Item @ Mongolia

Dear Chair,

First aff all, we would eithe to express spe

Thank you for giving possibility to introduce in regards to CRVS. Also, Thank Specials thanks to chair and all organizers for conducting Ministerial Conference on CRVS in Asia and the Pacific.

In Mongolia, Birth certificate started to provide to newborns since 1951.

Birth and death registration coverage including maternal and child death is over 99 and 95 percentage Marriage certificate started to provide in 1951.

According to Civil Registration Law, newborn should be registered within 30 days in rural, and 15 days in urban after having birth. Also, the fact of death should be registered within 5 days in urban and 10 days in rural. Also, when the cause is unknown or dead body is found the police should register the case within 10 days.

Health key indicators: Percentage of birth in hospital – 99.2, early antenatal care coverage-87,8, immunization 97,6, percentage of death certified by the health facilities-95.

The MoH was done assessment on Current status of recording statistic on births and deaths in Mongolia according to WHO guidance for standards based review of country practices.

Recommendation of this assessment:

- 1. To develop a formal regulation on exchange of death and birth data between GASR, NSO, MoH and other relevant agencies.
- 2. To integrate birth and mortality data of MoH with CR database
- 3. To undertake joint GASR-NSO-MoH assessment of the coverage and quality of Maternal and Child Mortality data
- 4. To assess the accuracy of cause of death coding according to ICD-10 in Civil Registration Office.
- 5. To assess the causes of discrepancy related to mortality associated with traffic injuries between from Traffic Police and MoH.

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Appreciate for paying attention and thank you to chair and all of you.

Now we are welling an eventing consolidated and online detabase of P and H. Uploading the P and HI at central server, cheekeng data duplication. Record-keeping of database information Establishing working group and action plan with BASR and MOH. Apply international classifications and organizing quality monitory, lellaborate with MOH on discerningtion of vital statistics