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## The Development of the Vital Statistics System in Egypt

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## FOREWORD

Egypt has a long history of registration activities dating back to antiquity. The modern registration era is said to go back to 1839, the year when the first report of the Registrar General of England and Wales was issued. In this technical paper, General Gamal Askar traces the development of civil registration in Egypt in recent history, and describes how national vital statistics are produced.

Egypt is one of the small group of countries where the local health administration has responsibility for the collection of vital statistics data. The manner in which these health bureaus, the civil registration offices of the Ministry of Interior, and the Central Agency for Public Mobilization and Statistics work to produce national vital statistics for Egypt is one of the subjects of this paper.

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# The Development of the Vital Statistics System in Egypt

by

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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 registration 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 the modern era, the 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, in spite of the early beginnings 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 the 91 percent coverage of registration.

The civil registration system in Egypt has passed through three phases demarcated by the issuance of decrees Nos. 23, 1912; 130, 1946; 260, 1960 and 11, 1965.

## 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 occurring in Egypt compulsory for both Egyptians and foreigners living in Egypt.

In the urban areas and in a few rural localities, health bureaus of the Ministry of Health were responsible for registration of births and deaths. Health registers were kept in these bureaus, and statistical reports were copied and sent weekly to the Statistical Department. In the rural areas without health bureaus, the chief of the village (Omda) or the tax collectors 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. The central health bureau transmits these forms to the Statistical Department. Different statistical forms were used in the two localities, and international definitions of live birth, death and stillbirth were used. The time allowed for current registration was 15 days for live births, and 24 hours for death.

The registration of vital events was by place of occurrence, of the event. 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) replacing the 1912 Decree, and introduced organizational improvements 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, used the International List of Causes of Death for the classification of deaths wherever possible in localities with health bureaus. In 1934, the Egyptian Government signed the Agreement on Statistics of Causes of Death. In 1948, the Egyptian Government adopted the World Health Organization Manual of 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; and 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 of 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 inspectors were published in an annual report together with statistics on marriage and divorce. The report was entitled "Health Statistics Bulletin," and the report was reorganized in 1941 by presenting the

tables in three separate parts; the first comprises live births and deaths in localities with health bureaus; the second part includes live births and deaths in all localities; and the third part 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 stillbirths in localities having health bureaus. The percentage of population in these localities was increasing gradually 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 percent of the total population in localities with health bureaus. The present proportion is almost 90 percent. Volume (2) of the Bulletin, includes data concerning the whole country received weekly from localities having health bureaus, and monthly from "Sarrafas or Omdas," the first being the tax collector and the second being the chief of the village. The data presented in Volume (1) were better 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, the reporting and registration was still imperfect. It was also recognized 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 percent in the early thirties to about 9 percent in the late fifties. Similar comparison of crude death rates revealed a serious underregistration 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 divorce as being complementary to vital statistics. Marriage and divorce data were collected from all parts of the country beginning January 1935. From 1931 to 1935, the data were limited to governorates and chief towns.

#### 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 (birth, death, 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 January 1962, and it involved certain modifications in the procedure of notification of vital events, as well as the channel of reporting these events. In accordance with the aforesaid decree, notification of births should be made within 15 days of birth to the civil registration offices in the locality in which delivery occurred. In localities without civil registration offices, notification of live births should be given to the chief of the village who submits the notifications to the civil registration office. The civil registration office reports these births to the health bureau of the area for registrations in the health register established for health administrative purposes. The Decree did not change the notification system of deaths. They remain 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.

#### 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, 1969 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 may 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 designed to serve the specific purposes of health authorities, civil registration and statistical services at the same time. Before 1965, the notification form did not contain the necessary statistical data. The content of the new notification forms may be summarized as follows:

**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 is comprised of 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 the 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 within three days of occurrence of the event. Although these reports are not used for the purpose of registration, they could be utilized 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 stillbirths. Statistical reports are filled out under the supervision of the head of the health office from the various notification forms collected by the health office during the international week (i.e. with a unified time schedule all over the country).

- 3) A high level of coordination and cooperation was achieved among responsible agencies.
- 4) An accurate system of checking the coverage of the statistical reports was established by comparing the reported serial number for the event in both the health register and the civil register.
- 5) The geographic coverage of the primary registration units was increased considerably, 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 number of primary registration units has increased from 1,168 units in 1964 to over 2,200 units (of these, about 300 are health bureaus in cities and towns). The Ministry is aiming to establish 3000 units and centres.
- 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 the 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 and 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 on 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) The statistical reports on live births, deaths and stillbirths are prepared under the supervision of the head of the health office and submitted to a central health bureau (a

designated one) which acts as a connecting line between other health offices and the civil registration office in the geographic area. The notification forms are attached to the statistical reports 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 are to be dispatched to the concerned registration office within three days of their receipt from the 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 are dispatched

from the civil registration office to the Statistical Division of the Department of Civil Registration in Cairo, where the technical staff of the Central Administration of Statistics, CAPMAS, checks 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 which provided for the establishment of the Department of Civil Registration, Ministry of Interior that began its activities in 1962.