ensuring that mitigation strategies are in place when there are possible threats to the rights, safety and security of individuals;

### **Medium term:**

- Conduct regular evaluations of quality of death certificates as well as of the quality of medical records upon which the death certificate is based;
- Introduce supported verbal autopsy into communities serviced by community health workers with data being forwarded along the lines of established MoPH reporting channels through the HMIS system. Verbal autopsy practices at community level may use Mullahs, Community Health Workers (CHWs) or the health shura;



## **Registration**

The following are all immediate priorities.

- MoI recently implemented a single database for the registering of births at health facilities. This then needs to be linked with the MoPH databases;
- Implement actions to safeguard confidentiality and security of registration information and records;
- Have the district CRVS officers receive a daily report of vital statistics data via SMS. This needs to be compiled at provincial level and then forwarded to national CRVS officers;
- A robust monitoring and evaluation system needs to be institutionalized;

### **Medium term:**

- Implement measures to ensure the quality and integrity of legal documentation emanating from the civil registration system;

### **Longer term:**

- Explore the possibility of improving the coverage of birth and death registration through the use of other public facilities such as schools for birth and death notification and registration;

## **Key Strategic Area G: Production, dissemination and use of vital statistics**

### **Standard**

The administrative data from civil registration, when universal, is the preferred source of vital statistics in terms of accuracy, completeness and timeliness. Governments may need to adopt a phased approach to using civil registration records as a source of vital statistics by ensuring that information on currently registered vital events is compiled in a way to allow the production of vital statistics.

The contribution of vital statistics to evidence-based decision-making is dependent upon timely dissemination to and appropriate uptake by the relevant decision-makers. Data quality, access and use are critical components of any statistical system, but are often neglected. The result is that the information on births and deaths collected at great expense is not used as well as it could be, and those collecting the data are not fully rewarded for their efforts.

### **Findings and major challenges**

#### **Data production:**

Vital statistics data is not officially published as data is often incomplete and there needs to be further clarification of mortality indicators. The last population census was conducted in 1979.

#### **Data dissemination:**

A monthly vital statistics report (births, deaths, marriage and migrations) is submitted by the province to the central statistics office. However, computer usage is low, there is poor internet access and regular power shortages and weak monitoring of data for quality assurance with data often being incomplete and inconsistent.

#### **Data use:**

The main users of vital statistics information is the MoPH, the MoI, MoEc, MoD, Un agencies and NGOs but there is no engagement strategy to regularly discuss data needs. There is weak capacity to analyse, report and disseminate vital statistics data. There is a strong need to build analytical capacity among staff who collect and compile vital statistics information in the basic analysis of data to ensure a shared appreciation of the value and purpose of vital statistics.

## **Interventions**

### **Data production:**

The following are all immediate priorities.

- Ensure that transparent and well-documented procedures are used to calculate vital rates and other indicators, and that this information is included with the data by CSO;
- Use the international standards for aggregating and tabulating data. For example, the United Nations provides a minimal list of recommended characteristics for tabulating birth and death statistics (1);
- Introduce a standardized manual similar to the MOPH HMIS manual which details the process for the collection, compilation, analytical methodology and definitions, reporting and dissemination and use of CRVS data by officers along the data production process;
- Develop skills and capacities for health officers and CSO staff on data evaluation and critical assessment as well as statistical analytical methods, the calculation of health indicators, and dissemination of vital statistics; (9,10)

### **Medium term:**

- Use a software programs for the analysis of ICD such as ANACOD;
- Introduce quality assurance frameworks for the production of vital statistics derived from civil registration;

### **Data dissemination:**

The following are all immediate priorities.

- There should be a strong link between cause of death reporting and Maternal, Newborn Death Surveillance and Response (MNDSR);
- Develop a feedback mechanism between the MoI birth registration database and the MoPH HMIS database to identify which health facilities are not providing birth certificates by comparing the number of births against health facilities;
- Ensure feedback of local outcomes of causes of death to allow all involved parties to review their data as part of a quality assurance mechanism;
- Official vital statistics should be published annually by a trustworthy government source;
- Introduce operational procedures including a data release calendar;
- Make vital statistics summaries and policy briefs available on the Web;

### **Data use:**

The following are all immediate priorities.

- Ensure that data are accessible to as many legitimate users as possible, preferably in both print and electronic form;

## Vision and Goals

The shared vision is that, by 2024, all people in Afghanistan will benefit from universal and responsive CRVS systems that facilitate the realization of their rights and support good governance, health and development.

The goals and targets of the Afghanistan CRVS Strategic Plan are consistent with those identified in the Regional Action Framework on CRVS in Asia and the Pacific (September 2015) which offer measurable outcomes that reflect progress towards achievement of the shared vision during the course of the decade 2015 to 2024. They recognize core human rights principles of progressive realization, non-regression, non-discrimination and equity<sup>3</sup>. The three goals are:

Goal 1: Universal civil registration of births, deaths and other vital events;

Goal 2: All individuals are provided with legal documentation of civil registration of births, deaths and other vital events, as necessary, to claim identity, civil status and ensuing rights;

Goal 3: Accurate, complete and timely vital statistics (including on causes of death) are produced based on registration records and are disseminated.

## Outcomes and Objectives by Key Strategic Area

The following outcomes and objectives have been selected to drive reform and guide development of the monitoring and evaluation plan.

### Key Strategic Area A: Political commitment

#### Outcome

Sustained political commitment to support the development and improvement of civil registration and vital statistics systems

#### Objectives

1. Senior government officials are regularly attending well-coordinated CRVS meetings.
2. Decisions are documented in widely disseminated meeting minutes.
3. Monitoring and evaluation of interventions and the subsequent performance of the CRVS is actively pursued by the CRVS coordinating committee with implementing partners held accountable for non-performance.

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<sup>3</sup> ESCAP 2014 Ministerial Conference on Civil Registration and Vital Statistics in Asia and the Pacific

## **Key Strategic Area B: Public engagement, participation and generation of demand**

### **Outcome**

Enhanced public awareness of the value of civil registration and vital statistics systems and actions taken to remove barriers to registration at all levels

### **Objectives**

1. There is an engagement strategy to encourage the participation of the public to complete the registering of vital events
2. There is evidence to support a growing awareness of the public to register vital events
3. There is evidence to support improved registration of vital events by those populations who are hard-to-reach or who are considered marginalized.
4. There is a gradual increase in people who have a national identity number and who are recorded on the National Population Register (NPR).

## **Key Strategic Area C: Coordination**

### **Outcome**

Mechanism established for effective coordination among key stakeholders within the civil registration and vital statistics systems

### **Objectives**

1. The CRVS coordinating committee monitors national CRVS targets and effectively reduces bottlenecks ensuring (or promoting) the timely and efficient implementation of CRVS strategic plan interventions.
2. There is an enhanced understanding of roles, responsibilities and reporting requirements by all stakeholders for the development of the CRVS

## **Key Strategic Area D: Policies, legislation and implementation of regulations**

### **Outcome**

Improved and strengthened policies, legislation and implementation of regulations for civil registration and vital statistics systems

### **Objectives**

1. There is improved availability and quality of legal documentation within all ministries
2. The CRVS committee actively reviews legislation identifying shortcomings for further development

## **Key Strategic Area E: Infrastructure and resources**

### **Outcome**

Sustained commitment to the sufficient resourcing of developments and improvements to the civil registration and vital statistics systems

### **Objectives**

1. There is a well-supported annual national operating budget for civil registration
2. There are sufficient well-resourced facilities and sufficient number of registration points across the country to accommodate the needs of the population to register vital events.
3. There are sufficient numbers of qualified and skilled persons to provide the necessary services to support the national CRVS

4. There are proper notification and reporting system for the Cause of Death
5. There is improved capacity of doctors and medical officers to medically certify cause of death (MCCD)

## **Key Strategic Area F: Operational procedures, practices and innovations**

### **Outcome**

Improved compliance to procedures for the collection, recording, compiling, analysing and disseminating of complete and reliable statistics on vital events.

### **Objectives**

1. The functions, duties, roles and responsibilities are clearly defined and understood for each government department and by all key stakeholders and partners
2. The current communication mechanisms between the civil registration authority and other key stakeholders is facilitates the timely and accurate collection, production and use of vital statistics data.

## **Key Strategic Area G: Production, dissemination and use of vital statistics**

### **Outcome**

Increased capacity to effectively use vital statistics

### **Objectives**

1. There is an engagement strategy and a calendar of events where CRVS data is discussed and used
2. There is the regular publishing of accurate and timely CRVS data

# **Costed Results Based Strategic Action Plan for CRVS**

## **CRVS Investment**

This is an initial draft investment plan for CRVS in Afghanistan. The priority interventions and associated costs were derived from rapid and comprehensive assessments conducted in Afghanistan between December 2012 and early 2013. Consultation continued over 2014 and decisions regarding priority interventions were confirmed during focus group discussion between July and October 2015. The following costing estimates are indicative only. They do not take into account inflation. They require further review. In particular costs could be further refined by:

1. Ensure detailed activity plans are provided by implementing agencies;
2. Ensure that some costs are rationalized and harmonized with other like activities by coordinating planned trainings, considering requisite maintenance costs for capital equipment, considering refresher training needs etc.;
3. Identifying available government and donor funding for the funding of activities.

## Investment Summary by Key Strategic Area

Key Strategic Area	2016	2017	2018	2019	2020	Total
Key Strategic Area A Political commitment	\$ 3,000					\$ 3,000
Key Strategic Area B Public engagement, participation and generation of demand	\$ 100,000	\$ 80,000	\$ 40,000	\$ 40,000	\$ 30,000	\$ 290,000
Key Strategic Area C Coordination	\$ 48,000	\$ 240,000	\$ 30,000	\$ 360,000	\$ 360,000	\$ 1,038,000
Key Strategic Area D Policies, legislation and implementation of regulations	\$ 125,000	\$ 50,000				\$ 175,000
Key Strategic Area E Infrastructure and resources	\$ 1,680,000	\$ 2,175,000	\$ 2,150,000	\$ 1,585,000	\$ 1,570,000	\$ 9,160,000
Key Strategic Area F Operational procedures, practices and innovations	\$ 2,674,000	\$ 2,305,000	\$ 2,625,000	\$ 1,285,000	\$ 1,282,500	\$ 10,171,500
Key Strategic Area G Production, dissemination and use of vital statistics	\$ 220,000	\$ 80,000	\$ 120,000	\$ 40,000	\$ 40,000	\$ 500,000
<b>Total</b>						<b>\$ 21,337,500</b>

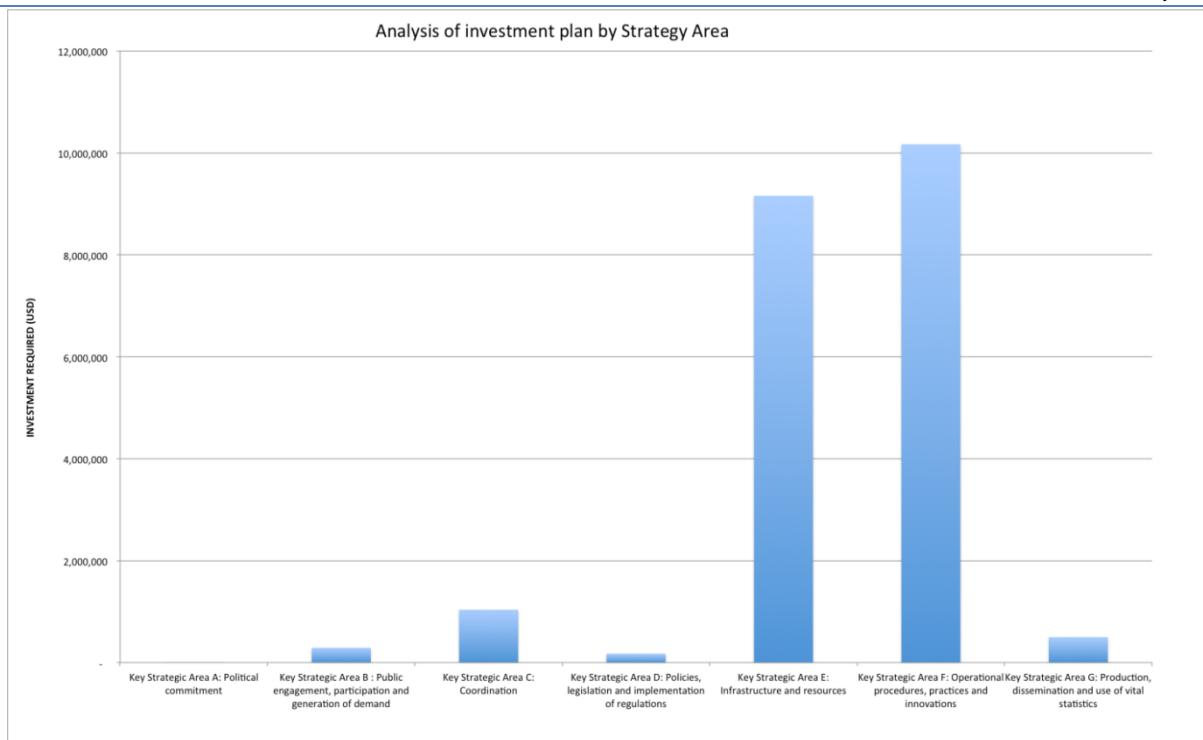


Table 4: Investment Summary by Key Strategic Area

Table 5: Analysis of investment plan by key strategic area

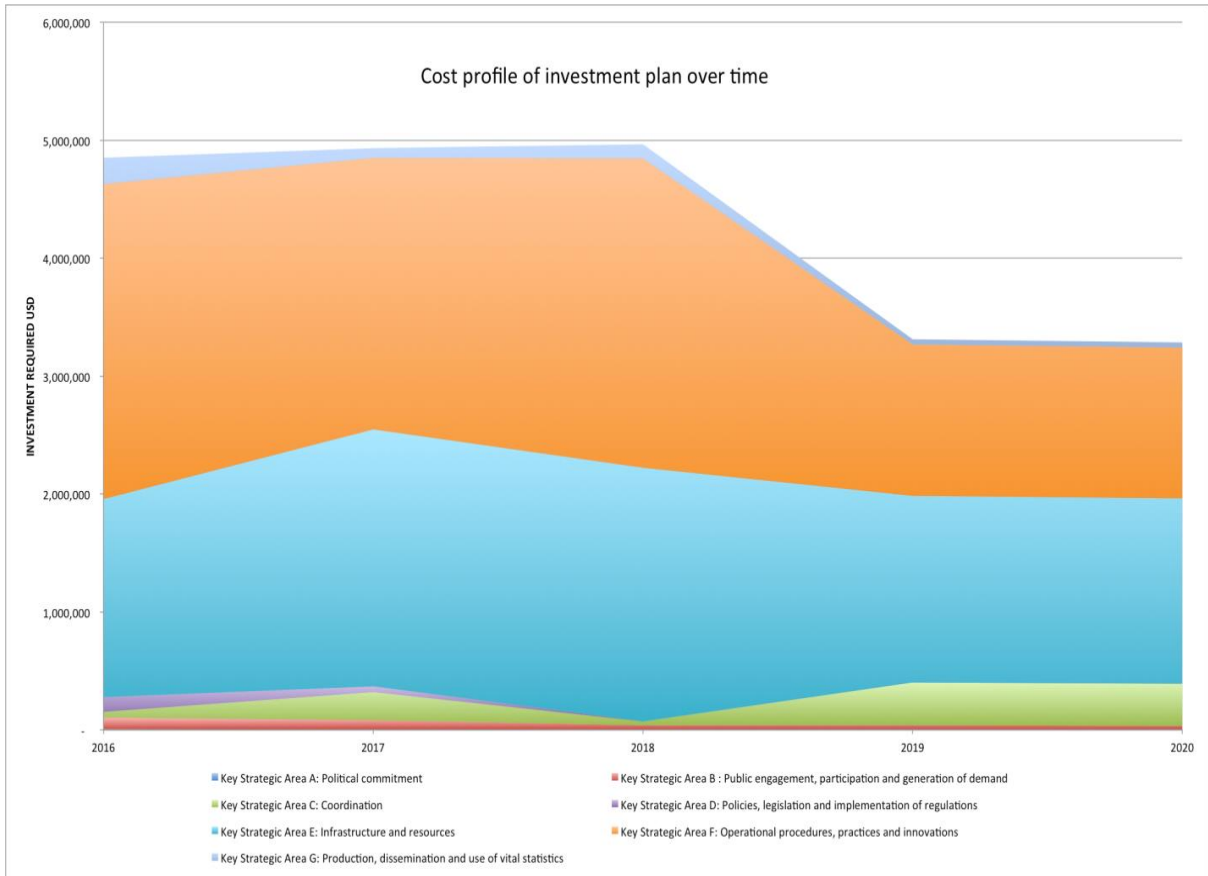


Diagram 1: Cost profile of investment plan over time

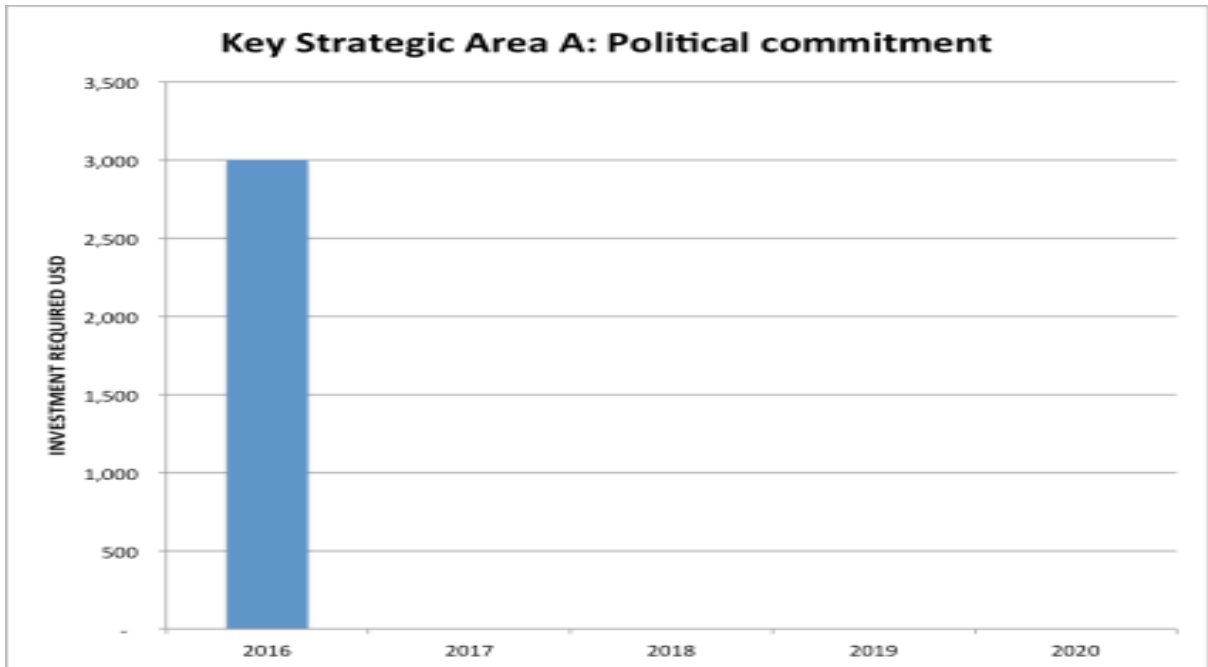


Table 6: Investment Key Strategic Area A: Political commitment

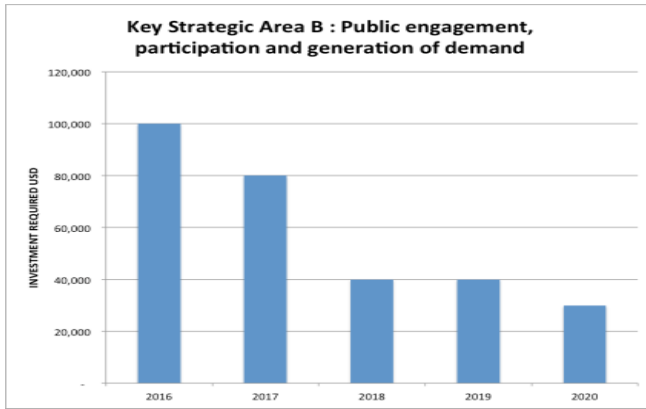


Table 7: Investment Key Strategic Area B: Public engagement

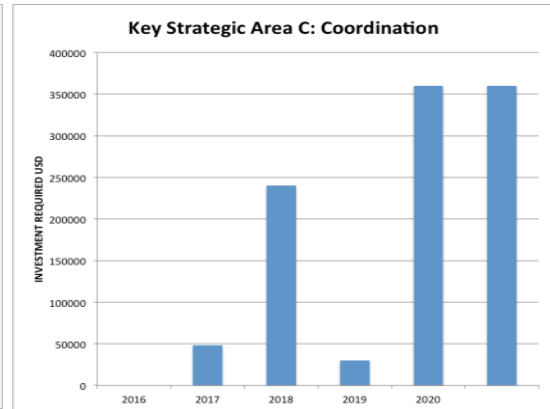


Table 8: Investment Key Strategic Area C: B: Coordination



Table 9: Investment

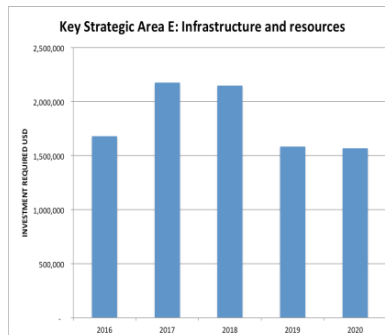


Table 10: Investment Key Strategic Area D: Policies, legislation and regulations



Table 11: Investment Key Strategic Area E: Infrastructure and resources

Strategic Area F: Operational procedures

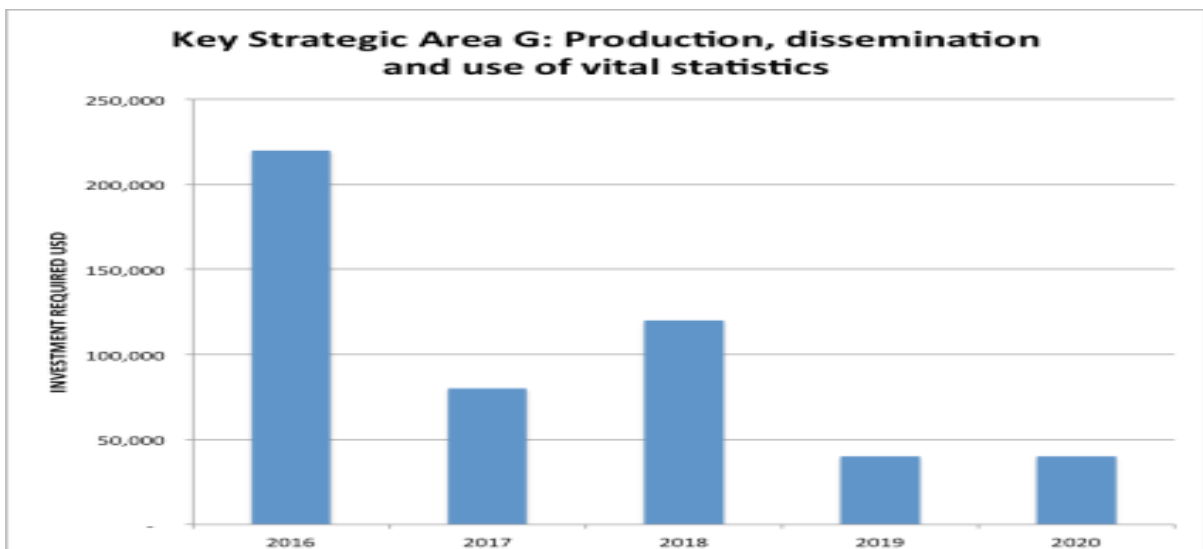


Table 12: Investment Key Strategic Area G: Production, dissemination and use



## Monitoring and Evaluation Framework

The institutional capacity of national ministries to implement interventions to strengthen CRVS is weak and is reflected low in the CRVS rapid assessment scores. As such, indicator targets have been set which reflect the current context and available resources. It is acknowledged that some ministries will need to establish baseline in the first twelve months of the CRVS strategic plan implementation. Financial resources to be able to do this have been identified in the budget for monitoring and evaluation within the results based action plan. In addition, evidence for output and process indicators are also identified within results based action plan and have not been detailed in the section which describes the broader outcome indicators.

Indicator	Definition	Baseline	Target by 2018	Target by 2020	Agency Responsible
<b>Goal 1: Universal civil registration of births, deaths and other vital events</b>					
Registered births	Percentage of the number of births registered within the year of occurrence by the total estimated number of births for the same period	6%	50%	75%	General Directorate of Civil Registration Ministry of Interior
Children under 5 years old who have had their birth registered	Percentage of the number of children aged under 5 years in a given year who have had their birth registered divided by the estimated number of children aged under five years old in a given year	Unknown	50%	75%	General Directorate of Civil Registration Ministry of Interior
Individuals who have had their birth registered	Percentage of the number of individuals in a given year who have had their birth registered divided by the estimated population in a given year	Unknown	50%	75%	General Directorate of Civil Registration Ministry of Interior
Registered deaths per annum	Percentage of the number of registered deaths in a given year divided by the estimated number of deaths in that year	0	10%	20%	MoPH
Recorded deaths in the health sector which have a medically certified cause of death recorded using the international form of the death certificate	Percentage of the number of deaths with medically certified cause of death using international form of death certificate divided by the number of deaths recorded by health institutions or health sector	0	30%	60%	MoPH
<b>Goal 2: All individuals are provided with legal documentation of civil registration of births, deaths and other vital events, as necessary, to claim identity, civil status and ensuing rights</b>					

Births registered with an official birth certificate that includes, as a minimum, the individual's name, sex, date and place of birth, and name of parent(s)	Percentage of the number of registered births issued with certificates (with minimum information) upon registration the given year divided by the number of births registered in the given year	Unknown	50%	75%	General Directorate of Civil Registration Ministry of Interior
Deaths registered in the given year are accompanied with the issuance of an official death certificate which includes, as a minimum, the deceased's name, date of death, sex, age and cause of death?	Percentage of the number of death certificates issued (with minimum information) in the given year divided by the number of deaths registered in the given year	Unknown	10%	40%	MoPH
<b>Goal 3: Accurate, complete and timely vital statistics (including on causes of death) are produced based on registration records and are disseminated.</b>					
Proportion of annual nationally representative statistics published on births which have been disaggregated by age of mother, sex of child, geographic area and which are produced from registration records	Percentage of the number of published birth statistics divided by the number of published birth statistics which have been disaggregated by age of mother, sex of child, geographic area	Unknown	50%	80%	CSO Demography Department
Proportion of annual nationally representative statistics on deaths which have been disaggregated by age, sex, cause of death defined by ICD (latest version) and geographic area and which are produced from	Percentage of the number of published death statistics divided by the number of published death statistics which have been disaggregated by age, sex, cause of death defined by ICD (latest version) and geographic area	Unknown	50%	80%	MoPH with CSO Demography Department

registration records					
Proportion of deaths occurring in health facilities or with the attention of a medical practitioner have an underlying cause of death code derived from the medical certificate according to the standards defined by ICD (latest version).	Percentage of the number of deaths occurring in health facilities or under the attention/supervision of a medical practitioner that have an underlying cause of death code derived from the medical certificate in the given year divided by the number of deaths occurring in health facilities or with the attention of a medical practitioner in the given year	0	30%	70%	MoPH
Deaths taking place outside of a health facility and without the attention of a medical practitioner have their underlying cause of death code determined through verbal autopsy in line with international standards	Percentage of the number of deaths taking place outside of a health facility and without attention of a medical practitioner that have an underlying cause of death code determined through VA in line with international standards in the given year divided by the number of deaths taking place outside of a health facility and without attention of a medical practitioner in the given year	0	10%	30%	MoPH
Key summary tabulations of vital statistics on births and deaths using registration records are made available in the public domain in electronic format annually, and within one calendar year	Percentage of the number of key summary tabulations of vital statistics on births and deaths using registration records divided by the number of key summary tabulations of vital statistics on births and deaths using registration records available in the public domain in electronic format annually	Unknown	50%	80%	CSO Demography Department
Key summary tabulations of vital statistics on causes of death using registration records as the primary source,	Percentage of the number of key summary tabulations of vital statistics on causes of death using registration records as the primary source divided by the number of key summary tabulations of vital statistics on causes of death using	Unknown	50%	80%	CSO Demography Department

are made available in the public domain in electronic format annually, and within two calendar years by CSO	registration records as the primary source which have been made available in the public domain in electronic annually, and within two calendar years				
Accurate, complete and timely vital statistics report for the previous two years, using registration records as the primary source, is made available in the public domain by CSO	Percentage of the number of accurate, complete and timely vital statistics report for the previous two years, using registration records as the primary source divided by the number of accurate, complete and timely vital statistics report for the previous two years, using registration records as the primary source, is made available in the public domain.	Unknown	50%	80%	CSO Demography Department

Table 13: CRVS Monitoring and Evaluation Framework

## References

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## Annexes

### Annex 1: Terms of Reference for MOPH Vital Statistics Unit

#### Introduction

The Health Management Information System (HMIS) is a priority project for the Afghanistan Ministry of Public Health. The MoPH HMIS is one of the successes of the Afghanistan health sector. It has been in use since 2005 and provides relevant, complete, accurate, and timely information so that evidence-based decisions can be made to improve health outcomes for the citizens of Afghanistan, particularly for those most vulnerable, the rural population and women and children. One of the weaknesses of the current system is the collection of vital events data from both the community and health facilities.

Civil registration is defined by the UN as “the continuous, permanent, compulsory, and universal recording of the occurrence and characteristics of vital events (live births, deaths, fatal deaths) and other civil status events (marriages, and divorces) pertaining to the population as provided by decree, law or regulation, in accordance with the legal requirements in each country.” A civil registration system is used to record vital events for the purpose of understanding and deriving national demographic and epidemiological measures that are needed in national planning across multiple sectors. The responsibility of the Ministry of Public Health is to collect and report accurate and complete vital event information, including live birth and death data, to the Ministry of the Interior.

#### Background

##### A. Legislation

In Afghanistan under the 2013 CRVS legislation the Ministry of Public Health is responsible for the collection of vital statistics including birth and deaths. To date there is no effective network of local health facilities to support the regular reporting of birth and death information and there is poor reporting of births and deaths from the community.

##### B. Afghanistan CRVS key elements and relationships

The key administrative organizations responsible for CRVS in Afghanistan include the Ministry of the Interior and the Ministry of Public Health. The Ministry of the Interior is responsible for the collection of civil registration events including marriages and divorces and uses a decentralized system. The role of regional sites is to record the event prior to receipt of documentation at national level. Copies of the documents for civil registration purposes are retained at the initial registration site. The CSO Vital Statistics and Demographic Department is responsible for the calculation of indicators, compilation of collected information, statistical analysis, report writing and the dissemination of results. There is no capacity at local level to prepare vital statistics data for local use. The Ministry of Public Health is responsible for the collection of vital statistics data through health facilities. The collection of birth and death data from the community is almost non-existent. Vital statistics information is forwarded to the Ministry of the Interior from the Ministry of Public Health periodically but the system is weak

and is not institutionalized. There is no one department responsible within the Ministry of Public Health for the coordination, collection and dissemination of vital statistics data.

### **Current Position**

A comprehensive CRVS workshop conducted in Kabul between the 15<sup>th</sup> and 18<sup>th</sup> of September 2013 demonstrated that the CRVS requires substantial improvement in all areas. One of the recommendations from this workshop was to establish a unit within the MoPH under the MoPH HMIS Department for the institutionalization of a vital statistics reporting system which uses ICD coding of cause of death and community verbal autopsy to improve and strengthen the provision of accurate, reliable and timely data on vital events to the Ministry of the Interior.

### **Goal of the MoPH HMIS Vital Statistics Unit**

To have available complete, consistent, accurate, timely and reliable data on vital events which can be used for the purpose of demographic, statistical, health research, planning, development and evaluation of medical and health programs and the preparation and dissemination of timely reports based on the detailed data collected from recoded vital events.

### **Purpose**

To establish a MoPH HMIS Vital Statistics Unit which provides all general administration and technical guidance for the establishment and maintenance of a national vital event reporting system for the collection of birth, death and cause-of death statistics from the community and health facilities.

### **Terms of Reference for the MoPH HMIS Vital Statistics Unit**

1. Produce quality vital statistics by establishing robust birth and death registration practices which ensures national coverage and the dissemination of complete and quality vital event data.
2. Establish and maintain national standards for the reporting, data collection and process of vital statistics information. This includes establishing item definitions (live births, deaths and fatal death) consistent with international standards, indicators, record formats, code structures for demographic and health variables and processing techniques which uses as a basis ICD practices for death certification in hospitals and health facilities and verbal autopsy in community death certification.
3. Ensure processes are established which protect the privacy and confidentiality of an individual's records while addressing the need for the rapid storage, retrieval and maintenance of vital statistics records.
4. Develop and maintain national data systems including administrative record systems specialized registers and indexes, census files (if necessary) and research database which uses ICD and verbal autopsy.
5. Establish and maintain a national monitoring system to ensure the quality, completeness, validity and accuracy of vital statistics data and compliance to indicator definitions and vital statistics registration procedures.
6. Establish a national system for the dissemination of vital statistics which includes the processing of vital statistics data, the preparation of tables and charts, the conduct of

statistical trend analyses, development of reports and related research programs. This will also involve the development of reports for local level use.

7. Establish and participate in an intra-agency committee to maintain close collaborative and interactive working relationships with other agencies and programs engaged in the strengthening and use of vital statistics information. Focus for the committee needs to be on ensuring close cooperation, coordination, communication and interaction between the Ministry of Public Health and the Ministry of the Interior. Committee members can include but are not limited to maternal and child health program representatives, family planning and social services representatives. This may involve developing a MoU between the Afghanistan Ministry of the Interior and the Ministry of Public Health which identifies factors affecting registration and vital statistics. These factors include defining responsibilities and timing of reporting, item content, the forms for legal registration, rules and regulations to be followed to provide complete and accurate data for both the civil registration and vital statistics programs and the processing methods to assure effective registration and statistical services.
8. Provide advice to other agencies on the need to further develop and enhance existing CRVS legislation, methodologies, strategies and practices in the collection and use of vital statistics information.
9. Develop any supporting manuals, materials or documents needed to strengthen the compliance to and quality of vital statistics reporting including the application of ICD and verbal autopsy.
10. Arrange and coordinate training activities to the community leaders and health facility staff on vital statistics activities including ICD, verbal autopsy and facility and community reporting processes. This may involve using mobile registrations units and the use of m-health applications.
11. Develop a transition plan to progress the vital statistics registration and improve CRVS coverage from one which is centralized to one which is decentralized which includes identifying local registrations officials (midwives, vaccinators, funeral operators, health clinic directors and religious officials), their responsibilities and duties and the administrative reporting structure.

## **Vital Statistics Unit structure and position descriptions**

### **HMIS Vital Statistics Unit Director**

Responsible for the overall planning and management of the unit, analysis and reporting of vital event data and for the intra-agency communication and coordination. This person will require general management experience in biostatistics, demography, research and analysis and will need to be able to interpret the statutes and regulations governing vital event data. This person will need to be able to monitor any legislative changes under consideration by the law making body that might affect the vital event registration system. This person will need to be able to coordinate the development of the form and content of the vital event system, establish national standards for the reporting, data collection and processing of vital event data while addressing any funding or budgeting constraints.

### **Database Manager**

Responsible for the design, development and maintenance of all national databases which contain all necessary information about vital events.



**Monitoring and Evaluation Advisor**

Responsible for establishing and maintaining the quality control of vital event data. This person will also need to be able to establish regular procedures and reviews for the data collection reporting instruments and for the development and implementation of data quality checks which ensure the provision of complete, accurate and timely vital event data.

**Record Manager**

Responsible for establishing methods of record transmission and coding, the preparation of vital event data for analysis, the development of vital event training modules and has responsibility for the direct interaction and coordination of health facilities and communities for any matter relating to the vital event system. This person is also responsible for the designing of and maintaining a filing system which allows the easy retrieval of newly filed records and the supervision of the data entry clerk. The responsibility for the issuing certified copies of vital events will belong to the Ministry of the Interior. Coding will be conducted at national level after receiving raw data from the provinces. This person will also need to establish a system for the recording of births and deaths from both health facilities and the community and be fluent in ICD and verbal autopsy.

**Data entry clerk**

Responsible for the input of vital event data into the data base and for providing overall clerical support. The person has the responsibility for checking all entries for completeness and accuracy, assigning indexing numbers to new records and for providing feedback to local facilities or communities on missing or inaccurate data. This person is responsible for the recording, indexing editing, verifying and filing of all new vital event records.

## **Annex 2: Terms of Reference for Inter-Ministerial Multi-sectoral CRVS Coordination Committee**

### **Purpose**

This is a national representative committee comprising key stakeholders from health and statistics constituencies to guide the development and maintenance of the Afghanistan Civil Registration and Vital Statistics Country Strategic Plan.

Civil registration and vital statistics systems involve a wide range of stakeholders. In Afghanistan these stakeholders include the Ministry of Public Health (MoPH), Civil Registration Office at Ministry of Interior (MOI), Vital Statistics of Central Statistical Office (CSO), Civil Societies, UN agencies including WHO, UNICEF, UNFPA, national and international donor agencies. Under the Basic Package of Health Services (BPHS), Non-Government Organizations (NGOs) are subcontracted to provide health care delivery.

This committee will be a broad based coordinating mechanism for CRVS between relevant ministries, vital statistics offices, technical support agencies and other donors.

The CRVS Coordination Committee is responsible for monitoring the progress and implementation of the CRVS Country Strategic Plan at all levels and across sectors. The CRVS Coordination Committee will direct and coordinate the action of all participants to ensure full implementation and development of the CRVS Country Strategic Plan.

### **Objectives**

The primary objective of the CRVS Coordination Committee is to assist partners to achieve the CRVS Country Strategic Plan goals of:

1. Universal civil registration of births, deaths and other vital events;
2. Individuals are provided with legal documentation of civil registration of births, deaths and other vital events, as necessary, to claim identity, civil status and ensuing rights;
3. Accurate, complete and timely vital statistics (including on causes of death) are produced based on registration records and are disseminated

### **Membership**

The Committee shall consist of at least 10 and no more than 25 members with expertise in CRVS in a government environment, including knowledge of the relevant codes and standards applicable to CRVS information. The chair will be MoI's Civil Registration DG and a representative of the MoPH Health Management Information System Department will be responsible for recording the proceedings of meetings, collating agendas and performing what administrative duties are associated with the proceedings of the committee.

The CRVS Coordination Committee may invite relevant persons to attend its meetings and may appoint ex officio members. Such persons may include the Provincial Health Directors and representatives from Donor partners. The CRVS Coordination Committee will have the power to co-opt none voting additional members depending on the issues under discussion.

Membership may include the following:

- Ministry of the Interior
- General Directorate of Civil Registration
- Ministry of Public Health
- Ministry of Haj
- Ministry of Religious Affairs
- Representative from the National Statistics Office
- Representative from the National Demography Office
- A representative from the World Health Organization
- A representative from UNICEF
- A representative from UNFPA
- Director MoPH HMIS
- MoPH BPHS Coordinator
- An NGO Representative
- Country Director, JHU

## **Meetings**

The CRVS Coordination Committee shall meet no less than 4 times per calendar year and may meet as often as is necessary to fulfil its duties. A quorum shall consist of a simple majority of members. The Chairman of the committee shall have a casting vote.

## **Conflict of Interest**

In accordance with general regulations, committee members and ex officio members must declare their interest, whether Material or Personal. Any such declaration shall be recorded in the record of the meeting.

## **Minutes**

The MoPH HMIS Department shall maintain minutes of meetings and ensure that minutes are distributed to committee members within 2 weeks of a committee meeting.

## **Duties and Responsibilities**

The Committee may consider any matters relating to the coordination and support of the Afghanistan Civil Registration and Vital Statistics Country Strategic Plan. The Committee shall examine any other relevant matters referred to it.

The MoPH HMIS Department will establish, support and maintain an Afghanistan Civil Registration and Vital Statistics Country Strategic Plan database to monitor the progress and implementation of the Afghanistan Civil Registration and Vital Statistics Country Strategic Plan. The MoPH HMIS

Department will submit to the CRVS Coordination Committee an implementation status report for action by the CRVS Coordination Committee.

The MoPH HMIS Department will prepare the materials and presentation required for the CRVS Coordination Committee meetings including the preparation and dissemination of agendas, minutes, decisions and actions following approval from the Chairperson of the CRVS Coordination Committee. Based on the priorities set by the CRVS Coordination Committee and the resulting adjustments to the activity implementation schedule, the MoPH HMIS Department will prepare and promulgate an annual CRVS implementation plan which focuses on the priority interventions and activities. The MoPH HMIS Department will prepare communications related to the Afghanistan Civil Registration and Vital Statistics Country Strategic Plan implementation and the decisions of the CRVS Coordination Committee.

## **Functions**

The basics functions to be performed by the CRVS Coordination Committee include:

1. Set and update priorities for main lines of action (interventions and activities) within the Afghanistan Civil Registration and Vital Statistics Country Strategic Plan.
2. Adjust priorities of the Afghanistan Civil Registration and Vital Statistics Country Strategic Plan interventions and activities to the changing situation and adjust the implementation timelines of activities accordingly.
3. Guide and support responsible ministries and departments and CRVS development teams to collaborate with other ministries and institutions for achieving activity implementation.
4. Receive and review CRVS Country Strategic Plan implementation status reports and briefings, and provide support and guidance for addressing implementation problems as necessary.
5. Request and receive descriptions of implementation delays and problems being encountered by the responsible agency and take action to help implementation to proceed. Such actions could include:
  - a. Sending a letter of concern to the responsible department head or office requesting that priority attention be given to the implementation of the activity and specifying a date of expected completion.
  - b. Sending a letter to the supporting donor project confirming the priority of the activity and seeking confirmation of their support.
  - c. Establishing a special task group to support the implementation of the activity.
6. Identify, discuss and address legislative and policy issues that may hinder the implementation of strategic activities.
7. Consider adding new development activities to or dropping activities from the CRVS Country Strategic Plan, if deemed justified.
8. Remain aware of all CRVS related development support offered by donors or their projects, and try to insure such support remains focused on activities within the existing CRVS Country Strategic Plan. Review all new CRVS development activities proposed by donors or their projects and seek justification for adding them to the CRVS Country Strategic Plan.

- 9.** Ensure that the status of CRVS Country Strategic Plan implementation is communicated to all committee members and participating donors, along with needs for additional support. Such communications can be made through summaries of the implementation status, quarterly newsletters and special briefings and orientations.
- 10.** Maintain membership of the CRVS Coordination Committee in a manner that represents all involved technical and administrative areas of the Ministries, vital statistics offices, technical support agencies and donors who actively support the CRVS Country Strategic Plan.

### **Annex 3: Illustrative Agenda for the CRVS Country Coordinating Committee Meetings**

1. Call to order by the Chairperson. Recording of attendance.
2. Reading of the minutes of the last Meeting.
3. Presentation on progress made towards implementing the Afghanistan CRVS Country Strategic Plan by implementing partners
4. Representatives of priority activities describe the constraints affecting their development activity to the CRVS Coordinating Committee, and discussion and recommendation of possible solutions takes place.
5. A list of recommended actions for each priority activity is recorded and read back to the Committee
6. The Coordinating Committee entertains proposals for adjusting activity priorities, with justification. Discussion and decision-making.
7. Proposals for new activities to be included in the CRVS Country Strategic Plan, if any.
8. Additional topics which have been requested for discussion and approved by the Chairperson in advance.
9. Closing