



**Assessing the Quality and Use of birth
death and cause-of-death information
In Cambodia**

Preface

Given how important CRVS systems are, both to the general public and to decision-makers, it is remarkable that they have received so little attention from the global health and development community. In part, this is because CRVS systems are taken for granted in highly developed countries where all births and deaths are routinely registered and certified. In these countries vital statistics are therefore readily available for governments to monitor and use for social and economic planning, including in the health, education, employment, and housing sectors. Governments in low and middle-income countries have the same need for data for planning their development and effectively using their limited resources. As a result, there is now an emerging global movement among these countries and in the development community to strengthen CRVS systems.

In many developing countries, civil registration and vital statistics systems are weak or nonexistent; as a result, key demographic, fertility and mortality statistics are not available on a continuous basis and do not cover large segments of the population. A first step in addressing such weaknesses is to undertake a review of current status with a view to identifying areas requiring improvement and prioritizing actions.

The aim of undertaking the comprehensive assessment in Cambodia was to help responsible authorities obtain a clear and comprehensive understanding of the strengths and weaknesses of their civil registration and vital statistics systems, and generate the evidence base for corrective action.

The comprehensive assessment, using the WHO guidance tool, reviewed the main aspects of the civil registration and vital statistics systems. These include the legal and regulatory framework; registration, certification and coding practices; and the compilation, tabulation and use of the resulting data. The focus throughout the assessment was on births, deaths and causes of death, because these are fundamental to guide public health programmes, monitor population dynamics and measure key health indicators.

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We would especially like to acknowledge and appreciate the efforts of the following individuals in making the CRVS comprehensive assessment in Cambodia possible:

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Acronyms

ADB	Asian Development Bank
CCWC	Commune Committee for Women and Children
CDHS	Cambodia Demographic and Health Survey
COD	Cause of Death
COIA	Commission on Information and Accountability for Women's and children's Health
CRVS	Civil registration and Vital Statistics
DOGA	Department of General Administration
DPHI	Department of Planning and Health Information
DHS	Demographic and health survey
HMN	Health Metrics Network
ICD	International Classification of Diseases
HMIS	Health Management Information System
JICA	Japan International Cooperation Agency
MCCD	Medically Certified Cause of Death
MoI	Ministry of Interior
MoH	Ministry of Health
MoP	Ministry of Planing
NRMNCHC	National Reproductive maternal new born and child Health center
NSO	National Statistics Office
UQ	University of Queensland
UNHCR	United Nations High Comissioner for Refugees
URC	Univeristy Research Co.LLC
UNFPA	United Nations Population Fund
USAID	United States of America Agency for International Development
WHO	world Health Organization
WPRO	Regional office for Western Pacific Region of WHO

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Executive Summary

Well-functioning CRVS systems are crucial for inclusive and sustainable development. The Key Stakeholders of CRVS in Cambodia recognize the importance of CRVS systems for safeguarding human rights, producing crucial information, supporting good governance, improving development outcomes and monitoring progress towards nationally and internationally agreed upon development goals.

Cambodia is one of the 74 countries that has committed to the recommendations of the Commission of Information and Accountability for Women's and Children's health (COIA). The first of the ten recommendations of the COIA is that by 2015 countries have made significant steps for improving their CRVS systems to register births, deaths and causes-of-death.

Improving the CRVS system in Cambodia requires building national capacity across all relevant sectors to:

1. Ensure individuals have the documentary evidence often required to secure recognition of their legal identity;
2. Notify and classify information on births, adoptions, marriages, divorces, deaths and causes of death, such as to reduce the burden on persons using related records to access services
3. Compile and analyze statistics from the records
4. Disseminate vital statistics.

In Cambodia, the improvement of CRVS systems relies on the commitment and coordination of government agencies, non-governmental stakeholders, as well as the sustained allocation of adequate resources.

Much progress has been achieved in different aspects of CRVS in Cambodia, with commitment from MoI and support from partners such as UNICEF, ADB, Plan, UNHCR, UNFPA, USAID, JICA, URC, WHO and others. However going forward, to make significant strides in strengthening the CRVS system as a whole, there is need for aligned and sustainable support by Key Stakeholders of CRVS.

Comprehensive Assessment of Civil Registration and Vital Statistics in Cambodia, 9-11 September 2013, Sihanoukville, Cambodia

A 3-day workshop to undertake a comprehensive assessment of CRVS in Cambodia was conducted, with the Ministry of Interior as the lead agency that organized the workshop to bring together all the Key Stakeholders in CRVS. Technical assistance to facilitate the assessment process (using WHO/UQ tool) was provided by WHO.

The review of the CRVS system in Cambodia revealed both the strengths and the weakness of the system. Given the nascence of the system and the complex historical context in which it emerged, much has been achieved in the years, since it was established, particularly with regard to birth registration. The death registration, cause of death certification and vital statistics aspects of the CRVS system in Cambodia still need considerable work.

74 participants from the Key Stakeholder ministries, Ministry of Interior, Ministry of Health and Ministry of Planning, from the national provincial, municipalities, district and commune/sangkat level actively participated in the assessment process. In

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addition, development partners such as UNICEF and URC also participated in the workshop. The agenda and list of participants is attached in Annex 1.

Objectives of the Workshop:

1. Bring together all stakeholders in CRVS, to understand the importance and benefits of a well-functioning CRVS system
2. Orient all stakeholders on the 5 main components of a well-functioning CRVS system:
 - Component A. Legal basis, infrastructure and resources
 - Component B. Registration practices, data coverage and completeness
 - Component C. Death certification and cause of death
 - Component D. ICD coding practices
 - Component E. Data quality, access and use
3. Undertake Comprehensive Assessment of the CRVS system in Cambodia: Review the current situation, Identify bottlenecks and recommend activities for improvement.

Workshop Proceedings:

The rationale behind conducting the assessment was that even though Cambodia has a birth and death registration system but the vital statistics potential has not been fully explored. Further, all system improvement begins with an assessment of current strength and weaknesses. Since CRVS is an area that cuts across many sectors, it was essential that all major stakeholders have to be part of the assessment and improvement strategy. The findings of the assessment generated an evidence-base is crucial for developing a credible improvement plan and for obtaining funding for the implementation

The 74 participants were split up into 4 subgroups to discuss the questions pertaining to their particular subcomponent. A brief summary of the findings from sub-groups discussions were presented in the plenary session on the last day of the workshop, the highlights are as follows:

1. **Subgroup on Legal basis, infrastructure and resources:** Though there is no law on compulsory civil registration in Cambodia, Sub-decree 103 governs the obligation of citizens to register births within 30 days of occurrence and deaths within 15 days, at the commune/sangkat office of their usual residence. Registration after these stipulated timelines entails a 10.000Riel (US\$2.5) for certified birth registration and a 3.000Riel (US\$0.75) for death registration after 15 days. The Chief of the Commune/Sangkat has been entrusted with the job of local registrar.

Bottlenecks:

- No obligation in the law of health facilities to report vital events
- No mention of whom the certifier of Cause of Death should be
- Vital Statistics from the Civil Registration data, aspect not covered
- Roles and responsibilities of other stakeholder ministries such as MoH and MoP need to be clearly defined.

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data is to conduct analysis but going forward data sharing is being discussed.

Bottlenecks:

- Since the system is still paper-based, reporting from communes /sangkat municipality/districts/khan and provinces/capital is still patchy
- Civil Registration data is not analyzed to produce vital statistics and does not inform evidence-based policy planning
- Linkages and communication mechanisms between MoH, the MoP and Mol need to be established, and the feasibility of a electronic unified CRVS data needs to be explored.

It is important to highlight at this stage that country-ownership is the backbone of any successful programmatic intervention. The various government agencies involved in CRVS in Cambodia played a pivotal role in steering the assessment and will continue to be the chief architects and implementers of the next steps. It is envisaged that government will drive the development and adoption of the strategic plan from a central mandate, implementing it through large-scale national/ state programs and projects.

At the end of each component, there is a set of recommendations that would support in strengthening the CRVS system and in addressing key bottlenecks made by the participants of the assessment workshop. Below are some of the key recommendations:

1. Establishing of CRVS National Steering Committee, comprising of representatives from all Key stakeholders, such as Ministry of Interior, Ministry of Health and Ministry of Planning.
2. Amendment of the legal framework to recognize the vital statistics function of the civil registration system
3. Amendment of the legal framework, so its is mandatory for all health facilities to notify the civil registration office about births, deaths and cause of deaths for all cases that occur inside health facilities.
4. Allocation of a weekly registration day when the commune chief will be available at the commune office to register vital events throughout the day.
5. A phased country-wise transition from paper-based to computerized web-based civil registration system
6. Identification of annual expected births and deaths, and create a system for analyzing and identifying expected versus actual registrations.
7. A national civil registration campaign encouraging the timely registration of births and deaths.
8. Other forms of administrative data need to be collected and used to fill the gaps and de-duplicate in the civil registration system rendering more complete bolster the registration data
9. Establishment of regular monitoring and evaluation mechanisms, with feedback loops to the communes, so they are encouraged to report complete and timely data
10. Adoption of the International Medical Certificate of Cause of Death, by all health facilities, private and public
11. Orientation and training of all doctors and medical officers of cause of death certification practices, ascertaining the underlying cause of death in line with ICD rules.
12. Training a core group of trainers on ICD-10 coding, ICD 10 implementation has been identified as a key action in the Cambodia Health Information Strategic Plan for 2008-2015.

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13. Develop and implement a "Data release procedure" so civil registration data is shared with Ministry of Planning, and standard plausibility and consistency checks are conducted. Regular evaluation of the completeness and accuracy of civil registration data.
14. Implement international standards for tabulating and aggregating data based on the United Nations Statistics Division recommended minimal list of characteristics for tabulating birth and death.

Next Steps:

1. **Formulation of a credible strategic plan** based on country consensus among all stakeholders for implementation of key recommendations. The plan should clearly articulate activities and timelines to produce tangible progress towards the aforementioned.
2. **Drafting a detailed budget with cost-estimates** associated with each of the proposed activities.
3. **Conduct a Key-Stakeholders meeting.** The aim of this meeting should be to gain broad approval and support for the strategic plan, so that implementation of improvements to the current vital statistics system can begin. Implementation plans and donor proposals would need to be developed, to begin implementation of prioritized improvement activities.

Introduction

Civil Registration systems provide personal legal documents, required by "citizens" as proof of facts (e.g. age and identity) surrounding vital events. The data from these civil registration records form the basis of a country's vital statistics system. Vital statistics are used to derive the fundamental demographic and epidemiological measures that are needed in national planning across multiple sectors such as education, labour and health.

However, CRVS systems are often weak and incomplete in developing countries. Therefore, alternate data sources to generate vital statistics – such as, population census, household sample surveys, demographic surveillance in sentinel sites and sample registration systems have to be used. These alternate data sources are costly methods and do not provide a continuous, complete and cost-effective means to obtain real-time vital statistics.

Cambodia has committed to the recommendations of the Commission on Information and Accountability for Women's Children's health (COIA). The first of the 10 COIA recommendations is that by 2015 countries will have made significant steps for improving their CRVS systems to register births, deaths and causes-of-death to achieve a high level of completeness (iERG targets > 75%, >60% & > 60% respectively) from routine civil registration and vital statistics systems.

Civil Registration is the administrative system used to record vital events such as births and deaths. Civil registration can be defined as the continuous, permanent, compulsory, and universal recording of the occurrence and characteristics of vital events (live births, deaths, foetal deaths, marriages, and divorces) 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 (United Nations 2001).

A "vital statistics system" can be defined as, the total process of (a) collecting information by civil registration or enumeration on the frequency or occurrence of specified and defined vital events, as well as relevant characteristics of the events themselves and the person or persons concerned, and (b) compiling, processing,

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analyzing, evaluating, presenting and disseminating these data in statistical form (United Nations 2001).

Vital statistics are the cornerstone of a country's health information system. Figure 1 shows the huge gap that exists between the estimated deaths versus reported deaths in the Western Pacific Region of WHO, 2007. This gap currently renders less accurate estimates for various mortality indicators and inevitably these estimates are used for decision-making on public health interventions.

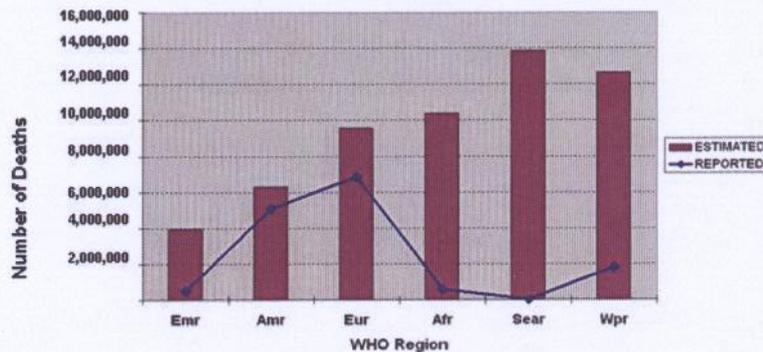


Figure 1: Reported Deaths Versus Estimated Deaths, 2007

As a legal document, a birth certificate serves to define and protect a person's human and civil rights in society.

UNICEF has documented the importance of registration of births and the impacts of non- registration. Further UNICEF identifies the birth registration as the first legal recognition of the child (UNICEF 2002).

In a properly functioning vital registration system, all births and deaths in the population are recorded. In cause-of-death statistics, the "gold standard" is complete civil registration where each death has the underlying cause assigned by a medically qualified doctor and coded by a Coder trained in ICD. The collaboration and compliance of health practitioners and hospitals is crucial for the proper attribution of cause of death, and for assessing whether a death can be considered as "natural" or due to some external cause. When a death occurs in a hospital or other setting where a doctor is present to certify the cause of death, the process is initiated when the doctor writes out the death certificate

Even where medical certification of the cause of death is common practice, it does not necessarily mean that the correct cause of death is written on the death certificate. Lack of diagnostic facilities, inexperience and lack of awareness of the importance of the data may result in an incorrectly stated cause of death.

Figure 2 shows the low quality of cause-of- death data in the West Pacific Region (WPR) Requires urgent attention. Only 120 of the 194 WHO member countries produce cause-of-death data. Of these on 70 countries produce cause-of-death data of an acceptable quality. 50 countries produce some cause-of-death data, but of poor quality rendering it of no use for public health purposes. And remaining countries do not regularly produce cause-of-death data.

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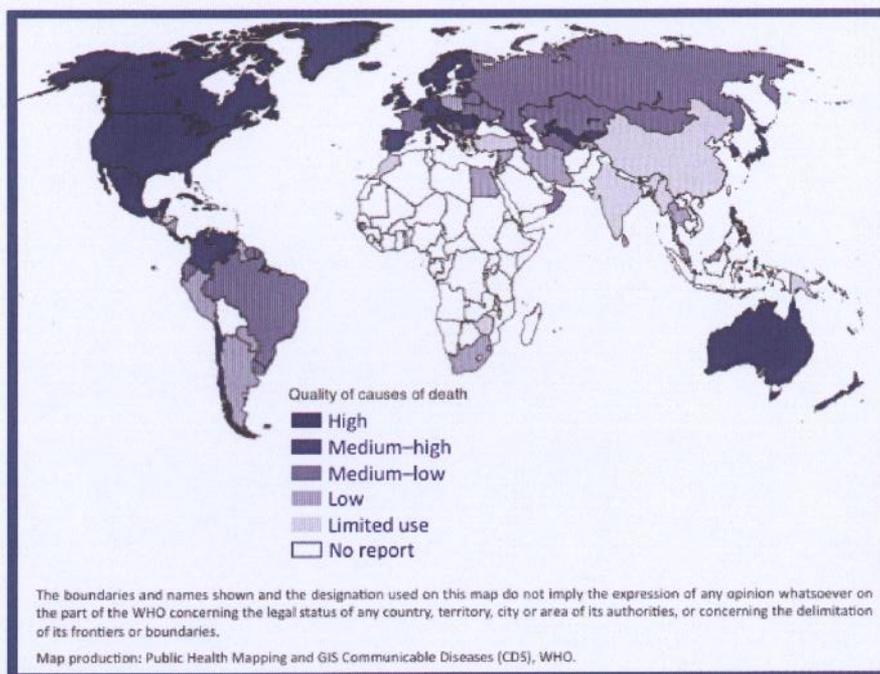


Figure 2: Quality of Globally available information on cause of death

Civil registration and the resulting vital statistics are essential public goods that benefit individuals and societies. Legal documents that prove identity and citizenship not only provide access to state services or entitlements, but can also be a defense against statelessness and exploitation.

When vital statistics of births and deaths are combined with accurate cause of death data, they allow health decision-makers to make more targeted interventions and help save lives. Proper mortality statistics would help produce more health for money.

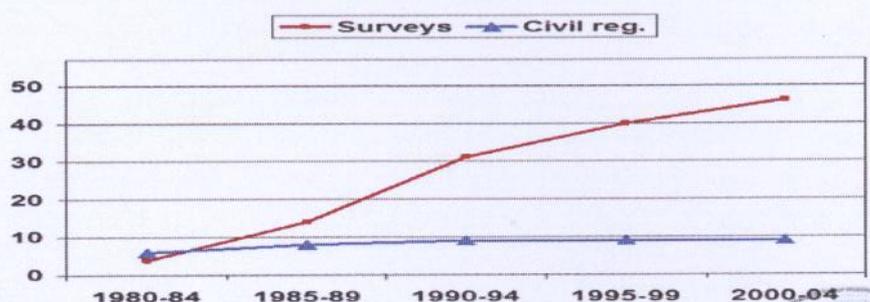
"To make people count, we first need to be able to count people" (*LEE Jong-Wook, WHO Director-General, 2003–2006, address to WHO staff July 21, 2003*). Most people in Asia are born and die without leaving a trace in any legal record or official statistic. Absence of reliable data for births, deaths, and causes of death (COD) are at the root of a scandal of invisibility, which renders most of the world's poor as unseen, uncountable, and hence uncounted. Most fundamentally of all, civil registration is a proof that a state recognizes and respects the lives of those it has a responsibility to defend and develop.

Globally 1 in 3 births are not counted, 2 in 3 deaths are not counted and 2/3rd of the world's population do not have reliable cause of death. So we are dealing with less reliable health indicators. Without these data we have no reliable way of knowing whether our interventions are working, and whether development aid is producing the desired health outcomes (Dr Margret Chan, Director-General, World Health Organization, 12 November 2007) We need to prioritize CRVS as a development issue on the global post-MDG agenda. We cannot wait any longer. The recent global focus on aid effectiveness and outcomes will remain more rhetoric without functional CRVS systems.

The data from these civil registration records form the basis of a country's vital statistics system. Vital statistics are used to derive the fundamental demographic and epidemiological measures that are needed in national planning across multiple

sectors such as education, labour and health. However, CRVS systems are often weak and incomplete in developing countries. Therefore, alternate data sources to generate vital statistics – such as, population census, household sample surveys, demographic surveillance in sentinel sites and sample registration systems have to be used. These alternate data sources are costly methods and do not provide a continuous, complete and cost-effective means to obtain real-time vital statistics.

Further, as the figure below shows, mortality data collection in 57 low income countries, over 25 years from 1980-2004, has shown, that progress in obtaining mortality statistics from CRVS systems has been negligible and only increased from 5% to 9% over this entire period. This is juxtaposed with the progress made in mortality data collection from surveys, which also started out 5% but made steady progress to 45% for the same period.



Mortality Data Collection by Source among 57 low income countries, 1980-2004

Cambodia is one of the 74 countries that has committed to the recommendations of the Commission of Information and Accountability for Women's and Children's health (COIA).

The first of the 10 COIA recommendations is that by 2015 countries have made significant steps for improving their CRVS systems to register births, deaths and causes-of-death to achieve a high level of completeness (iERG targets > 75%, >60% & > 60% respectively) from routine civil registration and vital statistics systems.

Though no formal evaluation of completeness has been undertaken, as per CDHS(2010) the completeness of birth registration under 5 year is about 62.1%. Coverage of birth registration is relatively high compared to deaths. Death registration appears to be approximately less than 10% according to the CR., with only 84,000 death registration certificates issued from 2002 to 2012. Cambodia could expect around 113,400 deaths per year, using the UN population projections for the period 2005-2010, with only some 8000 registered annually the completeness would be less than 10%. (UQ Country Report Cambodia, Aug 2012)

In Cambodia large gaps still exist between the expected births and deaths versus the registered births and deaths. Based on these estimates:

1. Completeness of Birth Registration: 62.1% (CDHS 2010)

2. Completeness of Death Registration: Less than 10% (only 84,000 death registration certificates issued from 2002-2012, expected deaths per year 113,400 versus registered deaths annually only 8,000)

Based on COIA targets, by 2015 countries should have >75% completeness of birth registration, >60% completeness of death registration, >60% completeness of cause of death.

Well-functioning CRVS systems are crucial for inclusive and sustainable development. The Key Stakeholders of CRVS in Cambodia recognize the importance of CRVS systems for safeguarding human rights, producing crucial information, supporting good governance, improving development outcomes and monitoring progress towards nationally and internationally agreed upon development goals.

Review Process and Methodology:

A 3-day workshop from 9-11 September 2013 in Sihanoukville, Cambodia was conducted to undertake a comprehensive assessment of CRVS system, using the WHO/UQ assessment tool. The Ministry of Interior was the lead agency that organized the workshop to bring together all the Key Stakeholders in CRVS. Technical assistance to facilitate the assessment process was provided by WHO.

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The 74 participants were split up into 4 subgroups to discuss the questions in the assessment tool pertaining to their particular subcomponent. During the assessment, in answering each question, the participants discussed the current situation, challenges and bottlenecks and recommendations for improvement.

The following were the 4 subgroups:

Subgroup 1: Component A. Legal basis, infrastructure and resources

Subgroup 2: Component B. Registration practices, data coverage and completeness

Subgroup 3:Component C. Death certification and cause of death
And Component D. ICD coding practices

Subgroup 4:Component E. Data quality, access and use

The review of the CRVS system in Cambodia revealed both the strengths and the weakness of the system. Given the nascence of the system and the complex historical context in which it emerged, much has been achieved in the years, since it was established, particularly with regard to birth registration. The death registration, cause of death certification and vital statistics aspects of the CRVS system in Cambodia still need considerable work.

The Key findings presented in this report are the summary of the deliberations by the participants and meetings with relevant staff at the 3 stakeholder ministries, i.e, Ministry of Interior, Ministry of Health and Ministry of Planning.

Component A: Legal Basis and Resources for CRVS

Subcomponent A1: National legal framework for vital statistics

Prior to the civil war, Cambodia used to have a legal base(civil code) and a proper civil registration system for providing services to its population. The civil code has allowed minister of interior and minister of justice to issue joint guidelines for establishing the formalities and procedures of civil registration. At that time, the implementation has well processed, but however, it was not uniformly implemented across the country. People living in remote areas were not covered under the civil registration system.

With the onset of the civil war and the ensuing political instability by 1970 the implementation of the civil registration system became limited to urban areas, especially Phnom Penh.

During the Khmer Rouge regime from 1975 to 1979, the civil registration was completely eliminated and all the documents related to civil registration were completely destroyed.

In the period from 1979 to 2002, the civil registration began functioning again all over the country. However, this was not formally implemented in a uniform manner, and registration practices varied across the country. Even during this period, though there was resurgence of the civil registration system, majority of the vital events still remained unregistered.

In December 2000, by the sub decree 103, the Ministry of Interior, RGC, created the legal framework for civil registration system in the country. The sub decree was enforced on 01st August 2002, and the objective was to bring the entire population under the new and uniform civil registration system by August 2005.

Cambodia achieved a major milestone in December 2011, with the introduction of a new civil code that includes civil registration, in an effort to rebuild its shattered physical, legal and judicial infrastructure.

While there is no specific law, on civil registration, but the following legal instruments/ sub-decrees form the legal basis for civil registration in Cambodia:

- Law on nationality
- Law on marriage and family
- Law on immigration

Law on Inter-Country Child Adoption
Sub decree No.103 on civil registration

Sub-decree 103, Article 3 mentions the obligation of Cambodian citizens to register births and deaths. Births must be registered within 30 days of occurrence, registration is free of cost within this period. Registration after these stipulated timelines entails a 10.000Riel (US\$2.5) for certified birth registration and a 3.000Riel (US\$0.75) for death registration. And deaths registered outside the calendar year of occurrence of the death, require a court order to be registered.

In Cambodia there still remains a large gap between the expected targets for completeness of birth and death registration versus the actual completeness of birth and death registration, this implies that significant steps need to be taken to enforce the legal requirements for mandatory registration of births and deaths. As per the COIA targets, by 2015, Cambodia should have greater than 75% completeness of birth registration, as per CDHS 2010, completeness of birth registration is 62.1% for children under 5 years. With regard to death registration the gap is even more stark, as per COIA targets, completeness of death registration and cause of death certification should be greater than 60% for both respectively, however, based on estimated by the Ministry of Interior completeness of death registration is less than 10 %, based on comparison with number of expected deaths versus the number of registered deaths.

Death registration appears to be approximately less than 10% according to the CR., with only 84,000 death registration certificates issued from 2002 to 2012. Cambodia could expect around 113,400 deaths per year, using the UN population projections for the period 2005-2010, with only some 8000 registered annually the completeness would be less than 10%. (*UQ Country Report Cambodia, Aug 2012*) .

The sub-decree delegates the responsibility for issuing of certificates, to the Commune Council Chief or the Sangkat Council Chief, and they perform the assigned the role of the local registrar. The parents or guardian of the child are the obligatory informants for birth registration. And for deaths, the close relatives of the deceased, spouse or parents are obligated to register the death.

As per sub-decree 103, births and deaths should be registered at the place of permanent residence, and the place of occurrence is not recorded.

As per Article 58 of Sub-decree 103:

“An applicant for birth and death certificate shall not be required to pay any fee. An applicant who applies for marriage permission and registration of marriage, birth attestation, marriage attestation, and death attestation shall be required to pay for a specified paper costs. An applicant who applies for extract or copying of civil status shall be required to pay for paper and stamp costs for the benefit of khum or sangkat and State's revenues. The costs of paper and stamp shall be determined by Anukret at the request of the Minister of Economy and Finance and Minister of Interior.”

There is no legal obligation requiring hospitals, or health facilities for reporting births and deaths. Public health facilities(and to a much lesser degree private health facilities) only report vital events occurring in their facilities to the Ministry of Health, via the HMIS. Going forward it is recommended that the law include mandatory reporting of vital events occurring in health facilities to the civil registration system, alternatively this mandatory reporting by health facilities could be included in the public health laws. There is also no mention of who is responsible for certifying cause

of death, this also needs to be included in the new legal framework for Civil Registration in Cambodia.

Article 37 of sub-decree 103, mentioned that an official document is required before burial, and this is to be issued by the commune/sangkat chief, however this is not implemented, and the permission for burial is requested on an ad hoc basis.

The sub-decree 103 mentions the structure and responsibilities of the Ministry of Interior at the national, provincial/capital, municipality/khan/district and commune /sangkat level. However, the roles and responsibilities of other stakeholders like the Ministry of health, the Police, Ministry of Planning are not mentioned in the sub-decree.

As per Article 9 of Sub-decree 103:

“The roles of the civil status official are to:

- Review and record all important facts related to birth, marriage, and death of a person in the civil status;
- Issue copy or re-script of civil status book remains in the current year,
- Correct spelling errors on the civil status book of current year under the provision of Article 13 of this Anukret,
- Authorize marriage and ritual or burying ceremony;
- Be responsible for the executed certificate of civil status,
- Sign and stamp on the certificate of civil status-,
- Modify or reject the civil status under the final judgment of the court or legal provisions,
- Keep the civil status book in a proper way that facilitate any follow up or management purposes,
- Send one copy of the-last-year civil status book for filing at srok or khan office another copy to its provincial or municipal court-,The Khmer version is the official version of this document.
- Disseminate among the khum or sangkat citizens about their duties toward civil status recording and facilitate the citizens who make contact for civil status purpose;
- Prepare monthly report on birth, marriage, death, statistics of families and citizens of his or her khum or sangkat and annual report to be sent to his or her srok or khan office at the end of each year-, and
- Cooperate with local authority regarding the civil status if necessary.”

However, none of the above legal instruments define the generation of vital statistics from the civil registration system.

Further, the sub-decree, doesn't mention for funding for the CRVS system. The budget for CRVS at the local commune level, is part of the Commune Development plan, and the money collected from copies of birth, death and marriage certificates goes to the treasury and is then given to the commune.

The sub-decree states that population living in Cambodia legally, or Cambodian citizens living abroad are covered. However, migrant workers and asylum seekers/refugees are not covered under the sub-decree on civil registration. For Cambodians living abroad, they may obtain a birth certificate, upon visiting Cambodia, if they have a permanent address in Cambodia. Further, Article 11 of sub-decree also states that Cambodian embassies should act as civil registration offices

for Cambodian citizens living abroad, however, there is a need for consultation between the Ministry of Interior and the Ministry of Foreign Affairs to implement this.

Some aspects of the registration process are now in need of change, due to the influence of a new civil code. The law which is still in draft form will bring together all identity processes, including passport, family books and national identity.

Subcomponent A2: Registration Infrastructure and Resources

In terms of the infrastructure for CRVS in Cambodia, the 1633 commune/Sangkat offices serve as civil registration points throughout the country. The commune/Sangkat chiefs who are elected every 5 years, serve as the local registrar. Civil registration offices exist at the municipality/district/khan, provincial/capital and national level, however, only the commune/Sangkat offices serve the function of registering vital events. The general sentiment, among the stakeholders, is that the points for registration, in terms of coverage are sufficient, however lack of awareness on the usefulness of birth and death certificates more so, prevents full completeness.

As per the Chapter 12 of the Sub-decree 103, annual budget for printing CRVS certificates and training must be allocated at the state level, however, no budget is allocated for trainings of CRVS officials on a regular basis.

“CHAPTER 12: Civil Status Budget

Article 56:

The budget for printing of certificate and training of officials about civil status throughout the country shall be covered by the State budget.

Article 57: The Ministry of Interior shall propose annual budget for printing of civil status certificate and training of civil status officials.

Article 58:

An applicant for birth and death certificate shall not be required to pay any fee. An applicant who applies for marriage permission and registration of marriage, birth attestation, marriage attestation, and death attestation shall be required to pay for a specified paper costs. An applicant who applies for extract or copying of civil status shall be required to pay for paper and stamp costs for the benefit of khum or sangkat and State's revenues. The costs of paper and stamp shall be determined by Anukret at the request of the Minister of Economy and Finance and the Minister of Interior.”

General sentiment While there is no standard budget allocated for trainings and materials for CRVS, in the past guidelines for Civil registration have been published and disseminated, and country-wide trainings were conducted in 2002 and 2005. However, there is a need to allocate regular budget for training activities at the national level, so refresher trainings can be conducted annually.

In 2012, with support from HMN manual with guidelines for CRVS covering the registration of births, deaths and marriages was developed and this was distributed along with training to 5 provinces. Going forward, this manual with the accompanying training should be distributed to cover the entire country.

Key Bottlenecks:

- No obligation in the law of health facilities to report vital events
- No mention of whom the certifier of Cause of Death should be

- Vital Statistics from the Civil Registration data, aspect not covered
- Roles and responsibilities of other stakeholder ministries such as MoH and MoP need to be clearly defined.

Recommendations

Anchoring civil registration in law is the only way to ensure continuity, consistency, correctness and comprehensiveness of the CRVS system. The following are some of the key recommendations suggested to the legal framework and resources for CRVS in Cambodia:

1. Recognition of the statistical function of civil registration systems: At present no vital statistics are calculated based on civil registration data in Cambodia. Registrars provide a very valuable service by collecting, for statistical purposes, additional characteristics about the vital events they register. Obtaining statistical data as a by-product of an administrative process is relatively inexpensive and avoids duplicate collection by different government agencies. The statistical collection role of the civil registration system needs to be recognized in the law and resources should be made available to ensure it is sustained and efficient. The MoP's roles and responsibilities in collecting, compiling and publishing vital statistics data should be clearly defined and included in the civil registration law.

2. Inclusion of the Health aspects of CRVS in the Legal framework: it is recommended that the law include mandatory notification by health facilities of vital events occurring in health facilities to the civil registration system, alternatively this mandatory reporting by health facilities could be included in the public health laws. There is also no mention of who is responsible for certifying cause of death, the law needs to include a component on mandatory medical certification of cause of death, for all deaths occurring inside health facilities.

3. Clear articulation of roles and responsibilities of various stakeholder: The legal framework needs to clearly state the roles and responsibilities of the various ministries involved, especially MOH and MoP. Further, by linking death registration with the permission to transport the deceased to the burial place or with allocation of token burial money, there will be a strong incentive to register deaths quickly. Attending Doctors and midwives should also be obliged to notify the commune council office of vital events, so the commune council offices aided by the village chiefs can proactively encourage registration. The legal framework should make it obligatory for all hospitals and health facilities to report vital events and that this information be shared with the MoH.

4. Quality and completeness of cause of death certification: Thus far in Cambodia cause of death reporting is certified mostly by the local (non-medical) registrar and is dominated by ill-defined causes. This practice renders the cause of death information of little value from a public health and vital statistics perspective. Though arguably medical certification of all deaths is not possible immediately, altering the legal framework to strongly endorse medical certification of cause of death (especially for those who die in health facilities) and the use of verbal autopsy in the interim for community death is a useful first step towards achieving the gold standard eventually.

5. Greater allocation of resources: for training, recruiting and retaining human resources. Further, resources for digitalization of the CRVS system, to have a unified national CRVS database also need to be explored. Regular training on CRVS, and collaboration with community health workers on particularly cause of death reporting via verbal autopsy needs to be explored.

Component B: Registration Practices, Coverage and Completeness
Subcomponent B1: Organization and Functioning of Civil Registration and Vital Statistics System

Commune/Sangkat Chiefs at all 1633 communes/sangkats have been appointed as local registrars for undertaking civil registration. Registration is still paper-based and recorded on “twin books”.

As per the COIA targets, by 2015, Cambodia should have greater than 75% completeness of birth registration, as per CDHS 2010, completeness of birth registration is 62.1% for children under 5 years. With regard to death registration the gap is even more stark, as per COIA targets, completeness of death registration and cause of death certification should be greater than 60% for both respectively, however, based on estimated by the Ministry of Interior completeness of death registration is less than 10%, there is no reliable data of completeness of cause of death certification.

Death registration appears to be approximately less than 10% according to the CR report, with only 84,000 death registration certificates issued from 2002 to 2012. Cambodia could expect around 113,400 deaths per year, using the UN population projections for the period 2005-2010, with only some 8000 registered annually the completeness would be less than 10%. (UQ Country Report Cambodia, Aug 2012)

In terms of the evolution of the civil registration system in Cambodia, it has gone through various stages, from, 1979-2002, the production of CRVS was based on local authorities and no unified format for registering vital events was followed throughout the country, it was locally different even within provinces.

In December 2000, sub-decree 103 was formulated and this came into effect from 1 August 2002. During this 2002-2004, there were 6 categorizations in which births, deaths and marriages were registered, based on the time of their occurrence:

1. Births- Births that were registered within 30 days of occurrence
2. Certified births- Births registered after 30 days of occurrence
3. Deaths – Deaths registered within 15 days of occurrence, that took place after 1 August 2002
4. Certified deaths- All deaths that occurred before 1 August 2002
5. Marriages- All marriages that are registered within 30 days of occurrence, that took place after 1 August 2002
6. Certified marriages – All marriages that occurred prior to 1 August 2002

In the period from 2004-2006, all deaths registered after 15 days of occurrence, were registered as “certified deaths”. However, 2007 onwards to the present (2013), the separate classification of “certified deaths” and “certified marriages” has been eliminated, however, the categorization between births and certified birth (registered after 30 days) is still maintained.

From 2004-2006, there was successful mobile registration campaign in Cambodia, and this really helped to boost the birth registration from an estimated 5% prior to the campaign to about 90% completeness post the campaign. During the mobile

registration campaign birth and death certificates were delivered free of charge. The Ministry of Interior supported by ADB conducted nation-wide trainings on registration for the mobile teams. Further, ADB provided an incentive of USD 5/100 records registered to the mobile registration teams.

The commune is also promoting the importance of registering other vital events such as marriages and deaths, and registration data is regularly discussed at monthly commune council meetings. Some Communes even offer an incentive of 5.000 Riel (USD 1.25) as burial money to the family member, upon death registration. However, this practice has not been institutionalized and is done based on the initiative of the commune council.

In 2013, UNICEF is supporting an awareness campaign with radio spots and posters through the country to promote awareness on birth, death and marriage registration. This is currently on-going and the results will be evaluated subsequently, in terms of increase in the rates of registration.

Since 2007, every commune/Sangkat has a Commune Committee for Women and Children(CCWC). The CCWC has the following composition

C/S Chief	Chairperson
Second Deputy-Chief of C/S	Vice-chairperson
C/S Focal Point For Women and Children	Permanent member
C/S Clerk	Member
A Chief or Deputy C/S Police	Member
A Director of School or a Representative	Member
A Director of Health Center or a Representative	Member
A Village Chief or Deputy from all villages	Member

The CCWC meets on a monthly basis, given the representation from all stakeholders relevant to CRVS, this is an excellent forum to support increasing the completeness of birth and death registration. While birth registration, has been linked to the roles and responsibilities of the CCWC, death registration needs to be advocated equally. As part of the mandate of the CCWC, the commune/sangkat clerk in coordination with the village chief are required to encourage all parents to register births and at the monthly CCWC meeting, the commune/sangkat clerk is required to provide a Birth Registration Report in the below format:

Format for Birth Registration Report by Commune/Sangkat at monthly CCWC meeting

Kingdom of Cambodia Nation Religion King				
P/M :				
D/K :				
C/S :				
Birth Registration Report Month..... Year.....				
No	Description	Male	Female	Total
1	Number of babies delivered in C/S (in this month)			
2	Number of babies got birth registered (in this month)			
3	Percentage of babies got birth registered (in this month)			
Date.....				
Signature				

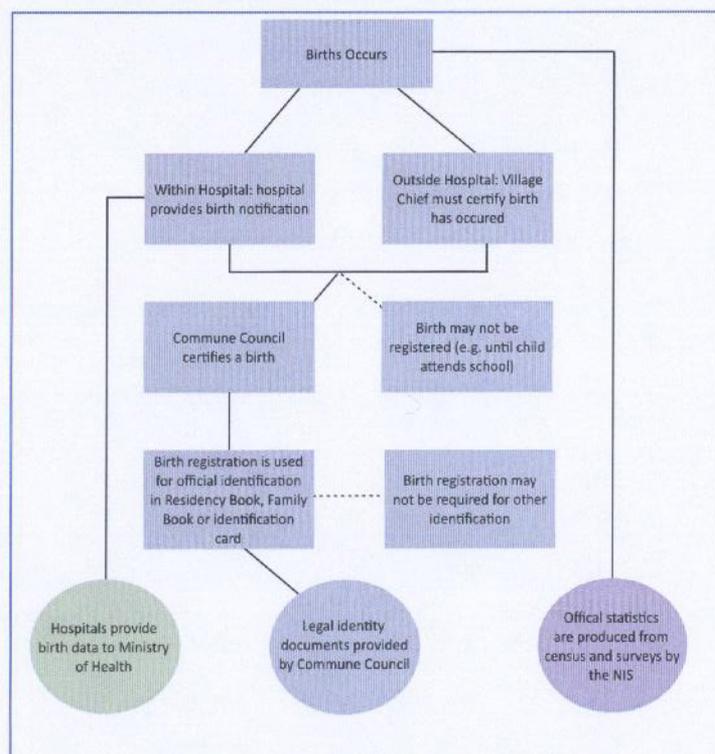
Though the CCWC has been established as an institutional mechanism for coordination between various stakeholders of CRVS at the commune/sangkat and village level, there remains a scope to further capitalize on the potential of this forum to promote awareness on birth and death registration.

Birth Registration

Birth registration is required by law, but a birth may not be registered until a child attends school, and an assessment of expected births versus registered births shows only about 62.1% of births are registered (for children under 5 years, as per CDHS 2010) birth registration is not the only form of identification which can be used for key identification requirements. Birth counts from civil registration are used by the DOGA and Commune Councils, however, they are not used as official statistics or by the Ministry of Health for Health Planning.

Below is the process for registering a birth (*UQ Country Trip Report: Cambodia, August 2012*):

- To register a birth, the family must provide a hospital notification form, or the Village Chief must certify the proof of the birth.
- Births are recorded in two books (which are sent separately to the District for providing duplicate certificates as may be required and Province office at the completion of the year. The Provincial offices transfer the books to the Mol, for data entry into the CRVS database, which has recently been resumed).
- Births can be registered free of charge within 30 days of birth. After this time, a fee of 10,000 Riel (\$US2.5) is charged, and the birth is entered into a book for late registrations. However in 5 Provinces this fee is subsidized to 3,000 Riel (USD 0.75) due to their low-income Province Status.
- Births are registered at place of usual residence. Place of occurrence of the birth (eg a hospital) are not recorded. However, where the hospital notification is provided by the parents, the notification is retained with the birth registration record within the Commune Council's book.
- Birth certificates are issued by the Commune Chief.



photo

Death Registration:

The process for recording a death registration is similar to births(*UQ Country Trip Report: Cambodia, August 2012*):

A death registration is recorded in twin books. The death registration twin books are sent, one to the District for providing duplicate certificates as may be required and one to the Province office at the completion of the year. The Provincial offices transfer the books to the Mol, for data entry into the CRVS database, which has recently been resumed).

This same process of registration in twin books, is followed for births, deaths and marriages.

Deaths must be registered within 15 days of death. After this time a fee of 3000 Riel (\$US0.75) is charge. A subsidized rate of 1000 Riel (USD 0.25) is applicable for late death registration in 5 low-income status Provinces. And to register a death after the end of the calendar year of its occurrence then, a court decision is needed to do so. An assessment of expected deaths versus registered deaths shows less than 10 %of deaths are registered in Cambodia. Only 84,000 death registration certificates were issued from 2002 to 2012. Cambodia could expect around 113.400 deaths per year, using the UN population projections for the period 2005-2010, with only some 8000 registered annually the completeness would be less than 10%.(*UQ Country Report Cambodia, Aug 2012*)

- Deaths are recorded at the place of usual residence of the deceased. The place of occurrence of death is not recorded at the time of registration, therefore it is not possible to identify health facility deaths from the civil registration data. However, in some cases the death registration book could contain copies of hospital death notification forms. But based on the day to day practice, not all families request or receive the hospital death notification form.
- An issue was identified where the Commune Council Chief could not transcribe the cause of death to the death registration form from the hospital notification because the notifications were written in another language (either English or French), or the doctors handwriting was too difficult to read. Many of the records observed contained causes of death such as 'old age' or 'disease' as a result.

In some cases the family book, residential book, birth certificate and/or ID card of the deceased are also requested at the time of death registration. However, these practices vary from commune to commune and in cases where no documentation is available, then a witness is needed.

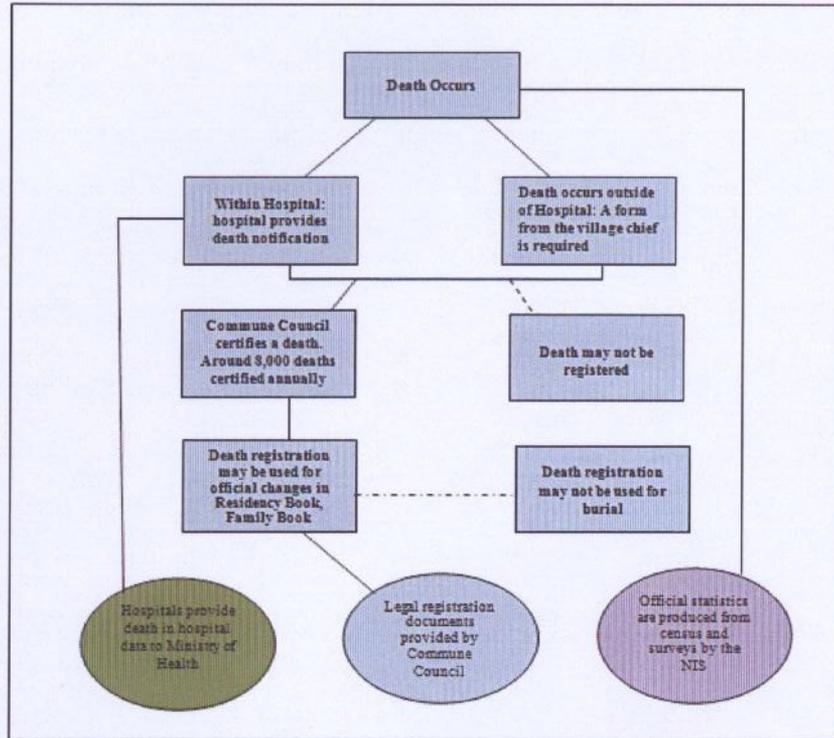
- Death certificates are issued by the Commune Chief.
- It was not evident whether all burials were undertaken only after a death certificate from the Commune Council Chief was issued.

For deaths occurring in hospitals, though the attending physician or medical officer does have the provision of death notification form with medically certified cause of death, this data is not linked to the CRVS system in Cambodia. In many cases family members don't register even health facility deaths with the commune chief, and even when they do, the hospital notification form is often filled in French or the handwriting is not legible, so the commune chief is unable to transcribe the COD from the death notification form.

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As per Article 36 of Sub-decree 103, with regard to unnatural deaths:

If a person was died of any event associated with unnatural or violent causes the civil status official or any interested person shall immediately report to the competent authority of such place so that other specialized authorities can conduct an investigation and provide immediate resolution. The civil status official shall issue permission for incineration or burying ritual based on such decision.



One of the issues identified, is due to competing commitments commune chief are not always available at the commune office for registration. As a result people often travel long distances to register births or deaths, and have to return empty handed without the birth or death certificate. One of the recommendations to counter this problem is setting a registration day, once every week where commune chief are in the office and this should be well communicated to the population. The village leaders, health center and also commune focal point for women and children should also actively share this information.

After the calendar year of registration, for obtaining a copy of the birth and death certificate, the family needs to pay 5.000 Riel for birth certificate, 5.000 Riel for death certificate and 5000 Riel for marriage certificate. Subsidized prices of 3.000 Riel for obtaining copying are applicable in 5 low-income status provinces. If it is within the calendar year of when the event was registered, a copy may be obtained from the commune office, however, for any copies required after the calendar year of registration, a copy can only be obtained from the district office.

Subcomponent B2: Review of forms used for birth and death registration

The forms used for birth registration is attached in Annex 2 and the form used for Death registration is attached in Annex 3. The below box identifies the UN recommended characteristics that are included in the Cambodian birth and death registration form.

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Box 3.2 Recommended list of high-priority characteristics to include in birth and death registration information

The UN recommends that the data collected during registration of a birth or death should include the specific characteristics of the event, of the parents (if a birth) or of the deceased person (if a death). The characteristics listed below have been selected because they are potentially useful for supporting national policy and programme development, and for building and maintaining regional and global comparability.

Although the list shows high-priority characteristics (which ideally should constitute an immediate goal), countries may wish to begin with a shorter list. For example, the long list of parental characteristics may be irrelevant to some countries, or too burdensome. Further, some of this information can be derived from other information and does not need to be asked again. Countries are encouraged to identify their own priorities from the list provided below. However, each country will need to include a registration serial number, the place of registration (or the code of the registration office) and the names of those people directly involved with the event (1).

Live births

Characteristics of the event:

- Date of occurrence
- Date of registration
- Place of occurrence
- Place of registration
- Locality of occurrence (derived)
- Urban or rural occurrence (derived)
- Type of birth (i.e. single, twin, triplet, etc.)

Characteristics of the child:

- Sex
- Birth weight

Characteristics of the parents:

- Date of birth and age (derived) of both parents
- Marital status of both parents
- Educational attainment of both parents
- Place of usual residence of both parents
- Locality of residence (derived)
- Urban or rural residence (derived)
- Children born alive to mother during her entire life (to date)
- Children born to mother and who are still living
- Fetal deaths to mother
- Date of last previous live birth
- Date of marriage and duration (derived)

Deaths

Characteristics of the event:

- Date of occurrence
- Date of registration
- Place of occurrence
- Place of registration
- Locality of occurrence (derived)
- Urban or rural occurrence (derived)
- Cause(s) of death
- Certifier and type of certification (derived)

Characteristics of the deceased:

- Date of birth and age (derived)
- Sex
- Marital status
- Place of usual residence (for deaths, less than one year residence of mother)
- Locality of residence (derived)
- Urban or rural residence (derived)

There is also a need to establish linkages between civil registration and other forms of registration and services, such as the yellow card, which is issued by the health center for newborns, families often aren't aware of the distinction between the 2 and perceive the yellow card as equivalent to a birth certificate. There is a need for creating greater awareness among the population on the distinction between the yellow card and birth certification, and regulations need to incorporate the requirement of birth certificates, as mandatory and non-interchangeable with other forms of registration such as the yellow card.

Subcomponent B3: Coverage and completeness of registration

Cambodia's registration records were completely destroyed under the Pol Pot regime and the government is still rebuilding its civil registry. According to a Demographic Health survey in 2000, on average the percentage of children aged 0-4 years old in Cambodia whose birth was registered was only 22% and who had a birth certificate was 20.9%. Urban areas had higher birth registration (30%) than rural areas (21%).

Though no formal evaluation of completeness has been undertaken, as per CDHS(2010) the completeness of birth registration under 5 yrs is about 62.1%. Coverage of birth registration is relatively high compared to deaths (in large part due to 2004-2006 UNICEF/Plan-funded birth registration campaigns), death registration appears to be approximately 10-30% according to the CR.

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The registration process in Cambodia started in 2002, but until 2004, less than 5% of the total population, about 640,000 people were registered. In October 2004, the Ministry of Interior launched a Nation-Wide Mobile Civil Registration Campaign. Mobile teams were formed to visit different villages and perform the civil (birth, marriage and death) registration. A total of 13,000 government officials worked on the civil registration. The mobile registration resulted in over 90 percent of people without birth certificates, registering births nationwide, representing 11 million people who had their births registered, by the end of the civil registration campaign in December 2006. This is a huge climb from a 70 percent birth registration rate (representing 8.6 million registered people) in December 2005, and from a mere five percent birth registration rate at the start of the mobile civil registration campaign in October 2004. (UNICEF, Policy note: accelerating Universal Birth Registration in Cambodia)

Through the Mobile Civil Registration Campaign, Plan International and UNICEF supported Mol in undertaking public awareness campaigns of civil registration, including TV spots, posters and radio spots.

While the mobile civil registration campaign was deemed a success by many, sustaining the results of the campaign posed a challenge in 2007. The holding of local commune elections at the start of the year has slowed down birth registration services, as well as, data collection and reporting by commune registrars, some of whom have been replaced after the elections. A new Mol 'Instruction on Sustainable Civil Registration after the Mobile Campaign Ended' detailing the duties of various levels of local authorities with respect to birth registration, as well as, the procedures on civil registration post mobile registration campaign period has been issued by Mol on 18 May 2007 and distributed to civil registrars nationwide, with some limited training. Despite this, the number of birth registrations has been limited in subsequent years. Although the Mol instructed all provincial governors in 2006 to collect disaggregated data on citizens below 18 years of age whose birth are registered, at present disaggregated information by age and sex is not available. (UNICEF, Policy note: accelerating Universal Birth Registration in Cambodia)

Regarding death registration, the DOGA advised that these were under-registered in Cambodia, with only 84,000 death registration certificates issued from 2002 to 2012. Cambodia could expect around 113,400 deaths per year, using the UN population projections for the period 2005-2010, with only some 8000 registered annually the completeness would be less than 10%. (UQ Country Report Cambodia, Aug 2012)

As per CDHS 2010, less than half of the births in the five years before the survey were delivered at home, and 54% were delivered in a health facility. The percentage of deliveries occurring in the home has declined over the past decade, from 89% of births in 2000 to 78% in 2005 and 45% in 2010.

Based on this growing trend of births in health facilities, there is a need to establish a mechanism for health facilities to notify civil registration offices of the births every month. Further, for the significant proportion of births still occurring outside health facilities, community health workers, and village chiefs can act as notifiers.

There is some overlap in the information on vital events being collected by the commune council and the commune police. The commune police is mandated with updating the family book, and the police report send to the commune council and the district administration office includes, number of people below 18 years residing in the commune, number of new births and the number of migrants, every month.

While the roles and responsibilities of at the national level of the DOGA, Mol, provincial and district administration office and the Commune office are clearly defined and reporting formats and timelines are clearly defined, the implementation is not uniform. In spite of follow up from the National level, not all provinces send in complete and timely monthly reports, this is due to irregular reporting from the communes. The commune clerk is burden many tasks and the monthly reports with compiled data, such as number of births, deaths, marriages registered, usages of books, certificates and supplies are not always prepared in a timely manner.

The people most likely to be missed by the civil registration system include population living in remote areas and hilly terrain, migrant populations and cases of death registration, particularly when it is delayed and requires a court order. Every effort needs to be made to ensure that these cases are appropriately captured in the CRVS system.

Benefits and opportunities that various forms of legal identity—including, but not limited to a birth certificate—facilitate in Cambodia:

- Obtaining employment authorization
- Sitting for national examinations
- Opening bank accounts
- Accessing police services
- Accessing the courts
- Becoming a member of a union
- Registering a business
- Joining the military service
- Voting
- Running for public office
- Purchasing/registering land and motor vehicles
- Receiving government subsidies
- Overseas travel/employment
- Obtaining other identity documents
- Receiving protection against sexual exploitation, child labor, and trafficking
- Receiving juvenile justice Protections

Historically, family and lodging books have been Cambodia's most common, durable, and useful form of identity document. According to MOI June 2005 statistics, 91% of Cambodia's population is accounted for in lodging books, and 88% is covered by family books. Family books, which are issued by the commune police, track close family members who are of Cambodian descent, along with any adopted children. These books contain the names of each member of a family. A family book may contain details on more than one "nuclear" family, as siblings or children with their own families may reside together. These families, whose members' names are found in the family book, comprise the "family group." Lodging books/ Residential books record the number and identity of people residing in one household, and track the numbers and locations of people in the country. Unlike family books, they do not identify familial relationships or nationality; they simply list the people living in a particular place. All heads of households must have one or be subject to a fine. Other documents that can serve to establish identity to access benefits and opportunities

include national identity cards (NICs), passports, yellow cards, and marriage and death certificates.

In terms of the main obstacles to registration, identified, though there are sufficient registration points, but there is a lack of sufficient human resources to carry out the civil registration duties, as commune clerks have many competing jobs and are often not available at the commune office or don't have adequate time to send monthly reports to the district office. Further, there is also a need for regular training and sensitization on civil registration, and establishment of feedback loops, so commune offices are encouraged to report complete data as they will realize it has public policy value and the quality is being monitored.

Another sensitive issue around registration is around the registration of migrant populations, since the MoI requires a permanent address to register, the authorities aren't able to register vital events of migrants due to unavailability of permanent addresses.

Achieving complete civil registration requires a two-pronged approach, as it is a matter of both demand and supply, so equally important is the need for awareness campaigns on the utility of civil registration targeting the population. For death registration, linkage to an incentive such as burial money may prove useful to boost registration.

Recommendations:

- 1. Weekly Registration Day:** Allocate one day a week as "civil registration day" during which the commune chief will be available at the commune office to register vital events throughout the day. This information needs to be communicated to the population, village chiefs, health centres, and CCWC members.
- 2. Awareness Campaigns to encourage birth and death registration:** Nationwide campaigns to encourage birth and death registration need to be adopted via radio spots, TV advertisements and posters. Further village chiefs, CCWC, school teachers, community health workers, midwives all need to encourage timely registration of births and deaths.
- 3. Linkage of birth and death registration to services and incentives:** Birth and death registration need to be linked to various services being provided by the government, so the need to register vital events is reinforced, such as for admission into school, pension, permission for burial and other social service allowances. Further, incentivizing death registration by providing token burial money, could also be considered, to boost death registration rates.

Subcomponent B4: Data Storage and transmission

Local registration offices record vital events in twin identical registration books, this concept of two books completed for registrations was introduced to minimize losses.

As per Article 14 of the Sub-decree 103: "The Twin Civil status book of each year shall be operated from the 1 January to 31 December. In January of the next year, the civil status official shall send one copy of each book to its district office for review and filing and another copy for filing at its provincial or municipal court for circulation under the law." Only aggregated data is passed on to the Central civil registration office, and at present MoI, is not able to disaggregate the data by age but by sex.

In 2009, ADB and then SIDA funded a project for digitalization of birth and certify birth certificates for the period from 2002-2006, these certificates have been systematically scanned, inventoried, with all the data fields entered into a new civil registration database and reporting system. 75 data clerks trained and conducted data entry and more than 6 million records have been entered into the data system. Recording birth certificates has so far been prioritized in this system, however at present, since donor funding has been exhausted, the operation in the data entry center is limited.

Records are maintained in the twin book registers and there is no back up of records. The registers are archived by the year of registration and the name of the commune.

Though a fixed schedule for reporting has been developed, this is not strictly adhered to and reporting from many provinces is patchy:

5th of following month: Commune sends monthly civil registration report to the district office

10th of following month: The district sends a report with aggregated data to the provincial office

15th of following month: the Provincial offices send an aggregated report to the national Mol office.

Thus far reporting from the village to the commune has only been verbally, at the monthly commune meeting. Currently, in 32 communes UNICEF is supporting a pilot wherein village chiefs are provided with a yellow book in which they capture data on the number of births, marriages, deaths and cause of deaths for the population in their villages. They are supposed to bring completed yellow books to the monthly commune meeting, and village chiefs can act as notifiers of births and deaths, and this can be cross-referenced with actual number of vital events registered for the same period. At present no data quality checks are in place, and there is a need to establish routine monitoring and evaluation mechanisms.

Bottlenecks:

- Though registration points are sufficient due to excessive workload commune chiefs are not always available to carry out registration
- Death Registration is still low and there is a need to increase awareness and link death registration with some incentive or service, such as money for burial etc.
- The system is still paper-based and were issues with timeliness of reporting from local and regional offices to central office. There is a need to explore digitalization of the system.

Recommendations:

1. **Weekly Registration Day:** Allocate one day a week as "civil registration day" during which the commune chief will be available at the commune office to register vital events throughout the day. This information needs to be communicated to the population, village chiefs, health centres, and CCWC members.
2. **Digitalization of the CRVS system:** With supporting from USAID, URC is supporting Mol in piloting of a unified CRVS web based reporting in 11 communes. This pilot allows, dataentry for all vital events, and generation of monthly reports and vital statistics for all levels. Further, disaggregated CRVS data can be accessed in real-time by authorized personnel. The pilot needs to be evaluated, and potential for nation-wide scale up explored.

3. **Allocation of Budget and Training:** There is a need to allocate budget at the commune office for CRVS related work, to ensure adequate availability of supplies, certificates, stamps required for copies of certificates, and other administrative costs. Though the human resources for civil registration exist at the commune office, there is a need for better training. Annual training and sensitization workshops should be conducted, to ensure accurate recording and reporting of vital events and timely submission of the monthly civil registration reports.
4. **Interagency Coordination:** There is also a need to encourage cooperation and communication between health centers and commune offices. Health centers could share a report of the number of births and deaths that occurred at their health facility and this could be useful in identifying the gaps in registration of vital events.
5. **Routine Data Quality Audits:** At present no routine audits and checks are carried out, at the commune office, there is a need to institute routine checks by the provincial office, this would also be a useful to receive and provide feedback and encourage timely and complete reporting by the commune offices.
6. **Linkage of Birth and Death Registration to other forms and services:** There is a need to link birth and death registration to other forms of registration and services, such as family book, residential book, the permission for burial, admission to school etc. As an incentive to register deaths, such as provision of burial money to the family, could be useful in boosting death registration.

Component C: Death Certification and Cause of Death

Cause of Death Certification, is an aspect of CRVS systems that has been most neglected in Cambodia, this is partly due to the fact that while the mandate for death certification lies with DOGA, MoI, the expertise actually lies with the MoH (for death certification by doctors for hospital deaths, and by Health workers using Verbal autopsy for community deaths.) To make significant strides in improving COD data it is essential that Health sector to take ownership of COD certification practices and to be prepared and strengthened to support CRVS development into the future, this includes:

- Ensuring the health system are strengthened to support notification of births and deaths within their facilities; and
- Ensuring the health system can produce cause of death information through medical certification and interim measures such as verbal autopsy processes.

Therefore an overarching recommendation is that the health aspects of CRVS be included in the legal framework for CRVS in Cambodia, particularly with mandatory notification of vital events by health facilities to the civil registration office and also medical certification of cause of death for all deaths occurring inside health facilities.

Subcomponent C1: ICD compliant practices for death certification

Cause of Death (COD) on death certificates at the time of death registration, is recorded by the lay registrar based on what the family member reports, it is not compiled and is most often ill-defined causes.

The formant of death certificate being used in Cambodia is not in line with the International Medical Certificate of Cause of Death. It is recommended that the International Medical Certificate of Cause of Death be adopted, as this allows for certification of the underlying cause of death, and is compliant with ICD practices for death certification.

For deaths occurring in health facilities, two copies of the death notification form are produced – one for the family, which must be used for burial (in practice this is done on an ad hoc basis and not fully enforces), and one form which is retained at the hospital. If a person dies outside of hospital, a form from the commune is required.

Cause of Death (COD) certification is completely inadequate and only some 12% of all death seems to have a medically certified COD. These are deaths captured through the health system and mostly from public establishment. Very few of the private facilities are reporting vital events to the MoH. In relation to civil registry collection, it was noted that the health system can only generate births and deaths information from the public health data, with very little reporting overall from the private sector

Subcomponent C2: Hospital Death Certification

For persons that die at health facilities the attending physician does attributed Medically Certified Cause of Death, for only 12% of deaths, but this data is not linked to CRVS presently (*UQ Country Trip Report Cambodia August 2012*).

Where a death occurs in hospital, the doctor will write information (including cause of death) in the ward register book. This information is transferred to the death notification form. Code information, provided by the MOH (not ICD code) is transcribed from the ward register book. To collect data for the hospital, information from the ward register book is tallied by a nurse, and a monthly report is prepared. This information is entered into the web-based Health Information System of the MOH.

For Dead on Arrival cases are not certified by doctors, in exceptional cases where this is requested by the family, a committee is created at the hospital and based on background information and previous medical records a COD is attributed.

MoH is taking actions to align and expand the Web-based Health Management Information System (HMIS) being used by more than 1,000 public health facilities, including 95 hospitals, and nearly 200 private facilities for reporting essentially 100% of their routine monthly health statistics. Incorporating better birth, death, and ICD-coded COD data through the HMIS is an important objective identified for the future, especially for monitoring and evaluation purposes, and seeking to reduce reporting and collection burdens by tailoring collections.

With regard to the civil registration system, even for cases where the death occurred inside a health facility, due to language barriers, the commune chief is unable to adequately transcribe the cause of death from the hospital death notification that are most often filled in French or English. It is recommended that a copy of the medical death certification be given to the civil registration office, however the recording, coding of cause of death using ICD be done at the MoH. Since the COD is often lost due to language barriers, centralizing this function would allow for all MCCD to be translated(whether from English, French or Khmer) as language won't be a barrier at the central level.

Subcomponent C3: Deaths occurring outside hospitals

If a person dies outside of hospital, a form from the commune is required to register the death. As far as the civil registration system goes, though cause of death is recorded on the death certificate, it is based on lay reporting by the family member registering the death and more often attributed to causes like "sickness", "fever" or "cardiac arrest", which are of little public health value.

In Cambodia, more than 50% of the deaths still occur out of health facilities and these deaths are not medically certified. Verbal Autopsy mechanisms are not currently used, however in 2004 a National Committee for Maternal Death Audit was created in Cambodia, with officials from the National Reproductive maternal new born and child Health center (NRMNCHC), and DPHI. The Provincial Health Departments (PHD) was responsible for conducting formal maternal death audits and looking into the implications of each case. In 2005 Maternal Audit Committees worked in 18 (of 24) provinces. Currently the country is considering how best to analyze, interpret, and use this information.

To capture most probably cause of death for these deaths, verbal autopsy mechanisms need to be explored. Community health workers can be mobilized to perform verbal autopsy as they are closer to the community and have to visit community during immunization and outreach clinics. Adequate training and incentives will be given to the VA enumerators to notify and report on all deaths.

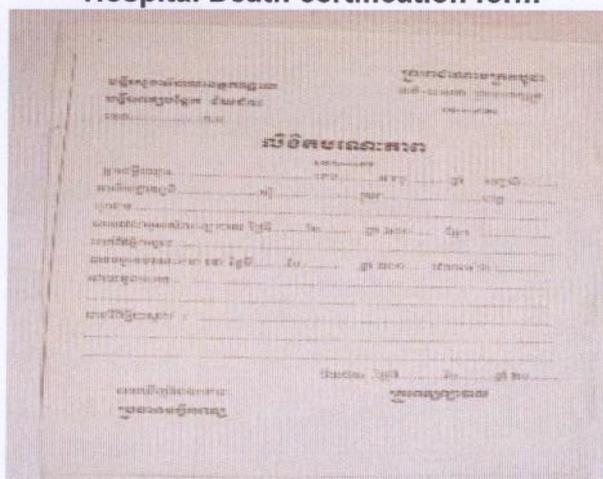
Subcomponent C4: Practices affecting the quality of cause of death data

There is no way of knowing the number and COD for outside- health facilities deaths, as the health system must rely on the civil registration system to capture these events to understand a more comprehensive picture of mortality statistics.

The format of death certificate is not the International Medical Certificate of COD, and thus not inline with ICD practices of attributing underlying COD. Stigma and social sensitivity around deaths due to suicide, HIV/AIDS and maternal deaths are likely to be attributed a more socially acceptable COD. For unnatural deaths, or in cases where violent death is suspected, a criminal investigation is undertaken by an investigation committee comprising of the police, local administration authority and doctors, and based on the police autopsy a COD is attributed.

Below is the Hospital death notification, which includes lines for admission diagnosis, mode of death and cause of death. This is not in line with the ICD compliant for death certification. There is no pregnancy checkbox on the death certificate, however, the monthly HMIS reports by health facilities do report on maternal deaths.

Hospital Death certification form



In terms of training on MCCD, as part of the medical school curriculum, one lecture is imparted on MCCD practices. It is recommended that the International Medical Certificate of Cause of Death is adopted, to adequately capture the underlying cause of death. Further, nation-wide orientation and sensitization of doctors of death certification practices needs to be undertaken.

INTERNATIONAL FORM OF MEDICAL CERTIFICATE OF CAUSE OF DEATH		
Cause of death		Approximate interval between onset and death
I		
Disease or condition directly leading to death*	(a)
	due to (or as a consequence of)	
Antecedent causes	(b)
Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	due to (or as a consequence of)	
	(c)
	due to (or as a consequence of)	
	(d)
II		
Other significant conditions contributing to the death, but not related to the disease or condition causing it

*This does not mean the mode of dying, e.g. heart failure, respiratory failure. It means the disease, injury, or complication that caused death.		

At present, the cause of death data from civil registration is not compiled into leading causes of death or used for public health policymaking. Moreover, there is the limited MCCD and the lay reported COD are not separated.

Bottlenecks:

- The International Medical Certificate of Cause of Death needs to be adopted, and Nation-wide training for doctors on death certification practices
- Need to improve the quality of MCCD and establish linkage with CRVS, only some 12% of all death seems to have MCCD. These are deaths captured through the health system and mostly from public establishment. Very few of the private facilities are reporting vital events to the MoH.
- Since more than 50% of death in Cambodia still occur outside health facilities, there is a need to explore Verbal Autopsy techniques to capture most probable COD for these deaths
- ICD coding needs to be introduced in a centralized manner, and a trained cadre of coders would need to be recruited
- Inter-agency collaboration between MoH and MoI needs to be established and systematic mechanisms for linkages need to be institutionalized

Recommendations:

1. **Improving the quality and completeness of cause-of-death data:**
 - a. For community deaths: capturing the most probable COD using Verbal Autopsy (VA) at the deceased person's home.
 - b. For health facility deaths: medically certified COD using the International Death Certificate. Improving MCCD practices is a top priority for Cambodia.
 - c. For unnatural deaths: incorporation of police data on the COD.

2. **Adopt International Medical Certificate of Cause of Death:** Introducing the International Form of Medical Certificate of Cause of Death needs to be considered, this is designed to facilitate the correct diagnosing and identification of the underlying cause-of-death as well as to promote the uniform application of ICD- compliant death certification in all settings.
3. **Centralized recording of MCCD and coding of COD using ICD at MoH:** It is recommended that a copy of the medical death certification be given to the civil registration office, however the recording, coding of cause of death using ICD be done at the MoH. Since the COD is often lost due to language barriers, centralizing this function would allow for all MCCD to be translated (whether from English, French or Khmer) as language won't be a barrier at the central level.
4. **Nation-wide sensitization and training of doctors on MCCD:** National sensitization and training workshops for doctors on medical certification of death and ICD coding. In addition pre-placement and on the job training should be planned and conducted for doctors on the same.
5. **Verbal Autopsy:** Registrars and community health workers need to be sensitized on the importance of cause-of-death data, and they should be trained to conduct a simplified verbal autopsy(VA), use of automated VA tools and Computer Coded VA need to be explored. Further, it is recommended that some collaboration with community health workers be explored, as notifiers of death to community health centres who can then be responsible to conduct the verbal autopsy. A pilot project should be set up in 10 communes.
6. **Quick reference guide:** A guidance booklet and quick reference guide for doctors should be developed, this will significantly improve the quality of cause-of-death certification and documentation. This material should be prepared by a committee with members from the MOH, National hospital, other health facilities and faculty from Medical Schools.

Component D: ICD Coding Practices

ICD 10 implementation has been identified as a key action in the Cambodia Health Information Strategic Plan for 2008-2015. But at present, Cambodia does not practice ICD 10 coding for neither morbidity nor mortality and do not even use it for tabulating data.

As part of the HMIS, MoHis attempting to map the diseases currently reported as causes of death to the ICD-10, however there was no standardized coding technique applied as yet in the system.

Recommendations

1. **Implementation of ICD-10 coding for mortality:** ICD 10 implementation has been identified as a key action in the Cambodia Health Information Strategic Plan for 2008-2015. It is recommended that a core group of trainers be identified who should familiarize themselves with ICD 10 using the WHO-ICD online training tool before undergoing a more intensive training at a specialized training centre. And coder career development should be instituted, this is recommended to avoid a high turnover of coders and loss of coding experience in a profession where consistency and expertise matters.
2. **Standard mortality list to tabulate COD:** Due to the short comings in using

phat

the non-standard cause list to tabulate cause of death data from hospitals, it was recommended that MoH adopt a standard mortality tabulation list for COD tabulation and it is recommended that COD tabulation be done centrally at the MoH.

3. **Centralized coding:** Centralization of ICD coding of cause-of-death is recommended; this will facilitate the consistent application of common standards and procedures. Moreover, quality assessment and keeping the coder workforce well trained are also easier to enforce.
4. **Standardized curriculum:** Training curricula for all coders should be standardized nationally. Some of the WHO collaborating centers for the Family of International Classifications regularly offer training courses in ICD coding. These training courses can be particularly valuable for trainers who provide national ICD training or when new versions of the ICD are being applied.
5. **Mortality coding tools:** Mortality coding tools, should be introduced, these help coders to better determine causal relationships and ensures a consistent application of the ICD selection and modification rules resulting in comparable cause-of-death data. Examples of such tools are ACME decision tables, MMDS decision tables, IRIS, etc.
6. **Regular monitoring:** Once coding mechanisms become more established, regular coding audits need to be conducted to identify and correct any errors or misunderstandings.

Component E: Data Access, Use and Quality Checks

Subcomponent E1: Data quality and plausibility checks

At present no vital statistics are compiled from civil registration data. Though there are fixed timelines for reporting from the commune, district and province level, there are not strictly adhered to, and MoI doesn't receive reports on civil registration from all provinces. At the end of the year MoI compiles a report of the total number of births and deaths registered, disaggregated by sex, but not by age. At the national level, MoI shares aggregated CRVS data with MoP on an annual basis, however, since this data is to conduct analysis but going forward data sharing is being discussed.

Presently, since no vital statistics are calculated based on the civil registration data in Cambodia, therefore quality checks on fertility and mortality indicators calculated from civil registration data have not been undertaken. Likewise, since cause of death data is collected in a very limited way and a significant percentage is attributed to 'ill-defined causes' plausibility checks have not been instituted. Further, given the complex historical context of Cambodia, it is clear that the civil registration system is catering not only to births and deaths of the current year, but also covering a significant backlog. However in the coming years, especially with the computerization of the system, and the involvement of the National Statistics Institute, Ministry of Planning it is recommended that data quality and plausibility checks be undertaken regularly. Currently duplication of birth registrations, especially during the time of the mobile registration campaign, also remains a major challenge.

Population census is conducted once every 10 years, and the last census was done in 2008. And this included questions on last birth registered, if a death occurred in the household in the last 12-24 months, if the last death was registered, and what the COD was. Going ahead fertility and mortality estimates and also the number of births and deaths in the population can be corrected using the census data.

Subcomponent E2: Data tabulation

In Cambodia, cause of death data collected via the civil registration system, remains unsubstantial and thus there is no tabulation cause of deaths data (from civil registration system). The extent of the tabulation of data at present is confined to a monthly report of total number of birth and deaths registered, disaggregates by sex are sent from commune council office to district office to the provincial office the Central DOGA,MOI, the report is aggregated at every administrative level.

It is recommended that as data from the registration system is transmitted from the commune to the central level some simple quality checks that should be conducted, beginning at the level when data is compiled from individual records. Initial checks should be carried out for missing data items (such as sex, date of birth or date of death), or transcription errors that can occur when the data is compiled. In Cambodia, birth and death registration data is archived based on the date of registration and the name of the commune. Going ahead, minimum tabulations for data about births and deaths, should be undertaken, below are the recommended basics.

Box 3 shows the minimum tabulations for data about births:

BOX 3: BASIC DATA TABULATIONS FOR LIVE BIRTHS

As a minimum for public health purposes, the tabulations of births data should include numbers of live births for a specified year by:

- Sex of child, gestational age, and birth weight.
- Live-birth order and interval between last and previous live births to mother.
- Place of occurrence, place of usual residence of mother, and month of occurrence.
- Place of registration and month of registration.
- Age, educational attainment, and Age of father by place of usual residence.
- Site of delivery, attendant at birth, and month in which prenatal care began.

UNSD, 2001; WHO, 2007

Box 4 shows the minimum tabulations for data about death:

BOX 4: BASIC DATA TABULATIONS FOR DEATH

As a minimum for public health purposes, the tabulations of deaths data should include numbers of deaths for a specified year by:

- sex (i.e. for males and females separately)
- the age at death using the following age groupings:
 - within the first 24 hours after birth (recorded in units of minutes or completed hours)
 - between days 1–7 after birth
 - between 7 and 28 days after birth
 - between completed months
 - between completed years 1–4
 - completed years 5–9
 - completed years 10–14 etc. (continuing by 5-year age groups, up to completed years 80–84)
 - completed years 85 and over
- ICD shortlist of causes
- geographic areas

UNSD, 2001

Subcomponent E3: Data access and dissemination

At present since reporting from provinces on CRVS data is patchy, no vital statistics are calculated from civil registration data Cambodia it is not used for policy planning and resource allocation. More advocacies for the recognition of the value of cause-of-death and vital statistics data for public health purposes are required. Though the MOH is the one that would benefit from vital statistics data most, others including the Election Commission, the Ministry of Social Services, Ministry of Infrastructure and all agencies involved in strategic resource allocation can benefit equally from the dissemination of timely and accurate vital statistics data. Moreover, by compiling and publishing annual vital statistics data, the extensive investment already made in the country's civil registration system is optimized further

Recommendations

1. **Data release procedure:** Develop and implement a "Data release procedure" with standard plausibility and consistency checks. Routine calculation of all required rates for plausibility and consistency checks should be undertaken. This will require a strong working relationship with the MoP and the timely dissemination of data and publishing of vital statistics data.
2. **Tabulating birth and death statistics:** Implement international standards for tabulating and aggregating data. The UN recommended minimal list of characteristics for tabulating birth and death. Statistics, indicated in the boxes 3 & 4 above need to be implemented. Further, every effort needs to be made to improve the cause-of-death data; subsequently the ICD-10 tabulation list should be used for mortality (cause of death) data. The WHO guideline (standard list of 65 causes, all

remaining causes as ill-defined) should be implemented for compiling leading causes of death based on vital registration data. Statistics should also be tabulated based on specific place of occurrence of the vital event (hospitals, health institutions, home, etc.) and the number of age groups should be expanded.

3. **Multi-stakeholder committee:** A Committee with all the stakeholders in vital statistics to regularly discuss data needs with the main data users, needs to be formed.
4. **Develop protocols:** General protocols for data entry/dissemination including importance of having definitions and concepts described need to be developed.
5. **Sensitization and training:** Short term trainings and retraining to increase data analysis capacity and motivate data collecting staff so that they have an appreciation for the work they are doing, needs to be prioritized. Further, medical officials need to be motivated to maintain complete medical records, overcoming language barriers that currently exist.
6. **Compile and publish data:** Regularly publish vital statistics data once compiled, and make it freely accessible, such as via the CRVS website launched by MoI, so as to promote a culture of data-use and encourage evidence-based policymaking.

Conclusions

The review of the CRVS system in Cambodia revealed both the strengths and the weakness of the system. Given the nascence of the system and the complex historical context in which it emerged, much has been achieved in the years, since it was established. Particularly with regard to birth registration, the mobile registration campaign really helped to boost the birth registration from an estimated 5% prior to the campaign to about 90% completeness post the campaign. Further, with support from ADB and SIDA, MoI has digitalized some 6 million birth certificates. A pilot on web-based CRVS is also being piloted in 11 communes. A nation-wide awareness campaign with posters and radio spots on registration of all vital events is also underway.

Though the signs look promising all the stakeholders involved need to continue to make a concerted effort to work in collaboration to achieve complete birth and death registration. Death registration and cause-of-death certification are identified as key areas requiring immediate attention. Some simple strategies like incentivizing death registration by providing token burial money, awareness campaigns or the use of health workers as notifiers of deaths can help bolster the number of deaths registered.

Further, establishing an inter-agency committee with members from the MOI, MOH, MOP, Police Department and NGO's needs to be established to formulate priorities and monitor progress of CRVS on an ongoing basis.

Vital Statistics is another priority area, that has remained untapped thus far, and with the involvement of the NSI, MOP the benefits of reliable vital statistics from continuous civil registration data for public health policy planning and resource allocation can be accrued. Vital statistics are a valuable byproduct of an already established civil registration system infrastructure. With a marginal additional investment vital statistics can pave the way for evidence-based policies making and more accurate monitoring of demographic trends cross-sectorally.

Lastly, strong emphasis needs to be laid on developing ICD coding capacity in Cambodia, the MOH, has initiated some steps in this direction in the past, but going ahead a more full-fledged mechanism based on ICD coding standards and procedures needs to be established centrally.

All the 5 components of the CRVS system will benefit from a study tour undertaken by members from all relevant agencies. This will allow for first hand witnessing of the functioning of all aspects of a well-established system. Lessons learnt can be shared and innovative solutions developed by other countries in the region can be replicated to suit the Cambodian context.

To sum up, it can positively be stated that application of WHO Assessment Framework facilitated much needed improvement to the civil and vital registration system in Cambodia. Even though at present the functioning of the CRVS system is well below satisfactory, the assessment was instrumental in improving the knowledge of the stakeholders of how their system should work and in identifying the weaker areas in the existing systems. The assessment framework ensured the development of a large number of recommendations for improvement and the process insured the involvement of all relevant stakeholders in the assessment and thereby created ownership of the findings. This will greatly facilitate the fast implementation of key recommendations and lead to much improved vital statistics in Cambodia.

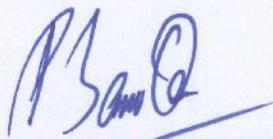
Next Steps

It is important to highlight at this stage that country-ownership is the backbone of any successful programmatic intervention. The various government agencies involved in CRVS in Cambodia played a pivotal role in steering the assessment and will continue to be the chief architects and implementers of the next steps. It is envisaged that government will drive the development and adoption of the strategic plan from a central mandate, implementing it through large-scale national/ state programs and projects.

Subsequent to the completion of the assessment the next steps with regard to improving the quality and use of birth, death and cause of death information in Cambodia include:

- **Establishment of a National Steering-Committee** in the capacity of an overarching governance structure providing direction, oversight and mandate to the CRVS system in Cambodia. This committee should be comprised of key individuals involved in making decisions in relation to development of the CRVS vision, the acceptance of the vision and the progression of its recommendations. The Steering committee will coordinate, oversee implementation and monitor & evaluate activities on an ongoing basis.
- **Formulation of a credible strategic plan** based on country consensus among all stakeholders for implementation of key recommendations. The plan should clearly articulate activities and timelines to produce tangible progress towards the aforementioned.
- **Drafting a detailed budget with cost- estimates** associated with each of the proposed activities.
- **Conduct a Key-Stakeholders meeting.** The aim of this meeting should be to gain broad approval and support for the strategic plan, so that implementation of improvements to the current vital statistics system can begin.

Approved by:



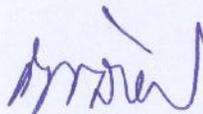
Prak Samoeun
Director
Department of General Administration
General Department of Local Administration
Ministry of Interior.

Date: 05/05/2014



They Kheam
Director
National Institute of Statistics
Ministry of Planning

Date: 05/05/2014



Loveasna Kiry
Director
Department of Planning and Health
Ministry of Health.

Date: 05/05/2014

**Agenda – Workshop on Comprehensive Assessment of CRVS
in Cambodia**

KINGDOM OF CAMBODIA

Ministry of Interior

Nation Religion King

General Department of Local Administration

Department of General Administration

Consultative Workshop

On

**Assessment on Civil Registration and Vital Statistic and Health Information System
In Cambodia**

Sihanuk Ville, On 9 to 11 September, 2013

I. Participants

A. National Level

- **Ministry of Interior representative 10 persons**
- **Ministry of Health representative 3 persons**
- **Ministry of Planning representative 3 person**
- **Police 2 persons**
- **Development partner 10 persons**

B. Provincial Level (Sihanuk Ville, Kandal, Prey Veng and Kompong Cham province)

- **Deputy Chief of provincial administrative responsible on civil registration 1 person**
- **Chief of provincial Civil Registration office 1 person**
- **Health department representative 1 person**
- **Provincial referral hospital representative 1 person**

C. Capital and District level

- **Deputy chief of capital and district responsible on Civil registration 1 person**
- **Chief of Administration and Finance office 1 person**
- **Health information office representative in Operation District 1 person**

D. Commune/Sangkat level		
-	Chief of Commune/Sangkat	1 person
-	Commune/Sangkat Clerk	1 person
II.Meeting Schedule		
Day 1: Monday 9 September 2013		
Time	Activities	responsible
07:30-08:15	Registration	Mol team
08:15-09:00	Opening ceremony & Welcome Address	-WHO Representative -Mol Representative
9:00-10:00	Importance of a robust CRVS system	Mol Team/ MoH Team
10:00:10:20	<i>Coffee break</i>	
10:20-11:00	Overview of the Cambodian CRVS system	Mol Team
11:00-12:00	CRVS Assessment Process: An Overview	WHO Consultant
12:00-14:00	<i>Lunch</i>	
Component A: Legal basis and resources for civil registration		
14:00-14:30	Overview	WHO Consultant
Component B: Registration practices, coverage and completeness		
14:30-15:00	Overview	WHO Consultant
Component C: Death certification and cause of death		
15:00-15:30	Overview	WHO Consultant
15:30-15:50	<i>Coffee break</i>	
Component D: ICD mortality coding practices		
15:50-16:20	Overview	WHO Consultant

16:20-17:00	Group Discussion	All participants discussion to be led by Mol
Day 2: Tuesday 10 September 2013		
08:00-08:30	Summary of Day 1	Mol /MoH Team
Component E: Data access, use and quality checks		
08:30-09:00	Overview	WHO Consultant
09:00-10:00	Rapid Assessment of CRVS: Using WHO/UQ Tool	WHO Consultant
10:00- 10:20	Coffee Break	
10:20-12:00	<p>Subgroup discussion groups: Assessment of specific component (current situation, bottlenecks & activities for improvement))(Discussion on Component A, B,C,D,E. These will take place simultaneously. Participants will sit in their individual subgroups and discuss questions of only one sub-component.</p> <p>We can plan to have 4 subgroups:</p> <ol style="list-style-type: none"> 1. Subgroup for Component A 2. Subgroup for Component b 3. Subgroup for Component C & D 4. Subgroup for Component E) 	All participants in their individual subgroups
12:00-14:00	Lunch	
14:00-15:30	<p>Subgroup discussion groups: Assessment of specific component continues (current situation, bottlenecks & activities for improvement)(Discussion on Component A, B,C,D,E. These will take place simultaneously. Participants will sit in their individual subgroups and discuss questions of only one sub-component.</p> <p>We can plan to have 4 subgroups:</p> <ol style="list-style-type: none"> 5. Subgroup for Component A 6. Subgroup for Component b 7. Subgroup for Component C & D 8. Subgroup for Component E) 	All participants in their individual subgroups

15:30-16:00	<i>Coffee break</i>	
16:00-17:00	Continue subgroup discussion	All participants in their individual subgroups
Day 3: Wednesday 11 September 2013		
08:00-10:00	<p>Subgroup discussion groups: Assessment of specific component continues (current situation, bottlenecks & activities for improvement(Discussion on Component A, B,C,D,E. These will take place simultaneously. Participants will sit in their individual subgroups and discuss questions of only one sub-component.</p> <p>We can plan to have 4 subgroups:</p> <ol style="list-style-type: none"> 1. Subgroup for Component A 2. Subgroup for Component b 3. Subgroup for Component C & D 4. Subgroup for Component E) 	All participants in their individual subgroups
10:00-10:30	<i>Coffee Break</i>	
10:30-12:00	Subgroups to summarize Key Findings of Assessment & proposed activities for improvement	All participants in their individual subgroups
12:00-14:00	<i>Lunch</i>	
14:00-15:00	<p>Subgroups to present Key Findings of the Assessment</p> <p>Subgroup for Component A</p> <p>Subgroup for Component B</p> <p>Subgroup for Component C & D</p> <p>Subgroup for Component</p>	Plenary
15:00-15:30	<i>Coffee Break</i>	
15:30- 17:00	<p>From Assessment to a Strategic Plan for Improvement</p> <p>Wrap up and Next Steps – This is the conclusion of the meeting. Closing Address, to be made by Mol representative, MoH representative & WHO Representative</p>	<p>WHO Consultant</p> <p>Mol Representative, MoH Representative & WHO Representative</p>

Annex 2
CERTIFIED BIRTH CERTIFICATE

CERTIFIED TRUE COPY

ប្រជាជនកម្ពុជា
ជាតិ សាសនា ព្រះមហាក្សត្រ

ឈ្មោះ ឈ្មោះ
 ថ្ងៃ ខែ ឆ្នាំ ថ្ងៃ ខែ ឆ្នាំ
 ឪពុក ម្តាយ

ស្រុកកោះ
ក្រុងសៀមរាប
បញ្ជាក់កំណើត

ឈ្មោះ
 ថ្ងៃ ខែ ឆ្នាំ

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 ឪពុក ម្តាយ

បញ្ជាក់កំណើត

ឈ្មោះ	ឈ្មោះ	ថ្ងៃ	ខែ	ឆ្នាំ
ឈ្មោះ ឈ្មោះ	ឈ្មោះ ឈ្មោះ			
ថ្ងៃ ខែ ឆ្នាំ	ថ្ងៃ ខែ ឆ្នាំ			
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ថ្ងៃ ខែ ឆ្នាំ	ថ្ងៃ ខែ ឆ្នាំ			
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ថ្ងៃ ខែ ឆ្នាំ	ថ្ងៃ ខែ ឆ្នាំ			
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ថ្ងៃ ខែ ឆ្នាំ	ថ្ងៃ ខែ ឆ្នាំ			

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