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Improving Civil Registration and Vital Statistics
and the Role of International Agencies,
The Experience of Egypt

GAMAL ASKAR
President,
Central Agency for Public
Mobilisation and Statistics

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The Need for Civil Registration System,

Alternative Methods and the Role of
International Agencies in Improving those Systems

1. Uses of Vital Records and Vital Statistics :-

The establishment or improvement of a system of vital statistics depends on demonstration of the need for such a system. (1)

Since registration of vital events is the initial and fundamental component of the system, there should be first a demonstrated use for the vital records of live birth, death, foetal death, marriage, and divorce. The demands for vital records stem from their value as legal documents. The need for legal documents with evidentiary value arose as society became more complex and man began to be obliged to prove his right to his name, his citizenship, and his place in society, especially with respect to the privileges and duties of a member. The more complex the society, the more uses were found for records to prove facts which in previous years may not have required any type of proof or at the most a verbal certification. It need hardly be pointed out that needs for vital records change with the times.

Records of births, deaths and marriages are useful to governmental agencies for a variety of administrative purposes. The most common of these will be discussed in terms of each event. Public-health programmes

1) Handbook of Vital Statistics Methods (U.N. Publication, Sales No. : 55.XVII. 1).

of post-natal care for the mother and the child usually have their starting point in the birth register and the corresponding birth indexes (health programmes such as vaccination and immunization programmes, as well as those for the physically handicapped or premature babies, also can make use of the birth register for their more effective implementation). Control programmes for infectious diseases within the family and within the community often depend on the death-registration report for their implementation. Similarly, public-safety, accident-prevention, and crime-eradication programmes make use of the death-registration records in somewhat the same way as does the public-health programmes.

The death-registration record also finds a use in clearing social-security files, electoral lists, military service and tax registers. Police checks for missing persons and curtailment of rationing or benefit programmes which should terminate at death are also partially dependent.

When in addition, the need for vital records for their legal value is recognized, the development and maintenance of registers for both legal and statistical purposes emerges as the method best adapted to producing vital statistics. The role of vital statistics in national affairs is quite significant and could be classified under two main fields; their use as basic elements in demographic and medical research, and their role as indispensable elements in public administration and as determinants of administrative action in over-all planning and evaluation of economic and social development (including population policies).

2. Present Status of Vital Statistics in the World :-

The present status of vital statistics system in the developing countries is recognized to be grave. There are few countries in the world with statistics of the full range and quality required for national planning, and in many instances the basic demographic data, including vital statistics, are inadequate to describe relevant aspects of their populations. Even the most fundamental index—the rate of population increase — is imperfectly measured in the statistics of some of the developing countries. The emergence of a large number of former colonial dependencies as independent nations in the late fifties has intensified the demand for statistical data which will adequately describe the levels and trends of mortality and fertility and the interrelationships of demographic, economic and social factors.

The Statistical Office of the United Nations in the early fifties published "the Handbook of Vital Statistics Methods" that gave a detailed appraisal of the status of vital statistics in the world around 1950. Analysis of the Coverage of the United Nations Demographic YearBook, has shown that tables on total births and deaths for the period 1935-1950 include data for 132 areas, representing 55 per cent of the World's population in 1951. The conclusion was that some 300 years of experience have resulted in the establishment of vital-statistics systems which can produce minimum results for only a little over one half of the World's Population. If the estimated rate of development of Vit. Statist. was to remain constant, we should expect an almost complete coverage

around the years 2200.

However, a similar analysis of the tables on total births in the 1972 Demographic Yearbook, has shown that for about 57% of the World Population (Including China) no data is available on live births, while for almost 8% data on live births is available either from defective civil registration systems or alternative sources. Vital Statistics from complete civil registration systems are available for about 35% of the World Population.

The defects of vital statistics may be classified as: Complete absence of data, fragmentary data and non-comparable data. Fragmentary data may be the result of one or more of at least three major causes. The first of these is incomplete geographic coverage at the national level, that is, exclusion from final tabulations of reports from certain areas of the country, known to have unreliable data, or by restricting registration to selected areas (cities & towns). Incomplete ethnic coverage, which is usually due to the exclusion of certain ethnic groups from the provisions of the registration law or to failure to enforce registration and reporting for such groups, constitutes a second cause of fragmentary data. Finally, the most fundamental cause of fragmentary information is a general incompleteness of registration and a consequent shortage in the number of events tabulated.

Lack of international comparability in matters of definitions and concepts, may comprise also the variation in the number and types of items on which data are collected and the manner in which these items are coded and tabulated.

The U.N. remarks concerning the status of vital statistics system throughout the world in the fifties, may still be true with respect to present status. Since for a large segment of the world's population, vital statistics are still non-existent; for another, they are fragmentary for one reason or another; for the third groups of countries, vital statistics are obtainable, but the accuracy or quality of the fundamental information varies over a wide range, as well as the use of extensive footnotes in International Demographic Publications.

3. Review of the Role of International Agencies in Improving Registration and Vital Statistics Systems :-

A. Among the first international attempts to improve the situation was the work of the International Statistical Institute. The recognition of the need for internationally comparable vital statistics, through the preparation of a uniform classification of causes of death, came about at the first International Statistical Congress in 1853 at Brussels. Preparation and revision of the "International List of Causes of Death" became the responsibility of the Institute in 1891. Subsequently in 1928 the ISI jointly with Health Organization of the League of Nations took over the responsibility for the list, till 1946 when its development became a function of the WHO. In addition to the preparation of the List, the Institute participated in the formulation of standards and recommendations for the compilation of vital statistics, including basic tabulations, as well as the publication of the Annuaire Inter-

national de Statistique.

- B. The Health Organization of the League of Nations first attempts was the preparation of a survey on each country of the system of registration and compilation of vital statistics. The second important contribution was the proposal in 1925 of international definitions of live birth and stillbirth, supplementing this step toward standardization was the work on "International Lists of Causes of Death".
- C. The efforts of the Pan American Sanitary Bureau, the Inter American Statistical Institute in furthering the development of national vital statistics should also be mentioned.
- D. The WHO, under its resolution is required to "establish and revise as necessary international nomenclatures of diseases, of causes of death and of public health practices".
- E. With the advent of the United Nations, the problems of the development and improvement in the international comparability of statistics in general became the responsibility of the Economic and Social Council and of the Statistical Commission as an advisory body.

At its seventh session in 1953 the Statistical Commission approved the "Principles for a Vital Statistics System" as serving an immediate and constructive purpose in both the developed and developing countries. Published shortly afterwards, the "HandBook of Vital Statistics Methods" gave further guidance on statistical standards and on concepts, definitions and procedures for the

development of national systems of vital statistics. These two documents have been, and still are, in wide and constant use-but changing circumstances call for a reappraisal.

At its twelfth session in 1962, a resolution was adopted by the Statistical Commission recommending to intensify the studies on methods of obtaining and improving vital statistics in countries and territories where conventional registration methods are not yet able to supply reliable data on growth rates, required for planning purposes.

At its thirteenth session in 1965, the Statistical Commission adopted resolution 14 with the intention of stimulating regional and international action, requesting the Secretary-General to support the conclusions of the Second Inter-American Seminar on Civil Registration and the recommendations of the African Seminar on Vital Statistics, including :

- Intensifying efforts and co-ordinating activities of the specialized agencies to promote the establishment and maintenance of adequate national systems of vital records and statistics

- Making use of bilateral aid as available, providing regional advisers in vital registration, and training of national personnel in this field under the United Nations technical assistance programme.
- Sponsoring a programme of studies and research in sample household survey methods for obtaining demographic data, particularly in providing information on vital rates.

The Commission recommends : That State Members of the United Nations which do not yet have a reliable vital statistics system consider organizing sample survey

and / or sample registration areas as interim measures while taking recommended long-range steps toward improving the entire vital records and statistical system. That State Members of the United Nations whose vital records and statistics systems are highly developed be requested to make available experts to advise in this important area under United Nations or bilateral programmes of technical assistance.

The "Principles and Recommendations for a Vital Statistics System"⁽²⁾ were prepared in response to several resolutions adopted in 1968 by the Economic and Social Council, and the Statistical Commission, and was meant to be a new international standard replacing the "Principles for a Vital Statistics System" approved in 1953. The "Recommendations" outlined a broadly defined "Vital Statistics System" that includes not only conventional civil registration but also the use of sample surveys and other less direct techniques as alternate methods to be used in the interim before a comprehensive system of civil registration is achieved.

It was emphasized also that the international organizations and the individual countries recognize fully the need for a system of civil registration in the long run, but they also recognize that, in the developing countries, there are serious obstacles to the achievement of comprehensive civil registration systems in the short run.

The "Recommendations" also emphasized that, for most developing countries, the techniques outlined (below) should be regarded as having a dual purpose :

(a) They are interim measures to meet urgent need for

(2) Principles and Recommendations for A Vital Statistics System (United Nations document, E/CN. 3/411).

basic data, pending the achievement of comprehensive registration and .

- (b) They are techniques which can serve to diagnose difficulties and to assess completeness of registration, and thus assist in implementing or improving civil registration systems.

4. Alternative Methods for Collecting Vital Statistical
Data :-

Where civil registers do not yet exist, or where they are insufficiently reliable, and where efforts to improve this situation are being made but where resources are limited, various techniques have already been adopted by a number of countries in Asia, Africa and Latin America and several attempts have been made to assess both their utility and the limitations to which they are subject (3), (4). The methods involve the utility of sampling in collecting data for vital statistics. The basic types of designs are : One visit retrospective household sample surveys - Serial visit vital event survey - Sample Vital Registration Scheme & Independent Matching Vital event surveys. It has been indicated (4) that none of the schemes has managed to achieve anywhere near complete coverage with consistency. It was suggested also that the serial

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- (3) Vital Event Numeration System as a New Tool for Measuring Population Change, by Forrest E. Linder.
 - (4) Some Results from Asian Population Growth Studies, by W. Seltzer, See also " A Critique of Methods for Estimating Population Growth in Countries with Limited Data" by W. Brass, etc.....

visit perform rather better than the other systems; that births are rather better recorded than deaths, and that reliance on a single recording operation would in all instances considered have given substantially poorer results than the duplicate method.

The new methods, devised over the last fifteen years or so, for obtaining current estimates of the vital rates have closed to an extent the gap in world demographic knowledge, and in this context the efforts made by the International Program of Laboratories for Population Statistics in implementing alternative systems are well recognized. However, the world attention should be focused on the basic target of establishing conventional civil registration system in those countries lacking it, as well as the improvement of the existing deficient systems. Toward this end the POP-LAB should also direct some of its activities, together with the rest of international agencies and bilateral agencies.

There are some aspects of the civil registration system that has received no attention, such as questions of organization, recruitment and training, adequacy of instructions & forms for recording data, etc..... The role of international and bilateral agencies in the improvement of those aspects in the developing countries should be considered. Despite the fact that there are difficulties in establishing and perfecting civil registration and despite the availability of other methods of obtaining data on the vital events and related characteristics, conventional civil registration systems has no peer in the following context (5) :

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- (5) Principles and Recommendations for A Vital Statistics System (United Nations document, E/CN. 3/411).

A. Legal and Protective Advantages to Individuals :

Civil registration must be universal in the area under consideration while other schemes are based on sampling which is not applicable to registration in its legal aspects.

B. Administrative Advantages :

Requirement of data for small civil or geographic divisions throughout a country cannot be met by these alternative schemes. Moreover, for some administrative purposes (Public Health Programmes), records are required on an individual basis.

C. Statistical Advantages :

In comparison with other methods of obtaining vital statistics, a comprehensive civil registration system generates records which are relatively free from certain type of response error and which are not subject to sampling error. It provides statistical data for socio-economic planning at any geographic level; it is inexpensive as the statistics are a by-product of an administrative process; and it provides an inventory that can be used as a starting point for more intensive studies in fertility, mortality and morbidity.

5. The Development of the Vital Statistics System in Egypt :

The first registration system the world knew, was introduced in Egypt in 1250 B.C., early in the reign of King Ramses II. Whether at that remote time, the re-

gistration system applied equally to all classes of the population would seem doubtful, but where the system did apply it would scarcely have excluded records of births and deaths. In modern era, registration of births and deaths in rural as well as urban areas dates back to 1839; it was made obligatory toward the end of the last century. However, inspite of the early beginings of compulsory registration of vital events, the completeness of registration was very poor, particularly in rural areas.

It took almost 70 years for the Vital Statistics System to reach about 91% complete coverage of registration.

The civil registration system in Egypt has passed through three phases demarcated by the issuance of decrees No. 23,1912 and No. 130,1946; the decree No. 260,1960, and the decree No. 11,1965.

A. The First Phase, 1912-1959 :-

Civil registration was first organized by the decree No. 23 promulgated in 1912, that made notification of birth and death events occuring in Egypt compulsory for both Egyptians and foreigners living in Egypt.

In urban areas and in few rural localities, health bureaus, of the Ministry of Health were responsible for registration of births and deaths. Health Registers are to be kept in these bureaus, and statistical reports are to be copied and sent weekly to the Statistical Department. In rural areas without health bureaus, the chief of the village (Omda) or the taxes collector were in

charge of receiving notifications of vital events, and keeping a separate record for live births and deaths, as well as submitting a statistical report monthly to a designated health bureau (which the village is in its domain). The central health bureau sends these forms to the Statistical Department. Different statistical forms were used in the two localities, and international definitions of live-birth, death and stillbirths were used. The time allowed for current registration was 15 days for live births, and 24 hours for death.

Registration of vital events was according to place of occurrence, statistical reports submitted by health bureaus comprised a number of items such as date of birth, sex of live birth; occupation, nationality, religion and place of residence of the parents (for live births); and date and place of death, age, sex, place of birth, occupation, nationality, place of residence of the decedent; as well as the cause of death.

A second decree was issued in 1946 (Decree No. 130) that replaced the 1912 Decree, and introduced organisational improvement in recording and reporting of vital events such as shortening of the period allowed for legal notification of live births (from 15 days to 8 days). The Statistical Department has, since 1929, followed the International List of Diseases in the classification of deaths wherever possible in localities with health bureaus. Afterwards, the Egyptian Government joined the Agreement on Statistics of Causes of Death which was signed in 1934. From the beginning of Jan. 1950, the Egyptian Government has approved the application of the

Manual No. (1) of the WHO concerning the International Lists of Diseases and Causes of Death Sixth Revision, 1948. Notification of births according to the decrees No. 23,1912 and No. 130, 1946 was incumbent on the father; or in absence thereof, on a male major relative residing at the same house in which delivery occurred; or in absence thereof, on midwife, or doctor attending delivery; on Sheikh El Hara, Sheikh El Balad or Omda, should none of the aforesaid be present.

Notification of deaths is incumbent on relatives of the deceased or any male person residing at the same house; in absence thereof, on doctor or health representative; on Sheikh El Hara, Sheikh El Balad or Omda, should none of the aforesaid be present.

Vital Statistics compiled from information sent weekly to the Statistical Department by Health Inspectorate, were published in an annual report together with statistics on marriage and divorce. The report was titled "Health Statistics Bulletin", and the report was reorganized in 1941 by presenting the tables in three separate parts, the first comprises the live births, deaths in localities with health bureaus, the second part includes live-births and deaths in all localities, and part three includes marriage and divorce statistics. From the beginning of 1950, the annual Vital Statistics bulletin has been issued in two separate volumes. Vital statistics presented in volume (1) of the bulletin were on live births, deaths, infant deaths and still births in localities having health bureaus. The percentage of population in these localities was increasing grad-

ually with the extension of health services. In the late thirties, one third of the total population in Egypt lived in localities with health bureaus, and in 1960 there was about 45% of the total population in localities with health bureaus (Nowaday almost 90%). Volume (2) of the bulletin, include data concerning the whole country, that is received weekly from localities having health bureaus and monthly from "Sarrafas or Omdas", the first being the tax collector & the second being the chief of the village. The accuracy of data presented in volume (1), was higher from the point of quality and quantity (higher completeness of registration and better reporting of characteristics). It was fully recognized at that period that though registration of births and deaths is compulsory, however the reporting and registration was still imperfect. It was recognized also that completeness in reporting of vital events varies in degree between localities according to whether or not they have health bureaus. This could be detected by comparing the birth rates in rural areas with and without health bureaus. The difference has been decreasing overtime, with the relative deficiency decreasing from 20% in the early thirties to about 9% in the late fifties. Similar comparison of crude death rates revealed a serious under-registration of deaths in localities without health bureaus, as compared with rural areas having health bureaus. For instance, the crude death rate in the former areas in 1934 was 26 per thousand compared with 36 per thousand in the latter areas. Volume (2) of the bulletin, includes a separate part for statistics of marriage and di-

orce, as being complementary to vital statistics. Marriage and divorce data were collected from all parts of the country since Jan. 1935 instead of being confined since 1931 to governorates and chief towns only.

B. The Second Phase, 1960-1965 :

Prior to 1962, registration of live births was the responsibility of the Ministry of Health. The Department of Civil Registration was established in 1960 in accordance with the Decree No. 260, 1960. Since then, this department has taken the responsibility of keeping various records for all vital events (births, deaths, marriage and divorce) besides some other auxiliary records as needed to serve the purpose of civil registration. Meanwhile, compilation, tabulation and publication of data about vital events remain the responsibility of the Central Agency For Public Mobilisation and Statistics (CAPMAS). The CAPMAS was founded in 1963 by joining together its Predecessors; the "Statistical Department" (founded in 1911), and the "Department of Public Mobilisation" (founded in 1953). The Agency since 1964 has launched a process of modernization in the fields of collection, compilation, tabulation and publication of various statistical data in general and vital statistics in particular.

The Decree No. 260, 1960 was executed in Jan. 1962, and it involved certain modifications in the procedure of notification of vital events, as well as the channel of reporting of events. In accordance with the aforesaid decree, notification of births should be given to the civil registration offices in

the locality in which delivery occurred within 15 days of birth. In localities without civil registration offices, notification of live births should be given to the chief of village, who submit the notifications to the civil registration office. Civil registration offices has to report these births to the health bureaus of the area, to register them in the health register, established for health administrative purposes.

However, the Decree did not change the notification system of deaths. They remain to be at the health bureaus.

The Decree No. 260,1960 has caused some disturbance in the Vital Statistics System between 1962 and 1964, due to the modifications made in the notification system. However, the decree has established for the first time a Central Agency that is directly responsible for civil registration at the national level.

C. The Third Phase, 1965 till now :

In March 1965 the Decree No.11, 1965 was promulgated modifying some of the rules of the Decree No. 260, 1960 concerning the civil registration system.

According to the new decree, notifications of births and deaths were to be given to the health office (either health bureau, centre or unit) or to the chief of the village in areas without any of these offices.

Large improvements in the system have been introduced by CAPMAS in accordance with the Decree

No. 11, 1965. Such improvements could be summarized as follows :

- (1) On the occurrence of a birth or a death, the informant designated by law, has to submit a notification form to the health office located in the same area, within 8 days of the birth and 24 hours of the death.

The informant has to fill the form by himself. A new notification form was so designed as to serve specific purposes of health authorities, civil registration and statistical services at the same time. Before 1965, the notification form did not contain necessary statistical data.

The content of the new notification forms could be summarized as follows :

i. The birth notification form :

Items about the event : Sex, date of birth, attendance at delivery, plural births classified into live born and foetal deaths, place of occurrence.

Items about the parents : Religion, occupation, nationality, age, place of usual residence of the mother, duration of married life with present husband and with others, number of children born alive from present husband, number of children ever born alive.

The death notification form comprises the following items :

Characteristics of Decedent :

Age, Sex, Religion, Occupation, Nationality, Place of Occurrence, Date of

Occurrence, Date and Place of Birth,
Marital Status, Place of Usual Residence,
Identity Card No., Place of Civil Registration,

Additional information concerning stillbirths (period of gestation, age of mother, birth order).

Characteristics of the Informant :

Identity Card No., Place of Usual Residence, Relationship to the Decedent.
Cause of death (According to International format).

In addition, physicians and other professional obstetricians in hospitals and private clinics are requested to submit to health bureaus a simple report about each case of delivery they have attended with three days of occurrence of the event. Although these reports are not used for the purpose of registration, they could be utilised in checking the notifications and the estimation of delayed reporting of events.

- (2) Two standard statistical reports (list type) were designed, one for reporting of live-births, and the other for deaths and still-births. Statistical reports are filled under the supervision of the head of the health office from every notification form collected at the health office during the international week (i.e. with a unified time schedule all over the country).
- (3) A high level of co-ordination and co-operation was achieved among responsible agencies.

- (4) An accurate system of checking the coverage of the statistical reports was established by revising the reported serial number for the event in both Health register and civil register.
- (5) Geographic coverage of primary registration units was considerably increased especially in rural areas. The Ministry of Health has established an extensive network of health service units in rural areas, these are the Rural Health Centre (serving three villages) and the smaller Rural Health Unit (serving one village). The total number of units the Ministry aims at establishing is 3000 Units and Centres. The number of primary registration units has increased from 1108 units in 1964 to over 2200 units (from these about 300 are Health Bureaus in Cities and Towns).
- (6) The Channel of Registration and Compilation of Vital Statistics was clearly Delineated and Reformed as follows :-
- A. In cities and towns Health Bureaus are entrusted to receive birth notification forms directly from informants, while in rural areas such forms are to be sent through village chief (Omdas), within a maximum of seven days from the submission of birth notification and immediately after the submission of death notification, to the Units concerned with health services of the village.
 - B. The Health Bureaus and Rural Health Units & Centres keep a separate Health Record for each one of the small geographic areas,

districts or villages. These health registers include only the information needed for health purposes (among these are data of vaccination against infectious diseases). Registrars at health offices are requested to check the entries of the notification forms with the informant to ensure the accuracy and completeness of each item.

- C. Statistical reports on live births, deaths and still births are to be prepared under the supervision of the head of the health office and should be submitted to a Central Health Bureau (a designated one) which acts as a connection between other health offices and the civil registration office in the geographic area. The notification forms are attached with the statistical reports pooled up at the Central Health Bureau, where the information recorded on the notification forms are checked and matched with that on the statistical report. The reports and notification forms of a certain international week have to be dispatched to the concerned registration office within three days of their receipt from health offices.
- D. The registrar in the Civil Registration Office makes a final revision of the forms before they are copied in the Civil Register (only births and deaths are registered). Finally the registrar inserts the serial number of civil registration in the statistical report.
- E. Within three days of the receipt of the statistical reports, these have to be dispatched from the civil registration office to the Statistical Division of the Department of Civil Registration in Cairo, where a number of the technical staff of the Central

Administration of Statistics, CAPMAS are entrusted to check the reports for completeness prior to their transmission to the Central Agency for Public Mobilisation and Statistics for electronic processing and publication. The presentation has been confined to the registration of live births and deaths only, since marriages and divorces before 1962 were registered only as part of the records of the religious or judicial authorities concerned, and statistics were based on these records. Compulsory registration in the civil-registration system was established by the decree No. 260, 1960 and after the establishment of the Department of Civil Registration, Ministry of Interior which began its activities in 1962.

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Vital Statistics System: Completeness and Accuracy

The CAPMAS recognizes that the provision of appropriate methods for evaluating the various facets of the system, and constant vigilance to see that approved methods are applied and that remedial action is taken if required, is the Agency's primary responsibility.

To that end the Agency has conducted in 1974 & 1975 a nationwide survey to measure the completeness of registration of vital events and the differentials of that completeness (geographic, social and economic).

Prior to that sample survey, there was no direct assessment of the quantitative and qualitative accuracy of the system. There has been a lot of indirect measurements that

indicated probable under-registration of births and deaths, particularly in rural areas, of the magnitude of 10% on the average (up-to-early sixties). This was also suggested from a field investigation carried out in rural areas of the Delta, upon an agreement between the CDC & the N.C.H.S; U.S.A. in 1964.

The Vital Rates Sample Survey Project 1974-1975 :-

The survey was conducted with the financial support of the United Nations Fund for Population Activities, according to the Agreement on Population and Family Planning signed between the Government of A.R. Egypt and the Fund, in April 1971.

The Survey Objectives :

1. Direct estimation of completeness of coverage of vital statistics at the national level, and at six major sub-national levels, namely, Urban Governorates, Urban Upper Egypt, Urban Lower Egypt, Rural Upper Egypt, Rural Lower Egypt and Remote areas.
2. Determination of the factors associated with the different extents of under-registration, including, characteristics of the event (Sex, Age, Order, Kind), characteristics of the parents (education, occupation etc ...), as well as the conditions of the habitat (availability of basic services in the village such as schools, health units, television and radio sets, police station, cemeteries. Access to transportation : railways or main roads. Presence of industrial enterprises, etc).
3. The estimation of adjusted vital rates.

Survey Design :

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1. The direct method recommended by the U.N. was adopted. The method involves conducting a household sample survey (serial-visits at a period of 3 months) to collect information on changes in household composition (births, deaths, still-births, migration), with a subsequent one-to-one matching of reports of births and death in the survey to the records of these same events in the civil registers, with subsequent field verification of the non-matches as well as suspected matches.
 2. The total sample size in 1974 was about 75,000 households.

The sample areas chosen were 49 Administrative units in urban areas (known as Shinkha or Capital of Markaz, or a well defined area with 1000 households), together with 130 villages in rural areas. The villages of each governorate were stratified into two strata according to existence of health bureau, with 3 sub-strata in each according to the village size.

A census type enquiry was conducted in January 1974 in the sampled area, to collect basic information on household composition and characteristics, to be followed up in the serial visits.

Female interviewers were recruited from nurses, school teachers & social workers residing in the sample area. While a number of the Agency's inspectors have to visit the health bureaus to copy the registered vital events monthly in urban areas and quarterly in rural areas, matching of vital events was conducted centrally

* Principles and Recommendations for a Vital Statistics System, (Document E/CN. 3/411).

by a selected group of demographers, and suspected events were sent to be checked in the field by a third group of personell.

The processing of birth data of the first round was processed manually and it was decided to process the deaths data by the computer.

Preliminary Results of the Survey :

The estimated percentages of under-registration of live-births during the first round of the survey (1974), was consistent with the expectations for the different regions of the country in view of the level of socio-economic development in each region.

For instance, the completeness of registration was expected to be higher in urban areas than rural areas, and in Lower Egypt than Upper Egypt, and for males than for females.

The Survey results has shown that under registration was as follows :

Provisional Estimates of Under-Registration
Of Live-Births, 1974

Region	Males %	Females %	Both Sexes %
Urban Governorates	0.0	1.2	0.6
Urban, Lower Egypt	3.7	3.3	3.7
Urban, Upper Egypt	6.5	6.8	6.7
Rural, Lower Egypt	6.9	6.2	6.6
Rural, Upper Egypt	13.9	15.2	14.5

From the table it is clear that the expected geographic variation of under-registration is confirmed by the Survey results. Sex-differential in under-registration was on the average not very high, with slightly better registration of male births.

The final survey report will be issued concerning the whole sample, i.e. for the combined data of 1974 and 1975 rounds.