# **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 | Armenia |
| Date | 14 December 2015 |
| Name of national CRVS Focal point or official responsible for coordinating the baseline report. | Diana Andreasyan, Director of National Health Information Analytical Center, Ministry of Health RA.The National Progress Update Template was agreed with Ministry of Justice and National Statistical Serviceof RA |
| Email | dianaandreasyan@gmail.com |
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## 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 | X | (If no, go to Question 3) |

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

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| **Explanation:****The Law “On Acts of Civil Status” (2004) covers vital records of life events kept under governmental authority (birth, marriage, divorce, adoption, paternity, name change, death), through city and regional units of the Civil Registry of the Ministry of Justice (MoJ). The CR units of MoJ provide the second copies of Civil Acts on births, deaths, marriages and divorces to the National Statistical Service (NSS), where the data were processed and published quarterly. NSS RA provides detailed information on vital statistics to Information Analytic Centre of the National Institute of Health (NIH) of the MoH.** The Resolution on “Implementing the outcome of the High-level Meeting on the Improvement of Civil Registration and Vital Statistics in Asia and the Pacific” (hereinafter Resolution) and the ‘Regional Action Framework” were adopted by the ministerial conference held in Bangkok, Thailand from 24 to 28 November 2015, attended also by Armenia. Taking into consideration the importance of the goals set by the aforementioned Acts and the commitment undertaken by Armenia following international documents, the RA Prime Minister issued a Decree on creation of a Multi-Sectoral Working Group, to act as a national coordination mechanism for Civil Registration and Vital Statistics, to ensure proper execution of the commitments as per Resolution and Regional Action Framework, and development of a national strategy on development of relevant systems, which will cover also monitoring and evaluation thereof, definition of target indicators, as well as implementation of other actions envisaged by the Regional Action Framework. The Ministry of Justice recommended below stakeholders as members of the National Civil Registration and Vital Statistics coordination working group. 1. RA Ministry of Justice
2. RA Ministry of Health
3. RA Ministry of Labor and Social Affairs
4. RA Ministry of Territorial Administration and Emergency Situations, including
5. RA Police and
6. RA National Statistical Service

Multi-Sectoral Working Group will establish effective and sustainable national CRVS coordination mechanism comprising all relevant stakeholders. |

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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?

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| --- | --- | --- | --- | --- | --- |
| Yes |  | Go to Question 3.1 | No | X | Go to Question 3.3 |

* 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? | 2015 (year) |
| Is the report published? **Explanation.** Since 2010 regular aassessments of the CRVS system is conducted through Rapid assessment of national civil registration (WHO methodology). In 2010 and 2011 the Questionnaire was officially publicized through the WHO country office. The 2010 data were published in the WHO Report and at the Multi-country civil registration and vital statistics analytical workshop, held in Bishkek, Kyrgyzstan, 10-11 October 2012, which was attended by representatives of MoH (D. Andreasyan) and **National Statistical** Service RA.In 2015 a follow-up assessment of the CRVS system was conducted and officially submitted to UNFA.It was submitted to the UNFPA and WHO, but not published in Armenia. The Report was discussed with the Ministry of Justice and NSS RA. Publication is still pending.  | Yes | No X |
| Who were the stakeholders involved in conducting the assessment?Ministry of Health, Ministry of Justice and NSS of RA | *(If the country assessment is attached you can skip this answer)* |
| 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)* |
| Can this report be shared……..? | On CRVS Website? | Only with Secretariat |
| Yes | No | YesX | No |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | X | 🡪 | If answered “Yes”, when do you expect to undertake the assessment? |
| No |  |  | An Multi-Sectoral working Group is established, within the framework of which the priority tasks will be discussed.  |

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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]
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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. | Multi-Sectoral working Group is established, within the framework of which the priority tasks will be discussed.  |

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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 | X | Go to Question 5.2 |

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

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | X | 🡪 | If answered “Yes”, when do you expect to undertake the strategy? |
| No |  |  | Yes, a Multi-Sectoral Working Group was established to elaborate a National CRVS strategy for development of the relevant systems, including also monitoring and evaluation thereof, definition of target indicators, as well as implementation of other actions envisaged by the Regional Action Framework. |

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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 target5 in 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 \_\_\_*(TARGET)\_* 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  | 43061 | 2014 | National Health Information Analytical Center (Health facilities), MoH, RA |  |
| **Total** Number of registered births within the year of occurrence | 43031 | 2014 | Civil registrations, MJ RA |  |
| **Per cent** of births in the territory and jurisdiction in the given year that are registered  | 99% | 2014 | Civil registration |  |
|  |
| **Target 1.B**. By 2024, at least `\_\_\_*(TARGET)\_ \_* per cent of children under 5 years old in the territory and jurisdictionhave 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 | 209900 | 2014 | Civil registrations, MJ RA  |  |
| **Number** of children under 5 years old that have had their birth registered in a given year | 201500 | 2014 | Civil registrations, MJ RA  |  |
| **Per cent** of children under 5 years old that have had their birth registered in a given year | 96% | 2014 | Civil registrations, MJ RA  |  |
|  |
| **Target 1.C**. By 2024, at least\_\_\_*(TARGET)\_\_* 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) | 3013839 | 2014 | Base is census 2011,updated with natural movement and migration data | Data need verification with RA Police Population Register. After creation of the Multi-Sectoral group, integration of data from different agencies will be discussed. |
| **Number** of individuals in a given year who have had their birth registered (including late registrations of adults) | 2983700 | 2014 | Civil registrations, MJ RA |  |
| **Per cent** of individuals that have had their birth registered | 99% | 2014 | Civil registrations, MJ RA |  |
|  |
| **Target1.D.**By 2024, at least \_\_\_*(TARGET) \_* per cent of all deaths that take place 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 deaths in a given year | 27714 | 2014 | Health facilities of MoH,Civil registrations, MJ RA | The Civil Registration office issues Death Certificates on the basis of medical certificate which is in line with international form. ICD-10 is used to classify causes of death. ICD 10 is already applied to the unified electronic civil registration system in three languages–English, Armenian and Russian. In parallel, clinics issuing death certificates, enter medical certificates in the electronic system, which will enable issuing death certificates electronically, when the system starts functioning. In addition, efforts are made to unite the acts registration system and electronic systems of clinics which will enable automatic exchange of information. |
| **Number** of deaths that have been registered in a given year, within the legally stipulated time period (maximum one year) | 27243 | 2014 | Civil registrations, MJ RA |  |
| **Per cent** of all deaths that are registered within the legally stipulated time period (maximum one year) | 98,3% | 2014 | Civil registrations, MJ RA |  |
|  |
| **Target 1.E**. By 2024, at least \_\_\_*(TARGET)* per 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:100***%\_* |
|  | 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) | 27 331 | 2014 | Civil registrations, MJ RA | Today, Armenia has no regulations defining the order of notifications on death of RA citizens by foreign countries. Addressing this issue is one of the goals of the national program, which envisages also conclusion of interstate agreements with those states that have an Armenian Embassy. Death is registered only upon Death Certificate submitted by relatives of the deceased.  |
| **Total number** of deaths recorded by health institutions or health sector | 27331 |  |  |  |
| **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 | 100% |  |  |  |

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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 \_\_\_*(TARGET)* 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

|  |  |
| --- | --- |
| **Estimatednumber** of registered birth issued with certificates (with minimum information) upon registration the given year | *43031(absolute number)* |
| **Estimated percentage** of births registered within the last year that was accompanied with the issuance of an official birth certificate | *99% (percentage)* |

|  |
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| Please add any comments related to your calculation of this indicator |

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| **Target 2.B**. By 2024, at least \_\_\_*(TARGET)\_\_* 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: *100%***The Death Act includes data on marital status of the deceased, but the Death Certificate does not. The LCSA will undergo a number of changes in connection with state registration of death, in particular indicating sex and age of deceased in his/her Death Certificate. Also it is expected to discuss possible inclusion of the marital status and permanent residence of deceased in the Death Certificate.  |

1. Does the death registration legal documentation provided in your territory and jurisdiction in the given 2014yearinclude 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

|  |  |
| --- | --- |
| **Estimatednumber** of death certificates issued (with minimum information) in the given year | 27714 *(absolute number)* |
| **Estimated percentage** of deaths registered accompanied with the issuance of an official death certificate | *100% (percentage)* |

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| --- |
| Please add any comments related to your measurement of this indicator |

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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 \_\_\_*(TARGET YEAR)\_* , 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: *100%*** |

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

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| Birth certificate of civil registration acts, MJ, RA |

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

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

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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| The maternity hospitals are situated in regional centers and this administrative statistics is available. Regional Civil registration offices are mainly in the cities, the information is available, but thestatistics for the births are disaggregated by the place of residence of the child. |

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| **3.B.** By \_\_\_*(TARGET YEAR)\_100%\_*, 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: 100%** |

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

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| Medical death certificate issued by health facilities, and death certificate issued by civil registration acts |

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

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

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?

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| The main challenge is correct coding the cause of death. There is no data quality control mechanism.  |

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| **3.C.** By 2024, at least \_\_\_*(TARGET)\_\_* 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: 99%**Causes of deaths are coded according to ICD-10 in Armenia and the Death Certificate is issued in line with international form |

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 practitioner in the given year | 27714 | 100% | 2014 | Medical facilities,Civil registration actsThe country practices Medical Death Certificates, which meets international requirements and standards of ICD10. Since 2004 the ICD-10 version is applied translated into the national language.  |
| **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 | 27331 | 98,6% | 2014 |  |
| **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 | 383 | 1,4% | 2014 |  |

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| **3.D.** By 2024, the proportion of deaths coded to ill-defined codes will have been reduced by *TARGET)\_\_* 2%*(* per cent compared with the baseline year. |
| **National target value:** **2%**In general, all deaths Armenia are medically certified as part of civil registration. By 2024 the proportion of deaths certified with ill-defined codes will be reduced by 2%, as opposed to indicators of the previous years.According to official data, a total of 27 714 deaths were registered in 2014 according to ICD, of which 724 or 2.6% were classified as “unspecified and unknown causes of death” (according to definitions set by Chapter XVIII of ICD-101). Out of total 724 cases there are cases when the death is certified by court decision and not certified medically. 1,4% of deaths coded as “unspecified and unknown” are registered on the basis of court decision.  |

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 | 724 | 2.6% | 2014 | Civil registrations, MJ RA |

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| **3.E**. By 2024, at least \_\_\_*(TARGET)\_\_* 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 standard. **By 2024 the 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 standard will not exceed** N/A %. |
| **National target value: N/A**In Armenia all deaths generally are medical certified as part of civil registration.Verbal autopsy is not practiced. |

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 | 383 | 1.4% | 2014 | Civil registrations, MJ RA |
| **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 | N/A |  |  | In Armenia all deaths generally are medical certified as part of civil registration.Verbal autopsy is not practiced. |
| **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 autopsy in the given year |  |  |  |  |

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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| Forensic autopsy is practiced in such cases. In case of maternal and infant deaths as well as accidents, the cause of death is defined on the basis of forensic expertise.  |

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 | X | 🡪 | Which standards, if any, do you use for performing a verbal autopsy? |
|  |  |  |  |

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

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| The main challenge is the absence of data quality control mechanism. All practitioners are required to undergo regular professional trainings/upgrading on coding causes of death, following WHO recommendations.  |

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| **3.F.** By \_\_\_*(TARGET YEAR)\_* (year), 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: *100%*** |

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? | x |  | x |  |
| Are the tabulations produced annually? | x |  | x |  |
| Are the tabulations disseminated electronically? |  | x |  | x |
| Are the tabulations available within one calendar year? | x |  | x |  |

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

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| The annual data are available on the fifth month after the end of the year. The data from the tabulations are presented in the table formats and published in statistical yearbooks, handbooks. The Ministry of Health is provided with detailed electronic tabulations. |

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

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| --- |
| “Demographic Handbook” <http://armstat.am/en/?nid=82&id=1621>Demographic Database <http://armstat.am/en/?nid=420> |

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| **3.G.** By \_\_\_*(TARGET YEAR)100\_* (year), 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: 100%** |

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? | x |  |
| Are the tabulations produced annually? | x |  |
| Are the tabulations disseminated electronically? |  | x |
| Are the tabulations available within one calendar year? | x |  |

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

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| --- |
| The tabulations are not disseminated electronically but the information is provided in table formats. |

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

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| --- |
| “Demographic Handbook” <http://armstat.am/en/?nid=82&id=1621>Demographic Database <http://armstat.am/en/?nid=420> |

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

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

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| --- |
| **3.H.** By \_\_\_*(TARGET YEAR)\_\_* , 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: *100%*** |

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

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Is it currently available with information for the previous two years? | x |  |
| * 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? | Х |  |
| * When was it scheduled to be released?
 | 2015 |
| * 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?

|  |
| --- |
|  |

|  |
| --- |
| **Addition national targets, if applicable [RAF Paragraph 15, 21, 27, 34]**We would like to inform you that first meeting of Multi-Sectoral working Group is passed in December 29, 2015, within the framework of which the priority targets will be discussed and present to you in future. |
| 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) |
|  |  |
|  |  |

|  |
| --- |
| 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) |
|  |  |
|  |  |

|  |
| --- |
| 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 Question 32.3 | 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 Question 33.1 | 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.

|  |
| --- |
|  |

* 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 Question 33.3 | No |  | Skip Question 33.3 |

* 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 Guidelineselaborates on considerations for each of the targets. [↑](#footnote-ref-5)