Executive Branch
Ministry of Public Health and Social Welfare Resolution S.

G. No. O 46 -

WHICH APPROVES AND PROVIDES FOR THE IMPLEMENTATION OF THE "MANUAL OF RULES AND PROCEDURES FOR THE REGISTRATION OF VITAL STATISTICS" OF THE MINISTRY OF PUBLIC HEALTH AND SOCIAL WELFARE, AND ESTABLISHES ITS IMPLEMENTATION AND MANDATORY APPLICATION IN ALL ESTABLISHMENTS OF THE NATIONAL HEALTH SYSTEM.

Asunción, 1 February 2024.

HAVING SEEN:

DIGIES Note No. 45, dated 2 February 2024, and registered as SIMESE file No. 27,648, through which the General Directorate of Strategic Health Information presents the proposal to update the "MANUAL OF RULES AND PROCEDURES FOR THE REGISTRATION OF VITAL STATISTICS INFORMATION", Third Edition, from the Ministry of Public Health and Social Welfare; and

CONSIDERING:

That Article 68 of the Constitution of the Republic of Paraguay entrusts the Paraguayan State with the protection and promotion of health as a fundamental right of the individual and in the interest of the community, and Article 69 states that a national health system shall be promoted to implement integrated health actions, with policies that enable the coordination, harmonisation and complementarity of programmes and resources in the public and private sectors.

That Law No. 836/1980, Health Code, establishes in Article 3 "The Ministry of Public Health and Social Welfare is the highest State authority competent in matters of health and fundamental aspects of social welfare," *in Article 4, "Health authority shall be exercised by the Ministry of Public Health and Social Welfare, with the responsibility and powers to comply with and enforce the provisions set forth in this Code and its regulations..."; in Article 143, "The Ministry shall be responsible for the collection, processing, analysis and annual publication of vital and health statistics for the health sector"; and in Article 144, "All public and private institutions related to health are required to periodically collect and provide the Ministry with the data it needs to perform the analysis and statistical evaluation established in the previous article."*

That the information generated through Vital Statistics is indispensable for economic and social development planning because it facilitates the availability of data that can be used to identify needs and solutions to problems affecting the nation related to live births and deaths.

That the proposal presented and work carried out by the Directorate General Strategic Information n TS agencies involved in the data collection process and co Regional Directors and Statisticians at the national level.

/2,
!t," r

meclp
2015

Executive Branch
Ministry of Public Health and Social Welfare

Resolution S.G. No. <o4b.

WHICH APPROVES AND PROVIDES FOR THE IMPLEMENTATION OF THE "MANUAL OF RULES AND PROCEDURES FOR THE REGISTRATION OF VITAL STATISTICS" OF THE MINISTRY OF PUBLIC HEALTH AND SOCIAL WELFARE, AND ESTABLISHES ITS IMPLEMENTATION AND MANDATORY APPLICATION IN ALL ESTABLISHMENTS OF THE NATIONAL HEALTH SYSTEM.

Asunción, 1 February 2024. That

the MANUAL OF REGISTRATION RULES AND PROCEDURES

M

ANUAL OF RULES AND PROCEDURES FOR
VITAL STATISTICS RECORDS establishes the new rules, functions, procedures, and forms to be used in all Health Services, in accordance with current legal requirements.

Law No. 1032/96, which creates the National Health System, aims to distribute national resources in the health sector equitably and fairly and incorporates all institutions that were created for the specific purpose of participating in activities to promote, restore and rehabilitate health and prevent disease among individuals and communities within the territory of the Republic.

Decree No. 21,376/98 ESTABLISHING THE NEW FUNCTIONAL ORGANISATION OF THE MINISTRY OF PUBLIC HEALTH AND SOCIAL WELFARE
, which in *Article 10 states: "The specific functions in the area of Regulation and Health Care are: Number 1) To define general and specific standards of care in salu□ that they facilitate the development of programmes and services in line with the efficiency, effectiveness and quality of services in the areas of prevention and recovery'; In Article 19, 'The Minister of Public Health and Social Welfare is responsible for administering the institution under his charge and assisting the President of the Republic in all matters concerning human and environmental health and social welfare.' In Article 20, 'The specific functions of the Ministry of Public Health and Social Welfare are:...Number 6. To exercise general administration of the Institution as the authorising officer and person responsible for human, physical and financial resources. Number 7. To issue resolutions regulating the activity of the various programmes and services, regulating their organisation and determining their functions'.*

That Law No. 1680/01, CODE ON CHILDREN AND ADOLESCENTS, which in its *Article 19 rule: '1/a Compulsory Birth Registration' states that 'The State shall preserve the identity of children and adolescents, and public or private health institutions, in accordance with the provisions of the Health Code, shall be obliged to keep a register of live births in which the mother's fingerprint and the newborn's palm print shall be recorded, in addition to the data corresponding to the nature of the document. A copy of this register shall be issued free of charge for the purposes of registration in the* R□i□11 *another copy shall be sent to the respective health authorities'□*

WHICH APPROVES AND PROVIDES FOR THE IMPLEMENTATION OF THE "MANUAL OF RULES AND PROCEDURES FOR THE REGISTRATION OF VITAL STATISTICS" OF THE MINISTRY OF PUBLIC HEALTH AND SOCIAL WELFARE, AND ESTABLISHES ITS IMPLEMENTATION AND MANDATORY APPLICATION IN ALL ESTABLISHMENTS OF THE NATIONAL HEALTH SYSTEM.

Asunción, February 2024. Law No.

5469/2015, ON THE HEALTH OF INDIGENOUS PEOPLES, whose objective is to guarantee Indigenous Peoples access to health services and the recognition, respect and strengthening of the diverse Indigenous Peoples' own health care systems.

That Resolution S.G. No. 764, dated 12/09/05, amending Articles 2 and 3 of Resolution S.G. No. 401/00, which establishes the Commission for the redesign of the National Health Information System, Article 3: To establish as a function of the Commission: to redesign the current information system by developing a modern and updated system that allows for the availability of reliable, timely and agile information to meet current needs for monitoring the health situation and its trends, identifying inequalities, gaps or social exclusion, identifying needs, evaluating the impact of policies and interventions in order to facilitate decision-making.

That Resolution S.G. No. 398, dated 5 December 2008, "Creating the Directorate-General for Strategic Health Information of the Ministry of Public Health and Social Welfare," establishes its hierarchical relationship within the institutional structure and approves its organisational chart.

That the Directorate-General for Legal Advice, through Opinion A.J. No. 104, dated 5 February 2024, has issued a favourable opinion for the signing of this Resolution.

THEREFORE, in exercise of her legal powers;

THE MINISTER OF PUBLIC HEALTH AND SOCIAL WELFARE
RESOLVES:

Article 1. To approve the **"MANUAL OF RULES AND PROCEDURES FOR REGISTRATIONS R INFORMATION OF VITAL VITAL** of the Ministry of Public Health and Social Welfare, which forms part of this Resolution as an Annex.

Artículo 2°. Disponer la implementación del Manual de Normas y Procedimientos de Registros de Información de Hechos Vitales, del Ministerio de Salud Pública y Bienestar Social, en todos los establecimientos que forman parte del Sistema Nacional de Salud, y encomendar a la Dirección General de Información Estratégica en Salud, y a los responsables de los establecimientos de salud su aplicación.

meclp
201!,

Executive Power
Ministry of Public Health and Social Welfare Resolution

S.G. No. ol:6-

WHICH APPROVES AND PROVIDES FOR THE IMPLEMENTATION OF THE "MANUAL OF RULES AND PROCEDURES FOR THE REGISTRATION OF VITAL STATISTICS" OF THE MINISTRY OF PUBLIC HEALTH AND SOCIAL WELFARE, AND ESTABLISHES ITS IMPLEMENTATION AND MANDATORY APPLICATION IN ALL ESTABLISHMENTS OF THE NATIONAL HEALTH SYSTEM.

Asunción, 2 February 2024.

Article 3. To provide that the Regional Vital Statistics Committees support and accompany the process of implementing the **"MANUAL OF RULES AND PROCEDURES FOR REGISTRATION OF VITAL STATISTICS"** of the Ministry of Public Health and Social Welfare.

Article 4. Entrust the General Directorate of Strategic Health Information with the training of those involved in the implementation of the Live Birth Certificate.

Article 5. Authorise the Directorate-General for Strategic Health Information to arrange for the printing of the necessary copies and their delivery and distribution to the health establishments of the National Health System for implementation.

Article 6. Notify the relevant parties and, once completed, file.



DRA. MARÍA TERESA BARÁN WASILCHUCK
MINISTRA

/ve
SIMESEN2 27648/2024.

meclp
.201!>

GOVERNMENT
PARAGUAY

MINISTRY OF
PUBLIC HEALTH
AND SOCIAL
WELFARE

MANUAL OF STANDARDS AND PROCEDURES FOR INFORMATION RECORDS VITAL EVENTS

SUB-SYSTEM OF INFORMATION
OF VITAL STATISTICS - SSIEV

Third Edition
Asunción - Paraguay
January 2024

G IA,_,□□
B f..(RDL\ IH_\l,l-_"i[RAL
S \\SP \- BS

Ministry of
PUBLIC HEALTH AND WELFARE. SOCIAL

1\AUTHORITIES

Dr. Vlaría Teresa Barán Asilchuk
Minister
Ministry of Public Health and Social Welfare

Dr. Yíigucl Olmedo
Deputy Minister
Deputy Ministry of Comprehensive Health Care and Social Welfare

Dr. José Orlellado
Deputy Minister
Deputy Minister of Health Governance and Oversight

Mr. Juan Edgar Tullo Gómcz
Director General
Directorate General of Strategic Health Information

Dr María Graciela Gamarra de Cáccres
Director
Directorate of Health Statistics

ABG. DALANA GOMEZ A.
SECRETARIA GENERAL
MSP Y BS

\I.\\I \I III \OH\I \'i Y PHOCJ:lmlll'\ IO"i

Participants in the review, analysis and adjustments of the third version of the manual of standards and procedures

Juan Edgar Tullo
Gómez María Graciela
Gamarra Víctor M.
Gómez
Julio Galeano
Darío Centurión
Zunilda Salinas
Rolando Villar
Luz Karina Ojeda
Fulvia Bolaños
Rosa Almada
Estefana Cuevas
Ruth Almada
Gustavo Irala
Lawyer Marlene Santos
Dolly Leiva
Carolina Ruiz
Alberto Rojas
Cinthia Díaz
Zully Suarez
Maria Irazábal
Rosa Zavala
Claudia
Sanabria Lorena
Grau Cynth1a
Viveros Patricia
Veiluva
Miqueias Abreu

Pilar Royg Cuevas
Natalia Meza
Myrian Dávalos
Forensic Medicine
Pablo Lemir
Silvio Chirife
Silvia Patricia Palma
N. Mirtha E. Ledesma
Patricia S. Minozzo
Liz A. Ovelar
Myrian Burgos
Lucina Trinidad Jara
María Luisa Vallejos
Alberto Rojas
Evelyn Ma. Oroa
Norma Velazquez
José Medina
Lorena García
Virginia Ezquivel
Fani Raquel Cáceres
Ever Giménez
Sady Colman
Alba Gabriela
Aguilera Mariluz
Cabrera Leticia
Figueredo Dora Elba
Acosta

Myrian Ayala
Aldo Rodríguez
Ilse González
Paola Bordón
Laura Fleitas
Elba Carolina Osta
María Dina Melgarejo
Rosalba Ruiz Díaz
Zunilda Samaniego
Ramona Fernández
Elena Mallorquín
Myrian Rodríguez
Hugo Pereira
Ada Méndez
José Antonio Colman
Jorge Rojas
Zulma Maidana,
Héctor Daniel
Oliveira, Ariel Báez
Andrea Brítez
Pablo Lemir
Silvio Chirife
Rosa Zavala
Miqueias Abreu

ABG. DALANA GOMEZ A.
SECRETARIA GENERAL
MSP Y BS

\I.\\I \I III \O1!\I \\ \ J>JI()(.I'I)J:\IIF\TO<,

(()Yyr{t:W
ARG. DA1A.1' ._ GOMEZ
.□E ·¡.u ..IARIA GENERAL
MSP Y BS

CONTENIDO

- **Presentation** 3

- **Introduction** 4

- **Chapter 1** 6
  1. Legal Aspects of the Vital Statistics Subsystem 6

- **Chapter 11** 12
  2. Organisation of the Vital Statistics Subsystem 12
  3. Procedures for managing live birth and death certificates in data collection. 14

- **Chapter 111** 20

Certificate of Live Birth 20
- 4.1 Objectives 20
- 4.2 Responsible for filling out 21
- 4.3 Issuance of Live Birth Certificates to women without identity cards 21
- 4.4 Instructions for completing the form and description of the variables ... 23

Death Certificate 32
- 5.1 Objectives 34
- 5.2 Responsible for filling 35
- Diagram 3 - Foetal Death Certification Process 36
- 5.3 Instructions for completion and description of variables . 36

General considerations 49

- **Frequently Asked Questions** *50*

- **Glossary** 54

- **Appendices** 56
  Appendix 1 - Certificate of Live Birth 56
  Annex 2 - Empirical Birth Notification Form. Annex 3 - Death Certificate 59 61
  Annex 4 - Request for correction of Death Certificate Annex 5 - Table of Indigenous Peoples 64 66

- **Acronyms Used** . 67

- **Bibliography** 68

J6JJJ
I¡_RG.AA GOMI:Z A,
J\'Sf,(:¡)J:.GENERAL TARIFF
\'IS!> BS

\1.\\I \I 11,1 O ' B'.\I \\ AND PROCEDURES

ABG. DAIANA GOMEZ A
SECRETARIA GENERAL
MSP Y BS

PRESENTACIÓN

The Ministry of Public Health and Social Welfare presents to health professionals and Paraguayan society the "Manual of Standards and Procedures for the Vital Statistics Information Subsystem (SSIEV)". The document, in force since 2004, has been updated to incorporate new variables in the Live Birth and Death Certificates, including a section on foetal death. New procedures to be taken into account when issuing the various certificates are also included. Likewise, it aims to meet operational requirements when frequent problems arise in the country's health establishments.

Technical staff and professionals from the Ministry of Public Health and Social Welfare, the Civil Registry, the Public Prosecutor's Office, and Health Statistics (INE) participated in the review, analysis, and adjustments of this third edition of the SSIEV Manual of Standards and Procedures.

This Manual is intended for management and operational personnel involved in the processes of Management, Execution, Control, Monitoring, Analysis, and Evaluation. It includes the organisational structure of the components, the basic concepts and procedures to be applied for the recording of vital statistics, as well as the functions to be performed by those responsible for their implementation at different levels, both within the Ministry of Health and the services belonging to the Social Security Institute (IPS), Military Health Service, Police Health Service, Hospital de Clínicas - UNA, the private sector and other sectors in general.

Likewise, the document will serve as a reference tool for all responsible actors in the health sector and civil registry throughout the Republic.

DR. MARÍA TERESA BARÁN VASILCHUK
MINISTER OF HEALTH

ABG. DALIANA GOMEZ A
SECRETARIA GENERAL
MSP Y BS

INTRODUCCIÓN

The Ministry of Public Health and Social Welfare and the Civil Registry are members of the Vital Statistics information subsystem, which is designed to obtain data on certain events that occur throughout people's lives, such as birth, marriage, divorce, annulment, legal separation, adoption, legitimisation, recognition and death.

Vital statistics collect information on the frequency with which vital events occur and the characteristics relevant to the events themselves, and then compile, analyse, evaluate and disseminate the resulting information.

Through the continuous collection of vital events, changes that occur naturally within the framework of society in the areas of reproduction and mortality are identified. In addition, it provides fundamental elements for diagnosing the living conditions of social groups and contributes knowledge for evaluating growth dynamics.

The information generated through Vital Statistics is indispensable for economic and social development planning, as it provides an overview of birth and death rates. It facilitates the availability of data on births and deaths, enabling comparisons to be made and differences between departments and districts, as well as between countries, regions and subregions, to be highlighted over time.

This manual covers the organisation of components, the roles of those responsible, basic concepts and procedures for Vital Statistics. It is intended for management and operational staff who, in accordance with the design and operating structure of the Subsystem, are involved in management, implementation, control and evaluation processes.

Knowledge of the aforementioned aspects is essential for the proper and comprehensive organisation and implementation of the Vital Statistics Subsystem, so that it can effectively fulfil its function of recording, organising and storing information on the most important vital events, in this particular case, live births and deaths.

ABG. DAIANA GOMEZ A
SECRETARIA GENERAL
MSP Y BS

DIGIES is currently in the process of strengthening:

- The construction and development of the technical and operational organisation that guarantees the registration, coverage, quality, timeliness and maintenance of information within the Vital Statistics Information Subsystem (SSIEV).

- Updating procedures for completing certificates, collecting them, recording data, processing, producing and disseminating the information obtained.

- Adequate coordination between institutions, health establishments, professionals, and officials involved in the procedures to ensure the maintenance and consolidation of vital statistics.

- The generation of reliable and timely vital statistics that enrich demographic analysis and enable the monitoring of government plans and policies in the health sector.

The information obtained provides insight into the quality, efficiency, and impact of the services, programmes, and standards implemented in the area of health. For this reason, knowledge of the levels and characteristics of births and deaths is becoming increasingly important, as it is necessary information for defining investment and research policies and priorities. Furthermore, it is invaluable in the planning, monitoring and evaluation of investment programmes in the health and education sectors, among others.

In carrying out the actions outlined in this manual, the aim is to address two problems with Paraguay's current Health Information System:

I. Improve the registration and procedures for collecting data generated by professionals and officials in the country's various health establishments, and

11. Provide accurate and timely information that enables sound decision-making and the formulation of efficient and effective health policy.

ABG. DALANA GOMEZ A
SECRETARIA GENERAL
MSP Y BS

CAPÍTULO I

1. LEGAL ASPECTS OF THE HEALTH STATISTICS SYSTEM

NATIONAL CONSTITUTION

Article 4 - THE RIGHT TO LIFE

The right to life is inherent to the human person. Its protection is guaranteed, in general, from conception. The death penalty is abolished. Every person shall be protected by the State in their physical and mental integrity, as well as in their honour and reputation. The law shall regulate the
freedom of persons to dispose of their own bodies, solely for scientific or medical purposes.

Article 28 - THE RIGHT TO INFORMATION and its regulation according to Law 5282/14, which regulates free access to information.

The right of individuals to receive accurate, responsible, and impartial information is recognised.

Public sources of information are freely available to all. The law shall regulate the modalities, deadlines and penalties applicable to them, in order to ensure that this right is effective.

Any person affected by the dissemination of false, distorted or ambiguous information has the right to demand its rectification or clarification by the same means and under the same conditions as it was disseminated, without prejudice to other compensatory rights.

Article 68 - THE RIGHT TO HEALTH

The State shall protect and promote health as a fundamental right of the individual and in the interest of the community. No one shall be deprived of public assistance to prevent or treat diseases, epidemics or plagues, or of relief in cases of disasters and accidents. Every person is obliged to comply with the health measures established by law, with respect for human dignity.

Article 33 - THE RIGHT TO PRIVACY

The right to protection of privacy, dignity and private image is guaranteed.

Article 135. HABEAS DATA

Every person has the right to access information and data about themselves or their property held in official or private public records, as well as to know how such information is used and for what purpose. They may request the competent magistrate to
to update, rectify or destroy such information if it is erroneous or unlawfully affects their rights.

ABG. DAIANA
SECRETARIA
MSP

Law No. 836/1980 - HEALTH CODE.

Article 143. The Ministry shall be responsible for the collection, processing, analysis and annual publication of Vital and Health Statistics for the sector.

Article 144. All public and private institutions related to health are required to periodically collect and provide the Ministry with the data it needs to perform the statistical analysis and evaluation established in the previous article.

Article 145. For the purposes of compiling Vital and Health Statistics, those responsible for the Civil Registry of persons shall provide the Ministry with demographic data from their jurisdiction.

Article 146. Every birth or death must be certified by the attending professional, recording the necessary data for health statistics, and the document must be submitted to the nearest health centre and the Civil Registry, as appropriate. In the absence of an authorised professional, the event shall be witnessed by two competent persons.

Law No. 904/1981 ON INDIGENOUS COMMUNITIES:

Article 1. The purpose of this law is the social and cultural preservation of indigenous communities, the defence of their heritage and traditions, the improvement of their economic conditions, their effective participation in the national development process, and their access to a legal system that guarantees them ownership of land and other productive resources on an equal footing with other citizens.

Article 2. For the purposes of this Act, an indigenous community shall be understood to mean a group of extended families, a clan or group of clans, with their own culture and system of authority, who speak an indigenous language and live together in their common habitat. A partiality shall be understood to mean a group of two or more communities with the same characteristics, which identify themselves under the same documentation.

Article 3. Respect for traditional forms of organisation shall not prevent indigenous communities, voluntarily and exercising their right to self-determination, from adopting other forms of organisation established by law that allow them to be incorporated into national society.

Law 1266/1987 - CHAPTER VI ON BIRTHS

Article *55.* Birth shall be certified by a medical certificate or by the midwife who attended the delivery. If the birth takes place without the assistance of any qualified professional, the parents of the newborn, their family members or relatives of any degree must report the event to the local health authority within eight days in the capital and fifteen days in the interior, so that it may be verified, after the relevant investigations, by the

./

□□V

Sf.C:Rf.TARI\ (;f.□I:□ L

'– MS.PY•

effects of fulfilling the requirement of the Medical Certificate and the corresponding authorisation for registration in the Register.

Law 1266/1987 - CHAPTER IX ON DEATHS

Article 95. The spouse of the deceased or the next of kin are obliged to report the death within twenty-four hours of its occurrence or of becoming aware of it. In their absence, the persons living in the house where the event occurred or anyone who is aware of it are obliged to report it.

If the death occurred in a hospital, nursing home, prison, religious or military institution, or other similar establishment, the declaration shall be made within the established time limit by the director or head of the institution. The same obligation applies to any person who finds an abandoned or hidden corpse. The declaration must be made at the Civil Registry Office of the district, or before the police authority closest to the place where the death occurred or the corpse was found.

Article 98. The registration of death shall be made upon presentation of the Death Certificate issued by the doctor who attended the deceased or examined the body. If it is not possible to obtain a Medical Certificate, the registration shall be made with the statement of two witnesses who witnessed the death or examined the body.

Article 99. The Medical Death Certificate shall contain, as far as possible, the first and last name of the deceased, their age, sex, nationality, marital status, parents' names, cause of death, date, time and place of death, and the name of the doctor who attended the deceased or examined the body. The certificate shall state whether the circumstances are known personally or through reports from third parties. If the death is due to illness, this shall be recorded in the manner established by health regulations.

Law No. 1.680/01. CODE ON CHILDHOOD AND ADOLESCENCE

Article 18. Children and adolescents have the right to Paraguayan nationality under the conditions established in the Constitution and the law. They also have the right to a name that shall be recorded in the respective registers, to know and remain with their parents, and to request the courts to conduct any investigations they deem necessary into their origins.

Article 19. The state shall preserve the identity of children and adolescents. Public or private health institutions, in accordance with the provisions of the Health Code, shall be required to keep a register of live births in which the mother's fingerprint and the newborn's palm print shall be recorded, in addition to the information corresponding to the nature of the document. A copy of this register shall be issued free of charge for the purposes of registration in the Civil Registry, and another copy shall be sent to the respective health authorities. The State shall provide the mother with the first copy of the Birth Certificate free of charge.

Act No. 1032/1996. ESTABLISHING THE NATIONAL HEALTH SYSTEM

Article 10. The System must redefine and guide the role of the state-run health subsystem so that it fulfils a leading and guiding role within the overall political framework under

ABG. DALANA GOMEZ A.
SECRETARIA GENERAL
MSP Y BS

the leadership of the Ministry of Public Health and Social Welfare, efficiently exercising its functions: To this end, the basic actions to be implemented are: Subsection "d" Develop an information system for adequate decision-making, monitoring, supervision, and control of political actions, administrative and operational plans and programmes.

Law No. 1626/2000 ON THE CIVIL SERVICE

Article *57.* Obligations of public officials. Inc. F) Maintain professional secrecy in matters that are confidential by virtue of the law, regulations of their own nature, or special instructions.

Law No. 1682/2001. Regulating private information Articles 3, 4, and 8.

Law No. 1969/2002. Amending, expanding and repealing several articles of Law No. 1682/2001 "Regulating private information" (regulating not only private information but also public information).

Law 3156/2006. Amending Articles 51 and 55 of Law No. 1266/87 "On the Civil Registry".

Law 5875/2014. Regulating Article 28 of the National Constitution. Access to Public Information

MERCOSUR Agreement No. 07/1998. HEALTH INFORMATION SYSTEMS

Decree No. 21,376/98 ESTABLISHING THE NEW FUNCTIONAL ORGANISATION OF THE MINISTRY OF PUBLIC HEALTH AND SOCIAL WELFARE.

Article 5. Public Health as an institution is the guiding force behind national health policy and, as such, is responsible for supporting the management of the National Health System, based on solid regulatory, planning and decision-making capabilities that enable it to identify priorities, monitor public and private health management, promote trained human resources and appropriate technology according to levels of care, ensure adequate financing, guarantee universal access to health services, formalise intersectoral, regional and local participation, and harmonise government policies in the fight against poverty, disease and inequality, with a view to achieving health for all as the cornerstone of human and sustainable development.

Article 9. Design and manage the health information system, which allows for active monitoring of the country's health situation, evaluation of programme and service performance, and assessment of the impact of health policy and the human environment.

Law 5833/2017. Establishes the register of stillbirths in the civil registry, where those who have died in the womb may be registered, regardless of the cause of death, gestational age or weight at the time of death.

ABG. DALANA GOMEZ A.
SECRETARIA GENERAL
MSP Y BS

Decree No. 14,602/01
Article 1. Whereby the provisions approved by the Southern Common Market (MERCOSUR) relating to the provision of health services between MERCOSUR member states are hereby enacted in the Republic of Paraguay.

GMC Resolution No. 21/OO. Glossary of Common Terms in MERCOSUR Health Services S.G.T No. 11.

Resolution GMC No. 73/00. List of Common Medical Specialities in MERCOSUR S.G.T No. 11.-

Res**olution MSPyBS S.G. No. 401 11/07/OO.** Establishing a Commission for the redesign of the National Health Information System.

Resolution **MSPyBS S.G. No. 764 12/09/05.** Amending Articles 2 and 3 of Resolution

S**.G. No. 401/OO.** Establishing the Commission for the redesign of the National Health Information System.

Article. 3. Establish as a function of the Commission: to redesign the current information system by developing a modern and updated system that allows for the availability of reliable, timely, and agile information to meet current needs for monitoring the health situation and its trends, identifying inequalities, gaps, or social exclusion, identifying needs, and evaluating the impact of policies and interventions in order to facilitate decision-making.

Resolution MSPyBS S.G. No. 478 21/06/06. Establishing the inter-institutional technical team for the strengthening of the Health Information System.

Article 1. Create an inter-institutional technical team to strengthen the performance of the health information system (SIS).

Article 3. Establish the following functions for the national technical team: 1) identify and document key processes and lessons learned from the SIS of countries in the region with successful experiences, e.g., Mexico, Brazil, and others; 2) carry out a diagnostic evaluation of the SIS within a standardised framework and evidence to support the selection of appropriate strategies and solutions to overcome critical elements in the SIS. 3) apply a reference framework, instruments, and processes for the systematic evaluation of SISs, as well as disseminate and promote the use of the reference framework and standardised instruments for the process of strengthening SISs, in a manner that allows for evidence-based decision-making and guidance for actions; 4) deliver the final and intermediate products of the process, including documents, instruments adapted to the national context, and databases that have been generated; 5) prepare a proposal for a strategic plan for the development of the SIS. /

ABG. DALIA GOMEZA.
SECRETARIA GENERAL TARIFF.
'.\iSPY SS

Res**olution MSPyBS S.G. No. 181 27/03/07.** Approving the Code of Ethics of the Ministry of Public Health and Social Welfare and providing for its implementation in all MSPyBS health services.

Resolution S.G. No. 53614/08/07. Approving the Code of Good Governance: chapters 3, 4 and 5 - articles 18, 19, 20, 21, 22, 25.

Resolution MSPyBS S.G. No. 69 12/02/07. Creating the Programme for Strengthening the National Health Information System (SINAIS).

Res**olution MSPyBS S.G No. 5855 23/11/2007.** Appointing officials of the Ministry of Public Health and Social Welfare.

Article 1. Appoints officials from the Ministry of Public Health and Social Welfare to hold positions as Heads of the Vital Statistics Information Subsystem (SSIEV) in the Health Regions.

Resolution MSPyBS S.G. No. 363 05/06/08. Approving the Strategic Plan for the development of the Health Information System.

Res**olution MSPyBS S.G. No. 552 12/08/08.** Approving the Basic Manual for the Functional Organisation of Health Regions, Regional and District Hospitals, Health Centres and Health Posts under the MSPyBS.

Res**olution MSPyBS S.G. No. 398 05/12/08.** Creating the General Directorate of Strategic Health Information of the Ministry of Public Health and Social Welfare, establishing **its hierarchical relationship within the institutional structure and approving its organisational chart.**

Article 1. Create the Directorate-General for Strategic Health Information of the MSPyBS, as the unit responsible for developing the National Health Information System Programme (SINAIS).

Article 3. The Directorate of Health Statistics shall now report to the Directorate-General for Strategic Health Information (DIGIES).

Res**olution MSPYBS S.G. No. 827 08/11/2010.** Approving the new organisational chart and the Manual of Functions of the Directorate-General for Strategic Health Information.

Res**olution MSPYBS S.G. No. 428 12/09/2022.** Updating the Good Governance Code of the Ministry of Public Health and Social Welfare and providing for its implementation and dissemination in all departments and health services of the Ministry of Public Health and Social Welfare.

ABG. DALIA
SECRETARIA GF.NERAL
\tS!' AND 35

CAPÍTULO II

2. OH(□A□IZJ\CIÓ□DELSLBSISTE ,IJ\DEL\S ESTaj')ÍSTIC¡\S VITALES

2.1 System Components

2.1.1 Vital Statistics Subsystem

The Vital Statistics Subsystem is a process that collects information through the occurrence of certain vital events (births and deaths), as well as the relevant characteristics of the events themselves
events and the individuals involved. It then compiles, analyses, evaluates, presents and disseminates this data as statistical information.

2.1.2 Civil Registry Subsystem

The Civil Registry is responsible for the mandatory, continuous and permanent registration of vital events and their characteristics, with some specific legal requirements.

2.2 Levels of Organisation

2.2.2 Vital Statistics Subsystem

National Level: Directorate-General for Strategic Health Information (DIGIES) of the Ministry of Public Health and Social Welfare (MSPyBS)

Regional Level: Corresponds to the Health Regions responsible for the compilation, evaluation, analysis and transfer of information. It also corresponds to the distribution and collection of Live Birth and Death Certificates.

Institutional Level: Public Health Establishments, Private Sanatoriums, and other Health Sectors (IPS, Military Health, Police Health, Hospital de Clínicas-UNA, others) that provide health services.

2.2.1 Civil Registry Subsystem

National Level: The Civil Registry Directorate is headed by a Director General.

Local Level: It consists of Civil Registry offices located in different regions of the country, run by Civil Registry Officers.

□ /

'QR>J

ÁBG•. " C{»frJ ,11
SECRETARY U.'"I□!:{\\Ji
.\1.W and B.'i

2.3 Operational Organisation

2.3.1 Vital Statistics Subsystem

Functions and responsibilities

National Level: Responsibility is assigned to the DIGIES of the MSPyBS, whose main function is: "The collection, verification, analysis, integration and dissemination of information generated by the MSPyBS Information Subsystems, with a view to ensuring data quality and promoting its use within the Ministry and other agencies that are part of the National Health System (SNS)."

This level supports political and technical decisions related to the National Health Information System (SINAIS) in legal, methodological, operational, and financial matters.

DIGIES is responsible for:

1. Implementing actions to strengthen the Health Information Subsystems
2. Planning, designing, developing, directing, implementing, maintaining, analysing, documenting and evaluating the performance of the SSIEV.
3. Define information requirements to be extracted from the database for the generation of new reports with the Directorate-General for Information and Communication Technology (DGTIC).
4. Periodically redefine and/or adjust the certificates or records used for data collection.
5. Develop and implement proposals for the follow-up, monitoring and evaluation of the Information Subsystems.
6. Establish quality control systems for the information produced at the different levels where the subsystems operate.
7. Arrange indicators for the subsystems through the channels available in the MSPyBS, such as bulletins, newspapers, websites and others.
8. Integrate inter-institutional commissions or working groups for activities related to Information Subsystems.
9. Organise and develop courses for officials involved in the area of Information Subsystems.
10. Provide technical assistance to officials involved in the area of Statistics, both in the management of data collection and entry tools and in the analysis of information.
11. Provide technical assistance to those responsible for data collection and processing in health projects and programmes.
    health programmes.
12. Participate as an instructor in courses and/or seminars organised by the MSPyBS and other institutions on topics related to information subsystems.

Regional Level. Responsible for coordinating the distribution and collection of live birth and death certificates in the Health Region, verifying that both the physical and digital certificates are correctly filled out digital certificates, and monitoring, supervising, and evaluating the quality of the information and data entry in the SSIEV, according to the organisation of the Region.

1 Resolution MSPYBS S.G.N. 827/11/2010. Approving the new organisational chart and the Manual of Functions of the Directorate-General for Strategic Health Information

ABG. DIANA GOMEZ A.
SECRETARIA GENERAL
MSP Y BS

The Head of the Vital Statistics Subsystem and/or Regional Statistician must require the correct and complete filling in of all variables, through the Regional Director, Hospital Director General, Medical Director, Head of Programmes or the Head responsible for generating the information and the necessary corrections in the physical Certificate and in the SSIEV.

Institutional Level. Health establishments providing services, whether public, private, or other health sectors, are required to review the consistency of the completion of live birth and death certificates, as well as their submission in a timely manner as provided for in this manual. They must have the support of the Regional Director and the Directors of public, private, and other health sector establishments to fulfil these responsibilities.

Operationally, health professionals are responsible for the correct completion and issuance of live birth and death certificates.

2.3.2 Civil Registry Subsystem

Functions and responsibilities

National Level: Under the responsibility of the Director General, who is in charge of directing, planning, organising, coordinating and supervising the functions of the service. [7]

Local Level: This is the responsibility of the Civil Registry Officers. They are responsible for recording events and acts relating to civil status in the respective registers.[3]

3. PROCEDURE [1] TOSP"\R \ L.\ MANAGEMENT OF BIRTH AND DEATH CERTIFICATES E:\! THE COLLECTION. OF DATA.

1. Distribution
2. Registration (physical)
3. Encoding and loading (physical/digital)
4. Transfer/Collection
5. Compilation
6. Validation and analysis (local/regional/national)
7. Data processing, production and dissemination of information (Local/Regional/National)

Let us now look at what each of these procedures consists of.

3.1 Distribution and collection of certificates:

Live birth and death certificates are distributed by the MSPyBS through DIGIES, taking into account the numbering of the certificates delivered to each health region so that they can be checked when received and thus kept under control **(see Diagram 1**).

2. Law 1266/87. Chapter 11. Organisation. Articles 7 and 9
3. Law 1266/87. Chapter 11. Organisation. Article 11

ABG. DALANA GOMEZ A
SECRETARIA GENERAL
MSP Y BS

The distribution of National Level Certificates to Regional Level offices must be carried out at their request and must be quantified according to live births and deaths estimated on the basis of the previous year's records.

The provision of Regional Level Certificates to medical establishments and professionals who require them must be established based on the estimated annual number of events (births and deaths) calculated by the SSIEV Manager and/or Regional Statistician. He is responsible for delivering the numbered Certificates to each Health Establishment and Medical Professional in his jurisdiction and for receiving the used ones within the **first 10 days** of the following month. They will then be entitled to withdraw more blank Certificates, in the same number as those delivered.

The Directors or Managers of the Establishments must ensure that there are sufficient quantities of Live Birth and Death Certificates available, for which they must request them in a timely manner from the Health Region Directorate, which in turn must request them from DIGIES in advance. The SSIEV Manager in the Health Region and/or Regional Statistician, for the purposes of controlling delivery and collection, must keep a record of the serial numbers delivered to the establishments and professionals in their area of responsibility who requested them and their respective dates of delivery and return.

Public establishments that do not depend on the MSPyBS, private establishments, and professionals who practise independently must access the Certificates through the assigned officials or SSIEV managers in the MSPyBS Health Establishments that work in the Health Region and the following levels of care, **provided that these professionals are registered and active in the *MSPyBS Register of Establishments and Professionals*** Registry of the **MSPyBS.** The Live Birth and Death Certificates must be issued in
Any day and at any time, these documents must be accessible to healthcare professionals with the appropriate control, designating a person responsible for the service, on duty or in shifts. Under no circumstances should the preparation of these instruments be neglected; all necessary means must be taken to comply with this provision.

Each Health Region and/or main hospitals must make certificates available to health professionals (from any subsector) for use 24 hours a day, 7 days a week. It is important to note that certificates issued for use outside the institution by medical professionals who are not affiliated with the health institution must not bear the stamp of the hospital from which the certificates were obtained.

3.2 Registration:

This is a very important procedure, as Live Birth and Death Certificates must have all questions filled out correctly.

The SSIEV Manager and/or Health Region Statistician shall return any Certificate in which inconsistencies are detected or data is missing to the relevant department for the necessary adjustments to be made. The establishment to which a certificate has been returned shall have a maximum of **eight (8) working days** to clarify, improve and complete the data, and to return it to the Health Region.

If, when checking the completion of Live Birth and Death Certificates at the Establishment, it is detected that a health professional repeatedly makes errors, the SSIEV Manager shall inform the Director or head of the Establishment of the errors identified and the person responsible. The purpose of
communication is to encourage the certificates to be filled out completely and correctly, improving

improving the quality of the information.

3.3 Coding and Uploading to the System:

Once the Live Birth and Death Certificates have undergone quality control checks, the variables appearing on the certificates are coded (translation of the information into numerical terms). This process is carried out at the statistics offices of the health establishments, after which the data is uploaded to the SSIEV computer system.

It should be noted that the process of encoding and uploading data to the computer system must be carried out at healthcare facilities by trained personnel. The director or manager of the healthcare facility shall take the necessary measures to ensure that this activity is carried out in a timely and proper manner.

3.4 Transfer/Collection:

This refers to the timely submission of correctly completed Live Birth and Death Certificates to the relevant authority. It is important to maintain the timeliness of the data by completing the process within the timeframes set out in this manual. Such submission should not be delayed **(see Diagram 1**).

The procedure for transferring the Certificates is the responsibility of the professionals or authorised persons involved, who must work in coordination with those responsible for the SSIEV in the statistics offices of the Health Establishments to which they belong, who must send them to the SSIEV Managers and/or Statisticians in the Health Region. The Certificates for the previous month, within **the first ten (10) days of each month**, and the Health Region, once it has received, processed, validated, and analysed them, shall send them to DIGIES no later than the twentieth **(20th)** day **of the same month**.

Live Birth and Death Certificates that must be cancelled due to errors in completion, with corrections and/or deletions, must be returned to the Health Region and subsequently to the DES/DIGIES, attaching the Certificate that replaced it. t-IOR \J I\iG, 1\ \-10 'VO SE □, I\J k[C;\K-Á THE CERTIFICATE IS VOID TO THE FAMILIES. The word CANCELLED must be clearly written on the cancelled Certificates.

Once the certificates have been completed, all health establishments and independent practitioners must deliver them to the SSIEV manager and/or statistician responsible for distribution, so that they can be sent to the Regional Directorate.

Numbered certificates corresponding to a Health Region should not be used for purposes
~~ocurridos en otra Región Sanitari~~

3.5 Compilation:

This corresponds to the ordering of certificates by occurrence. They must be ordered by public and private health establishments and other sectors (IPS, Police Health, Military Health, others) for subsequent submission from the Regional Level to DIGIES.

. □G. D 'A. GOMEzA
S[ECRETARY *GENERAL*
SPY3S

3.6 Validation and analysis:

In order to guarantee the quality of the completion *and* statistical content of Live Birth *and* Death Certificates Death Certificates, three levels of control are established in order of responsibility:

Health Establishments,

11. Health Regions, and

111. DIGIES.

The following are the responsibilities of each of these levels of control:

1**) Health Establishments:** Hospitals, Centres, Health Posts, USF, Private Sanatoriums, Police Health Services, Military Health Services, Hospital de Clínicas (UNA), IPS and other Health Sectors assume, in the person of the Director or whoever he delegates, for **example:** the SSIEV manager or the health facility manager, the responsibility of ensuring that the live birth *and* death certificates generated at the facility are completed correctly *and* in full before being sent to the health region.

This control is aimed at ensuring that questions are completed fully and correctly, by identifying errors *and* missing data in the respective certificates at healthcare establishments.

The Request for Correction of Death Certificate Diagnoses (Annex 4) is established for the correction of errors, inconsistencies, or missing information regarding the causes of death on the Death Certificate. **This procedure should be carried out after the process of evaluation and critical analysis of the certificates, within the same establishment.** This process seeks to better identify the underlying cause of death and reduce diagnoses with poorly defined causes. It should be attached to the Death Certificate, which shall not be altered under any circumstances.

This mechanism is for the exclusive use of local and/or regional Vital Statistics officers, for purely statistical purposes.

When necessary, the **Request for Correction** must be submitted through the SSIEV Manager to the Establishment or professional, as appropriate, who must respond within a maximum period of eight (8) days. In this way, reliable data necessary for the monitoring of deaths is available at the regional level.

11) The Health Regions, through the SSIEV Managers and/or Statisticians, validate and evaluate the internal consistency of the information contained in the Certificates. They are authorised to request clarifications or corrections from the source in each case before processing.

SSIEV managers must define and guide actions to improve the process of issuing certificates, ensuring they are filled out correctly, uploaded to the SSIEV and covered, through the active search for live birth and death certificates.

111) DIGIES: through its managers, it is responsible for receiving live birth and death certificates. It must validate and evaluate the internal consistency of the information contained in the certificates, code the underlying cause of death according to ICD-10* and control the upload to the system. Similarly
, it is also empowered to request the relevant health establishments to provide the necessary clarifications in each case.

* In transition for the implementation of ICD-11

gwl
□□:□□□-'GOMEZ A
□EC:RETARIA GE□[RAJ.
V.SP'! 9S

3.7 Data processing, production and dissemination of information:

Data processing can be carried out in healthcare establishments and in the health region from the system. The system provides reports based on the most commonly used indicators for management control. DIGIES is responsible for closing the database after reviewing and verifying the consistency of the information for final dissemination.

For annual consolidation, a maximum of six *months following the year to which the data corresponds (31 July of each year) shall be set.*

ABG. DALANA GOMEZ A
SECRETARIA GENERAL
MSP Y BS

DIAGRAM 1
Certificate Distribution and Collection Process

The Regional Directorates collect the certificates of live births and deaths from DIGIES with the corresponding sequential numbering corresponding to the serial number.

The Health Region Directorate is responsible for delivering and receiving the certificates to each main hospital.

The Regional Directorate, through the Regional Statistics Department, delivers, receives and verifies the certificates for each health establishment. The Statistics Department must record the numbers of certificates delivered to health establishments and to the different sub-sectors and independent professionals in its area of responsibility who request them, with their respective delivery and return dates.

The Statistics Office of each Head Hospital receives and delivers the Certificates and verifies the quantity and numbering, establishing a mechanism to ensure the permanent availability of the Certificates in Health Establishments and for professionals practising independently.

El responsable de Estadística de cada Establecimiento de Salud público, privado y otros Sectores de Salud debe mantener centralizada la existencia de Certificados y al menos cada 15 dias remitir al Hospital Cabecera y a la Dirección de la Región Sanitaria los Certificados llenados correctamente y los que fueron anulados.

ABG. DIANA GOMEZ A
SECRETARIA GENERAL
MSP Y BS

CAPÍTULO III

Certificate of \acido \·h·o

The Live Birth Certificate **(see Annex 1)** is green in colour and numbered sequentially in ascending order in the upper right-hand corner for distribution and collection control purposes.

The variables on the Certificate are printed on one side of the paper, and instructions for completing it are provided on the back. The language used on the Certificate is simple and easy to complete.

The Live Birth Certificate consists of two parts:

The first part of the Certificate: exclusively for use by the Ministry of Health, must be delivered to the Statistics Office of the Health Establishment, which must send it to the corresponding Regional Directorate, so that it can be forwarded to the Health Statistics Directorate under the DIGIES.

The detachable section is divided into two parts. The top part is the mother's sworn statement: this is a sworn document in which the mother provides the information and completes the form.Both the first page and part of the second page (mother's sworn statement) must remain at the health facility, which will then verify the information and send it to the Directorate of Health Statistics/DIGIES.

The second part of the detachable certificate: this detachable section consists of one stub, also distinguished by the colour green - **"For use by the Civil Registry Office". This second part of the detachable section will be given to the mother, who will present it at the Civil Registry Office for the child's identity and corresponding registration.**

4.1 Objectives

General:

The Live Birth Certificate allows for the standardisation of birth-related information at the national level and fundamentally fulfils the following objectives:

As a public health tool: the statistics obtained are used in postnatal care programmes for mothers and children. For example, in the planning of vaccination programmes against common childhood diseases, nutrition programmes, family planning services, social services and programmes and, in general, for the provision of health services.

- **From a demographic point of view:** it allows for analysis of fertility trends and the number of live births, which provide information for formulating hypotheses for demographic projections.

- **As authorisation for registration in the Civil Registry:** it constitutes proof of birth, serving as a document for registering the event at the relevant Civil Registry office *and* at the same time giving the child an identity.

ABG- MA", -' GOMEZ..+.
-ECRf.lARll, G□.
–. \15.PY 9b

Specific

- Determine the number of live births by sex in the country and its different geographical subdivisions according to the questions on the certificate.
- Facilitate the calculation of the main public health indicators related to births, such as: crude birth rate, fertility rates, infant mortality rate and maternal mortality ratio, among others.
- Provide the basic inputs for carrying out population projections undertaken by various entities in the country.

4.2 Responsible for completion

The Live Birth Certificate must be completed by the professional who attended the birth, whether a doctor, obstetrician, nurse or health assistant **(see Diagram 2).**

In the case of an **Empírica,** the person who delivers the baby **(see Diagram 2),** she must go to the nearest health facility, accompanied by the mother and two witnesses, to report the birth so that it can be endorsed by the Director or Manager of the Health Facility or USF. In this case, using the **Birth Notification Form** completed by the Empirical Midwife **(see Annex 2),** the Certificate will be issued under the civil and criminal responsibility of the mother. Non-institutional births must be reported to the nearest health facility within a maximum of **45 days** after the birth, as the signs of pregnancy and childbirth can still be verified after medical inspection (duration of the postpartum period).

Under no circumstances shall a Live Birth Certificate be issued when the birth was performed by Empírica without the Notification of Birth referred to in the previous paragraph or without the corresponding witnesses.

In the case of **delivery in an ambulance or other transport or on the street**, the partner or other accompanying person must testify about the delivery, and the certificate must be completed at the nearest health service by a duly qualified health professional.

In the event that the birth **was not attended** by any health professional or qualified person (including an empirical midwife), the parents, family members, or relatives of any degree must report the birth to the local health authority within eight (8) days in the capital and fifteen (15) days in the interior of the country, so that the birth can be verified and the corresponding Live Birth Certificate can be completed for registration in the Civil Registry. It is understood that the Live Birth Certificate may only be issued in this case when it is verified that the mother was pregnant or had her prenatal check-ups at said Health Establishment (in accordance with Article No. 55 of Law 1266/87). This process may be verified through clinical records and prenatal studies.

All healthcare establishments must keep a record of live births delivered to parents.

4.3 Issuance of Live Birth Certificates to women without identity cards

Under no circumstances should a newborn be discharged without a Live Birth Certificate being issued, even if the mother does not have her identity card with her at the time.

In case of objective doubt about the mother's identity, the mother's reliable data must be verified with the help of the National Police Identification Directorate before the Live Birth Certificate is issued.

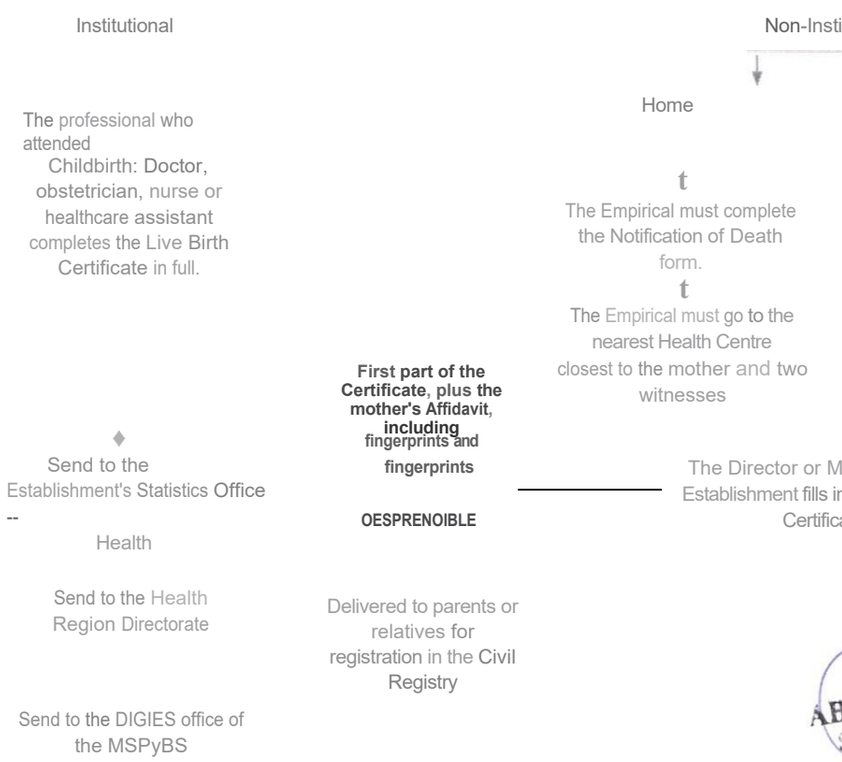
If the mother is a minor, a Live Birth Certificate shall always be issued for the sake of the child's rights. The delivery of this certificate shall be coordinated with the Ministry of Children and Adolescents.

For all live births, the mother's fingerprint identification and the newborn's palm print identification must be recorded, in accordance with Article 19 of the Code on Children and Adolescents (Law No. 1.680/01). This information must be completed in the second part of the Live Birth Certificate.

Legal advisors are not authorised to issue certificates, records, or any other document that replaces the Live Birth Certificate. In the event of the loss or misplacement of the detachable portion that was given to the mother, she may request a certified copy of the first part of the Live Birth Certificate from the DES/DIGIES, attaching the police report of the loss to the request.

DIAGRAM 2

Live Birth Certification Process



ABG. DALANA GOMEZ A.
SECRETARIA GENERAL
MSP Y BS

4.4 Instructions for filling in and description of variables

4.4.1 General instructions

When completing the Live Birth Certificate, the following recommendations must be taken into account:

- It is essential to ask the necessary questions to obtain complete and accurate information. All data is important to the Paraguayan State, represented by the MSPyBS and the Civil Registry. **Under no circumstances should any questions be left blank**.
- **ABBREVIATIONS** or ACRONYMS should not be used in any of the spaces on the Certificate.
- The information must be filled in completely with a blue ink pen, using the same handwriting and legible block letters in the first and second parts of the Certificate.
- Some of the variables have predefined answers, so they should be marked with an X, while others require the requested information to be written in.
- The shaded boxes are for the exclusive use of the MSPyBS for coding in the statistics area and should not be filled in.
- For quality assurance, reliability and to avoid duplication, the Certificate is numbered in the upper right corner; for this reason, **PHOTOCOPIED** or SCANNED Certificates are not accepted.
- When a Certificate is damaged by smudges, corrections, or incorrect completion, **it must be voided, but it will not be destroyed,** and it must be sent together with the correctly completed Certificate to DIGIES.
- The **seal of the institution** and the **acting professional** must be stamped on the first and second parts of the certificate.
- The person issuing the Certificate must provide their first and last names, identity card number, registration number, personal seal, and signature.

  Comments: comments are accepted in the event that there are clarifications regarding certain variables. Up to two comments are accepted.

4.4.2 Contents

The Live Birth Certificate is divided into five parts:

I. BIRTH DATA (questions 1 to 15) corresponds to data relating to the birth.

11. MOTHER'S DATA (questions 16 to 26) is intended for recording data about the mother.

111. DETAILS OF THE PERSON ISSUING THE CERTIFICATE (questions 27 to 31) where the health professional issuing the Certificate must record their first name(s) and surname(s), ID number, registration number, personal stamp and signature. Place and date of issue. They must also record any comments relating to the Certificate, if applicable.

ABG. DIANA GOMEZ A.
SECRETARIA GENERAL
MSP Y BS

IV. MOTHER'S AFFIDAVIT: this is the section in which the mother declares that the information provided to complete the certificate is true, correct, and complete. This affidavit must be completed for all live births that occur in the Health Facility, regardless of whether or not the mother has an identity card.

V. DETACHABLE SECTION: this corresponds to the registration of the information necessary for registration in the Civil Registry. This detachable section must be given to the mother so that she can complete the corresponding registration process in the Civil Registry.

4.4.3 Filling in the variables

I. BIRTH DATA

1. SEX
Mark the appropriate box with an X. Option 3, "Undefined," should be marked if the sex cannot be determined. Examples: those born with congenital malformations, conjoined twins, hermaphrodites, extremely premature babies, among others.

2. WEIGHT (at birth)
Write the weight determined immediately after birth in grams.

3. HEIGHT (at birth)
Write the height determined immediately after birth in centimetres.

4. DATE OF BIRTH
Write the day, month and year of birth in ordinal numbers. Please note that two digits will be used for the day, from 01 to 31, with a zero (0) preceding it if it is a single digit; for the month, numbers from 01 to 12 will be used, with a zero (0) preceding it in both cases if it is less than ten (10). For the year, both digits will be written.

5. **TIME OF BIRTH**
Enter the hour using two digits (hh) and two digits (mm) for the minutes. Example: if you were born at 24:00, you should enter 00:00 on the certificate. The "Don't know" box should only be ticked in cases where it is not possible to obtain this information.

6. PLACE OF BIRTH
This refers to the Health Region, Department, District, Neighbourhood or Company where the birth took place. Write the name of these in the corresponding line so that they can be coded later. For live births in Asunción, write the word "Capital" in both the Health Region and Department options.
See the definitions of "Department" and "District" in the glossary.

7. AREA OF BIRTH
Mark with an X in the corresponding box, depending on the neighbourhood or district where the birth took place, whether in the city (urban) or in the countryside (rural). See the definition of "urban" and "rural" in the glossary.

Depending on where the birth occurred, either Neighbourhood or Company, mark the corresponding area.

urban or rural. All neighbourhoods or communities with codes below 100 (or 99) correspond to urban areas, and those with codes of 100 or above correspond to rural areas.

8. INDIGENOUS PEOPLE

If the newborn is not from an indigenous people, do not indicate Indigenous People; mark the box 'Not applicable' with an X. If the newborn is from an indigenous people, mark the box 'Applicable' with an X, ask the mother which indigenous people she belongs to, and specify this on the certificate. See the definition of "Indigenous People" in the glossary. **(See Annex 5)**

9. BORN IN

Mark with an X one of the boxes corresponding to the place where the birth occurred: Institution dependent on the MSPyBS, IPS, Private Institution, Home or Other, specifying in the latter case the place of occurrence:

Other places (car, ambulance, public road, etc.)

- Other sectors (military health services, police health services, Hospital de Clínicas - UNA, etc.).

10. INSTITUTION

If in the previous item, **"9. Born in,"** you selected option 1—MSPyBS institution, 2—IPS, or 3—Private institution, enter the name of the health facility and the address of the facility. If in the previous item you selected option 4—Home or 5—Other, enter the address of the place where the birth occurred.

11. THE BIRTH WAS ATTENDED BY

Select the type of health professional who attended the birth by marking with an **X**. If you chose option six (6) "Other," specify the person who attended the birth (police officer, firefighter, family member, neighbour, etc.).

12. GESTATION PERIOD

Write the corresponding weeks of gestation in ordinal numbers. The "Don't know" box should only be ticked when the gestation period is unknown or cannot be determined.

13. ATTENDED PREGNANCY CHECK-UPS

Mark the appropriate box with an X. If you selected option 1-Yes, write the number of prenatal consultations the mother had in the corresponding space.

14. TYPE OF DELIVERY

Mark the corresponding option with an X, taking into account the following definitions:

1. **Normal:** expulsion of the foetus through the natural birth canal, also known as vaginal delivery.
2. **Caesarean section:** surgical operation, extraction of the foetus through an incision in the abdominal and uterine walls.
3. **Instrumental:** extraction of the foetus with the aid of obstetric instruments, such as forceps, spatulas, etc.
4. **Don't know:** only mark in cases where it is not possible to obtain this information. Suggest removing.

15. TYPE OF BIRTH

This item is intended to establish whether the newborn is the product of a single or multiple birth. Mark the appropriate box with an X.

In the case of multiple births (twins, triplets, quadruplets or more), a Certificate must be completed for each live birth.

ABG. DALANA GOMEZ A.
SECRETARIA GENERAL
MSP Y BS

11. MOTHER'S INFORMATION

16. FIRST NAME($) AND SURNAME($)

It is recommended that you request the mother's identification document when filling out the Live Birth Certificate and write down the first name(s) and surname(s) as they appear on the identification document.

17. IDENTIFICATION DOCUMENT

Mark the option corresponding to the type of document with an X *and* enter the number of the document in the fields provided for this purpose.

If you do not have an identity document, mark option 3. Does not have.

For foreign identification documents **(CI -DNI or Passport)**, check Item 2. Passport or other document presented by the mother.

18. AGE

Write the mother's age in years at the time of delivery. Information regarding age can be calculated by obtaining the day, month, and year of birth if she has an identity document or by asking her directly about her age on her last birthday. In cases where the exact age is unknown, write an approximate age.

19. MARITAL STATUS

Mark the corresponding option with an X, according to the following definitions:

1. **Single:** a person who has never been married and does not live with a partner (in a common-law relationship)
2. **Married:** a person who has entered into a legally recognised relationship with another person of the opposite sex, involving financial cooperation and residential and sexual cohabitation.
3. **Widowed:** a person whose spouse has died and who has not remarried or is not living with a partner (in a common-law relationship).
4. **United:** a person is united (in a common-law relationship) when they establish a relationship with another person of the opposite sex that involves economic cooperation and residential and sexual cohabitation, which is maintained solely and exclusively by their own free will, without any legal ties.
5. **Separated:** a person whose union (marriage) has been dissolved, but not through legal means.
6. **Divorced:** a person whose union (marriage) has been dissolved by legal means.
7. **Does not know:** select this option only when the information is not available.

20. EDUCATIONAL LEVEL

This question refers to the highest level of formal education attained by the mother. Mark the level of education with an (X) and circle the highest grade passed. The levels of education are as follows:

1. **None:** when she did not attend any level.

2 *and* 3. **Primary:** comprises the first grades of basic education from first to sixth grade. If she reaches sixth grade, it is COMPLETE; if she does not, it is INCOMPLETE. (Traditional)

4 and 5. **Secondary: basic** education from seventh to ninth grade is COMPLETE (educational reform). If you did not reach ninth grade, it is INCOMPLETE.

6 and 7. **Secondary education:** education from the first to the sixth year of secondary school is considered COMPLETE; if the student does not reach the sixth year, it is considered INCOMPLETE. (Traditional)

8 and 9. **Secondary. Complete Secondary Education:** education from the first to the third year of secondary school (Educational Reform)

10. **Complete university or higher education:** comprises studies taught at higher education institutions that culminate in the award of a professional university degree. Some modalities: Bachelor's degrees, Engineering, Medicine, Law, etc. Postgraduate and Doctorate degrees.

ABG. DALMA GOMEZ A.
SECRETARIA GENERAL
MSP Y BS

11. Does not know: mark this option only when no information on schooling is available.

21. MOTHER'S USUAL PLACE OF RESIDENCE

Refers to the Department, District, Neighbourhood or Company and Address where the mother has her usual residence. This is not necessarily the same place where the mother was at the time of delivery. See definition of "Department" and "District" in the glossary.

22. AREA OF RESIDENCE

Mark with an X in the appropriate box, depending on the mother's usual area of residence, whether in the city (urban) or in the countryside (rural). See definition of "urban" - "rural" in the glossary.

23. NUMBER OF PREGNANCIES, INCLUDING THE CURRENT ONE

In the space provided, write the number of pregnancies the mother has had, including the current one. Example: If this is her first pregnancy, write 01.

24. NUMBER OF LIVE CHILDREN SHE HAS HAD, INCLUDING THE CURRENT ONE

Write in the space provided the number of children who were born alive, including the present.

25. HOW MANY CHILDREN WHO WERE BORN ALIVE HAVE DIED?

Write in the space provided the number of children who were born alive and have died. If none have died, write OO.

26. HOW MANY CHILDREN WERE BORN DEAD?

Enter the number of children who were stillborn in the space provided. If none were stillborn, enter OO. Include abortions in this item.

111. DETAILS OF THE PERSON COMPLETING THE CERTIFICATE

27. WHO IS ISSUING THE CERTIFICATE

Mark the appropriate box with an X, depending on the healthcare professional who issued the certificate.

28. NAME OF THE PERSON ISSUING THE CERTIFICATE:

The healthcare professional issuing the Certificate must enter their first and last names, identity card number and professional registration number issued by the MSPyBS, personal stamp and signature as shown on their identity document. Certificates signed by proxy (P/A) will not be accepted.

29. DISTRICT/PLACE OF ISSUE

Enter the place where the Certificate is issued. This refers to the District of issue.

30. DATE OF ISSUE

Write the day, month, and year in which the Certificate was issued in ordinal numbers. Please note that two digits will be used for the day, from 01 to 31, with a zero (0) preceding it if it is a single digit; for the month, numbers from 01 to 12 will be used, with a zero (0) preceding it if it is less than ten (10); and for the year, only the last two digits will be written.

31. COMMENTS

In the event of any observations regarding the Certificate, clarifications shall be provided in the event of amendments to certain

"-8G. D.□"'-□GOMEZ A.
GENERAL SECRETARY: R.AI,
\1SPY BS

Certificate variables. The healthcare professional shall re-enter their first and last names, identity card number and professional registration number issued by the MSPyBS, personal stamp and signature as stated on their identity document.

Observations: Errors will be considered in cases of incorrectly writing the name of the Department, District, Nationality, or incorrectly recording Weight, Height, Weeks of Gestation, or unintentionally marking two variables at the same time.

The following data cannot be deleted or amended: fields: 4. DATE OF BIRTH, 16. NAME(S) AND SURNAME(S), 17. IDENTIFICATION DOCUMENT. The Certificate must be reissued.

IV. AFFIDAVIT OF THE MOTHER*

IV. AFFIDAVIT OF **THE MOTHER**

FOR THE EXCLUSIVE USE OF THE **MSPyBS**

I sign it. Date UNDER OATH CllattlO continues.

That the information provided to complete the LIVE BIRTH CERTIFICATE is true, accurate and complete. That I accept the legal *and* criminal consequences implied by this Declaration, in accordance with Article 243 of the **Paraguayan** Penal Code, **punishable by imprisonment of up to six months.**

Fwma _____ Acial'actOn _____ "_____ __

Palmar-plantar identification of the newborn
Footprint of the left foot

Mother's fingerprint
Index **Finger - Left Hand Index Finger • Right Hand**

- Affidavit from the mother in accordance with Resolution S.G. No. 815 of 5 November 2023, which approves the new format for the Live Birth Certificate registered in the vital statistics information subsystem "SSIEV" of the Ministry of Health and Social Welfare.

ABG. DALMA GOMEZA.
SECRETARIA GENERAL
:\1SPY *BS*

Signature
The mother must sign the document.

Clarification
Clarification of the mother's signature.

ID No.
Enter the mother's identity document number.

Palmatocopic identification of the newborn - Left foot print.
You must record the print of the newborn's left foot.

Mother's fingerprint - Index finger - Right hand
Record the mother's right index finger print.

V. DETACHABLE

MINISTRY OF PUBLIC HEALTH, 111fNEsrAA SOCIAL
CERTIFICATEDEBORNALIVE No.

V. For the EXCLUSIVE use of the office
Civil Registry

Lug.,CIO,. cha de Nacimiento Día Mes Año Hora: :

ls..,o M•<cuino O O No Alrodesc-..U O

1-•delolnSI.

'°'1IIHy...,,._.dIMIMPt CIC

1 .,.y_cloIPIOio

-·ele
..perSO'la T,u,10 No. of Reo -- F•111AySelo

Parentesco C.I.C. Firma

mbre y Apellido del Funcionario del Establecimiento de Salud Firma y Sello

trito / Ciudad Fecha de E

dl rnrnrn
Day Month No.

MINISTERIO DE SALUD PUBLICA Y BIENESTAR SOCIAL
REPUBLICA DEL PARAGUAY
MINISTRA

BG. DALANA GOMEZ A.
SECRETARIA GENERAL
MSP Y BS

Place of Birth

Refers to the Health Region, Department, District, Neighbourhood or Company where the birth took place. For live births in Asunción, the word "Capital" should be entered in both the Health Region and Department fields. See the definitions of "Department" and "District" in the glossary.

Date of Birth

Write the day, month and year of birth in ordinal numbers. Please note that two digits will be used for the day, from 01 to 31, with a zero (0) preceding it if it is a single digit; for the month, numbers from 01 to 12 will be used, with a zero (0) preceding it in both cases if it is less than ten (10), and for the year, two digits will be written.

Time:

Enter the hour using two digits (hh) and two digits (mm) for the minutes. Example: if you were born at 24:00, you should enter 00:00 on the certificate.

Sex

Mark the appropriate box with an X. Option 3, "Undefined," should be marked if the sex cannot be determined. Examples: those born with congenital malformations, conjoined twins, hermaphrodites, extremely premature babies, among others.

Indigenous People

If the newborn is not from an indigenous community, this section does not need to be completed. If the newborn is from an indigenous community, ask the mother which indigenous community it is and specify. See the definition of "indigenous community" in the glossary.

Name of the Institution

Write the name of the health facility where the birth took place. Mother's First and
Last Names

It is recommended that you request the mother's identification document when filling out the Live Birth Certificate and write down the first name(s) and surname(s) as they appear on the identification document.

Mother's First and Last Name: It is recommended that you request the mother's identification document when filling out the Live Birth Certificate and write down the first and last names as they appear on the identification document.

ID No.

Enter the mother's identity document number.

Father's First and Last Names

It is recommended that you request the father's identification document when filling out the Live Birth Certificate and write down the first name(s) and surname(s) as they appear on the identification document.

Name of the person who attended the birth

Please enter the name of the person who attended the birth.

Title

Enter the title of the person who attended the birth.

;JIG.DAIANA GOMEZ A.
'.;E.CRf.IARIA GENERAL
MSPYBS

Registration No.
Enter the registration number of the person who attended the birth.

Signature and stamp
The person who attended the birth must sign and stamp the document.

Name of the informant
Enter the name of the person reporting the birth.

Relationship
Enter the relationship of the person reporting the birth.

ID number
Enter the identity card number of the person reporting the birth.

Signature
The person reporting the birth must sign the document.

Name and surname of the health facility official
The health facility official who records the data must write their first and last name.

Signature and Stamp
The health facility official who enters the data must sign and stamp the document.

District/City
Enter the name of the district/city where the document is issued.

Date of Issue
Write the day, month and year in which the document is issued in ordinal numbers. Please note that two digits will be used for the day, from 01 to 31, with a zero (0) preceding it if it is a single digit; for the month, the numbers 01 to 12 will be used, with a zero (0) preceding it in both cases if it is less than ten (10), and for the year, two digits will be used.



CERTIFICATE OF DEATH

The Death Certificate is completed for any person who has died after being born alive, which may occur seconds, minutes, hours, days, months or years after birth.

As part of the procedures established for the burial of a body, the Death Certificate must be completed as a requirement for requesting the Burial Authorisation.

In the case of **foetal death**, defined by PAHO/WHO as "the death of a product of conception before expulsion or complete extraction from the mother's body, regardless of the duration of pregnancy; death is indicated by the fact that after separation, the foetus does not breathe or give any other sign of life, such as heartbeat, umbilical cord pulsation, or effective voluntary muscle contraction" (p. 142, Vol. 2, ICD-10).

Note: Please note that according to this definition, any product of conception that shows no signs of life when separated from the mother is a foetal death and must be recorded as such on the **Death Certificate.**

According to Law 5833/2017 on Unborn Children, currently in force, in these cases: those who have died in the womb may be registered in the Register of Deaths of Unborn Children, regardless of the cause of death, gestational age or weight at the time of death (Article 2) (sic).
Registration may be requested by either or both parents, as appropriate (Art. 3) (sic).

To register, you must present the corresponding medical certificate issued by a medical professional or obstetrician or the authorised health agent who attended the case (Art. 5 9 (sic)).

In order to strictly comply with this law, it is important to note that the medical certificate referred to in the text is the death certificate, which must be issued whenever one or both parents request it, regardless of gestational age or weight, even if this information is not available.

When a dead foetus is found without a known mother, it must be recorded as NN plus the traceability code that is recorded in Forensic Medicine. When identification is delayed due to DNA or any other method that makes identification possible, the certificate issued must be cancelled and the attending physician (forensic scientist) must draw up a new certificate with the data obtained, and both the cancelled and new certificates shall be kept in the DIGIES file.

Statistical recording of foetal deaths is important for studying the causes and factors involved in perinatal mortality.

NEONATAL DEATH

If a newborn breathes or shows any signs of life after delivery, even if only momentarily, the event should be recorded as a live birth and not as a foetal death, and both a **live birth certificate** and a **death certificate** should be completed.

In places where there is no doctor, the certificate may be completed by the highest-ranking healthcare personnel available in the health service or social territory, in the following order: licensed midwife,
a licensed nurse, or a nursing assistant. It is important to mention that the statistician is NOT authorised

for this function. In this case, section 40, which refers to the causes of death, should not be filled in; the sections corresponding to sections 1 to 39 and 41 to 45 should be filled in.

Forensic doctors must submit the completed certificates to their respective Health Region on a monthly basis. Except in the case of a request by a court order, in which case priority will be given to the delivery of the certificate.

IN THE **CASE OF IN-HOSPITAL DEATHS** (occurring within the health institution), once the patient has arrived alive and/or has received medical attention within the institution, the attending physician in the emergency room or ward or service will be responsible for certifying the death. This death certificate may only be annulled for the reasons set out in this manual and under no circumstances on the basis of verbal, telephone or documentary instructions from persons outside the Ministry of Public Health and Social Welfare.

IN THE CASE OF OUT-OF-HOSPITAL DEATHS (those occurring outside a healthcare institution);

a) In cases of violent deaths, due to external causes or suspected criminality occurring on the street, at home or other locations (football pitches, farms, shops, services, etc.) that require the removal of the body, authorised officials (prosecutor, forensic doctor) must be present. Once the removal report has been completed, the removal will proceed and, if necessary, an autopsy will be performed to determine the cause of death. The coroner will be responsible for issuing the death certificate.

b) **Suspicious death** (on public roads or at home). Due to its nature, it will be classified as suspicious in two situations: 61) if the person found was alone, with no relatives or witnesses to report on the last moments before death; and 62) when witnesses are questioned and there are contradictions, incoherencies or inconsistencies at the time of questioning. In both cases, the professional involved must notify the police and the public prosecutor's office, and the coroner will intervene to certify the death.

c) **Death at home:** When the verbal autopsy protocol is applied and it is concluded that death was caused by internal factors (pre-existing illness or recent pathology), the deceased does not show signs of external violence, and the health professional assisting in the application of the verbal autopsy protocol can certify the death as the natural progression of an illness, suspicions of suspicious death or indications of criminality can be objectively ruled out.

d) **Funeral home doctors** will be important assistants, especially in cases of deaths at home. They will follow the steps outlined in this manual. These medical professionals will be trained and certified for this task by the General Directorate of Strategic Health Information of the Ministry of Public Health and Social Welfare and its affiliates, which are the Regional Directorates with statistics teams.

IN CASES WHERE THE BODY IS **BROUGHT BY AMBULANCE (DEATH IN TRANSIT)** OR BROUGHT BY FAMILY MEMBERS TO THE HEALTHCARE FACILITY: if the patient has been transferred without a healthcare professional accompanying them, they must go to the nearest healthcare facility so that a healthcare professional can certify the death. If the death was caused by an external injury or is suspicious, the certifying professional must notify the police and the public prosecutor's office.
If a healthcare professional was assisting with the transfer, they will be responsible for completing the death certificate.

The personnel in white, whether from the ambulance or the health facility receiving the patient who died in transit, responsible for issuing the Death Certificate, shall verify the death by carrying out the corresponding procedures (thorough physical examination). *To determine the circumstances of death and possible*

/

cause, witnesses or family members will be questioned in accordance with the verbal autopsy protocol. Once the cause of death has been determined, the certifying professional will complete the corresponding Death Certificate.

The Directorate-General for Strategic Health Information shall plan and arrange for the training of health personnel (in person or online certificates) who are required to fill out the certificates and of the personnel responsible for the implementation of this resolution.

If objective data is found, either during the physical examination or through the application of the Verbal Autopsy for suspected violent or suspicious death, the police and the public prosecutor's office must be notified.

The Death Certificate **(see Annex 3)** is brown in colour and is numbered sequentially in ascending order in the upper right-hand corner for distribution and collection control purposes. The Death Certificate is printed on two sheets. The first sheet contains the details related to the death on the front and instructions for completing the form on the back. The second sheet, which is detachable, contains the information necessary for registering the death in the Civil Registry.

The first part of the Certificate (first page) is exclusively for use by the Ministry of Health. It must be submitted to the Health Establishment Statistics Office, which must send it to the corresponding Regional Directorate, so that it can be forwarded to the Health Statistics Directorate under the DIGIES.

The second part of the Certificate is the Detachable Section (second sheet): this is for registration in the Civil Registry and must be delivered to the relatives so that they can proceed with the process of obtaining the Burial Authorisation.

S.1 Objectives

General:

In addition to standardising information related to death at the national level, the Death Certificate fundamentally fulfils the following objectives:

- As a public health tool: it serves to measure and evaluate the effectiveness of maternal and neonatal health policies and programmes, to determine the frequency with which these deaths occur, their causes and associated risk factors, to identify cases of diseases subject to epidemiological surveillance, to measure the magnitude of health problems, to evaluate the programmes developed and to study occupational risk factors. . Death information is also used in medical research and epidemiological and genetic studies.
- **From a demographic perspective:** it provides information on the number of deaths, whether foetal or otherwise, their sociodemographic characteristics through data on the mother, their structure by age, sex and other variables that characterise demographic dynamics.
- **As authorisation for registration in the Civil Registry:** it constitutes the source document for registering the death in the Civil Registry, for the purposes of burial or cremation.

Specific:

- To determine the main causes of death in the country and in its different geographical subdivisions (Health Regions, Departments and Districts).

SECRETARY GF. □f:RAI.
\.1SP AND BS

- To ascertain the total number of deaths, foetal or otherwise, that have occurred in each geographical subdivision.
- Facilitate the calculation of key mortality indicators, such as: crude mortality rate, infant mortality rate, specific mortality rates, etc., whether foetal or otherwise.
- Determine the characteristics and structure of mortality by age, as basic input for the preparation of life tables and, in particular, calculate the life expectancy of the population.
- Provide basic inputs for carrying out population projections prepared by various institutions and agencies.

5.2 Responsible for filling out

The Death Certificate must be completed, in order, by the attending physician or by a non-attending physician. In the case of violent deaths or deaths due to external causes, the certificate must be completed by the medical examiner.

When death is confirmed by the physician, that professional is required to complete the Death Certificate in its entirety, from sections 1 to 40 and 42 to 45.

In places where there is no doctor, the certificate may be completed by duly authorised health personnel (obstetrician, nurse or nursing assistant, obstetrics technicians, etc.) for this purpose by the competent authorities. In this case, section 40, which refers to the causes of death, should not be completed; the corresponding sections 1 to 39 and 41 to 45 should be completed.

In the event of foetal death **(see Diagram 3)** and if this is confirmed by the doctor, said professional is obliged to complete the Death Certificate, sections 3 to 10, 21 to 34, 38 to 40 and 42 to 45.

If foetal death is not confirmed by a doctor, section 40, which refers to the causes of foetal death, **should not be completed;** in this case, the corresponding sections 3 to 10, 21 to 34 and 41 to 45 should be completed.

In cases of foetal death attended by Empírica, the latter must go to the nearest health facility, accompanied by the mother and two witnesses, to report the death so that it can be certified by the director or manager of the health facility or USF. In this case, using a **Birth Notification Form** completed by Empírica **(see Annex 2)**, the Death Certificate will be issued under its civil and criminal responsibility. Non-institutional foetal deaths must be reported to the nearest health facility within a maximum of 24 hours of the expulsion or extraction of the foetus.

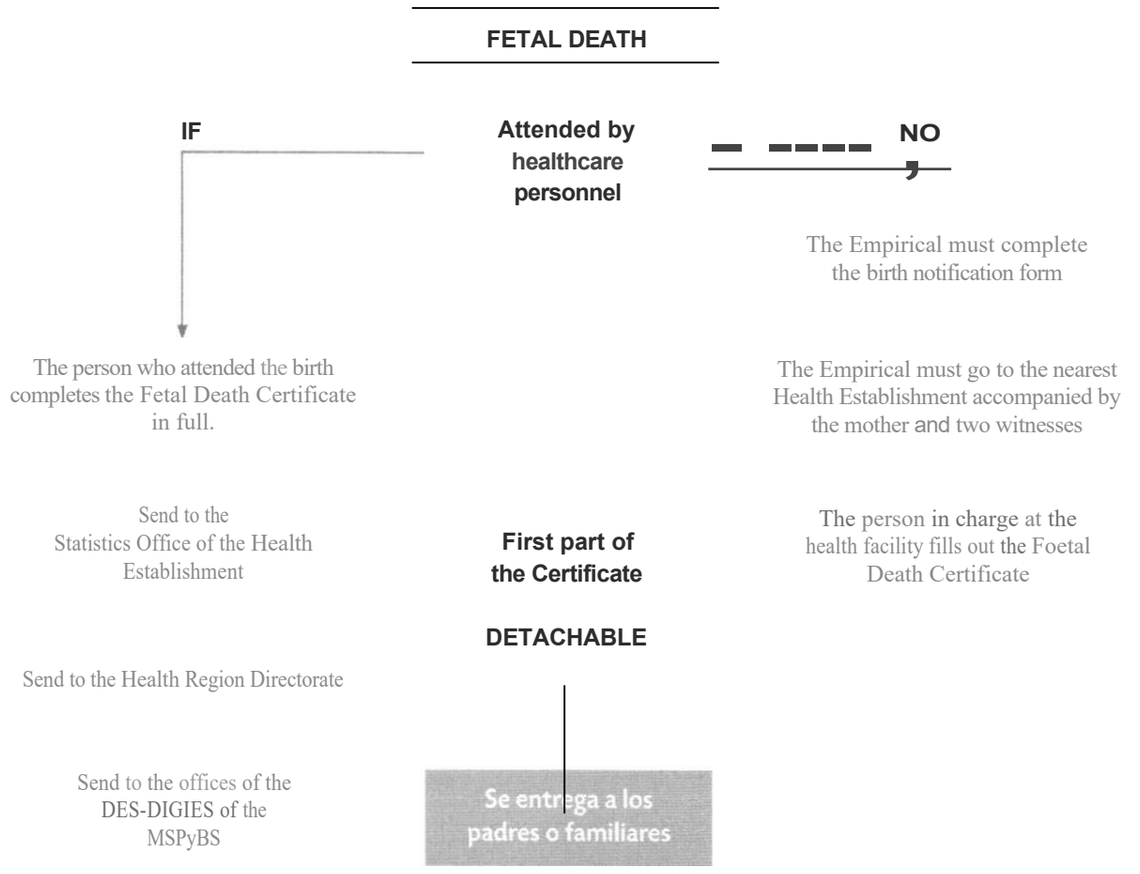
RESPONSIBLE FOR CORRECTLY FILLING OUT THE DEATH CERTIFICATE FOR VIOLENT DEATH

Violent death or suspicious death: The police station or public prosecutor's office must be notified so that they can authorise the forensic doctor.

Death at home or on the street, brought to the emergency room by family members, the police, or others: professional work must be carried out with the body present, compiling the medical history if possible with the help of the verbal autopsy protocol, performing a complete physical examination, and then concluding the possible circumstances and cause of death, DECIDING, LABELLING, AND CLASSIFYING. If the attending health professional is certain that a natural disease process led to the death, they may fill out the certificate. If, on the other hand, they have objective evidence, either from questioning and/or physical examination, that raises reasonable doubt, they must record this in writing and notify the police and the public prosecutor's office.

DIAGRAM 3

Fetal Death Certification Process



5.3 Instructions for filling in and description of variables

5.3.1 General instructions

When completing the Death Certificate, it is essential to take into account the following recommendations:

- It is essential to ask the necessary questions to obtain complete and accurate information, as all data is important for the MSPyBS and the Civil Registry.
- **ABBREVIATIONS or ACRONYMS** should not be used in any of the spaces on the Certificate.
- The information must be completed in full using a blue ink pen, with the same handwriting and legible block letters in both the first and second parts of the Certificate.
- Some of the variables have predefined and pre-coded answers, therefore they must be marked with an **X,** while others require the requested information to be written in.

ABG. DALMA GOMEZ A.
SECRETARIA GENERAL
MSP Y BS

- The shaded boxes are for the exclusive use of the MSPyBS for coding purposes and should not be filled in.
- In order to guarantee quality, provide reliability and avoid duplication, the Certificate is numbered; for this reason, **photocopied or scanned Certificates are not accepted**.
- When a Certificate is damaged by smudges, corrections, or incorrect completion, **it must be cancelled, but it will not be destroyed**. It must be sent together with the new, correctly completed Certificate to DIGIES.
- **The seal of the institution** and the **acting professional** must be stamped on the first and second parts of the certificate.
- The person issuing the Death Certificate must fill in their first and last names, identity card number, registration number, personal seal and signature.
- The comments section (on the back of the certificate) should be completed if there are any clarifications related to certain variables—up to two clarifications are accepted.

5.3.2 Contents

The Death Certificate is divided into seven parts:

1. GENERAL INFORMATION (questions 1 to 17) is intended to record general information about the death and the deceased.

11. VIOLENT DEATHS (questions 18 to 20) allows specific details to be recorded for cases of violent deaths.

111. FETAL OR NEONATAL DEATH (questions 21 to 34) covers aspects related to foetal and neonatal deaths.

IV. DEATH OF WOMEN OF CHILDBEARING AGE (10-54 YEARS) (questions 35 to 37) covers aspects related to the deaths of women of childbearing age, with the aim of capturing maternal mortality during pregnancy, childbirth, the postpartum period and later.

V. CAUSES OF DEATH (questions 38 to 45) is intended to record the underlying cause of death, or the probable cause of death in cases verified by Authorised Health Personnel (non-medical). It is also where the health professional issuing the certificate must record: type of professional, their first name(s) and surname(s), identity card number, registration number, personal stamp and signature. Place and date of issue.

VI. COMMENTS: Errors will be considered in cases of incorrectly writing the name of the Department, District, Nationality, or incorrectly recording Weight, Height, Weeks of Gestation, or unintentionally marking two variables at the same time.

VII. DETACHABLE corresponds to the recording of the data necessary to be given to family members for registration in the Civil Registry.

ABG. DALIA GOMEZ A
SECRETARIA GENERAL
MSP Y BS

5.3.3 Filling in the variables

I. GENERAL INFORMATION

1. NAME(S) AND SURNAME(S) OF THE DECEASED

Write the first name(s) and surname(s) of the deceased without using abbreviations.

2. IDENTIFICATION DOCUMENT

Mark the option corresponding to the type of document with an X. For both types of document, it is recommended that you have them to hand so that you can enter their numbers in the fields provided for this purpose. If you do not have an identity document, mark option 3. Does not have. In the case of foreign identification documents (CI -DNI or Passport), mark item 2. Passport.

3. DATE OF DEATH

Write the day, month, and year of death in ordinal numbers. Please note that two digits will be used for the day, from 01 to 31, with a zero (0) preceding it if it is a single digit; for the month, numbers from 01 to 12 will be used, with a zero (0) preceding it if it is less than ten (10); and for the year, only the last two digits will be written.

4. TIME OF DEATH

Record the hour and minutes when the death occurred in ordinal numbers. For the hour, use two digits, from 00 to 23, adding a zero (0) if it is a single digit. For the minutes, use numbers from 00 to 59, adding a zero (0) if it is a single digit. If the death occurs at 24:00, enter 00:00 on the certificate. If the time is unknown, mark "Do not know".

5. GENDER

Mark the box corresponding to the sex of the deceased with an X. Mark "Undefined" only if the sex cannot be determined. Example: extreme prematurity or significant congenital malformations, among others.

6. PLACE OF DEATH

This refers to the Health Region, Department, District, and Neighbourhood or Company where the death occurred. Deaths occurring in Asunción should be entered under the Department option: "Capital". The shaded boxes are for subsequent coding and should not be filled in. See the definitions of "Department" and "District" in the glossary.

7. AREA OF DEATH

Mark with an X in the appropriate box, depending on whether the death occurred in the city (urban) or in the countryside (rural). See definition of "urban" and "rural" in the glossary.

8. INDIGENOUS PEOPLE

If the deceased is a member of an indigenous people, mark the "Applies" box with an X, ask the relatives which indigenous people they belong to and specify. To code, use the coding table prepared for this purpose (see Annex 6). Otherwise, mark "Does not apply". See the definition of "Indigenous People" in the glossary.

9. PLACE OF DEATH

Mark with an X in the corresponding box the place where the death occurred. If you select "Other," specify the place of death.

Other locations (stream, car, ambulance, hotel, etc.)
Other sectors (military health services, police health services, Hospital de Clínicas - UNA, Los Ángeles Hospital, prison, educational centre, nursing home, etc.).

10. INSTITUTION

For deaths occurring in healthcare facilities, write the name of the facility and its address according to local nomenclature.

11. MARITAL STATUS

Mark with an X the corresponding option according to the following definitions:

1. **Single: a** person who has never been married and has not lived with a partner.
2. **Married:** a person who has entered into a legally recognised relationship with another person of the opposite sex, involving financial cooperation and residential and sexual cohabitation.
3. **Widowed:** a person whose spouse or partner has died and who has not remarried or lives alone.
4. **Cohabiting:** a person is cohabiting when they establish a relationship with another person of the opposite sex that involves financial cooperation and residential and sexual cohabitation, which is maintained solely and exclusively by mutual consent, without any legal ties.
5. **Separated:** a person whose marriage has been dissolved legally or not, who has not remarried, and who does not live with a partner.
   living together.
6. **Divorced: a** person whose marriage has been legally dissolved.
7. **Does not know:** tick this option only when no information is available.

12. AGE

Write the age of the deceased in ordinal numbers in the corresponding box, according to the number of hours, days, months or years completed, adding a zero (0) if the number entered is a single digit.

13. EDUCATIONAL LEVEL

This question refers to the highest level of formal education attained by the deceased. Mark the educational level with an (X) and circle the last grade passed. The levels of education are as follows:

r None: when the deceased did not attend any level.

2 and 3. Primary: comprises the first grades of basic education from first to sixth grade. If the sixth grade is completed, it is COMPLETE; if not, it is INCOMPLETE. (Traditional)

4. **That one. Basic** education **from** seventh to ninth grade is COMPLETE (educational reform).
5. **Secondary:** education from the first to the sixth year of secondary school ¡is therefore COMPLETE; if the student does not reach the sixth year, it is INCOMPLETE. (Traditional)
6. **That. Complete secondary education:** education from the first to the third year of secondary school (Educational Reform)
7. **Complete university or higher education:** comprises studies taught by higher education institutions that culminate in the award of a professional university degree. Some modalities: Bachelor's degrees, Engineering, Medicine, Law, etc. Postgraduate and Doctorate degrees.
8. **Does not know:** select this option only when no information on schooling is available.

14. PLACE OF USUAL RESIDENCE

Refers to the department, district, neighbourhood or company and address where the deceased person had their usual place of residence. This is not necessarily the same place where the person was at the time of death. See the definitions of "department" and "district" in the glossary.

ABG. DIANA GOMEZ A.
SECRETARIA GENERAL
MSP Y BS

15. AREA OF RESIDENCE

Mark with an X in the appropriate box, depending on the deceased's usual area of residence, whether in the city (urban) or in the countryside (rural). See definition of "urban" - "rural" in the glossary.

16. PROBABLE CAUSE OF DEATH

Based on the information available, specify whether the death was violent or non-violent or due to external causes. The box marked "Under investigation" is for the use of the medical examiner only.

17. CERTIFICATE ISSUED BY

To fill in this box, mark the appropriate option with an X, depending on whether the certificate was issued by the attending physician, the 110 attending physician, the forensic physician, or authorised healthcare personnel.

To determine which box to mark, the following definitions should be taken into account:

1. **Attending physician:** the physician who has participated in the diagnosis, treatment, or rehabilitation and has knowledge of the pathological process that triggered and caused the patient's death.
2. **Non-attending physician:** a physician who did not participate in the diagnosis, treatment, or rehabilitation and does not
   has direct knowledge of the pathological process that triggered and caused the patient's death, but due to institutional or social responsibility has access to indirect knowledge through the clinical file, images, laboratory tests, questioning of family members or witnesses, or verbal autopsy. This section includes funeral home physicians.
3. **Coroner:** a doctor who attends to cases of violent death or clarifies the causes of death when there is uncertainty surrounding a non-violent death (suspicious death).
4. **Authorised health personnel:** non-medical health professionals who are authorised to perform this function exclusively in cases of non-violent death where there is no medical professional in the area.

11. VIOLENT DEATHS

External causes include traffic accidents or accidents involving transport vehicles (river, air, sea), accidental poisoning, accidents during medical and surgical care, accidental falls, accidents caused by fire, accidents due to natural and environmental factors, accidents caused
by submersion, suffocation, foreign bodies, intentionally self-inflicted injuries (suicide), homicides, and injuries caused during legal intervention (by police and military) and war operations.

18. PROBABLE MANNER OF DEATH

Mark with an X in the corresponding box, specifying the type of violent death: Suicide, Homicide, Transport Accident, Other Accident, Under Investigation (Forensic Medicine only).

The box corresponding to death "Under investigation" can only be filled in by forensic doctors. See definition of "Transport accident" and "Work accident" in the glossary.

19. HOW DID THE EVENT OCCUR? If injured (type of weapon); drowned (location); run over (type of vehicle); other (poison, etc.)

Find out and write down the type of weapon (firearm, knife) if death occurred due to injuries; if it was drowning or submersion; the type of vehicle involved in a transport accident (motor vehicle, aircraft, bicycle, animal-drawn vehicle, etc.) and specify whether the deceased was the driver, passenger or pedestrian; the

ASG. D. ._ GOMEZA.
SECRETARY GENERAL
}tSPY BS

type of poison, drug, medicine, gases or vapours if death occurred due to poisoning.
Example: Fall from scaffolding on the third floor.

20. PLACE OR ADDRESS WHERE THE EVENT OCCURRED

Find out and record whether the event occurred at home, on a public road, path, highway, mine, farm, office, construction site, shop, market, river, well, swimming pool, etc.
Example: Construction site. Peru, near Azara. Asunción.

111. FETAL OR NEONATAL DEATH

21. THE DEATH OCCURRED IN CONNECTION WITH CHILDBIRTH

Mark with an X in the corresponding box if the death of the newborn occurred before labour began, at any time during labour, or after delivery. The option "Don't know" should be marked when it has been impossible to obtain the information requested in this question.

22. DELIVERY

Mark the corresponding option with an X, taking into account the following definitions:

1. **Normal:** expulsion of the foetus through the natural birth canal, also known as natural childbirth.
2. **Caesarean section:** operation, delivery of the foetus through an incision in the abdominal and uterine walls.
3. **Instrumental** delivery**:** extraction of the foetus with the aid of obstetric instruments such as forceps, spatulas, etc.
4. **Don't know**

23. PREGNANCY

Mark with an X (X) s1 whether the neonatal death is the result of a single or multiple pregnancy.

24. BIRTH WEIGHT

Write the birth weight of the newborn in grams.

25. MOTHER'S FIRST NAME(S) AND SURNAME(S)

It is recommended that you request the mother's identification document when filling out the Certificate. Write down the first name(s) and surname(s) as they appear on this document.

26. IDENTIFICATION DOCUMENT

Mark the option corresponding to the type of document with an X and enter the number of the document in the fields provided for this purpose.

It is recommended that you request the mother's identification document when filling out the Certificate. If the mother does not have an identification document, then check box 3 "Does not have". In the case of foreign identification documents (ID card or passport), check item 2. Passport

27. MOTHER'S USUAL PLACE OF RESIDENCE

This refers to the department, district, neighbourhood or company and address where the mother had her usual place of residence. It is not necessarily the place where the newborn died. See the definitions of "department" and "district" in the glossary.

28. AREA OF RESIDENCE

Mark with an X in the appropriate box, depending on the mother's usual area of residence, whether in the city (urban) or in the countryside (rural). See definition of "urban" - "rural" in the glossary.

29. AGE

ú_,uJ
ABG. BALANA GOMEZA.
SECRETARIA
\t□f> \ IIS

Enter the mother's age in years at the time of the neonatal death. If the exact age is unknown, enter an approximate age.

30. MARITAL STATUS

Mark the corresponding option with an X, according to the following definitions:

1. **Single:** a person who has never been married and does not live with a partner
2. **Married:** a person who has entered into a legally recognised relationship with another person of the opposite sex, involving financial cooperation and residential and sexual cohabitation.
3. **Widow:** a person whose spouse has died.
4. **Cohabiting:** a person is cohabiting when they establish a relationship with another person of the opposite sex that involves financial cooperation and residential and sexual cohabitation, which is maintained solely and exclusively by mutual consent, without any legal ties.
5. **Separated:** a person whose union (marriage) has not been legally dissolved.
6. **Divorced:** a person whose union (marriage) has been legally dissolved.
7. **Does not know:** tick this option only when it has been impossible to obtain the requested data.

31. EDUCATIONAL LEVEL

This question refers to the highest level of formal education attained by the mother. Mark the level of education with an (X) and circle the highest grade passed. The levels of education are as follows:

1. **None:** when she did not attend any level.
2 and 3. **Primary:** comprises the first grades of basic education from first to sixth grade. If the sixth grade is completed, it is COMPLETE; if not, it is INCOMPLETE. (Traditional)
4. **Secondary: basic** education from seventh to ninth grade is COMPLETE (educational reform). If the child does not reach ninth grade, it is INCOMPLETE.
5. **Secondary:** education from the first to the sixth year of secondary school is considered COMPLETE; if the sixth year is not completed, it is considered INCOMPLETE. (Traditional)
6. **That. Complete Secondary Education:** education from the first to the third year of secondary school (Educational Reform)
7. **University or Higher Education:** includes studies offered by higher education institutions that culminate in a professional university degree. Some examples: Bachelor's degrees, Engineering, Medicine, Law, etc. Postgraduate and Doctorate degrees
8. **Don't know:** select this option only when no information on schooling is available.

32. NUMBER OF CHILDREN

Enter the number of live births and stillbirths, including the present.

33. GESTATION PERIOD

Write the corresponding number of weeks. If you do not have this information, mark the box "2. Don't know" with an X. This box should only be used in cases where it is not possible to determine the length of the pregnancy.

34. ATTENDED PREGNANCY CHECK-UPS

Mark the corresponding option with an X. If the answer is "Yes", write the number of times you attended the check-up on the line.

IV. DEATH OF WOMEN OF CHILDBEARING AGE (10-54 YEARS)

1:

CW
A"G. DA:.J.\.:'\ GOMEZ A.
,F(.:.RI"'I'\HI..\ ct,rRA,.
\1,P \ BS

Questions 35, 36 and 37 must be completed in all cases of deaths of women aged 10 to 54, in order to determine deaths that occurred during pregnancy, childbirth or the postpartum period (due to complications of these conditions) or due to pre-existing conditions aggravated by these conditions.

35. WAS SHE PREGNANT WHEN SHE DIED?

Find out if the deceased was pregnant at the time of death. If so, mark YES with an X and proceed to question 38. If she was not pregnant at the time of death, mark NO with an X and continue filling out question 36.

36. WAS SHE PREGNANT IN THE LAST 6 WEEKS?

Find out if the deceased was pregnant in the six (6) weeks prior to her death. If so, mark YES with an X and proceed to question 38. If she was not pregnant in the last six (6) weeks, mark NO with an X and continue filling out question 37.

37. WAS SHE PREGNANT IN THE LAST 12 MONTHS?

Find out if the deceased was pregnant in the twelve (12) months prior to her death and mark the corresponding box with an X. If it is not possible to obtain this information, mark the "Don't know" option.

V. CAUSES OF DEATH

38. HOW THE CAUSE OF DEATH WAS DETERMINED

Mark with an X the procedure or source of information used to establish the causes of death, whether foetal or not, taking into account the following concepts:

1. **Clinical History:** refers to when the institutional or hospital records were consulted to determine the clinical diagnosis or the results of diagnostic tests, surgical findings, or any other evidence of the cause of death.
2. **Laboratory Tests:** when confirmation of the cause of death is based on imaging results (X-rays, tomography, nuclear magnetic resonance, ultrasound, neurophysiology, electrocardiogram) or clinical laboratory tests (blood, urine, stool or body tissue samples) in the absence of a Clinical Record and/or Necropsy (autopsy).
3. **Necropsy-autopsy:** this option is indicated whenever a necropsy (autopsy) has been performed, regardless of whether a clinical history is available and whether or not the patient was treated by healthcare personnel.
4. **Interrogation of family members or witnesses (Verbal Autopsy):** exclusively through interviews with other people,
   in the absence of laboratory tests, clinical records or autopsy reports.

39. DID THE DECEASED RECEIVE MEDICAL CARE DURING THE PROCESS THAT LED TO THEIR DEATH?

If the deceased received medical assistance during the illness that led to their death, even if the death was not certified by the same professional or the death occurred at their home, mark the YES option with an X.

In the event of foetal death, if the mother received medical assistance during the process that led to the death of the foetus, even if the death was not certified by the same professional or the foetal death occurred at home, mark an X in the YES option; otherwise, mark the NO or DO NOT KNOW option.

40. CAUSES OF DEATH (in the case of death of children under 28 days old, also report the direct or indirect maternal causes in c) and d)

ABG. DALANA GOMEZ A.
SECRETARIA GENERAL
MSP Y BS

This information is based on the PAHO/WHO international model for medical death certificates, which allows for the selection **of the underlying cause of death** and the production of comparable mortality statistics between different countries. In the case of neonatal deaths or deaths of infants under 28 days old, the direct and indirect maternal causes must be reported.

Sometimes, it is not easy for the certifying physician to determine the true cause of death, especially when there are insufficient resources for diagnosis, but they must exhaust all available means to determine and correctly fill out the certificate, thereby contributing effectively to the prevention of avoidable deaths. In this case, it is necessary to perform a verbal autopsy to determine the probable underlying cause of death.

The model used consists of two parts:

1- DIRECT CAUSE

Diseases related to the chain of events that directly led to death are noted.

It has four lines (a, b, c, and d) where only one diagnosis or term should appear in each:

Line a): Enter here the cause or pathological condition that directly led to death, i.e., the last condition discovered by the doctor in the deceased. **Example: Sepsis. Duration: 8 days.**

Line b): Used when the doctor considers that the cause reported in a) was due to or originated from a previous cause, which shall be noted in this line. **Example: Gangrene. Duration: 27 days.**

Line c): This line is filled in when the doctor considers that three causes were involved in the death, such that the cause recorded in line a) was due to the cause reported in line b), which in turn was caused by the cause recorded in line **c). Example**: **Diabetes. Duration: *5* years.**

Line d): This line is filled in when the doctor considers that four causes were involved in the death, such that the cause recorded in line a) was due to the cause reported in line b), which in turn was caused by the cause written in line c), which in turn was caused by the cause described in line d).

When more than one cause appears on the Certificate, they must be listed in logical sequence, from bottom to top, starting with the last line, which may be b), c) or d), but which will invariably end with line **a). Otherwise, the Certificate will be incorrectly completed**.

Thus, **the underlying cause**, recorded in the last line of Part 1, is the cause of certain complications (consequences of the underlying cause) that must be recorded in the lines above (a, b, and c). The last of the complications or consequences, recorded in line a), is called **the terminal** or **immediate cause** or **direct cause of death**.

The underlying cause is the one that must be taken into account for coding and is the one used for statistical reports.

It is not strictly necessary to fill in all the lines in Part l. If the cause listed in a) fully describes the death and was not due to any other antecedent cause, in this case, leave *lines b), c)* and *d)* blank.
lines b), c) and d).

ABG. D . GOMEZ A.
ECRf.TARIA GENERAL
'1SPY BS

Example 1:
a) Cervical cancer
b)
c)
d)

11- OTHER IMPORTANT PATHOLOGICAL CONDITIONS
Where you should note any other significant pathological conditions that, in the opinion of the physician, may have contributed to death but were not related to the underlying cause reported in Part 1, lines a), b), c) or d).

The column "Approximate time between the onset of each cause and death" (minutes, hours, days, weeks, months, or years) helps the physician correctly establish the chain of events that led to death and subsequently facilitates the coder's selection of the underlying cause of death. Logically, the cause listed in a) will have less time than those listed in b), c), and d).

Examples of correctly filling in CAUSE OF DEATH. Example 1:
a) Neonatal anoxia
b) Premature birth
c) Maternal syphilis
d)

Example 2:
a) Sepsis
b) Gangrene of the left lower limb
c) Diabetes mellitus
d)

Example 3:
a) Cardiorespiratory arrest
b) Brain death
c) Left epidural haematoma
d) Eclampsia

Example 4:
a) Multiple trauma
b) Car accident

Part 11: Car leaves the road and crashes into a tree. Driver dies (how the accident occurred). On the Transchaco Road (location of the accident).

CAUSES OF FETAL DEATH

The same form and principles used to complete the Death Certificate are used to record the causes of foetal death.

SECRETARY Gf. [RAJ.
..- \1\P'r BS

In order to prevent future foetal deaths, it is necessary to know the foetal and maternal diseases that may have affected the foetus, and to this end, it is necessary to identify the cause of death.

Sometimes, it is not easy for the certifying health professional to determine the true cause of foetal death, especially when there are insufficient resources for diagnosis. However, they must exhaust all available means to determine and correctly fill out the certificate, thereby contributing effectively to the prevention of perinatal deaths.

This information can only be completed by a doctor, who is in a better position than anyone else to deduce what pathological cause directly led to foetal death, and to indicate any previous illnesses, if any, that gave rise to that cause.

Some **maternal causes** include: urinary tract infections, eclampsia, pre-eclampsia, diabetes complicating pregnancy, premature placental abruption, placenta praevia, maternal trauma, syphilis, foetal-pelvic disproportion, rubella or any other acute or chronic disease during pregnancy, alcoholism, drug addiction, HIV, etc.

Fetal causes include: congenital malformations, umbilical cord problems (circular, compression, knots, prolapse), fetal distress, multiple pregnancies, abnormal presentation (transverse, breech, face), fetal malnutrition, etc.

All these causes provide more information than simply recording "foetal death" or "intrauterine death" as the sole cause of foetal death.

The model used consists of two parts:

1- DIRECT CAUSE

There are four lines for recording the causes of foetal death, identified by the letters a-b-c and d.

Line a): The most important foetal or maternal condition that directly caused death should be noted here. By most important, we mean the pathological condition that, in the opinion of the reporting physician, contributed most to the death of the foetus. The manner of death, for example, asphyxia or anoxia, should not be noted in part a) unless it is the only known condition affecting the foetus.

Lines b), e) and d): All illnesses or conditions of the mother that, in the opinion of the doctor, had an adverse effect on the foetus should be noted here.

Each line (a, b, c and d) should contain only one diagnosis or term.

11- OTHER IMPORTANT PATHOLOGICAL CONDITIONS

List here all diseases or conditions of the foetus or mother that contributed to the foetal death but were not reported in the chain of events for 1- DIRECT CAUSE, and which did not result in the underlying cause of death.

When more than one cause appears on the Certificate, they must be listed in logical sequence, from bottom to top, starting with the last line, which may be b), c) or d), but which will invariably end with line a). Otherwise, the Certificate will be incorrectly completed.

Thus, the basic cause, recorded on the last line of 1- DIRECT CAUSE, is the one that gives rise to

/

some complications (consequences of the underlying cause) that must be recorded in the lines above (a, b and c). The last of the complications or consequences, recorded in line a), is called the terminal or immediate cause or direct cause of death.

The underlying cause is the one to be taken into account for coding and is the one used for statistical reports.

It is not strictly necessary to fill in all the lines in 1- DIRECT CAUSE. If the cause listed in a) fully describes the foetal death and was not due to any other antecedent cause, **in this case, leave lines b), e) and d) blank.**

The column "Approximate time between the onset of each cause and death" (minutes, hours, days, weeks, months, or years) helps the physician correctly establish the chain of events that led to death and subsequently facilitates the coder's selection of the underlying cause. Logically, the cause listed in a) will have less time than those listed in b), c), and d).

Examples of the correct completion of CAUSE OF FETAL DEATH.

Example 1:
1- DIRECT CAUSE:
a) Neonatal anoxia
b) Maternal syphilis
c)
d)

Example 2:
1- DIRECT CAUSE:
a) Foetal distress
b) Fetal-pelvic disproportion
c)
d)
11- OTHER IMPORTANT PATHOLOGICAL CONDITIONS
Maternal malnutrition

Example 3:
1- DIRECT CAUSE
a) Premature placental abruption
b) Eclampsia
c)
d)

41. DEATH WITHOUT MEDICAL CERTIFICATION
This box must be filled in when the certificate is issued by authorised health personnel (obstetrician, nurse or nursing assistant, obstetrics technicians, etc.), establishing the probable cause of death.

42. WHO ISSUES THE CERTIFICATE?
To complete this box, mark the appropriate option with an X, depending on whether the certificate was issued by a doctor or someone else. In the latter case, please specify who.

EZA.
A,B·cRf.TA.RIA Cf.□[RAL
SE - \\□PY BS

To determine which box to tick, the following definitions must be taken into account:

1. Physician: the physician who participated in the diagnosis, treatment or rehabilitation and has knowledge of the pathological process that triggered and caused the patient's death.
2. **Other, write on the following line who:** is the authorised healthcare personnel who did not participate in the diagnosis, treatment or rehabilitation and has no direct knowledge of the pathological process that triggered and caused the patient's death, but due to institutional or social responsibility
   has indirect knowledge through the clinical record, images, laboratory tests or questioning of family members or witnesses (verbal autopsy).

43. NAME OF THE PERSON ISSUING THE CERTIFICATE

The healthcare professional issuing the certificate must record their first name(s) and surname(s), identity card number and registration number issued by the MSPyBS, personal stamp and signature as stated on their identity document.

44. PLACE OF ISSUE

Write the place where the certificate is issued.

45. DATE OF ISSUE

Write the day, month and year on which the Certificate is issued in ordinal numbers. Please note that two digits will be used for the day, from 01 to 31, with a zero (0) preceding it if it is a single digit; for the month, numbers from 01 to 12 will be used, with a zero (0) preceding it if it is less than ten (10); and for the year, only the last two digits will be written.

Remarks: Errors will be considered in cases of incorrectly writing the name of the Region, Department, District, Nationality, or incorrectly recording the Sex, Marital Status, Indigenous People of the deceased, or unintentionally marking two variables at the same time.

The following data cannot be deleted or amended and are grounds for cancellation of the certificate:
1. FIRST NAME(S) AND SURNAME(S) OF THE DECEASED, 2. IDENTIFICATION DOCUMENT, 4. DATE OF DEATH, 1Z FIRST NAME(S) AND SURNAME(S) OF THE MOTHER, 18. IDENTIFICATION DOCUMENT OF OF THE MOTHER

DR. DALANA GOMEZ A
SECRETARIA GENERAL
MSP Y BS

CONSIDERACIONES GENERALES

Please refer to the definitions of "Live Birth" and "Death" in the Glossary to select the type of Certificate to be completed.

The Annexes, Glossary, and Acronyms used in the Manual are included at the end of the document.

The codes for departments, districts, neighbourhoods and health establishments are updated directly in the computer system.

Volume 2 of the International Statistical Classification of Diseases and Related Health Problems (ICD-10)*, contains definitions related to causes of death and guidelines for completion.

□,l(ÓDJ
A.□G. D,lli_□•□ GOMEZ A
°'stCRETARIA GEN[RAL
\1SPY BS

• Transition Process from ICD-10 to ICD-11

PREGUNTAS FRECUENTES

LOST CERTIFICATES

1. **When Live Birth or Death Certificates are lost from Health Establishments, how should one proceed? (Parts One and Two).**

   In the event of the loss of certificates (blank), a report must be filed with the National Police, specifying the numbers of the lost or stolen certificates. Copies of the report must then be attached, informing them of the loss or
   Theft from the Civil Registry, the corresponding Health Region, and finally the DIGIES. The DIGIES will be responsible for notifying the Civil Registry.

2. If the first part of the Live Birth or Death Certificate is lost and the detachable part has been given to a family member or authorised person, what should be done?

   The healthcare facility where the incident occurred must be asked to fill out the first part of a new certificate, thus preventing the loss of data. A police report must always be filed, and a new certificate must be issued and stamped. With regard to the detachable part, or second part, there are two p o s s i b l e scenarios: a) The detachable part is recovered and exchanged for the new detachable part, attaching the recovered part to the police report and the first part completed again; b) The detachable part of the first certificate cannot be recovered, and the new detachable part must be marked as VOID so that it cannot be reused and sent together with the police report and the first part completed again.

3. In the event of loss of the first part of the **Live** Birth or Death Certificate and **the completed detachable sections, what should be done?**

   In the event of the loss of the Certificates (first and second parts completed), when the detachable part has not been delivered to the corresponding relatives, a new Certificate will be completed and the detachable part will be delivered to the relatives, while the first part will be sent to the Health Region so that it can be forwarded to DIGIES. In addition, a report shall be filed with the National Police, specifying the number(s) of the lost or stolen certificates, and copies of the report shall be attached, notifying the Civil Registry, the corresponding Health Region, and finally the DIGIES of the loss or theft.

4. **What should be done if the detachable part is lost before the parents register the live birth certificate with the Civil Registry?**

   If the detachable part (second part) is lost before registration, the parents must request a certified copy of the Live Birth Certificate (first part).

rn□tiJJJ
□G D□□-□GOMEZA.
□QF,CR'f-TA.RIA G[□[RAL
S \iSPY BS

to the Health Statistics Directorate, which reports to DIGIES, and only to this Directorate without exception. In these cases, a police report must also be filed.

This procedure could be carried out through the corresponding Health Region, especially those furthest from the capital, in coordination with DIGIES.

BIRTH ABROAD

5. When a newborn is born abroad, is a Live Birth Certificate issued in the country?

A Live Birth Certificate will not be issued at any health facility in the Republic of Paraguay.

In the Civil Registry Law, Article 50 states that births occurring within the national territory shall be recorded in the birth register of the relevant local office.

Those born abroad, either by chance or accident, shall be registered at the office of their parents' domicile if their parents were permanently resident in the country at the time of birth.

It should be noted that dual nationality is generally not accepted in our country.

DEATHS ABROAD

6 If death occurs abroad, should a Death Certificate be issued in Paraguay?

No. It must be registered in the country where the death occurred.

7. How should one proceed to obtain a Certificate of Live Birth when the mother presents her married identity card at the time of delivery and the father is someone else?

It must be done with the legal, official, valid document presented by the mother at the time of delivery. Paternity is the responsibility of the civil registry.

8. How do you issue a Death Certificate when the deceased does not have their identity card?

Once the name of the person is known, the certificate can be issued with the person's first and last names on the Death Certificate, marking item 2, "document number not available".

When both the identity card number and the name of the deceased person are unknown, the Death Certificate should still be issued, indicating on the
Name and surname section, ID number NOT APPLICABLE. If the deceased person was subsequently identified by any means, the details must be entered in the section;

ie·o6se1ti□,'.J□

Je.nJl..f>.. GOMEZA.
GENERAL SECRETARY
\1SPY BS

If the deceased was a newborn who had not yet been registered, the Death Certificate shall be completed with the newborn's registration number and the mother's name.

When the deceased is an undocumented child, proceed in the same manner as in the previous section.

9. How to verify deaths at home in the case of a miscarriage or foetal death?

The second part of the Death Certificate must include foetal deaths in order to register them.

The death must be registered as foetal as long as the mother goes to a health facility and the doctor confirms that the event has occurred. In this case, it will be registered as a foetal death.

10. Is there a specific time for the issuance of Death Certificates or Live Birth Certificates in health facilities?

The Live Birth or Death Certificate must be completed on any day of the week and at any time of day, and the availability of certificates must be guaranteed in order to issue them. The health facility must assign a person responsible for live births and deaths on days and at times when the vital statistics officer is not available, and set aside a certain number of certificates for use, then verify the number issued and the number remaining.

11. If the birth takes place in an ambulance and is assisted by a paramedic. Who should issue the Live Birth Certificate?

The paramedic cannot issue the certificate, but they can testify about the birth. The certificate must be completed by health personnel at the nearest health facility, with the testimony of paramedics or family members.

12. When the mother dies during childbirth, who is given the Live Birth Certificate?

To the father, if he presents a marriage certificate or family record book or judicial proof of apparent marriage. In the absence of the father, it shall be delivered to the parents of the deceased, who shall prove his paternity by presenting the family record book or birth certificate of the woman.
In any other case, request the intervention of the Ministry of Public Defence.

13. How should one proceed in the event that the patient is assisted in giving birth at a health facility and for some reason is not issued a Certificate of Live Birth, and then returns months or years later to make a claim?

In cases where there are records in the medical history, in the birth register or in any other documentation indicating that the birth took place in the health facility in question, and

if the detachable section was not given to the mother because the certificate was not issued, this must be rectified by issuing the Certificate of Live Birth upon request by court order.

14. How should one proceed when a death occurs in a place that does not have 24-hour health coverage and the death occurs outside of professional working hours?

Any health professional in the national health system with up-to-date professional registration is authorised to perform the medical procedure, following the instructions described in this manual, according to the various circumstances set out therein.

15. **How** to proceed **when** the **first** part **of the Certificate, whether** of **Live Birth** or Death, **has already been completed and even** registered **in the Civil Registry, but upon receipt by DIGIES and verification, it appears** that the first **part of the Certificate contains** an error **and does not correspond to the person in** question, or the name, **date or** identity **document** number of **the deceased has been amended?**

The certificate is VOIDED and a new one must be issued. The detachable portion must be obtained from the health facility. If the detachable portion cannot be found, the two sheets (the new certificate and the detachable portion) must be sent to the region and then to DIGIES with the voided sheet stapled to them. It is recommended that they be filed and not destroyed in case they are requested by court order at a later date.

ABG. DIANA GOMEZ A.
SECRETARIA GENERAL
MSP Y BS

GLOSARIO

Workplace accident: Any physical injury suffered by a worker during or as a result of the work they perform for their employer and during the time they perform or should perform that work. Such injury must be caused by the sudden and violent action of an external cause.

Transport accident: Any accident involving a means of transport designed primarily to carry people or goods from one place to another, or used primarily for that purpose at the time of the accident.

Autopsy: a tool used to collect information related to the signs, symptoms and relevant background of the deceased person (risk factors, obstetric factors, healthcare factors, among others).

Rural area: territory located outside district capitals.

Urban area: all official district capitals, defined in accordance with administrative laws, are rectangular in shape, without any other special considerations.

Death: The permanent disappearance of all signs of life, regardless of the time elapsed since birth, with no possibility of resuscitation. (PAHO/WHO)

Foetal death: This is the death of a product of conception before its expulsion or complete removal from the mother's body, regardless of the duration of the pregnancy. Death is indicated by the fact that after separation, the foetus does not breathe or show any other signs of life, such as a heartbeat, umbilical cord pulsations, or effective movements of voluntary contraction muscles. (PAHO/WHO)

Neonatal death: The neonatal period begins at birth and ends 28 full days after birth. Neonatal deaths (deaths among live births during the first 28 full days of life) can be subdivided into early neonatal deaths, which occur during the first seven days of life, and late neonatal deaths, which occur after the seventh day but before the 28th full day of life. (PAHO/WHO)

Maternal death: The death of a woman during pregnancy or within 42 days of termination of pregnancy, regardless of the duration and site of the pregnancy, due to any cause related to or aggravated by the pregnancy itself or its management, but not due to accidental or incidental causes. (PAHO/WHO)

Late maternal death: The death of a woman from direct or indirect obstetric causes after 42 days following the termination of pregnancy, but before one year after delivery. (PAHO/WHO)

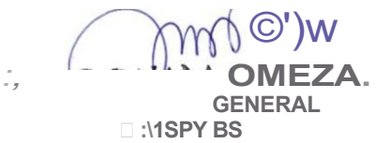
A. G. D 'IA COME
SEC.R.E:*TARLACENER*
AL .A
'-- \I'SPY BS I,

Department: constitutes the first political and administrative division of the country. In Paraguay there are 17 departments, plus the capital Asunción.

District: constitutes the second political-administrative division of the country. Each of the subdivisions of a department. Districts are equivalent to municipalities.

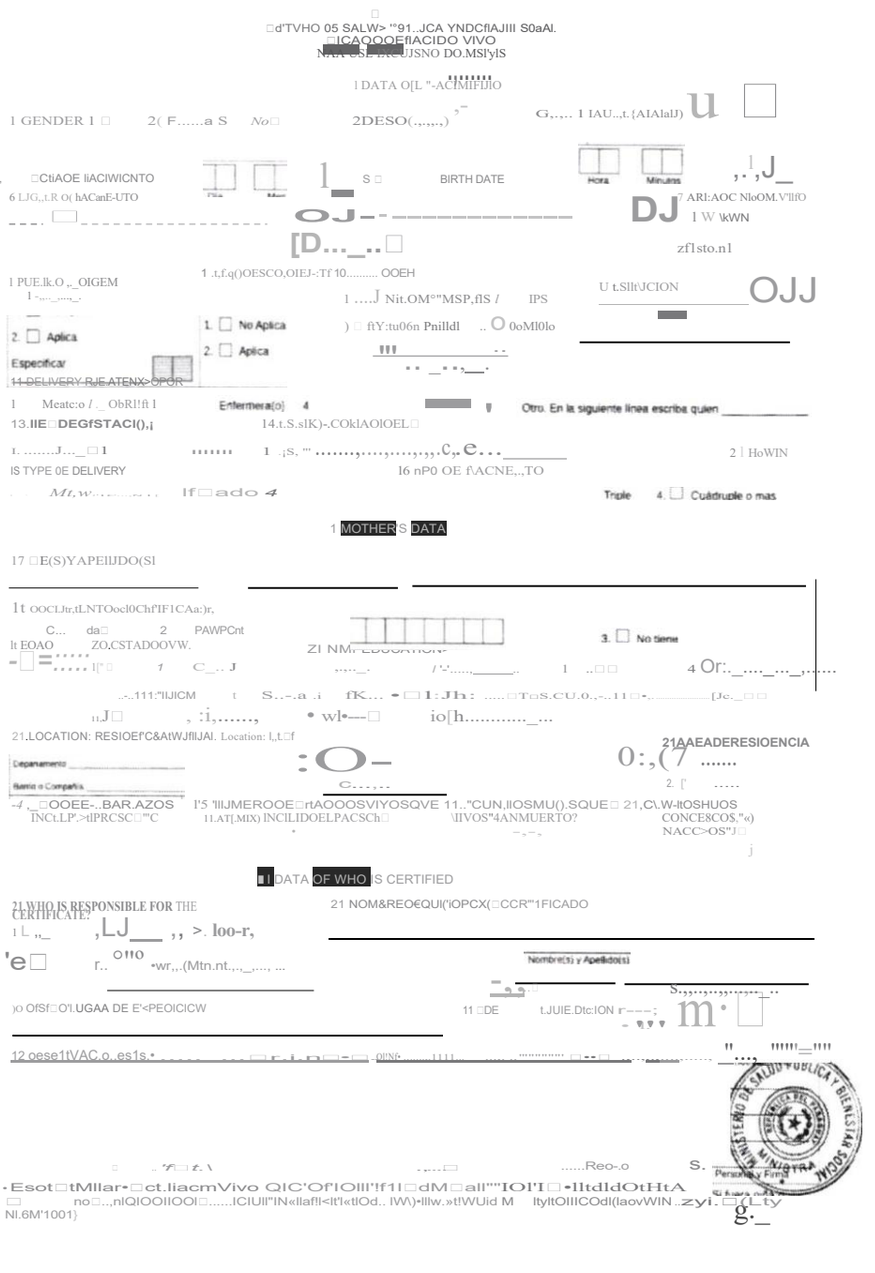
Indigenous People: a human community defined by linguistic, cultural, and social affinities. It also corresponds to "people," as a group of individuals characterised by their own culture and social way of life. In Paraguay, as in other parts of the Americas, during colonial times they were even called a "nation" because they were born in the same territory, generally had their own language, and followed common traditions.

Live birth: This is the complete expulsion or extraction from the mother's body, regardless of the duration of the pregnancy, of a product of conception that, after such separation, breathes or gives any other sign of life, such as a heartbeat, pulsation of the umbilical cord, or effective movements of voluntary contraction muscles, whether or not the umbilical cord has been cut and whether or not the placenta has been delivered. Every product of a birth that meets these conditions is considered to be a live birth.
alive. (WHO/PAHO)



ANEXOS

.\'.\ E\O 1 - Ccrlif icado de \acido \·¡,o



INSTRUCTIONS FOR OBTAINING A CERTIFICATE OF MACEOvrv0

Elcf'ftl."ll:aao□nlOOOW-OMnecamop,oooyop,wnoroia□□
1OOrfi il □ ComIl.tuyt lOet'\M- e4□ □ pw1111a
rna!pOÓn delneomtr1a ..-t et□□a CN'l

U VAUOEZ OE.L CUtTIFICADO OE NACIDO VIVO LA OARANT'ZA LA •SIGNATURE OF THE PERSON WHO HAS IT. WHO WILL ALSO BE RESL'OHSAIIU DEt. COnnNIOO DEt.MISMO.

GENERAL PROVISIONS
1 tlCftUfiQoo0t1:>e!ioelenadOCOl"llie'lr1c:IM-.y□ Sll"'ltlOlrat'"fi ni

2 - N-- O□dtOetl ..-,,:,, ABBREVIATIONS or ACRONYMS to□
,__<lttc«ld.,__
5111nw,eMf• rW.o 11001Hcft'1lr se OJrlfiOlWIO toaos los□9\
chet.,,__,□ ..,□alde,ed>Oalt-•el,..,.,,

4 E.s "°□SMNl".«etl&Spregu""liU□pw•oDlenette
,olo,tn000ntgn(4)1s1&J
5 Pa,1effcto O. Qatllntal lagkIIld.brif"OM□ and tnlllIt
□ .e cen.laoc ellal)f8'JMfido pot,al,azon NO se
ACEI'TAH CERTIFICATES LUHADOS IN PHOTOCOPY
OJanoo ef tormuM.no,e *oñ* oc, Dotranes,.□ a n'Wll lenado,,
"" octM!• □ y no \e p&Hlde Oestñaf .-, remtndO oos:eooonerte • lo ROQO(In san.una--*· quolo.....,.. 11o.ecaon do ESIIOISIUIen Sal» OIGES OliM5Py8S

WHO IS RESPONSIBLE FOR THE CERTIFICATE
EJtffl«1do CM *rWOOO* must MI ltnaoopor .. mtOICO. the ethyl!MTMfa or l& om1ecr1que 1.,gs.aó etPIffñ, ffi 11.s.,05depial&tn aondl' no hmA Htt feQIIIJO tu'Nil)0 elMsPyIS tu NONado • lat llUNWHdt WQffIWJf.a for Q-1ton.® Co tt everco tJn ooe elp&n0 hiafi .tir>a»sMo oor emprtCa. u on pe,□Htl.SdebetIl"I,nto,m,,, al c.entfO de t#Ud□ ., .. p,a,a que.. se
e\IMlaIMJrrMC,Ón y W 11.M I'I *r□C'tfUfitado* EJcartfiado daf)efá lltv.□ *&elo:*□ p,de.ttONf that Q11(1., pN10

CONTENTS
The tormatodll eendlcado H.&□tnCWICO .M.COOnH
La - 1DATA FROM THE NATIONAL INSTITUTE OF STATISTICS (Pf-1a16).conOSl)O'ldo a
CMlrl M5dIlma
La_.,, MAORLC DATA U,,- 1 a 1 2 1) ....,,—— - - s,lam4'I'\A r.za oesui currently enrolled in the course.se m.vawa11.s-wnanc.aenpllMa.
-eg,war UQt,.fM>5 aua de a ,,,_.c ótt ftofrn *fACIldD*
La*"""a 111DAIOS DEQU□" L.LEMELCER"TI'ICAOO O,,-2S•
31J □ los dalos deQIQnMOide ti □o and
1115cb!MtrvK:ltlinH.,
□ 1fIH □ ***
- lacuna.rv DEcu.RACIOh .MtAOAOE IJo MADRE. ... la- .. "
111I'tldrt CIldIfI QL...t kit.GMO& JJGYetdOS□114 Iftnaao del CffimCll0G
_,.....etOM2etOI. O<Wrte'OS y□
LIQuo!U. V DCSPREMIfBtE. o.,,o-alaNCQ)n:le4 _...
donCJe 54 ItJOIIOInloedaost'ifCfIit'IOI.a.. □ I Yima0ft *yJO*
□ pw•IINa-'I)CIlutl□rKAnnaadoentlR□óelE5tldO
CM

SPECIAL INSTRUCTIONS
"""d-□Clolu""11..... 0li__do__
ove,equ.e,en HPfl0,lf ..,,.oon cwnaos.c tst IMMdo f1 tonnu1ano
d@M inci• li1s4!lD oela□– M l a 1 1 1 y2da. pwte C91CS"dca:all

BIRTH DATA

L Stxo Brand conon, lql,ll(.X)1M casoqi.,e awrepo,ca. The optiqn "No oetet·,,w,•kr 90" □ CMOS..,qoe no" poMllt□ ef□ c.0,,-.0 '"naodOS u,n m.al!WX□□ P,.....n.tol f(1' □ □

Z.1 1 1 N a 4') tscr W.,,7ros ttPHO e□

I . Ta.,(li □ - E1crUenc:entltNIl'OS.... UIIIW"1'"Wlli1a.lM"91JiMJrÝ'«U

4.Fecluide□o lefIIfl&»CU,iluco,□ora.,MStt 2 l
O•M mH and lOS two uhN>,.d9'0 1 m1'' □a1ft1o INIwe
mHD

S. *HcwICH* nactmtento lefIIf la cua nora.,nwv..m□ □ tM
nJITlefos OfdW\#t-1 The ca_..a '"NO MOe i.e *,r. c,* □ . . , □cuas
enbl □ '11G Sta P0StN otHMr esca WCWfflICIOI'I

1, □ tndIfN'I& ■ the reatnnaadonob Of...-,o of LI\ C)UeaOl"IG QCnl.
rw,CCt"Tuponde '& n1cac,onOt pu,NID inchg...., nwc,>e *com*□*A*.11caSIII
"No□ St□rK"1to MOOO n 0rlg11Mfl0Ge a puebmtn(l.gffll matqtl.,fi with v1• Jf1 l <.awla Apea. P,egunll 111""IO't de□ puet,lo If'MioQlt"!I& e, and
■

t..... ,,odftctndfflltr••reoéinn-=-nonaJr□nwqueoon
a X the C..-.""".o□· S•Ireotn NC'Jdof'S -Qdtit:cf□□ma,q,.w COI'I
a,,X the cadia ªApkaº JngUrr.•111tMdrt pa,a conlnn&r

10. Nadó tn ma,;:w COI'I . Ni□-{Xd ÿauJIIaCOtIUDOn0IlntIt • •o
oanoe ocvnott □-La CtilII -Q:ro' à *IAll.*1■para tasot CWnOO tt
□□ s.,aen w..ano.""I hlOn.-ailt ltt"

U. '"5utuclOn 1; 1r111Ca5i&a9(Naa6.,,&e9C00l'1011.Sopoones 1 o 2 o J
regia• etno,na,e NI□ oe SILd)'□ re.spea,va OJtliCCl6n

12. EJ p,rto tu. attended by HtKaon• □ , with 1.1'\1 equ:s (X), the
Otpo,_do _____ """"".""•ocog,óla"!)Cál-(&) Oira
□la._...,"'._.,,_,.(pelimo.a,ala!•- d)
u.Time...-16n _,.. ____ „ót-ton
.....-...a.,,11o ***** ____.-._ _ - -
de1conozca ono so posae□fr'WW *d* □dé□

IS. Ttpo CM p,ArtO IMrC# *COA1,:1t8* tql,#I (X)." .. oano □ nonnaf, QfiA,H o
'de'stooo>*o.o¡nLosaea-pc;Sb:::e elpJdr - -

r) Culmo lle Vllulon--..- obtl- lalc•como filtcops,ospál-
l!lt.

Il. Type•nacimitnco *rr-•tM* C'OIl una1<1'.11100 •et□f}'()(fO. to which
re&o<tOICfflkaoo espnwaooeu,,□un,coom<lllple

I. RIGHTS OF THE MAJORITY

17. - *C•/1* lI¡Mlido(•) ,.. """""""""" """""" ti__,__ do
-oelomad>e.a1.,,,._c1o_t1...,.flcadoyanowo!(1o>)
nomtH(s) and apetloo(s) w,,gun a.no aparenan,n tstti

I&. Document da□ mark with \ni eqt.IS(X) .. C.MiJ,'t
eon□yfla"'U.ti m, enbsta"10t!S orwt\aaosc,a,a ,111 end. s, na
-- docu□<WKJ□ MfflIICIooaon I. No MM. SI IS""ooa.menw
e_1oocac,on..,,_c,m:lf11U8laopo/,l2. P._,t

21. _.E_ ---,__-* ,,.....,,_ap,____,,,__ E¡

2'-Nunwodo Iffibo,LtOS,..ctuido of- - .. *-
cm,□ttrunerGdeetnlllrUOSO.lamaár•rduytNldoftp,WSl!1'1ht
____,·_-·.·.,..... p,o<l,ClODdt! ,..

25. "41Mto iM children neddot□s .,. N ttnioo. lindl.lldo • pn.Minte
HUlbt., altsplOO ca,□1!1 rlr:eroc,,.,_ MC:QOI""""o' ().,e1a
''''',,'''' _'}'''''}'} ''''''''

21. Cuintos hteot qu• NICJ!lfon onvoshan fl'tUM07 ncntw ene,npaoo
c:on□tl□ode□QUltNCIIfOftVNOS)'hanmt.w_, S.11
□ 91\□a:iva □ CMcnlHccn00

17.C-hifoaconctllódoano- ..... , . . , ,__
□ ef,untfOOl!hlp1iCOf'ICtlbaosflONICI80n Si.. I□H
--las ------- OO

..ISSUER DETAILS CEATIEICAOO

'''' ''
ce..fltt:aOO MttatInaa tlt""°"1tlr•air-.._m1ceduGI.vde avlllllrrna
_____-_ -*-•i.,oa,,locna
de..(plQÕÕn del'□

EnasdoeobHrvKlOnH al□ 111IN delnumo. enet hem
□ Rdtbe"l. .... ,WtnUSOI.Of□deatigun&s□
Oli □ ,L•po,_---•--•-•
□ tu!'O"ll:W• a::in-.o tYO at!*UI'1* de reg,sa,o y II twml coo• teto
COhts:, Jildiw.t.

IV. DECISION ON THE M.

In 9SIl sec:o6n la ff".a01'□ oedll'I bife tt de,-□QUe los *cMIOs*□ hA
p,ovetdG • a penooa 8'leDrfPW8 el Cenñcado st □ to 'lft'dad. are

-y--.yque....,,...,__leg ..... ypenoio>-
.....la"""'•""•0edaiaaón OOQI#lelMiallo20ClolCMgo-
Par- --•dé-.,.,__.S a,1os

V. PAAA USE OF THE STATE REGISTRY OFFICE CML

Eu ltCCl6n Hd □ y ..l:.'1UfOI &l&maft padrt o 1:&n1'iaJIS pa,.
□poeáa.,,□alrlKlÍ('! estÁao
Cr,,I

MINISTERIO DE SALUD PUBLICA Y BIENESTAR SOCIAL
REPUBLICA DEL PARAGUAY
MINISTRA

ABG. DALIA GOMEZ A
SECRETARIA GENERAL
MSP Y BS

\1 \\1 \1 PI' \OK\1 \\) I'HOCFDI\IIF\TOS

IV. **MOTHER**'S AFFIDAVIT

FOR THE EXCLUSIVE USE OF THE MSPyBS

The undersigned declares UNDER OATH the following

That the information provided for the completion of the *LIVE* BIRTH CERTIFICATE is true, accurate and complete. That assumes the legal and criminal consequences that may arise from this declaration, in accordance with Article 243 of the Paraguayan Criminal Code, with a private penalty of imprisonment for six months.

Signature _____ Acla<&CIOO _____ (C.W _____

Palmatoc6píca identification of the newborn
Footprint of **the** left **foot**

Mother's footprint
Index Finger - Left **Hand** Index Finger - **Right Hand**

MtNISTERIODI PtJ[8L1CAYB1ENEs aRSOC1A1.
O:R ICADO DE ACIDO VIVO

V. For the EXCLUSIVE use of the office of the RegistrationofStateCivil

igar de Nacimiento

Fe tdll doN–,, [ ] [ ] [ ] Har
011 A/lo

ibre de la persona

1 PfflmbU! from 1411S)@SCIOdi

quou,sooat.,...o

Parentesco C.I.C. Firma

nbre y Apellido del Funcionario del Establecimiento de Salud Firma y Sello

rito / Ciudad Fecha de Expedición Día Mes Año

MINISTERIO DE SALUD PUBLICA Y BIENESTAR SOCIAL
REPUBLICA DEL PARAGUAY
MINISTRA

ABG. DALANA GOMEZ A.
SECRETARIA GENERAL
MSP Y BS

.\\E\O 2 - FOH\II L\H IO DL \OTIFIC.\CIÚ\ DE P.\HTO REALISATION POH È□IPIRIC :.

(§)

WtNtlfBIIC) OC. SAu.0 ,'_.UC.A T IIOfUTAIII 90C&AL
CM.fCCtOI GIHO.AL CKINJ:QIUIIACCWrfUTM.Tf.OK:A OI SALUO - mc,es

FORKJLARIO NOTIFICATION OF DELIVERY BY EMPIRICA

1L **DIII'09 CIIENUIAUS DaLUT"81.KWNRI** ii

L-I>d<Solud _____ L--L---'----" 2.R<QiónSoniuirio:_____ L.LJ

J. District: LLJ I.Fechodo-(-.....-

1MRTi: DlmJ9 Da LA IWtTIRA liMPtlllc:A

S.11..-11Pano11□can _____

□o--toit.l<l<,I1idal N': 1 111111111 1.

l -ln(t1 yAl>dldO(sl: _____

1 PMTE: DA'IOS DE LAIIIIAIa

Yllecwai,.FedeM...,.,_tl_P___ yloley-...-

7. **FKN!dcf P.o.**___ ',__ ',____ **.k PnftlOen etdon-.;lo**

lOncclón(C.yH'): _____ JISlabal)lflOdelomodr• COt

l. Ooamentoel< lclenliclal N': 1 1111(1)(1) (1)111 1.1C·No•-

lO. -re(,tyApdlldc,(sJ:

11. Age: __ U.-___, _____ UPII oblo Ind- t

_____ NoAc,lc4 2.C..Ac,11:1.- _____

11.-CM: _____ IS.00-one: _____

■MKTE: NMDATA:IIMENI'O

(),oll-OIOawauda,.,.,.,1oe

1'.Sno: • 11...,..., *br* r:.rr«n, <Olrdolr!m l7. Type -o: 1 unco 2 □ lOTr,ple •OQáá\411eomál

11.LPl.,...RNNoaó; 1'"\-\lo2v- 11.2.Seou_RH_ lv\olvo 2."IIMl'IOlS<XoL0Mu:llh>b0Femennoc0-

11.1.TnploRNomú:

fllllMff: AIIMADI LAMInaA IIIPINcA

1IFffll&: _____

VIIJUI'M:**DA'ImDI LOI IUIIGOI**

11.T□I:

1-o .t.lclenlidal N': 1 111111111 1.

2.-t(t1 yAottt,lo(1):

1Soo: I.NooorwWad: maycrdolllld,C(lft. 5.1.o.-CMI:

1, Domiciled(aj""

"""- onelo□ dottara..., """9JO ti pano encu,s-

7. FifmaTHligo1: _____

lll Te119<>2: _____

L Document of donation N': 1 1 1 1 1 1 1 1 111 .

Z. Name(,t Surname(I): _

Gender: 1.First name: _____ m&\'O de lillad,con. S..i...- a.ti: _____

t. Domi:iloodO(l)llf<

(Jl.en,. **IV1r II Law oeellwap** **uesbgl,6 d** p¡lltO enCICSb0n.

1. FifmaTHligo 2: _____

Attach photocopies *of* the identity cards *of* the Empírica. de la maore and the witnesses.

ABG. DALANA GOMEZ A.
SECRETARIA GENERAL
MSP Y BS

MINISTRY OF PUBLIC HEALTH AND WELFARE GENERAL
DIRECTORATE OF STRATEGIC INFORMATION ON HEALTH • DIGIES
INSTRUCTIONS

GENERAL INSTRUCTIONS.

LIVE BIRTHS

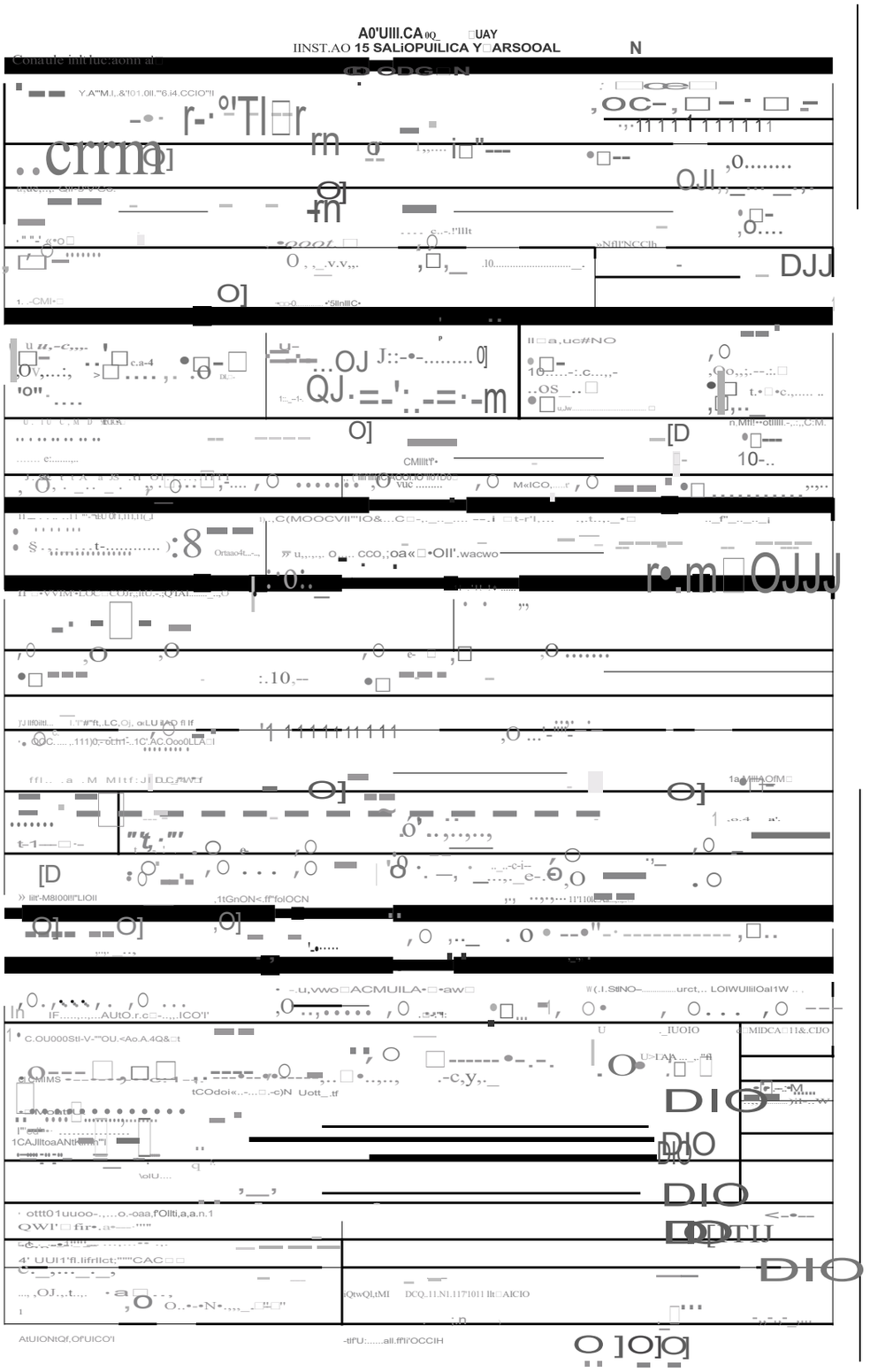
In the event that the Emplrlca carries out the procedure, she must go to the nearest Health Establishment, accompanied by the mother and two witnesses, to report the birth so that it can be endorsed by the Director or Manager of the Health Establishment or USF. In this case, when completing the Birth **Notification** Form, the Certificate will be issued under your civil and criminal responsibility. Non-institutional births must be reported to the nearest Health Establishment within a maximum period of three **(3) months.** Under no circumstances shall the Live Birth Certificate be issued at the Health Establishment without the **Birth** Notification or without the corresponding tests.

FETAL **DEATHS**

For cases **of** general miscarriage that are attended by Emplrlu, she should go to the nearest health centre, accompanied by the mother *and* **two** witnesses to confirm the miscarriage, so *that* it can be **endorsed by** *the* Director or Manager of the Health Centre or USF. In this case, the **Birth Notification** Form will be used to issue the certificate, based on their civil and criminal responsibility. Non-instructed foetal deaths must be reported to the nearest Health Establishment within a maximum period of 24 hours after the expulsion of the foetus. Under no circumstances will the Fetal Death Certificate be issued without the Birth Notification referred to in the previous paragraph or without the *corresponding* witnesses.

ABG. DALANA GOMEZ A.
SECRETARIA GENERAL
MSP Y BS

.\\1-.:\0 3 - Cl•,RT[FIC.\DO DE DEFI \CH)\



ABG. DALANA GOMEZ A.
SECRETARIA GENERAL
MSP Y BS

IIF \OIt\I.\:-. And I'IIOCEDI□!fI<'I\TOS

I'i□PIUIA LLIHAA The CERTIFICATE IIE DEF\MCI)N

The CERTIFICATE of DEFENCE...as pq,osfO- nornacoón
es,..¡;.oca..,...,b,ra-.c..,¡lilIyellde1MIlel-10pa,ala
□ of the IUIQIUCiOn dernmac,QI and P«l laf1S(1c,c,on
delh«:flovW
tn *ti* R<911u0Clvl.

U \aLIOEZ DELCERTRCADO Dli:og::IJNClclNU GUARANTEED FRMA
Dli:LAPSASONo\ QUIilO ILIHA, QUIL.N A U VEZ !.RÁR□
08.00NrEHIIO DEI.MISM:).

GENERAL INSTRUCTIONS

1 T[redacted]rm must be filled in completely and legibly.

2. No. 50 mUst not be used ABRI."'-'TURASo SIGlA.$ffl fWlll-"'O of the species
dett"*"""".
lEs •□lehoce, las -.....,.po,a_lo ___
e□• yw,az. P-""ICóo5 1a1 <WOs ....,mpa.,,...pa,alai _,.,.,.
seaidy el Reg,st,o Ct11□
4.P11a•l!<:todoponu,a, lacalídad. trndat -- yeyta,
clJ¡llícaccnes, *ti* a,n.(,:a,:t,•• l'llla pu,une,111>; por lal 1azón. NOsi;:
ACEPTAN CBI□ADOS LLOIADOS *EH* F-OIOCOPIAS.
S. When a form is added to it –"""'"'"""–"'omol
•-□--•.,·--ynodeslrul'Se,pjra ....,""11idoal1
, ..pecívaRegío<l5ar1.,,,.que1o envwt ala Die«tOn oo BtadilbC115..,
SaU11- DlGIES of the MPSyBS.

QUI€N De3i;:LIDIAR a a:RTFICADO

Ele□ c. DelunetOn debt has been filled in. .,, su«o.n by ei
- ratan1e. the modest UlWte. *ti* meócololens•o by persmalde SMJd
awr2.ldc\ en□ a,¡¡are< endendenoseclIfflec«unódito.

When the Oelin:iOn ••• cc•llmloda by a m,dir;o. dchopole$IOOII<>la
OBUGADO to lenl!! tlCfflIlludoot Odunc"" ensu- If the
dd.n;,on is not□ , or a doctor. the """"1ol40que-.,1lkfence a tas
Causes of delusion NO DEMi:LLDIARS&: in this case... **Lena!**anlOl
espocus COtteSpcr,clOenl<sa lm oum,,ales I al 39 lS<v(,,l ca-pa,cla) and ei□!
ol4S.

Pal1llos casa.dl!muenc,-- étfflli:ado__- ,__ enlo
pa;llIle
paunfflfOtc:Oloftnit.

OONrEHIOO

The C..t.líea<**lOde** Ddncát **OOládlvddo** in S"1S pitt-s
.. The **p<,nerapa,te** ! GENERAL INFORMATION (prl'QUlll&S1 **to** 17).eslá
O05111adaAIO(llIlUWlosdall00 rtlatlONldosconla **-rOnytllallOC-do**
1:tLa s<lj¡Wdalll1ell VIOLENT DEATHS (prf!¡UllaS l8 **to** 20) ts ooiao
"""•tto pera tos cases of rruenes *vdentas.* **o poccaus.a. e,ctttrrc**.
c) The ttrccsA IJOn' litDERJNCÓNFET.Ai.OIEONATAL(l,_,,,21&34).
CCJ'ttfffl1')IIMP'ICiOS rt:Zt:IJNdDS with deft..n;c,nes te1ales or neotWWde's and
<lalOSde la madre
._ Lacuuupone IVDEFUNCION DE MUJERES EN EDADFERTIL(10A54
AlilOS) a,,eou,-. 3Sa 37). ""1(emp.aapec10S1elat"""""" with
delurrt,;Jnes a-05 in Nlod lo-bl with et,,,decaciai la rnollaldod
<!□"::□ □ □ =.:.i'&i;'".,.;!';':□ .tS(á
-•cons-las cao>as -aMdo ladefunciOn, ola causo
prd>able of the function tn m ca,m == by him) OfSooal no
mr!rdco (de.- owrlzadc$, and<WOs deb
pe,.io,,a ClU" ,,peled Ceflkalo de defurcrOn.
□ l.Osaa paste. VI DETACHABLE. <xII□alelg,5110de DSdalo5
necrsll'OS pn "'11'eg,v ala;□ypiralllirsap::to,, enel Roo,s11odel
EsI>Clo C.,l

SPECIAL INSTRUCTIONS

AcanllUICCln se_,alg toBs do la5 pr<9lfllM delc.ntrtada de
Ddl.rciOn –•–"'' ""pee""alfffleroncuam,"'

1eoac1o. L □MACIONGIHERN..

l. **l'llellb** lndig«1a: si..,,, deceased/aro is **chronaro** oounptJO!lllo nfigenano
COt,...n,,.. 1ft ildcac'6rr ClOpuollbrcligena.mai,vec011una Xla«-<lt"No **A¡lica**. S. ""l lallec,dof4 es019Wo de unptieólordlQen&. mwque conune Xla ,,..,,.-□ca·.11"9Uflle au tamtwes **de** <JJe p.Jeillonrfillena<esy
[ ] —
1. Slio do la dduncldn: man:arc011""«1111(>)() in III casia con□
111srlio- ocálró lllIdelmcót Enca,ode **eleQrr** lrla1te1114111a --Oirá".
tsaba """"linea.....- OCIOlÓla detJncaln.□-
ffelrioi. e r: 10, **tlttlución: Sfffllrl** casia9(S...de IIIdefl.wlcil'tj
Seiec:ClOl1) la op:,on l ó 2 ó l **reoi**,tarel non'llredel Ot!11flÍSmo de
!IiWd.□endoelselllodela inolll:1Oll y su n,spocu,a dir<a:oón.
15. **lw&de rnldencla**: mere•ccnunà..,,_..i¡xjenla culacrresl>O"d-RQ!6J el ir..,cudlld(Ulbonl) o *enti* - Jural oo lo r.-.Cio
l!iIl!!lllllde la ..,._quefalleco.
11.- **death grip**: CMls nlOtnaciOn dlsponi,lt. espectca, sila -fuedeerigenlllllural (No volenlll) ovlOlenca (c..,ae,c1..-na). LA
ta$llt.·En .. ludio·, .. lSIlsoloawclOatmcmer<odeltfWeic<ruli<adono
..,h.a□eslábleaf lac""5adeb """""""pa esnr l)tnOie<,le.Cresulado defonotropiil.
17. **centtc:adoexpedidopor**. m,rea, conuna oqug ()()loopclInque
<XIIIH..,._
IL.IIIJ5RTIiS VIOLIHTAS

La<a>lacarespcndlefuamue1□'B\C$-.dío·, sOllrnlolllepuede str **tJlzada** by mtócos óe t.!<dCN Legal.(M6lco **lo**(..... ,i

11. FETAL FUNCTION □**NIITN.**.

u.nar,,,..ptlQUlll&Sdel 21a 1134,queca1esporc1,n•- delo ffll<lrey del fetoóre<>tnnacdo.

IV. OS:IJHOÓNDE MUJSIESEH EDADF9ml.

LlonarlasprlQUIIlASJ5.36y37<111defumóncartSponcll!auna.....,,e111• l0ys.stalk&.

V. CNJSAS OF D8'UNCIÓN

c:aisas dt the <Function: for this family... use the model
lrurnaccntlldel Cellcado - oo Dtl\n:ióndo1t.OPSOMS. *ti* C\111
- srita:-laoauNllúlcadeladellftron y prock• **es!adtlbeas** do
mcnaldod – -• losd ... tntespal....

The **ea,**sabaicado111,ra.oene sec:ltfnt tonW>:'Latrrf<rn,..,,,,oltstón that **INCIO** the ClIOtfle the, acon,ec.,,._._paloIóQc:M-c<n14e1011dlec.,,,_ a .. muen.o .. arcunsllllCm llel-- 0VUMII que□fa-faurl'.

E.5la tnlolmac:tón solo poóá "" <llr:ierclICla PO<un **MB>lOO**.cpen estA , mepcondtciOnque cuolQu,o!oua """""""ll'lf&ckrdllquécau,a1)61dog,ca □o.□atomueru..yporastllalerlo,-nnedades antecedents.s.sltxl!!tn. that give rise to dic:hacau,a.

8moóebU11iialoC011l1&de-□

lwtel: lleneCIAIZ0, engt>nts(a.b. cyd) ..... , UNSOLO DIAGNOSIS OR TERM *IN* EACH ONE;:i;uos:

R""9lllna): - ...,.....COU5A0 os- pntoloQ!co quedtecumtn!e produpIll *num* Ra,glónb): debeseru.. ,_ a.ilndoSt constlefe quelll arusalllllofmoda en&)... deoo o u, ong,_ PO< ..w,taüSA prev!!I. Renglón e): **d!tle**"" **leMd>e-•**a,rsderequ,,**enla** 11etunclón estWI!rC<\ nvou:•adas reoc.....lle *modo"'"* lo •t91S•-.,, et,,,;lln&J.... - a la''''moda'"et line b)y¯éota.a **suvo:r**.fue **0tigNdaporla** queSt =t>e•nelreo,;pln e).
1ijen"4)1:>s:

L **S.i--** Dlnciónlda
2. **Glng--.Duration** 27 days
3. **Dill>etH.** Duration 5 days.

R""91ónd□ dl!!>e Se1llenodocwndose a>nsd<rC QU4' in ladelln,ión es!UIIIOlOl>llV<lUC:tatl5cual!0eausas.de--lo•<Qisradatnetleng!Ón •□sedebó ala Worn-en.crerolón!$. é>la. • su vez. tue«lgowla por la that5"escril>e tn **et**•onotóntJYéota.a""v..... lJeot,gnadel)Otlaquese descrl>e in the r englórl".

CUll>**do-=** n-.s óe """ e''''•tn eicenticlllo, must ltn<r una,owencia l6Qica.de abo¡o hiceMI>&."''' sernrcatn el □tmo□ llenado. ri,**ebien** puede...,b), C) od). pero que--• it will be included in the r,roión111.Dli:
OTHER FORM **tO** CERTIFICATE **ESTAMAL** Ll.91ADO.

Dt ts!AnMefa.la''''''''' **búica**, t"9"blldaen .eultilnorq!l>ult \\ P- 1, es l\queOtlQll4 aigunt,>OOIll>icaciones(OXRCum:**m** <lt la ca&abálca) quedebensor tegooadl5 tnimln.asde••ba(a. byc). **Lal'**.únede las a,mpicacmes o ainseru,ncm. rOQl<llilda en 1a tf''''a), es1. ... i.cause.
tNnaM ofnmtdlll& o ca,sa. diNlctade 111R'LIlStt'.

Not strictly necessary - t- **los**_,__..... "'_,_**If** the cause that -,cetna). described by eorrplclo bdelulc:rónry and does not stoobl6a nngonaouCIIlStlanli!:C-..**entstec:am**,□ in - loo **!ffllllbnes**
bl.c) and d)

lwtt•: ••det.- ei.elqu• ouo u **Ollao..aados**□**os.**,_._ que''''''''''' ca>trC>ur a tomuerte. pe,oc¡ut no esttMOron11,u:..- with **the** tal&SAbase& rrlOtmad>in Part 1, lines 111, b□C)Od).

Laaunna.,._ ""''''**maooenue**.icomrtnm doCalAell!SA and ta-·
(— _ haas, days.s"''''''''5. mtSes oallo&), ay- **alm!dicoa**.,.,_

C<ltfteC- **l-a** de6COlIleCrmientors **que**□**"la**...,.,,. y t'"ililaclespuesa! codiitca the selection of the tll<M basis of **theadtUl:lO!**\. Logically, 16 caaaque apa,·12011en aJlendtármtnOStiet,wQU4b" deb)y and that of c) and d).

4L **lrllertuin cerif-n mtdim:** esiaco, la **lletles" lleredtl** tnbs cases in qceelCfflAicadosea.. pedtdoPO< peisooaidewud auwtadO -• i"ljS!Ilr foe-• p- of the –

The signature of the doctor or healthcare professional who •,cpld• **the** certificate, entails their civil and **criminal** liability.

FOR USE BY THE CIVIL REGISTRY OFFICE
That section, **dtsp**..– and **se**.._**alamadre** paOre or fan>io,es pe,a to register the deceased in the civil registry. CNly proctdefalainmaciOndeln"'mo

ABG. DALANA GOMEZ A.
SECRETARIA GENERAL
MSP Y BS

VIA DE INFC ICION DE LAS ESTADISTICAS VITALES – SSIEV

MINISTRY OF PUBLIC HEALTH AND SOCIAL WELFARE
STATISTICAL SYSTEM OF FUNCTIONING

No.

Cause of death _____

woa, ele Death _____ Fedlft ele Dtfooctón [I] [I] [I] Dta Month Year He.a:

Misc □ O Ferrenino □ lndelfllldo O

W eleCe1llll eleld!!fUllllll di!!l\aFalecclola _____ Indlgffla_____

Names and Aceldos Clt"1 Fel!!Cclola _____

Names and Aceldos ele the Macte _____ Age

Names and surnames of the Pacte _____ td&d

Name and A()elldos det f'toles10n11que as,stJó _____ Title _____ N"de Reo._____ Frmaystto _____

Name nlormente _____ Parmtesco a,netlalecldo _____ C.I N" _____ Company _____

Name and Address of FLn:onaiodet Establishment of Sa1'd _____ HmaySetb _____

Destruction/Culad _____ Fecha de Expedición [IJ[IJ[IJ Day Month

G. MEZA.
.:(GENERAL LETTER
□iSPY BS

,\\EXO-+- SOLICITATION) OF CORRESPONDENCE :(]Ú\ DELCERTJFIC.-\DO DEFt □CIO.\

f

1. Solicitud de Corrección N.°

MiHISfBUOOf: SALIA) flUllUCAY ■fHt.slAft SOClAl
Dlll«CJON G<NtAA.L Dftt,¡1J:atMACIÓNESTitATmCAVC SAI.UO- OIOlr.5

REQUEST FOR CORRECTION OF DEATH CERTIFICATE

GENERAL INFORMATION ABOUT THE ESTABLISHMENT WHERE THE DEATH OCCURRED

2. **EtpecWidm:** l. O C□niea Mé<k:a 2.0 CrUQM>3 O Gynaecology-Obs1011oc1& 4. o□ras.O OV01.

3. □ll>deSAlUd· 4.Rt9iér>Slniloril: LJ_j

5.llislri!o: L_1_j 6.l'ech&deDefunc:ión. Hora Min

1MIIT&: D«l'OS 0ELJLA FALL.EaDOtA

7.Doc..,..,ntodeklfffl!CaCtOn: l.OC. ldot1dad 2. OPUap(JteN"! 3.O.Notrne 4. O l'b is known

8.Apdidol(s) *and* Ncmbn(s):

(Se¡µ!-ece acllútlenk! enel cstñ:lldodedelunclCll

□: CONL:CQÓN(H) TO THE DEATH CERTIFICATE

t.Correction(e,J II Certificate of Function in question:

(dlllonCatttttt$ debeser (.) (.) (daloCQfll:lq

(datellOOl'l«dtt -ser (dllloconeclCI

(datoncorreclOj .... (datoCU!ffitt

(ólllll)n:o,,ecl0j del)e,er (dllocor,ecq

{MIO""°'AOC10I __,•,•• (da!ocu,ecq

11PART: DATA D&1. PROFESSIONAL WHO PERFORMED THE CORRECTION

J0. Document from ldfflid,d N':1 (l)

11.-re(,!yApdliclo(1):

ll.F«II& [O,DJ,l+

12.Flnn_ay

Pl PoMT"a:OAIOI Dlil.mtECTOR OR &NCARGADO llliL &STA&SQlaliN10 WHO signed LACORRICQÓN

M. Ooclmerao de lclemldad ,,_

15.-re(ll and Appendix(es):

16.Signatureandstamp:

17. Date: [O ,[O ,

,,/

B GOMEZA.
.t.\..'.Rf."fARIA GENERAL
c1 \\SPY BS

@y

MINISTRY□ IALU> -.i■UCA T IIDUTM.SOCIAL
DIRECTORATE□fRAL□ IIiifOIMACIÓN UTitAffGICA Di $ALIJO□OC.,f;I
tNSTftUCOOMU

lnltruc:ciona pon1el □ **dt** laSolé:iludde Conea:16ndel c«tllicIdo ci.Dolundón

LaSolcU!de OxroccónclelCfflificado **dt** Oelurl:ón tJeno torYDP<Cl!l)silo r<eogorlacc,necc,onde enores. Í'IC<JISi5bn:raso delí:f **de1nkrmlciónen** bs Cfflilcadosde Oelulcón. cm1tlrs **-esladlsIltos.que** so aplcalJel¡Cldela< prooesc&deta **ev.,._yanálss** cmit<>de bs ctnilicodm. The mcdillc"""5queserealicenabs Cetdicedosde Oelln:iOn nopumen,n rw,gúncaomodilcar e1Regguo0,t dtOeluncloncaroespondien(e.

The request for Oxrec<:**óndellese** S0kado a u..,,.dec:**ar'IUllCCiónescre** par el Ottct..- o Encargadodel Establecmenio eleMortaldadHosfi,1111,•111 p,olesIOfIIIlqueecpodióet □oe Oelunciln, who should pay? In i.i plluotnilcmodtuna Se<reM. PftM)anIlsadttaH1110raClnoca ddfillecllO <!nll **insUU;**oónCCIR□

The – - - - books.

No abbreviations or acronyms should be used.

It is essential that the application be signed by the head of the school or the person responsible for the child.

L• *IOllctud*□ Conwccil!n **et.l** *d- in 5 copies:*

I. The first phase: GENERAL RULES OF THE ESTABLISHMENT WHERE THE WORK IS CARRIED OUT. (r□ 1 **to** 5). e5lácIt,;madae r<**Qi¡1a,** Delosdel Gtne<eles clel BlllllIN:lllienlde5-JCl QJ>Oc oc.. nó **la** defU1ci6n.. Matque con X III opción caroesfIl)II(ItefM **de** acuerdo al «.w:ío - oo..ró .,.. oe!Urclón.

el "11ille and the code **Es–**. .-d 5 e M J d dandeoc101i6 la óriun:**tcln** □ ;; B-mrnro cle .- l-bs¡,1111GeieraleleS.*roObt-,* •• cm,those who are found,**al,**.1St!M IMRadas pa,**ala** □ .,,,eneloslalIleo- desaul), E,crl>aen rúneo ,.,,,,,...,.**laRegións.nlWia.** **Itl!UdOdel nomtn.** - .. --located in the **EsIIIbloci'nl!nlode** Sill,**d□plo;** X\11I1R.S. -Cepuf),111$ c:esIIIs IIImolSt!MI)I(AIIIC□ltiOn.**Esabulnomtre** del Oislrio ccr,_,o,ertc to the RtQIOII s.inu,,a- is located ul:M:ado the Es□ of Sakld ❮ □ :: Cei>«al), lis casllls al mol St!lin **""""a la** Ccxliliekoón.

11. The second section•I FAA'TE: OA10S OEULAFAUECIOO/A',(P<<QU111&$6al 7) is linked to reQ&bor Oa1m ddlalalecdola.

111. The third section: FAA'**TE**:COR□CON<ES9 AL CERTIFICADO OEOERJNCI)N", (I"eo,n& 8), cc,n<'SI)If the **information provided** is incorrect, please contact us **at so that we can** correct it.

IV. Section 111At.RTE: PROFESSIONAL DATA. WHO PERFORMED THE CORRECTION: (P'9UIUS 9 **to** 12), are -...:tasar**<QISII•** bs dliizdel prolrslonel□ **performed** the correction (N' dedoct.rner10 *dt* denlldil1 Appeal(s) and Name(s) cornc,lelo. their 11'1111 and personal details) *and* **the** form **that** is filled in is... sdtiud a1e- of **Mar1olodad** Hasptalano.

V. The QUO'U section, PAATE: OA10S OF THE DIRECTOR OR PERSON IN CHARGE OR THE INSTITUTION THAT REQUESTED THE CORRECTION. □ 13 1116), eslán<lesanodas a rco,**suMIOs** dalosóel O.ec10ro I:ncNOfldOdel Es_,_ oe Saul que soi:10 lllcooecx,on (N'oe cttlllllefll) oeirlenf.dNI.**"4>eldo(s)** *y* Name(s) *r:crrj,lrto,* signature and sdo PtfScrlll) *and* the l«haenque se,_eesta solidudII prcfescnal queexpidi6 el CtIlicadooedeluncíón encueslrln.

1
L_____□

AM□□ZA–
SEC'Rf.TARIA GENERAL
"- MSPY BS

.\\E□O > - T\BL\ DE PL'EBLO□ I\DI(;E\ \S

Codes	Guaraní Language Family
41	Aché
42	Avá Guaraní
43	Mbyá Guaraní
44	Pái Tavytera
45	Western Guaraní Ñandeva
46	Guaraní
Codes	**Maskoy language family**
51	Northern
52	Enlhec
53	Southern
54	Enxet
55	Sanapaná
56	Toba Maskoy
Codes	Angaité
61	Guaná
62	**Mataco language family Mataguayo**
63	Nivaclé
Codes	Maká
71	Manjui
72	**Zamuco language family**
73	Ayoreo
Codes	Ybytoso
81	Tomáraho
	Guaicuru Language Family
	Qom

Source: Census of Indigenous Communities in Paraguay. 2012 Census
Note: The 2002 Indigenous Census recorded 20 indigenous peoples in the national territory. According to the proposal of linguist Hannes Kalisch, the names of the Toba and Toba Maskoy peoples were unified. Thus, the 2012 Census identified 19 peoples.

ABG. DALANA GOMEZ A.
SECRETARIA GENERAL
MSP Y BS

SIGLAS UTILIZADAS

DIGIES: General Directorate of Strategic Health Information

DES: Directorate of Health Statistics

IPS: Social Security Institute

MSPyBS: Ministry of Public Health and Social Welfare **SSIEV:**

Vital Statistics Information Subsystem **USF:** Family Health Units

UNA: National University of Asunción

PAHO/WHO: Pan American Health Organisation/World Health Organisation

ICD 10: International Statistical Classification of Diseases and Related Health Problems. Tenth revision

ICD-11: International Statistical Classification of Diseases and Related Health Problems

r\G, D, >.. GOMEZ A.
·ICRf.TARIA GENERAL
:,, _., \tSPY BS

BIBLIOGRAFÍA

Republic of Paraguay. Law No. 3156 of 2006, Ministry of Justice and Labour. Directorate-General of the Civil Registry. Asunción 2006.

WHO. "International Statistical Classification of Diseases and Related Health Problems." Washington. 1994

Republic of Paraguay. "On the Civil Status of Persons." Law 1266 of 1987. Ministry of Justice and Labour. General Directorate of the Civil Registry. Asunción 1987.

Republic of Paraguay. "Health Code." Law 836 of 1980. Ministry of Public Health and Social Welfare, Asunción. 1980.

Republic of Paraguay. "Vital Statistics, Standards and Procedures." Ministry of Public Health and Social Welfare. Directorate-General for Planning and Evaluation. Asunción 2004.

Republic of Argentina. "Thematic Glossary of Worker Health in Mercosur." Buenos Aires 2009.

Technical Planning Secretariat. Directorate-General for Statistics, Surveys and Censuses. "Atlas of Indigenous Communities in Paraguay. Asunción. 2012 Census

GOMEZ/\.
GENERAL
,1sPY BS