# **Implementing the Regional Action Framework on Civil Registration and Vital Statistics in Asia and the Pacific**

**National Progress Update Template**

Dear National CRVS Focal Point,

The Assignment

As part of the reporting structure of the Regional Action Framework on Civil Registration and Vital Statistics (CRVS) in Asia and the Pacific (in the following referred to as the “Regional Action Framework” or RAF), by the end of 2015, members and associate members are required to submit a baseline report to the ESCAP Secretariat through their designated national focal point.[[1]](#footnote-2) Further, the Regional Action Framework specifies that the content of this report will be as follows:

1. Most recent nationally representative baseline data for each target;
2. The national target value for each target;
3. A progress report on CRVS improvement activities;
4. The report of any comprehensive assessment conducted in the country, where available;
5. Any national CRVS strategy, where available.

How to Complete

The present document is intended to facilitate the compilation of national data and inputs for this baseline report. You are invited to **complete the following questionnaire in consultation with your respective national CRVS counterparts**, or, in case one exists, through your national coordination mechanism. To assist with completing the template, please refer to **the Regional Action Framework on Civil Registration and Vital Statistics (CRVS) in Asia and the Pacific**; as well as the **Guidelines for setting and monitoring the goals and targets of the Regional Action Framework on Civil Registration and Vital Statistics in Asia and the Pacific**.

We encourage you to provide quantitative data as far as possible and supplement with qualitative data/information. We are conscious that not all countries will be available to produce baseline data for all of the 15 targets.

How will the results be used?

All inputs provided will feed into the regional synthesis report which will be presented to the Commission during its seventy second session in May 2016. Thus, your inputs are critical for elucidating the evaluations made and actions taken to improve CRVS systems in your respective country to date and to provide a starting point for identifying remaining key gaps and issues and what plans are in place to address them. At a national level this process can provide the empirical evidence to support the mobilization of national resources and, if relevant, be a basis for donor support.

The questionnaire comprises 33 questions. Questions 1 - 5 assesses the extent to which countries have undertaken the specific implementation steps of the Regional Action Framework, which includes aspects such as establishing a CRVS coordination mechanism and conducting a comprehensive assessment. Questions 6-29 relate to national target setting and the supporting baseline data used for setting the national target values and questions 30- 33 focus on any additional national targets, if applicable.

As outlined in the Regional Action Framework, countries with existing similar progress reporting structures may provide their reports arranged as those structures allow, for example as part of their national CRVS strategy.

Please submit the completed forms, in electronic format (ideally in a Microsoft Word format) to the ESCAP secretariat at stat.unescap@un.org, copying Tanja Sejersen and Wannaporn Sridama of the ESCAP secretariat at sejersent@un.organdsridamaw@un.orgby 15 December 2015. Any questions or comments can be referred to Tanja Sejersen.

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| **Country Information** |

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| Country | Bangladesh |
| Date | December 15 2015 |
| Name of national CRVS Focal point or official responsible for coordinating the baseline report. | Mr. Bijoy Bhattacharjee Additional Secretary (Coordination)Cabinet Division |
| Email | bijoybd2002@gmail.com |
| Phone number | +8801711483845; +88029513301 |

Instructions: The Regional Action Framework (RAF) outlines a series of steps to be undertaken by each country as part of its implementation. This section of the questionnaire assesses the progress made by your country with respect to the implementation of those steps. Please provide as many details as possible and attach any further relevant documentation.

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| 1. Establish an effective and sustainable national CRVS coordination mechanism comprising all relevant stakeholders. [RAF paragraph 43, 44, 62a& Annex C]
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1. Has your country established a National CRVS coordination mechanism?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes | 🗸 | Go to Question 2 | No |  | (If no, go to Question 3) |

1. Who are the members of the National CRVS coordination mechanism?

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| The National CRVS coordination mechanism in Bangladesh is called the “CRVS related Steering Committee’’. It is comprised of the following members: 1. Cabinet Secretary Convenor
2. Senior Secretary, Finance Division
3. Senior Secretary, Ministry of Home Affairs
4. Senior Secretary, Economic Relations Division
5. Secretary, Ministry of Primary and Mass Education
6. Secretary, Ministry of Health and Family Welfare
7. Secretary, Prime Minister’s Office
8. Secretary, Education Ministry
9. Secretary, Post and Telecommunications Division
10. Secretary, Election Commission Secretariat
11. Secretary, Planning Division
12. Secretary (Coordination and Reforms), Cabinet Division

Members1. Secretary, Information and Communication Technology Division
2. Secretary, Implementation, Monitoring and Evaluation Division
3. Secretary, Local Government Division
4. Secretary, Statistics and Informatics Division
5. Secretary , Law and Justice Division
6. Director General Bangladesh Bureau of statistics
7. Director General Health Services
8. Director General NID Wing, Election Commission Secretariat
9. Project Director, Birth and Death Registration Project,

Local Government Division1. Project Director of the Access to Information Programme, Prime Minister’s Office
2. Additional Director General (Planning and Development), DGHS

Special invitees1. Policy Advisor, a2i Programme, Prime Minister's Office
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| 1. Conduct a standards-based comprehensive assessment of your current CRVS system[[2]](#footnote-3)

[RAF Paragraph 62 b.] |

1. Has your country conducted a standards-based comprehensive assessment of CRVS?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes | 🗸 | Go to Question 3.1 | No |  | Go to Question3.3 |

* 1. If answered “Yes” to question 3, has the assessment been accepted/endorsed by your government?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes | 🗸 |  | No |  |  |

* 1. Please provide details of the most recent assessment below. Please also attach the report of the assessment of the CRVS system in your country.

|  |  |
| --- | --- |
| When was it conducted? | 2012-2013 (year) |
| Is the report published? | Yes √ | No |
| Who were the stakeholders involved in conducting the assessment? | *(If the country assessment is attached you can skip this answer)*Comprehensive assessment report is attached herewith |
| Did you receive support from any Development Partners[[3]](#footnote-4)? Which ones? List all partners | *(If the country assessment is attached you can skip this answer)*WHO, UN-ESCAP |
| Can this report be shared……..? Yes | On CRVS Website? | Only with Secretariat |
| Yes √ | No | Yes | No |

* 1. Do you plan to undertake a standards-based comprehensive assessment of CRVS in the future?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | 🡪 | If answered “Yes”, when do you expect to undertake the assessment? |
| No | 🗸 |  | N/A as comprehensive assessment of CRVS already done |

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| 1. Develop and implement a plan for monitoring and reporting on achievement of the targets, including reports to the ESCAP secretariat.[RAF Paragraph 62d& 62e]
 |

1. Has your government developed a plan for monitoring and reporting on achievement of the Regional Action Framework targets?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes | 🗸 |  | No |  |  |
| If yes, please attach your monitoring and reporting plan. | Attached herewith |

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| 1. Develop and implement a comprehensive multi-sectoral national CRVS strategy. This strategy must align with the action areas of the Regional Action Framework. It should count with political commitment, adequate funding, and a clear delineation of responsibilities for stakeholders. In order to establish accountability for the implementation process

[RAF Paragraph 62f.] |

1. Has your country developed a comprehensive multi-sectoral national CRVS strategy?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes | 🗸 | Go to Question 5.1 | No |  | Go to Question 5.2 |

* 1. If answered “Yes” to question 5, please provide details of your comprehensive multi-sectoral national CRVS strategy.

|  |  |
| --- | --- |
| Was the strategy endorsed? | Yes.  |
| Did you receive support from any Development Partners? Which ones? List all partners | Yes. UN ESCAP and WHO |
| When was it developed? | 2012-2013(year) |
| Was the strategy developed through a consultative process involving a national CRVS coordination mechanism? Please explain  | Yes |
| Is the strategy published? | Yes |
| Can this strategy be shared on the Asia-Pacific CRVS website? | Yes |

* 1. If answered “No” to question 5, do you plan to develop a comprehensive multi-sectoral national CRVS strategy plan in the future?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | 🗸 | 🡪 | If answered “Yes”, when do you expect to undertake the strategy? |
| No |  |  | During the development of the existing strategic action plan, it was confined to birth, death and cause of death only. According the CRVS related Steering Committee, this will be further developed in 2016-2017 by including marriage, divorce, adoption and migration (in and out) along with birth, death and cause of death.  |

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| **IMPORTANT NOTE:** PLEASE KINDLY ATTACH ANY COMPREHENSIVE MULTISECTORAL NATIONAL CRVS STRATEGY, PLAN FOR MONITORING AND REPORTING, COMPREHENSIVE ASSESSMENT OR ACTIVITY REPORT ON CRVS MENTIONED ABOVE.  |

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| 1. Countries have agreed on three goals. Associated with each goal is a series of specific targets that countries are expected to set in 2015 and achieve by 2024. In this section you will be required to indicate the national target values that you have set for each target and provide the available/ supporting baseline data which was used for determining those target values.[[4]](#footnote-5)[RAF Paragraph 62 c. 63.a.ii.]

As far as possible, please provide the available quantitative data. In cases where the data does not exist, please provide qualitative responses. For further guidance on potential data sources, definitions, and other issues, please refer to the *Guidelines for setting and monitoring the goals and targets of the Regional Action Framework on Civil Registration and Vital Statistics in Asia and the Pacific*.  |

1. Please set the “national target value” for each target5in consultation with relevant stakeholders.

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| --- | --- |
| Icon_Goal_CivilReg.png | **Goal 1: Universal civil registration of births, deaths and other vital events** **[RAF Paragraph 16-21]** |
| **Target 1.A**. By 2024, at least 100 per cent of births in the territory and jurisdiction in the given year are registered. |
| **National target value:100%**  |
|  | Number/ Percent | Year | Source of the Data Collected | List any limitations of the data or challenges encountered during its collection. |
| **Estimated number** of live births within the year \* | 3,005,776 | 2014 | Sample Vital Registration System (SVRS), Bangladesh Bureau of Statistics (BBS).  | This is sample based estimation; therefore it has some standard errors in built within.  |
| **Total** Number of registered births within the year of occurrence | 385,646 | 2014 | Birth and Death Registration Project, Local Government Division  | 1. Lack of awareness among some sections of population.
2. People are less interested to get the birth registration of their children before getting admission in the school
 |
| **Per cent** of births in the territory and jurisdiction in the given year  that are registered | 12.83% | 2014 | Birth and Death Registration project, Local Government Division | 1. Lack of awareness among some sections of population.
2. People are less interested to get the birth registration of their children before getting admission in the school
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|  |
| **Target 1.B**. By 2024, at least 100 per cent of children under 5 years old in the territory and jurisdiction have had their birth registered. |
| **National target value:100%** |
|  | Number/ Percent | Year | Source of the Data Collected | List any limitations of the data or challenges encountered during its collection. |
| **Estimated number** of children aged under 5 years in a given year who have had their birth registered | 20.56 million | 2014 |  EPI Hq, Directorate General of Health Services (National Immunization Program), Ministry of Health and Family Welfare | The main challenge was to collect data by visiting each and every household physically.  |
| **Number** of children under 5 years old that have had their birth registered in a given year | 5.06 million | 2014 | Birth and Death Registration project, Local Government Division | 1. Lack of awareness among some sections of population.
2. People are less interested to get the birth registration of their children before getting admission in the school.
 |
| **Per cent** of children under 5 years old that have had their birth registered in a given year | 24.62% | 2014 | 1. EPI Hq, Directorate General of Health Services (National Immunization Program), Ministry of Health and Family Welfare; and
2. Birth and Death Registration project, Local Government Division
 | The main challenge was to collect data by visiting each and every household physically.  |
|  |
| **Target 1.C**. By 2024, at least 100 per cent of all individuals in the territory and jurisdiction have had their birth registered. |
| **National target value:100%** |
|  | Number/ Percent | Year | Source of the Data Collected | List any limitations of the data or challenges encountered during its collection. |
| **Estimated** total population (mid-year) | 158.85 million | July 2015 | Monitoring the Situation of Vital Statistics of Bangladesh(MSVSB), BBS | This is sample based estimation; therefore it has some standard errors in built within.  |
| **Number** of individuals in a given year who have had their birth registered (including late registrations of adults) | 137.95 million | October 2015 | Birth and Death Registration Project, Local Government Division.  | The biggest challenge is to control and prevent tendency of registering multiple times for the same person.  |
| **Per cent** of individuals that have had their birth registered | 86.49% |  | Birth and Death Registration Project, Local Government Division.  | 1. Lack of awareness among some sections of population.
2. There may be some multiple entries in the database.
 |
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| **Target1.D.** By 2024, at least 80 per cent of all deaths that take place in the territory and jurisdiction in the given year are registered. |
| **National target value: 80%** |
|  | Number/ Percent | Year | Source of the Data Collected | List any limitations of the data or challenges encountered during its collection. |
| **Estimated number** of deaths in a given year | 831,933 | 2014 | MSVSB, BBS | This is sample based estimation; therefore it has some standard errors in built within. |
| **Number** of deaths that have been registeredin a given year, within the legally stipulated time period (maximum one year) | 75,962 | 2014 | Birth and Death Registration Project | 1. Lack of awareness among people in general about the significance of death registration.
2. Absence of strong and immediate linkage with government service delivery system
 |
| **Per cent** of all deaths that are registered within the legally stipulated time period (maximum one year) | 9.13% | 2014 | Birth and Death Registration Project | 1. Lack of awareness among people in general about the significance of death registration.
2. Absence of strong and immediate linkage with government service delivery system
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| **Target 1.E**. By 2024, at least 80per cent of all deaths recorded by the health sector in the territory and jurisdiction in the given year have a medically certified cause of death recorded using the international form of the death certificate. |
| **National target value: 80%** |
|  | Number/ Percent | Year | Source of the Data Collected | List any limitations of the data or challenges encountered during its collection. |
| **Estimated total number** of deaths recorded by the health sector that have a medically certified cause of death recorded using the international form of the death certificate (ICD-10 coding) | ~50,000 | 2014 | MIS, DGHS, MOH&FW | Practice of ICD-10 coding has started recently. There are no separate cadres in the health sector or hospitals for ICD-10 coding. The situation is being improved.  |
| **Total number** of deaths recorded by health institutions or health sector | 300000 (approx) | 2014 | MIS, DGHS, MoH&FW | Do |
| **Per cent** of all deaths recorded by the health sector that have a medically certified cause of death recorded using the international form of the death certificate | ~16% | 2014 | MIS, DGHS, MoH&FW | Almost 90% of the deaths take place in home and in the community. In the rural communities, medical death certificate is not needed for burial. Medical certification of death from a qualified medical doctor is immediately not possible to introduce in the country as there is acute shortage of medical doctors in the rural communities. So, as an alternative effort is underway to introduce and scale verbal autopsy. |

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| Icon_Goal_LegalDocs.png**Goal 2: All individuals are provided with legal documentation of civil registration of births, deaths and other vital events, as necessary, to claim identity, civil status and ensuing rights.** **[RAF Paragraph 22-27]** |
| **Target 2.A**. By 2024, at least 100 per cent of all births registered in the territory and jurisdiction are accompanied with the issuance of an official birth certificate that includes, as a minimum, the individual’s name, sex, date and place of birth, and name of parent(s) where known. |
| **National target value: 100%** |

1. Does the birth registration legal documentation provided in your territory and jurisdiction include the following? Mark with an X if this information is included in the official birth certificate.

|  |  |
| --- | --- |
| The individual’s name | X |
| The individual’s sex | X |
| Date of birth | X |
| Place of the birth (occurrence of the event) | X |
| Name of parents (if known) | X |

1. Please complete the following information

|  |  |
| --- | --- |
| **Estimated number** of registered birth issued with certificates (with minimum information) upon registration the given year | 385,646 in 2014 |
| **Estimated percentage** of births registered within the last year that was accompanied with the issuance of an official birth certificate | 100% (only electronically issued)\*\* |

\*\* Certificates are automatically electronically issued at the time of birth registration i.e. 100%. But signed and delivered on demand.

|  |
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| The system makes the certificate available on entry of the required data for birth registration and the certificate is being issued on demand. |

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| **Target 2.B**. By 2024, at least 80 per cent of all deaths registered in the territory and jurisdiction in the given year are accompanied with the issuance of an official death certificate which includes, as a minimum, the deceased’s name, date of death, sex, and age. |
| **National target value: 80%** |

1. Does the death registration legal documentation provided in your territory and jurisdiction in the given year 2004 include the following. Mark with an X if this information is included in the official death certificate.

|  |  |
| --- | --- |
| The individual’s name | X |
| The individual’s sex | X |
| Date of death (occurrence of the event) | X |
| Age | X |

1. Please complete the following information

|  |  |
| --- | --- |
| **Estimated number** of death certificates issued (with minimum information) in the given year | 75,962 in 2014 |
| **Estimated percentage** of deaths registered accompanied with the issuance of an official death certificate | 100% (only electronically issued)\*\*\* |

\*\*\* Certificates are automatically electronically issued at the time of death registration i.e. 100%. But signed and delivered on demand.

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| --- |
| Please add any comments related to your measurement of this indicatorThe system makes the certificate available on entry of the required data for death registration and the certificate is being issued on demand. |

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| Icon_Goal_VitalStat.png**Goal 3: Accurate, complete and timely vital statistics (including on causes of death) are produced based on registration records and are disseminated. [RAF Paragraph 28-34]** |
| **3.A.** By 2021, annual nationally representative statistics on births – disaggregated by age of mother, sex of child, geographic area and administrative subdivision – are produced from registration records or other valid administrative data sources |
| **National target value: By 2021** |
|  |

1. Which data sources are used for the production of annual statistical information on births?

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| Monitoring the situation of Vital Statistics, Bangladesh (MSVSB), of BBS is the main data source that are used for the production of annual statistical information on births. However, BBS also uses the Population and Housing census and special survey in this regard.  |

1. Are nationally representative statistics on births disaggregated according to the following criteria?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Not applicable |
| Age of mother | 🗸 |  |  |
| Sex of child | 🗸 |  |  |
| Geographic area/Administrative subdivision for place of birth (occurrence)  | 🗸 |  |  |
| Geographic area/Administrative subdivision for place of registration of birth | 🗸 |  |  |
| Special populations i.e. hard-to-reach and marginalized population groups |  |  | 🗸 |

1. Please provide comments on challenges or limitations faced by your country as it relates to the statistical information on births produced from registration records or other sources?

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| --- |
| * This is sample based estimation; therefore it has some standard errors in built within;
* Sample areas are limited; and
* Lack of enough and trained human resources in the BBS.
 |

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| **3.B.** By 2021, annual nationally representative statistics on deaths – disaggregated by age, sex, cause of death defined by ICD (latest version as appropriate), geographic area and administrative subdivision – are produced from registration records or other valid administrative data sources. |
| **National target value:2021** |

1. Which data sources are used for the production of annual statistical information on deaths?

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| --- |
| Monitoring the situation of Vital Statistics, Bangladesh (MSVSB), of BBS is the main data source that are used for the production of annual statistical information on deaths. However, BBS also uses the Population and Housing census and special survey in this regard.  |

1. Are nationally representative statistics on deaths disaggregated according to the following criteria?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Not applicable |
| Age | 🗸 |  |  |
| Sex | 🗸 |  |  |
| Geographic area/Administrative subdivision for place of death (occurrence)  | 🗸 |  |  |
| Geographic area/Administrative subdivision for place of registration of death | 🗸 |  |  |
| Cause of death as defined by ICD |  | 🗸 |  |
| Special populations i.e. hard-to-reach and marginalized population groups |  | 🗸 |  |

1. Please provide comments on challenges or limitations faced by your country as it relates to the statistical information on deaths produced from registration records or other sources?

|  |
| --- |
| * This is sample based estimation; therefore it has some standard errors in built within;
* Sample areas are limited; and
* Lack of enough and trained human resources in the BBS.
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| **3.C.** By 2024, at least 100 per cent of deaths occurring in health facilities or with the attention of a medical practitioner have an underlying cause of death code derived from the medical certificate according to the standards defined by ICD (latest version as appropriate) |
| **National target value: 100%** |

1. Please fill in the following information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Number** | **Percentage** | **Year (Data Collected)** | **Source of the Data**  |
| **Estimated number and percentage** of deaths occurring in health facilities or with attention of medical practitionerin the given year | 128,263(only from public hospitals Based on Health Bulletin 2015)  | 15.50% | 2014 | MIS DGHS |
| **Estimated number and percentage** of deaths occurring in health facilities or with attention of medical practitioner that have an underlying cause of death code derived from the medical certificate according to the standards defined by **ICD** in the given year | 50,000 (Approx.)(In public hospitals) | ~39% | 2014 | MIS, DGHS |
| **Estimated number and percentage** of deaths occurring in health facilities or with attention of medical practitioner that have an underlying cause of death code derived from the medical certificate according to **other** source standards or classifications in the given year | No Data available | Not Applicable | Not Applicable |  |

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| **3.D.** By 2024, the proportion of deaths coded to ill-defined codes will have been reduced by *50*  per cent compared with the baseline year. |
| **National target value: By 2024 50%** |

1. Please fill in the following information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Number** | **Percentage** | **Year**  | **Source of the Data**  |
| **Number** of deaths coded to ill-defined codes in the given year | Not assessed |  |  |  |

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| **3.E**. By 2024, at least 50 per cent of deaths taking place outside of a health facility and without the attention of a medical practitioner have their underlying cause of death code determined through verbal autopsy in line with international standards. |
| **National target value: 50%** |

1. Please fill in the following information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Number** | **Percentage** | **Year**  | **Source of the Data**  |
| **Estimated number and percentage** of deaths taking place outside of a health facility and without attention of a medical practitioner in the given year | 703670 | ~ 70% | 2014 | SVRS, BBS |
| **Estimated number and percentage** of deaths occurring outside of health facilities or without attention of medical practitioner that have their underlying cause of death code determined through **verbal autopsy** in line with international standards in the given year | No data available | N/A | N/A | N/A  |
| **Estimated number and percentage** of deaths occurring outside of health facilities or without attention of medical practitioner that have their underlying cause of death code determined through **other methods** besides verbal autopsyin the given year | N/A | N/A | N/A | N/A  |

1. What steps are taken to evaluate the underlying cause of death in cases where deaths occur outside of health facilities or without attention of a medical practitioner?

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| With technical assistant of Bloomberg Philanthropies’ D4H (Data for Health) initiative, the underlying cause of death in cases where death occurs outside of health facilities or without attention of a medical practitioner will be evaluated in 2016. |

1. Is the underlying cause of death code for deaths occurring outside health facilities or without the attention of medical practitioners determined through verbal autopsy according to the WHO international standard (https://ucqjr.enketo.org/webform)?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  |  |  |
| No | 🗸 | 🡪 | Which standards, if any, do you use for performing a verbal autopsy? |
|  |  |  | Data are collected by lay reporting system developed by the WHO. Under this system data on causes of death are collected by non-medical persons. |

1. Please add any comment on challenges or limitations regarding identifying the underlying causes of death in your country.

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| Almost 90% of the deaths take place in home and in community. In rural communities, medical death certificate is not needed for burial. Medical certification of death from a qualified medical doctor is immediately not possible to introduce in the country as there is acute shortage of medical doctors in the rural communities. The There are no separate coder in the health sector or hospitals for ICD-10 coding. |

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| **3.F.** By 2021, key summary tabulations of vital statistics on births and deaths using registration records as the primary source, are made available in the public domain in electronic format annually, and within one calendar year. [RAF Annex G] |
| **National target value: 2021** |

1. Please fill in the following information regarding your country’s *key summary tabulations* of vital statistics for both births and deaths.

|  |  |  |
| --- | --- | --- |
|  | Births | Deaths |
| Yes | No | Yes | No |
| Are registration records used as the primary source? |  | √ |  | √ |
| Are the tabulations produced annually? | √ |  | √ |  |
| Are the tabulations disseminated electronically? | √ |  | √ |  |
| Are the tabulations available within one calendar year? | √ |  | √ |  |

* 1. If answered “NO” in any of the previous questions, please elaborate.

|  |
| --- |
| Because registration of birth and death is significantly delayed from the point of occurrence, SVRS of BBS is used as primary source of both birth and death.  |

1. If tabulations are available in the public domain, where can this information be found?

|  |
| --- |
|  [www.bbs.gov.bd](http://www.bbs.gov.bd) |

|  |
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| **3.G.** By 2021, key summary tabulations of vital statistics on causes of death using registration records as the primary source, are made available in the public domain in electronic format annually, and within two calendar years. |
| **National target value: 2021** |

1. Please fill in the following information regarding your country’s k*ey summary tabulations* of vital statistics on causes of death.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Are registration records used as the primary source? |  | √ |
| Are the tabulations produced annually? | √ |  |
| Are the tabulations disseminated electronically? | √ |  |
| Are the tabulations available within one calendar year? | √ |  |

* 1. If answered “NO” in any of the previous questions, please elaborate.

|  |
| --- |
| Cause of death is not captured appropriately during death registration process; SVRS of BBS is used as primary source of cause of death. It is important to note that cause of death using ICD-10 is being incorporated in the revised legislation for the Act regarding birth and death registration. |

1. If tabulations are available in the public domain, where can this information be found?

|  |
| --- |
| [www.dghs.gov.bd](http://www.dghs.gov.bd) (Health Bulletin) |

1. Does the information provided on births, deaths, and cause of death consider the delay between the occurrence of the event and registration?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | 🗸 | 🡪 | If answered “No”, please explain why it is not considered |
| No |  |  |

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| --- |
| **3.H.** By 2021, an accurate, complete and timely vital statistics report for the previous two years, using registration records as the primary source, is made available in the public domain. |
| **National target value:2021** |

1. Please fill in the following information regarding *vital statistics report*

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Is it currently available with information for the previous two years? | 🗸 |  |
| * If **NOT** available, what last two years are currently available for the public domain?
 |  |
| Is it currently complete? | 🗸 |  |
| * If **NOT** complete, what information is missing?
 |  |
| Was it released in a timely manner? | 🗸 |  |
| * When was it scheduled to be released?
 | Every Year |
| * If **NOT** released on a timely manner, when was it officially released?
 |  |

1. Please add any comment on challenges or limitations your country had with releasing the last report?

|  |
| --- |
| Not applicable since we are doing it annually without any delay.  |

|  |
| --- |
| **Addition national targets, if applicable[RAF Paragraph 15, 21, 27, 34]** |
| 1. The Regional Action Framework recommends that countries add targets related to marriage, divorces and adoptions to the 15 targets specified in the framework. These could be crafted in a form similar to targets relating to birth and death events. Please include any additional targets set.
 |
| (National Target Description) | (Possible Data Source) |
| **B**y 2024, at least 60 percent of marriages in the territory and jurisdiction in the given year are registered. | Law and Justice Division  |
| **B**y 2024, at least 60 percent of divorces in the territory and jurisdiction in the given year are registered. | Law and Justice Division  |
| **B**y 2024, at least 30 percent of adoptions in the territory and jurisdiction in the given year are registered. | Law and Justice Division  |
| By 2024, at least 60 per cent of in-migration in the territory and jurisdiction in the given year are registered | Ministry of Home Affairs |
| By 2024, at least 80 per cent of out-migration in the territory and jurisdiction in the given year are registered | Ministry of Home Affairs |

|  |
| --- |
| 1. When developing national plans, it may be beneficial to set multiple incremental targets throughout the decade as progress will be made incrementally (e.g. 60% of births registered by 2017, 70% of births registered by 2020, 75% of births registered by 2024). Please report on any incremental national targets established. [RAF Paragraph 9.b]
 |
| (National Target Description) | (Possible Data Source) |
| Will be furnished later on |  |

|  |
| --- |
| 1. Assess inequalities related to CRVS experienced by subgroups of the population. This includes hard-to-reach and marginalized populations, particular geographic areas or administrative subdivisions. In addition, where appropriate, set national targets to address those inequalities [RAF Paragraph 62e.]
 |

1. Has your government set specific targets to address inequalities experienced by any hard-to-reach and marginalized population groups?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | Go to Question 32.1 | No | 🗸 | Go to 33 |

* 1. If yes, please list the hard-to-reach and marginalized populations, measures adopted and any related targets. Please add more rows if needed or attach any relevant documents.

|  |
| --- |
|  |

* 1. Has any research or evaluations been conducted or is planned to identify the particular challenges faced in ensuring that subgroups /hard-to-reach marginalized populations identified above can access civil registration?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | Go to Question32.3 | No | 🗸 | Go to Question 33 |

* 1. Please fill in the following information

|  |  |
| --- | --- |
| When was this research or evaluation conducted or when will it be conducted? | (year) |
| What key challenges were identified?  |  |
| What steps have been taken/ interventions used to address these challenges? |  |

1. Has your government set specific targets to address inequalities experienced by particular geographic areas/ administrative subdivisions such as states/ provinces/ islands?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | Go to Question33.1 | No | 🗸 | Go to 33.2 |

* 1. If yes, please specify the geographic areas/ administrative subdivisions and the related targets. Please add more rows if needed or attach any relevant documents.

|  |
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|  |

* 1. Has any research or evaluations been conducted to identify the particular challenges faced by people from these geographic areas/ administrative subdivisions when accessing civil registration?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | Go to Question33.3 | No | √ |  Skip Question |

* 1. Please fill in the following information

|  |  |
| --- | --- |
| When was this research conducted? | (year) |
| What key challenges were identified? |  |
| What steps have been taken/ interventions used to address these challenges? |  |

**-------------------- This is the end of the questionnaire, thank you for your assistance. --------------------**

1. Paragraph 63(a), http://www.getinthepicture.org/docs/Regional.Action.Framework.English.final.pdf [↑](#footnote-ref-2)
2. How to conduct a standards-based comprehensive assessment is detailed in: HIS Knowledge Hub and WHO. 2010*. Improving the quality and use of birth, death and cause-of-death information: guidance for a standards-based review of country practices.* [↑](#footnote-ref-3)
3. Development partners could be for example: UNICEF, UNFPA, UNDP, UNHCR, IOM, WHO, ESCAP, SPC, Plan International, World Vision, Bloomberg Data4Health, donor agencies or others. [↑](#footnote-ref-4)
4. For further guidance on target setting, potential data sources, definitions, and other issues, please refer to the *Guidelines for setting and monitoring the goals and targets of the Regional Action Framework on Civil Registration and Vital Statistics in Asia and the Pacific.* The Guidelines elaborates on considerations for each of the targets.

\*Estimated birth/death= (No. of sample birth/sample population) X total populations [↑](#footnote-ref-5)