Frequently Asked Questions

A. 2025 review Process

**Question A.1: Who should be involved in gathering information for the questionnaire?**
While the National Focal Point is the one responsible for gathering information, all stakeholders in the operation of the national CRVS system should be involved in the reporting process by providing information to the National Focal Point. At a minimum, this should include the Civil Registration Authority, the National Statistical Office and the Ministry of Health, but may also include the ministries of Justice, Home Affairs, Planning or Interior.

**Question A.2: How should responsibility for the 2025 questionnaire be allocated?**
Again, the National Focal Point is primarily responsible for coordinating the completion of the questionnaire and reporting to ESCAP. However, if your country has a national coordination mechanism, it should be involved in the completion or validation of the 2025 questionnaire.

In some countries a technical group was established to assist with the reporting. This is a very good approach. If documents are developed in the process (such as a working paper), it would be useful to include these as appendices to the 2025 questionnaire.

The responsible institution again depends on your national circumstances. In some countries the National Statistical Office is taking the lead, while in others it is the Prime Minister’s Office, the Ministry of Planning, the Civil Registration Organisation or the Ministry of Health. Ultimately, this is a national decision, but ideally the primary lead should be the National Focal Point. Either way, the agency or institution taking the lead in preparing the report should consult all relevant agencies.

**Question A.3: Who is responsible for submitting the completed 2025 questionnaire?**
The National Focal Point is responsible for submitting the completed 2025 questionnaire to ESCAP. In countries without a National Focal Point, submissions through Ministries of Foreign Affairs are recommended.

**Question A.4: How should the 2025 questionnaire be endorsed?**
The endorsement process is dependent upon the set-up of the country. If a national CRVS coordination mechanism exists, this group should endorse the final version of your questionnaire to ESCAP.

However, you are encouraged to communicate your questions with ESCAP and share drafts of your questionnaire prior to seeking endorsement from your coordination mechanism.

If no coordination mechanism exists, the process for seeking endorsement will be country specific. For example, some countries may need to seek the endorsement at higher level before releasing country data.
B. Deadline, Communication and Format

Question B.1: We can’t make the deadline...can we submit it later?
The 15 September deadline was set in consideration of the preparatory schedule for the Third Ministerial Conference from 24–26 June 2025. For ESCAP to finalise the summary report from the 2025 questionnaires, as well as for it to be approved by the Regional Steering Group for CRVS, it is important to receive inputs as early as possible.

However, if the deadline cannot be met, please advise ESCAP of this as soon as possible, so we can discuss the best way forward. Due to country specific circumstances, we suggest contacting us individually to agree on a new deadline for the report.

Although timely submission is important for countries questionnaires to be aggregated and included in the regional report to be presented at the Third Ministerial Conference, please note that even if the questionnaire is submitted at a later stage it will still be used to update the regional database and by development partners as a basis for capacity building. Please submit your questionnaire even if you miss the deadline. The information you provide is still valuable for our regional efforts at strengthening regional CRVS systems and are used by partners to identify country needs for support.

Question B.2: We are struggling with technical aspects of a specific target, who can give us some help?
Please contact ESCAP and we will provide guidance. If necessary, we can put you in contact with a development partner or other expert with the requisite expertise. If you are already collaborating on the questionnaire with a development partner, please contact your contact person in that organisation first.

Question B.3: Can we send questions directly to ESCAP regarding reporting?
Yes, we welcome questions. You can always send questions to escap-crvs@un.org and/or sovannaroth.tey@un.org

Question B.4: Can we send questions in Russian?
Yes, the secretariat will translate emails received in Russian or any other official UN language; i.e., English, Russian, French, Spanish, Chinese or Arabic.

Question B.5: Can countries respond using their own format?
If you have a report containing similar information, it does not need to follow the template provided. See the Regional Action Framework paragraph 67.

Question B.6: Should qualitative information be included?
Any qualitative information regarding CRVS progress or activities would be highly welcome as a part of the reporting. This could be in the form of strategies, costing plans, assessments, working papers or other types of information.
**Question B.7:** Can we submit the report in Russian?
Yes, the report can be submitted in Russian.

**Question B.8:** Can we see examples of reports from other countries?
ESCAP will ask countries for permission to share submitted report before doing so, but the information in the report, such as the progress made in reaching targets and implementation steps, will be available on the CRVS website [www.getinthepicture.org](http://www.getinthepicture.org) starting in early 2025.

**Question B.9:** We have additional information we think is relevant to the reporting, should we submit this?
Yes. If you have any additional information you would like to share with ESCAP, it is very welcome.

On a related note, if you have information you would like to see shared on the CRVS website [www.getinthepicture.org](http://www.getinthepicture.org), or in the CRVS Insight newsletter, please send it to escap-crvs@un.org.

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**C. Implementation steps**

**Question C.1:** We have not fulfilled all implementation steps by 15 September; what should we report?
It is acceptable if not all the steps are implemented by the reporting deadline. It should be noted that the purpose of the 2025 questionnaire is to document where countries are in 2024 after 10 years of the Asia Pacific CRVS Decade, assess the current implementation arrangements, gaps and areas where support is needed. The report will also provide a set of data and information against which the secretariat can report progress from the beginning of the CRVS Decade, on the journey toward reaching the established targets.

**Question C.2:** What is a National CRVS Coordination Mechanism?
It is a sustainable mechanism coordinating all national CRVS stakeholders.

The specific constitution and framework are up to the countries provided they meet the basic requirements: i.e., sustainable, effective and multi-sectorial.


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**D. Data years and sources**

**Question D.1:** What data, if any, should we put in the column before 2013 (i.e., “…”)?
This column was added by default for respondents to provide data from years before 2013, either from the baseline questionnaire, or for the 2025 questionnaire if the data from one of the questions is only available then.
So, if for one of the questions, you only have data for 2012, you can replace “…” with “2012” and input your data. If you have filled the data for later years, you do not need to fill this column.

**Question D.2: Our data from 2023 will not be ready to be used in the 2025 questionnaire, which data should we use?**
Please use the data from the latest year available. In some countries this will be 2023, while other might have to rely on surveys conducted earlier. It depends on the state of the CRVS system. In countries with a well-functioning CRVS system, the 2023 data from the CRVS system should be available for the questionnaire.

**Question D.3: We have data from different years, which ones should we use?**
Ideally the report would contain data for every year after your baseline year to better analyse trends.

**Question D.4: Some reports will include data from 2023 others from 2022, how will ESCAP compare them?**
The purpose of the reporting is for countries to assess where they are at in 2023 compared to where they wanted to go at the beginning of the CRVS decade. ESCAP’s main aim is not to compare countries, but to ensure countries are on track to reach their national targets.

**Question D.5: Should we use civil registration records or other sources?**
Ideally, civil registration systems should provide good quality data on the number of births and deaths registered required to compile some of the indicators. However, other data sources are needed to complete the questionnaire. For example, to get an idea of the percentage of births registered, you need to have an estimate of the number of live births.

Therefore, you will need to get data from births estimates based on national estimates from the Ministry of Health, population census data or sample surveys. You will therefore need to contact other agencies to fill in the questionnaire. The sources will depend on your country’s data collection systems.

**Question D.6: If we have several sources of data for some of the targets, or if we do not have access to the one recommended, which one should we report?**
The preference is always for civil registration data, but for every target each country needs to consider which are the best quality data source available. You know your data better than anyone, so it is incumbent upon your team to determine which figures are the most accurate. However, we recommend reflecting the conflict in your 2025 questionnaire so that we are aware of the source and its limits. The more information you can provide the better ESCAP will be able to provide feedback on your answers.

**Question D.7: Can we use multiple data sources in the report?**
Yes, ideally the data sources will predominantly be civil registration data, but for many targets, countries will need to use alternative sources. Indeed, population projections or health records might be needed to calculate the percentages of births or deaths registered. It is important that countries report which data is used and the limitations to this data.
E. Birth and Death Registration

**Question E.1:** Which population groups should be included in setting denominators?

The concept of universal coverage is set out in the United Nations’ Principles and Recommendations for a Vital Statistics System (ver. 3) which recommends the registration of “… all of the vital events occurring in every geographical area and in every population group of the country.” (2014 revision; pg.11, para. 34).

The Ministerial Declaration to ‘Get every one in the picture’ in Asia and the Pacific and the Regional Action Framework endorses the principle that all vital events within the territory and jurisdiction should be registered, consistently with international law. Consequently, *all population groups resident within the territory and jurisdiction, regardless of legal status*, should be included in the denominator for the indicators for the targets in the Regional Action Framework. This includes non-nationals, refugees, migrants and stateless persons.

However, if there are gaps in baseline data in respect to some groups, this should be explained in the notes. For some population groups, National Focal Points may wish to contact development partners at a national level to see if data can be provided (e.g., UNHCR in respect to asylum-seekers, refugees and stateless persons).

**Question E.2:** According to our registration records, more births/deaths were registered in 2023 than our estimated number of births/deaths. How should we deal with this?

This problem usually emerges as the result of a very specific national situation, so it is hard to give a general answer. That said, we ran through a few scenarios which may apply.

First, you may need to look carefully at the different sources to see if the same definitions were applied. If the number of registered births surpasses the estimated number of births from your population estimates (based on national estimates from the Ministry of Health, population census data or sample surveys), it would be useful to check the registration data to see if birth registration of children above one year old is included in the figure. Ultimately, you want to make sure the estimates on the numbers of births and death registrations are covering the same period.\(^1\)

Second, another important point to consider is whether the numbers provided are about the same people. For example, it could be the case that one of the sources includes residents and non-residents, while the other includes residents only. Be sure to check that the data is supposed to reflect the same population, as it is a necessary condition to compare the figures.

Finally, it may be useful to reassess the estimate used for the denominator. It could be based on a census from a few years ago and falsely represents the true number of births if the population projection didn’t account for rapidly changing fertility rates. In any case, these considerations and problems should be highlighted in the report.

**Question E.3:** In which category should we count the different births and deaths registered?

In the total numbers of births registered within one year, we differentiate between three cases. We will take the example of an individual born on **December the 15th, 2022**, to make the definitions more understandable.

\(^1\) For further explanation see the answer below to: **Question E.3:** In which category should we count the different birth and death registrations?
The first example is the number of births registered within the legal registration period. Indeed, for civil registration quality and other administrative concerns, countries usually have a legally specified time period to register a birth. This time period is country specific. All births registered within that period should be counted in line 2 of the birth registration sheet. In our example, if the legally specified time period is 30 days (be sure to check the actual legal definition to apply), the birth registration should be counted in line 2 of the year 2022 if the birth is registered between 15 December 2022 and 14 January 2023 (30 days after the birth).

The second example is called late civil registration. It corresponds to the registration of a vital event after the legally specified time period but within a specified grace period. The grace period is usually considered to be one year following the vital event. Say for example that your country’s legally specified time period for birth registration is 30 days, all births registered between 30 days and one year after they occurred should be counted in line 3. In our example, still considering the legally specified time period is 30 days, the birth registration should be counted in line 3 of the year 2022 if it occurred between 15 January (30 + 1 days after the birth) and 15 December 2023 (one year after the birth).

The third example, called delayed civil registration, is usually considered to be the registration of a vital event one year or more after the vital event has occurred. In our example, the birth registration should be counted in line 4 of the year 2022 if it occurred after 15 December 2023.

Please note that line 1 should be the sum of lines 2 and 3. Line 1 will be subsequently used to calculate the percentage of birth registered (Target 1A). Indeed, the cut off of one-year was chosen for comparison purposes since the legally specified time period is country specific.

The same definitions apply for death registrations. The legally specified time period, however, might be different.

**Question E.4: What is a population register?**

Civil Registration, with personal identification number, migration data, and other administrative data, if properly linked, can lead to a population register. This mechanism is a data system recording continuously different individual characteristics on each member of the population, allowing at any time to provide up-to-date information about the size and characteristics of the country’s population. It can include date and place of birth,
sex, date and place of death, address, date of arrival/departure, citizenship(s), marital status, or personal identification number.

**Question E.5:** For total population estimates, or other stock variables, what point of the year should we take as a reference?
Ideally, for all stock-data, we would prefer receiving mid-year estimates. So, for example, for the total population of 2023, it would be an estimate of the population at the 1st of July. However, we know that not every country computes such estimates. You can therefore also put the estimate for January the 1st or December 31st of each year. Just please be sure that this is consistent across the years and provide us with details in the notes and sources column so that we have a better idea of the nature of the submitted data.

**Question E.6:** Number of people whose birth was registered at any point during their lifetime (stock) versus number of births registered (flow).
Line 6 and Line 11: Percentage of children under 5 years old that have had their birth registered (at any point during their lifetime).

Line 7/Line 12: Percentage of individuals whose birth was registered by the civil registration system (including delayed adult registrations) at any point during their lifetime.

Birth registration is fundamental for ensuring the fulfilment of the civil, social, economic, political and cultural rights of all individuals across all ages. For that reason, it is important to monitor the completeness of birth registration of children under 5 and the whole population, including adults. Targets 1B (Line 11) and 1C (Line 12) on the percentage of children under 5 and individuals that have had their birth registered reflect this importance.

The number of children under 5 or individuals whose birth was registered is collected mainly through censuses, civil registration systems and household surveys. Countries with well-functioning population register based on civil registration systems for births and deaths and including data on migration can use administrative data to measure this target. However, the systematic recording of births in many countries remains a serious challenge. In the absence of reliable administrative data, household surveys have become a key source of data to monitor levels and trends in birth registration. In most low- and middle-income countries, such surveys represent the sole source of this information.

Using data from a well-functioning population register for which information on mortality and migration is accounted, the completeness of birth registration is obtained by dividing the mid-year number of children under 5 years or individuals who have had their birth registered by the civil registration system by the estimated total mid-year number of children under 5 or population. In the absence of a reliable population register, countries can use the latest census data or nationally representative estimates from surveys directly for the percentages of children under 5 years old (line 6) and individuals (line 7) whose birth was registered at any point during their lifetime. Lines 6 and 7 respectively refer to the stock of children under 5 and of individuals whose birth was registered at any point during their lifetime. They are a snapshot of the population, if possible, at the midpoint of the year, where the persons whose birth was registered are targeted. Line 6 and 7 are directly used to measure targets 1B (Line 11) and 1C (Line 12) respectively.
By contrast, lines 1-4 correspond to a flow of birth registrations, collected throughout the year. To obtain figures for Line 6, you need to combine data from the CRVS systems, adding the numbers of individuals born in the past 5 years that have been registered and are still alive, as well as data on migration if there is any, divided by the estimated total mid-year number of children under 5. The process is similar for line 7, but on the general population.

Obtaining figures for lines 6 and 7 can be quite challenging and only a few countries with a reliable population register which accounts for mortality and migration will be able to do it. Targets 1B and 1C can also be complied with censuses or surveys. Some sample surveys, such as the United Nations Children’s Fund (UNICEF) Multiple Indicator Cluster Survey (MICS), and the Demographic and Health Surveys (DHS), have included questions on whether children under 5 years of age have been registered with the civil registration authority (in addition, surveys generally ask whether the child possesses a birth certificate). These surveys are used to provide the information for SDG indicator 16.9.1 Proportion of children under 5 years of age whose births have been registered with a civil authority, by age. The percentage of children under 5 that have had their birth registered (according to MICS or DHS survey) was prefilled in line 13 and will be used for Target 1B if no other data is available.

**Question E.7:** What if there is no legally defined time limit for birth or death registration?
If your country lacks a legally defined time limit for registration please include all events registered within one year in Line 1 and do not include information for Lines 2 or 3. Additionally, please explain the legal situation in context question number 1.

**F. Causes of death**

**Question F.1:** Which source should provide the data for the “Number of deaths occurring in health facilities or with the attention of a medical practitioner” in the Cause of death part of the questionnaire?
The data provided here will be used to monitor Target 1E of the Regional Action Framework, which measures the Percentage of all deaths occurring in health facilities or with the attention of a medical practitioner that have a medically certified cause of death recorded using the international form of the death certificate. Therefore, this variable reflects the number of deaths recorded by the health sector only, and not the estimated total number of deaths.

Due to some difficulties for countries in responding to questions related to causes of death in the midterm questionnaire, the Regional Steering Group did a thorough review of these questions.

This information, if available, is usually produced by the Ministry of Health or another health-related stakeholder. However, for a few countries, the medical certification of causes of death is done by another agency. In that case, you can use this source of data for the “Number of deaths occurring in health facilities or with the attention of a medical practitioner” and add details in the notes and sources column.

**Question F.2:** What is considered a medical practitioner?
A medical practitioner is a person whose primary employment role is to diagnose physical and mental illnesses, disorders and injuries and prescribe medications and treatments that promote or restore good health. However,
this also depends on the national context and legislation. If you have any specific issues regarding this definition, please highlight it in your report or contact the ESCAP team with your questions.

**Question F.3: What is verbal autopsy?**
Verbal autopsy is a method used to determine the cause of deaths occurring outside health facilities. After the death occurs, conversations or interviews with persons familiar with the deceased are recorded, and later analysed by health professionals or, increasingly, algorithms. This method does not allow for a very accurate classification of the cause of death but is able to assign it to broad ICD codes. Verbal autopsy therefore generates useful cause-of-death information at the population level.

**Question F.4: What is a death occurring in health facilities or with the attention of a medical practitioner?**
A death is considered as registered by the health sector if it has occurred within a health facility and was properly recorded by a medical practitioner, or if the health sector is involved in certifying the death.

**Question F.5: What is an ill-defined cause of death?**
The International Statistical Classification of Diseases and Related Health Problems (ICD), which provides a comprehensive and comparable tool for identifying causes of death and diseases in general, includes “ill-defined” causes for use when information is either too limited or not available to accurately classify the cause of death.

For a list of ill-defined codes under ICD-11, please refer to the following links:
https://icdcdn.who.int/icd11referenceguide/en/html/index.html?sfvrsn=9ec05f86_1#list-of-illdefined-conditions
https://icd.who.int/browse/2024-01/mms/en#1452443292

For a list of ill-defined codes under ICD-10, please refer to the following link:

As the ICD instruction manual states, a high proportion of these codes indicates the need to check the quality of certification and coding and reallocate a more specific cause. The calculation of the proportion of “ill-defined” will depend on the version of ICD and the level of detailed ICD codes being used in the country.

**G. Targets and baseline**

**Question G.1: What should a country do if they have no data for one of the targets?**
Countries can include data from years prior to 2013 if necessary. If there is no data at all, and a target has been set, the country should describe the process and basis for target setting, and their assessment plan. If no target has been set, please indicate the reason.

In any case, the National Focal Points should inform ESCAP if there are specific national circumstances that inhibit the measurement or collection of information on a specific target.
**Question G.2:** We have not yet implemented ICD-10 or the international form of the death certificate, how do we report on ICD related questions in the cause of death and vital statistics sections?

If the country has plans to implement the international form of the death certificate, Target 1.E (in cause of death) should be reported as currently 0%. The number of deaths registered using this code should be reported as 0. For vital statistics, the questionnaire should just indicate that ICD coded cause of death statistics is not yet available.

**Question G.3:** We have already achieved 100 per cent birth registration, what should we report?

Congratulations on this impressive achievement! Please ensure that your report highlights that your target is already achieved, if it was not already the case. If possible, it would be useful if you can include information on which year this was achieved.

**Question G.4:** We already release annual vital statistics reports using civil registration data, what should we report?

Congratulations on this impressive achievement! Please ensure that your report highlights that you are already doing this and indicate the year you started producing vital statistics report from civil registration data. If you are planning improvements to these reports, please include this information in your report.

**Question G.5:** What is the methodology from the midterm questionnaire?

If your country submitted a midterm questionnaire, the 2025 questionnaire was pre-filled with the answers provided at the time, as well as the notes regarding the methodology. Should you find these notes insufficient, do not hesitate to contact us for more information.

**Question G.6:** What if we have not set any targets?

Setting targets is a critical part of the CRVS Decade process. As we expect an extension of the CRVS Decade until 2030 to be endorsed at the Third Ministerial Conference on CRVS in Asia and the Pacific to be held in June 2025 you may consider setting targets for 2030. Defining objectives is partially a political process and can therefore take time. That is why it should be started as soon as possible and include all relevant stakeholders.

If you manage to set some targets but do not see them in the pre-filled 2025 review questionnaire, please contact us and we will insert them accordingly. Targets should be in percentage for birth registration, death registration and cause of death, and a year for vital statistics. If you have recently set the targets after receiving the 2025 review questionnaire, please make a note that your targets are for 2030 or a specific year that your country is committed to.

**Question G.7:** What to do if we do not have a baseline or midterm questionnaire?

For countries which did not submit a baseline nor a midterm report, the 2025 questionnaire represents a unique opportunity to give international development partners and other countries insights into the functioning of the CRVS system in your country. Submitting the questionnaire will also ensure your country does not appear as lacking data in this area. The questionnaire will be prefilled with the internationally available data (where possible) independent on whether your country submitted a baseline or midterm questionnaire.
**Question G.8:** Can we change targets that have already been decided?
Updating is not recommended, but targets can be adapted to the current situation, for example if they have already been achieved. If so, please add the reason for any change to the targets in the notes.

**Question G.9:** What is the difference between “Tabulations are produced annually” and “Tabulations are available within two calendar year” in Targets 3F and 3G on vital statistics?
Targets 3F and 3G are about producing and publishing statistics on births, deaths and cause of death. There are a few sub-goals to monitor how well those targets have been achieved. Annually produced statistics is about *regularity*, meaning that your country produces statistics about each calendar year, and not, for example, just the years in which a survey or census was made. The availability within two years is about *timeliness*, checking if your country publishes the statistics in a timely manner, and not for example, publishes data on 2014 in 2022.