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REPORT OF MISSION OF THE
NATIONAL CENTER FOR HEALTH STATISTICS
TO CAIRO, EGYPT

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BACKGROUND

The objective of this mission was to identify factors responsible for delays in the production of accurate vital statistics in the Egyptian vital registration system and to recommend changes in that system that would lead to improvement.

Early in 1982, Dr. Mokhtar Auad Hallouda, President of the Central Agency for Public Mobilization and Statistics (CAPMAS), visited the National Center for Health Statistics (NCHS) and spoke with a number of NCHS staff concerning activities in vital registration in the United States and NCHS activities in countries such as Peru, Ecuador, and Jamaica.

In November, Dr. Alvan O. Zarate, Director of International Statistics of NCHS, visited Dr. Hallouda in Cairo and discussed NCHS assistance to CAPMAS in the evaluation of the Egyptian vital registration system.

In January, the Cairo AID Mission requested that NCHS conduct such an evaluation, and the NCHS responded by assembling a two-person team to carry out the task.

The NCHS team was composed of Dr. Zarate and Donald J. Davids. Dr. Zarate has been involved with several NCHS projects in the Ministry of Health (MOH) since 1979. One, in particular, involves the use of vital and other statistics collected by health bureaus for use in evaluating and monitoring MOH programs. Dr. Zarate was, therefore, considerably experienced with the Egyptian vital statistics system insofar as it involves the Ministry of Health.

Donald J. Davids was for 21 years Director of Health Statistics and Vital Registration in the State of Colorado. He was recommended for this mission by NCHS as experienced in the registration and processing of vital statistics as well as their tabulation and interpretation.

Schedule of Activities

On Friday, March 25, the NCHS team conducted initial discussions. By Sunday, March 27, the NCHS team had discussed the scope of work and the program of its mission with officials of both CAPMAS (office of Abdel Salam Fahmi Sultan, Undersecretary, Central Administration of Statistics) and USAID (Timothy S. Seims). Hereafter, names and positions will be identified as briefly as possible. Positions and full names are given in the appendix. The agencies and units visited by the team were as follows:

USAID: Office of Population

CAPMAS: Population Studies and Research Center
Central Administration for Statistics
Central Administration for Electronic Data Processing
Office of the President

Ministry of Interior: Department of Civil Registration
Registration Office (Nasr City)

United Nations: Cairo Demographic Center

Ministry of Health: Department of Vital Statistics
Local Health Bureau (Zenhom, Cairo)
Office of First Undersecretary of State

Governorate of Fayoum: Fayoum General Hospital
Ministry of Health, Fayoum Office.

While the team would have preferred tracing the flow of documents from the initial point of contact with citizens (local health bureaus) through the various steps, as provided in Egyptian law (that is, through the MOH, the civil registration office, and, finally to CAPMAS), it was not possible to arrange visits in this order. Instead, appointments were arranged after the team's arrival, and so the program depended largely upon who was available. Consequently, much of the interviewing at CAPMAS was conducted while waiting for clearances to be obtained to visit health bureaus. The latter were not visited until the mission was 6 days old.

It must be pointed out that there was time only for review of activities in a few civil registration and health offices. A more thorough examination of a variety of these in different geographical locations would have been preferable. Nonetheless, the team felt that enough of the Egyptian vital registration system was examined in sufficient detail to permit a number of observations and a series of recommendations related to the mission objective.

Before proceeding to a presentation of observations and recommendations, a brief overview of the Egyptian Vital Registration System is provided.

Overview of the Vital Registration System¹

Individual citizens are responsible for reporting births, deaths, and stillbirths to one of approximately 3,000 health

¹ The Egyptian vital registration system is difficult to describe as it involves three ministries and a variety of offices within each. This description is intended for the orientation of readers unfamiliar with the system.

bureaus located throughout the country. Information concerning these events is provided (usually with the aid of a clerk in the bureau) on duplicate notification forms designed specifically for each of these three events (see Appendix 5 & 6). The information from the notifications is entered in two places: (1) A registry that lists all pertinent information, that is signed by the informant (i.e., father of a newborn or stillbirth, relative of the deceased) and serves as the basis of the issuance of birth and death certificates,² and (2) on a data sheet to which a duplicate of the notification form is attached. The flow of these notification forms and data sheets is given in Appendix 1, showing that documents are sent to a selected health bureau for review before being passed on to a district civil registration office. In the latter, information is abstracted from notifications and used to issue identity cards.

The health bureau also stores notification forms. From this point on, only data sheets are transmitted until, finally, they arrive at the appropriate office (divisions of mortality and fertility) within CAPMAS. Each office along the way from health bureaus to CAPMAS reviews the notification forms and data sheets for correctness and completeness.

Within CAPMAS, data sheets are first reviewed by the division of mortality or fertility. As necessary, sheets may be sent back to selected bureaus for correction or completion. They are then required to pass through each of the offices through which they were originally sent. After completion of review in the mortality or fertility division, data sheets are sent to the data processing division for verification, coding (including cause-of-death coding), and machine entry. After tabulations are completed, they are returned to the division for translation into Arabic and assignment of table captions. The last step before final approval is the Technical Bureau for Final Review.

² Only during the balance of the calendar year. After that they are issued by the civil registration offices.

II. OBSERVATIONS AND RECOMMENDATIONS

OBSERVATIONS AND RECOMMENDATIONS

Record Flow

A chief deterrent in the timeliness of the vital statistics system is the hierarchy of offices through which the notification forms and statistical sheets must flow. Therefore, considerable attention was devoted to the routing of documents and data throughout the system.

There is an enormous amount of handwritten copying in the system. At the health bureau level, two copies of the notification form are required in addition to the recording of the event in a register and the issuance of a handwritten certificate.

Information from the notification is also copied on the statistical sheet. Thus, these five records involve copying the original information four times. At the office of civil registration, another registry is maintained for individuals and yet another for families.³ All of these handwritten copies are necessary because Egyptian law does not permit use of carbon copies, photocopies, or typewritten forms as legal documents. The amount of copying required in the system can lead to substantial error.

Recommendation. CAPMAS should study alternative methods and routes of transmitting data and forms, particularly the statistical reports, which could be sent directly from the selected health bureau to the CAPMAS Cairo or governorate office. Among the alternatives that should be considered are:

- The use of photocopy, not only to reduce the workload of copying notifications but also to minimize errors.
- The use of typewriters to permit the preparation of suitable carbon copies for unofficial uses.
- Registries kept at health bureaus and civil registration offices be updated by computers located at the district level.

After documents have been filled out in health bureaus, Appendix 1 shows that under normal circumstances they should arrive in CAPMAS within about a month, assuming maximum time is required to forward them from office to office.

³ Assuming approximately 1.8 million births, the seven copies per event amount to about 12.6 million copies written by hand per year. These are in addition to about 3 million copies of death notifications.

It is clear, however, that some statistical forms do not reach CAPMAS within the required time, although the team could not elicit a definitive estimate of how many arrive too late for inclusion in the year's statistics.

Also it was not clear how to determine the location of statistical sheets at any one moment. No program for tracing the progress of forms has been instituted.

Recommendation. CAPMAS should implement systematic procedures for monitoring the time elapsed from receipt to transmission of records in each step of the record flow.

Recommendation. Since CAPMAS is responsible for the conduct of the vital registration system, sufficient authority must be granted to the agency, either by legislation or by an agreement with the Ministry of Health and the Department of Civil Registration, to enforce minimum standards of record completeness, accuracy, and timeliness.

Quality Control and Processing

Much time is taken up under the existing system in determining gaps in statistical information received in CAPMAS and in processing this information. This involves verification, editing, and coding of forms. An important observation of this team is the reluctance of CAPMAS staff to send documents back to health bureaus, because of the time required for a response or because of the possibility that no response will be forthcoming. Under these circumstances, CAPMAS staff choose the more expedient alternative of making decisions and entering data based on long experience with birth, death, and stillbirth records. In the United States this would be referred to as imputation.

The question arises, however, without impugning the expertise of those who currently code incomplete information, of whether such methods take full advantage of available statistical information and whether they result in constant and statistically reliable decisions over time.

Recommendation. Machine edit programs be adopted for the purpose of identifying problems (incorrect or illogical information, such as a female death due to a male cause, births to women outside the reproductive ages, etc.) and, in the absence of additional information, making corrections or adjustments for missing or vague information.

It will, however, always be necessary for CAPMAS staff to have direct access to those responsible for filling in notifications and statistical forms. Even with improvements in time, accuracy, and completeness on these forms, problems are bound to occur. CAPMAS personnel must be able to achieve quick and accurate resolution of problems.

Recommendation. Agreement be reached between the CAPMAS, the Department of Registration, and the Ministry of Health to permit CAPMAS to send queries directly to appropriate health bureaus and for the bureaus to respond directly to CAPMAS.

Recommendation. The adoption of the above recommendations will not replace the urgent need to routinely monitor the flow of documents from health bureaus to civil registration offices to CAPMAS. The machine edit programs developed to track documents, initially to pinpointing bottlenecks and streamline the system, will need to be repeated periodically.

For example, it will be necessary to constantly determine percentages of blank items and incorrect items entered by the health bureaus, time elapsed from date of occurrence of the event to receipt of statistical reports at various points, etc.

To permit flexibility in response to data and processing problems as they arise, however:

Recommendation. Data should be processed and submitted to quality control procedures on a monthly basis.

Considerable time is also devoted to the preparation of tables in Arabic form for publication. This comes about as a result of the printout, in English, of a portion of mortality tables and all of the fertility tables. Efforts are currently underway to have the tables printed out in Arabic.

Recommendation. Efforts underway to convert to Arabic tables suitable for publication should be strongly encouraged and even speeded up. For international purposes, however, attention should also be devoted to publishing tables of contents and some summary tables in English.

Cause of death is now coded by the central administration for electronic data processing in CAPMAS. A substantial, though undetermined, proportion of deaths is attributed to such categories as "Other ill-defined and unknown causes..." and "Senility without mention of psychosis." The chief observation of the NCHS team is that the coding of the event takes place at a point far removed in time and space from the events in question. In addition, there is statistical but no medical experience brought to bear in resolving questions about cause of death

Recommendation. The responsibility for coding cause of death should be shifted from the CAPMAS to the Ministry of Health so that medical consultation can be obtained and inquiry programs can be instituted closer to the events and when they occur.

The NCHS team was aware of the difficulties encountered by civil registration offices in storing and retrieving notification forms because of the potential statistical importance of

notification forms as the initial document containing vital information, and because of their significance in the establishment of identification.

Recommendation. Attention should be given to alternative methods of record retrieval of offices of civil registration (including computerization and advanced microfilm methods).

Data Publication and Dissemination

The ultimate purpose of a statistical agency is to provide accurate and timely data to individuals and agencies that need it. In keeping with that purpose, CAPMAS has routinely published an annual report of birth and death data obtained from the registration system. The latest published report is for the data year 1979. Tabulations for 1980 and 1981 are in process and are scheduled for publication in 1983. Publication has been limited to about 150 copies.

Recommendation. In addition to the ongoing publication program, a continuous program of disseminating additional reports summarizing various aspects of vital statistics, with information aimed at a wide range of uses beyond the medical and government community should be instituted.

Training and Professional Développement

The adoption of the foregoing recommendations will be effective only if the personnel at critical levels of the Egyptian vital registration system receive adequate and appropriate training. The NCHS team was impressed that many of the existing difficulties of the system stem from the initial step in the registration process--the notification of the event in the health bureaus. Clearly, the clerks in these offices are urgently in need of training in many aspects of their jobs. Equally as important as training is to motivate personnel to observe regulations concerning the completion of notifications and statistical forms. While clear instructions for completion of notification forms are currently provided on the back of those forms, it is evident that many clerks and respondents (for both are involved in filling out forms) pay no attention to them.

Even before programs can be implemented to improve the quality of personnel in health bureaus, however, it is essential to provide the Nation with its own capabilities for training for the improvement and maintenance of the vital registration program. It would be impractical to expect training programs developed by outsiders to be relevant for local health bureau personnel. Furthermore, this would ignore the very real need to develop an expert and adaptable Egyptian capability to provide initial and ongoing training.

Recommendation. Institute training programs for key CAPMAS staff in vital registration and vital statistics practices. These programs would be planned in conjunction with training needs of personnel at other levels of the vital registration system as well as taking into account the requirements of CAPMAS in statistical management, data processing, quality control, etc., of vital statistics.

Recommendation. Establish an interagency committee to advise CAPMAS on training needs of personnel in each level of the vital registration system. Strong consideration should be given to the advisability of CAPMAS being directly responsible for the training of health bureau clerks who complete notification forms and statistical sheets.

The NCHS team found ample evidence of professional dedication in all agencies contributing to the Egyptian vital registration system. Such dedication ought to be reinforced and encouraged.

Recommendation. Workshops and seminars should be periodically conducted that deal with vital registration methodology and the use of vital statistics in administration, budgeting, planning, evaluation, and research. These workshops could be conducted jointly with the Ministry of Health, the Ministry of the Interior, and with universities.

Recommendation. CAPMAS staff should be encouraged to work jointly with experts from other agencies that use vital statistics. Such efforts will help to insure appropriate use of vital statistics data as well as to develop the expertise of the CAPMAS staff.

III. CONCLUSION

CONCLUSION

Appendix 1 shows the estimated time required for the processing of birth and death statistics within CAPMAS from the time statistical sheets are received to the publication of annual reports. The total estimated elapsed time amounts to 16-18 months, and exceeds that in practice. It is the conclusion of the NCHS team that the adoption and implementation of these recommendations, particularly those concerning record flow and quality control, could shorten the time required for processing and publication of vital statistics data to 1 year.

The greatest decrease in the time schedule will occur in the work required to edit and correct the statistical sheets after they are first received in CAPMAS and in verifying computer printouts, which now requires translation from English to Arabic and typing of statistical tables. The time for data processing and printing will not diminish significantly because the normal scheduling requirements for those functions is outside the direct control of the Central Agency for Statistics.

Addendum

The NCHS team, at the conclusion of its visit, presented the above report in draft form to the CAPMAS staff responsible for the vital registration system, the undersecretary for the Central Administration of Statistics, and the vice president and the president of CAPMAS. The president directed that recommendations concerning procedures to speed up routing of the statistical report, the use of machine editing, CAPMAS being authorized to communicate directly with health bureau, and monthly processing of vital statistics data be implemented promptly. Also the president would like key CAPMAS staff and key persons in the Department of Civil Registration and Ministry of Health to visit the NCHS and several state vital statistics offices for training. This should begin as soon as CAPMAS can work out arrangements with USAID and NCHS.

It is the president's wish that the other recommendations be incorporated into a thorough study and evaluation of the vital registration system being planned by the CAPMAS staff during the next 3 years. The NCHS team had the appointment to comment briefly on that proposed study and made suggestions that, it hopes, will substantially speed up the time schedule.

APPENDIX 1

**Current Time Schedule for Document Flow
within CAPMAS After Close of Data Year**

APPENDIX 1

TIME SCHEDULE FOR DOCUMENT FLOW WITHIN
CAPMAS AFTER CLOSE OF DATA YEAR

Data edit, correction, and control	8 months
Coding, keying, and computer processing	2-3 months
Review of computer printout	2-3 months
Technical services review	1 month
Typing	1 month
Printing and dissemination	2 months
Total time	16-18 months

Although this time schedule exists as the expected schedule, the processing of vital statistics for 1980 data year will take about 30 months.

APPENDIX 2

**List of Officials and Agencies Visited
By the NCHS Team**

APPENDIX 2

LIST OF OFFICIALS AND AGENCIES VISITED

USAID

Office of Population:

Dr. Howard Lusk
Ms. Laura Slobey
Mr. Timothy S. Seims

Office of the President:

His Excellency Dr. Mokhtar Awad Hallouda

Office of the Vice President:

First Undersecretary and Vice President
Ismael Raafat Abdel Khalek

Central Administration for Statistics:

Undersecretary Abdel Salam Fahmy Sultan
Mr. Kamal Ali Farag
Mr. Mohamad Zaki Abdallah
Mr. Taha Abdel Ghani Abdallah
Mr. Mahmoud Hassan Fouad
Mr. Abdelrahman Mohammed Hassan
Mr. Nasif Mohammed Nasif

Population Studies and Research Center:

Undersecretary Dr. Saad Zaglul Amin
Dr. Nizamel-din

Central Administration for Electronic Data Processing:

Mr. Mohammed Fouda
Mr. Sayid Hethout
Mr. Bahaa Zoher

Department of Civil Registration Ministry of Interior:

Gen. Michel Salim Saad, Director General Department of Civil
Registration
Brig. Mohammed Mehedy, Inspector General, Civil Registration
Office of Cairo Governorate

Ministry of Health:

Dr. Ramsis Gomaa, First Undersecretary of State of Health
Dr. Abdel Moneim Fouad, Director General for Information and
Statistics
Dr. Samir Boutros, Office of Information and Statistics
Dr. Farid, Health Office - Zenhom

UNITED NATIONS CAIRO DEMOGRAPHIC CENTER:

Dr. Mohammed ElBadry, Director

GOVERNORATE OF FAYOUM:

Dr. Fehary Hakim, Director General, Ministry of Health Fayoum
Office

APPENDIX 3

Summary of Recommendations

APPENDIX 3
RECOMMENDATIONS FOR THE IMPROVEMENT
OF THE EGYPTIAN VITAL REGISTRATION SYSTEM
SUMMARY

Data Flow

1. Study methods for avoiding copying records by handwriting (photocopy, typewriters, computerization at district level).
2. Monitor flow of records from health bureaus to CAPMAS.
3. Arrangements made to permit CAPMAS to enforce standards of record completeness, accuracy, and timeliness.

Quality Control and Data Processing

1. Adoption of machine edits for the adjustment of missing and incomplete information on statistical sheets.
2. Arrangements made to permit CAPMAS to communicate directly with health bureaus concerning missing or incomplete data.
3. Adoption, on a routine basis, of machine edit programs for monitoring the flow, completeness, accuracy, and timeliness of documents.
4. Data should be processed and quality control exercised on a monthly basis.
5. Continue to convert to computer software that prints out tabulations in Arabic.
6. Publish table of contents and selected tables from annual report in English.
7. Shift cause of death coding to the Ministry of Health.
8. Modernize methods of record retrieval in offices of civil registration.

Vital Statistics Publication and Dissemination

Develop a continuous program of dissemination of reports.

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Training and Professional Development

1. Training programs for CAPMAS professional staff. Training of trainers.
2. Interagency committee on training. CAPMAS responsible for training of health bureau clerks.
3. Workshops and seminars in vital statistics and registration methods and use of vital data in administration, budgeting, planning, and research.
4. CAPMAS staff should work jointly with experts from other agencies.

APPENDIX 4

Abstracts of Civil Registration Law

APPENDIX 4
ABSTRACT OF LAWS GOVERNING REGISTRATION
OF BIRTHS AND DEATHS IN EGYPT

Law No. 26011960 modified by the Laws No. 11/1960 and No. 158/1960

Article 15. The notification of births should be given within 15 days starting from date of birth and the forms must be in duplicate.

Article 16. The notification forms must be submitted to the health bureau in place of birth if there is a health bureau, or to the health locality nominated by the minister of health if there is no health bureau in this locality or to the omda in other localities.

The omda must send these notification forms to the health bureau or to the health locality within 7 days, starting from date of birth notification.

The health bureau or the health locality must keep one copy and send the other to the concerned civil registry office attached with the weekly notification form about events.

Article 17. Persons responsible for notification of births are:

1. Child's father, if present.
2. One of the adult relatives, male or female, who are attending the delivery.
3. Those who reside at the same dwelling with the mother of child from the adult males or females.
4. The omda.
5. The manager of the establishment, such as hospital, births midwifery, prisons, quarantine, and other places in which the delivery occurred.

The responsibility for notification should be according to those mentioned before and not accepted from others.

In all cases the doctor or others must notify the health bureau or the health locality within 3 days from the date of delivery. These notifications are not enough for registering these events in the register.

Article 18. Notification must include the following information:

1. Day, date, hour, and place of birth.
2. Sex (male or female), first name, and family name.
3. Parents name, family name, nationality, religion, residence, and their occupation.
4. The civil registry in which the parents were registered and other information added by a decision of the Minister of Interior with the agreement of the Minister of Health.

Article 21. If the child died before birth notification, it should be notified about the birth first, then the death. If it is stillborn after the sixth month of pregnancy, the notification should be about the death only.

Article 22. If the delivery occurred while traveling abroad, notification should be to the consulate of ARE in his destination or to the concerned civil registry office within 30 days from date of arrival. If the delivery occurred while returning, the notification should be to the health bureau or the health locality of residence within the same period.

Article 23. Everyone who finds a new birth in a town should be given immediately to an establishment, a refuge prepared for receiving newly born children, or to the nearest police station, which should give the infant to one of the previous establishments. In the first case, the establishment or the refuge should inform the concerned police station.

In rural areas, the child should be given to the omda or the sheik. In this case, the omda or the sheik has to give the child immediately to the establishment, the refuge, or the police station.

The chief of the civil registry office registers the information of the child in the register of birth events. If any of the parents go to the police station and admit that he is the father or mother of the child, the police write down a report, including information on the child.

Article 24. Illegitimate birth information given by the informant must be under the informant's responsibility.

Article 25. With the exception of the previous article the employee of the health locality has no right to write the name of the father or the mother or both of them, if any demand it from him the following cases:

- If the parents are from the forbidden consanguinity, their names will not be mentioned.

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- If the mother is married and the child is not from her husband, her name will not be mentioned.
- If the father is married and the child is from his illegitimate wife, the father's name will not be mentioned, otherwise the delivery occurred before marriage or after divorce, except the persons whose religion permit polygyny.

DEATHS

Article 29. The notification of death should be in duplicate from the forms prepared for this purpose submitted to the health bureau in the place of death, or to the health locality nominated by the Minister of Health if there is no health bureau, or to omda in other localities within 24 hours from the occurrence of death. The omda must notify the health bureau or the health locality immediately.

The notification must be attached with the identity card. The health bureau or health locality has to register the event in the official record of health and must keep one copy of the notification and send the other with the identity card to the concerned civil registry office attached with the weekly notification form about events.

Article 30. The employee of the health locality should identify the decedent before registration if the identity card is not attached.

Article 31. Persons responsible for notification of death are:

1. Wives or husbands.
2. One of the adult relatives, male or female, who are attending the event.
3. Adult resident at the same dwelling of the decedent, if the event occurred there.
4. The omda.
5. The doctor or others who are responsible for the death record.
6. The manager of the establishment, if the death occurred in a hospital, clinic, refuge, hotel, school, prison, or any other place. The responsibility for notification should be according to the order mentioned before.

Article 32. The notification must include the following information:

1. Day, date, hour, and place of death.
2. Name, family name, sex (male or female), religion, and occupation.
3. Age, date, place of birth, and residence.
4. Father and mother's name.
5. Place of registration and the number of identity card and other information, which are added by the decision of the minister of interior with the agreement of the minister of health.

Article 34. The notification of death during traveling abroad should follow that of Article 22.

Article 35. For military persons or civilians who are employed at the armed forces or ministry of defense who died or were killed inside or outside the boundaries of the country, the armed forces authority or the ministry of defense has to notify the civil registration department about these events and to inform the concerned civil registry office and the ministry of health.

APPENDIX 5

Birth Notification Form

Governorate--- Civil registry office Registered during week No. () from 19 / / to 19 / /

Serial No.	
No.	Registration in health register
Date	
Serial No. in civil register of birth events	
Name	Child Information Full name
Father's name	
Family name	
Sex (M.F.)	Date of Birth in Figures
Day	
Month	
Year	
Religion	Father Information
Occupation in detail	
Nationality	
Age in years	
Religion	Mother Information
Occupation in detail	
Nationality	
Age in years	
Village	Usual Residence
Markuz or Kism	
Town	
Governorate	
Doctor, Physician, Nurse or unattended Name of Institution attendance delivery	
Attendant of delivery	
Number of twins born with this child	
Duration from the marriage	
Birth alive without the recent	Data concerning the Mother No. of children ever born
Birth alive and died	
Still Birth	
Total without the recent birth	
Remarks	

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APPENDIX 6

Stillbirth Notification Form

APPENDIX 6

Central Agency for Public Mobilization and Statistics Central Administration of Statistics Form : No.1 C.A.S.

Notification of Deaths and Still Births
Registered during week No. () starting on 19 / / ending on 19 /

- Governorate ----- Civil Registry office ----- Health Bureau

Serial No.	
No.	Registration in health register
Date	
Serial No. in civil register of death events	
Name	Full Name
Father's Name	
Family Name	
Sex (M.F.)	
Religion	
Occupation	
Nationality	
Day	Date of Death
Month	
Year	
Day	Age
Month	
Year	
Marital Status	
Village	Usual Residence of decedent
Markuz	
Kism	
Town	
Governorate	
No. of pregnancy months	Additional Data of Still Birth
Mother's age in years	
Birth order	
Direct cause	Cause of Death
Case causes the direct cause	
The original disease	
Case that caused the original disease	
*	
Remarks	