**CRVS birth and death statistics report template**

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| --- |
| NoteDue to lack of human resources relatively few countries manage to publish vital statistics reports annually. With the growing demand for vital statistics and with the availability of software tools to assist them like ‘Analysis of Causes of National Death for Action’ (ANACONDA) even less well-resourced statistical offices will be able to prepare and publish reports of annual birth and death statistics regularly. ANACONDA produces a host of useful indicators, tables and charts that can be exported and used for data reports.  The proposed template for a CRVS birth and death statistics report has been designed to make maximum use of the reporting function of the tool and will ensure that useful data on vital events will become available for policy. At the same time a reliable quality assessment of the vital statistics data will be provided to ensure that users are aware of any limitation of data. This will build confidence in the data and ensure that they are used to the maximum. |
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# Acronyms and abbreviations

# Preface

Should briefly cover such things as:

* Aim of report
* Who the report was prepared for
* Who collected the data and who compiled it
* Scope and coverage of publication
* Use of the report

Endorsement from minister or other official (if applicable)

# Acknowledgements

All people who contributed to the report

# Country vital statistics profile and Executive summary

One- or two-page summary of key indicators, such as those in the table below, with comparisons to some previous eg last year and 5 year /10 years earlier. Each country may have specific disease priorities that are being monitored which could be added to the table, eg the SDGs, HIVAIDS, malaria, etc.

Table of key indicators

|  |  |  |  |
| --- | --- | --- | --- |
| Indicator name | Year 2010 | Year2015 | Year2017  |
| Resident population (units to be indicated as part of the indicators)) |  |  |  |
| Births, total |  |  |  |
| Deaths, total |  |  |  |
| Rate of natural increase |  |  |  |
| Crude birth rate (CBR) |  |  |  |
| Crude death rate (CDR) |  |  |  |
| Total fertility rate |  |  |  |
| Adolescent birth rate  |  |  |  |
| Life expectancy at birth |  |  |  |
| * males
 |  |  |  |
| * females
 |  |  |  |
| Infant mortality rate (IMR) |  |  |  |
| Under-five mortality rate (U5MR) |  |  |  |
| Maternal mortality ratio |  |  |  |
| Estimated completeness of birth registration |  |  |  |
| Estimated completeness of death registration |  |  |  |
| Vital Statistics Performance Index VSPI(Q)[[1]](#footnote-1) |  |  |  |

# Map

Small map of country with outline of the main administrative areas

# Background

This section should cover topics like:

* Why vital statistics from civil registration are important

## Brief description of the Civil Registration Act if such exists or key laws relating to civil registration.

## Diagrams showing the organisational structure of the system, the registration process and information flows.

* About the country – population size/ location / key health concerns/ logistics issues – eg population distribution, is data reporting complete in remote regions etc. – depending on audience
* Main challenges for CRVS in the country, eg timeliness, coverage and completeness, late registration, etc.

## Quality assessment

It is important to discuss all major limitations in the data. For instance coverage of the data, if not all the national territory is covered by civil registration or if some population group(s) residing in the country is not included this should be mentioned.

Describe the practice followed regarding late registration of birth and death, eg those events that are not registered in the year that they occurred.

Countries using the ANACONDA tool should have no problem with providing the evidence for the quality assessment of the mortality data. The following issues should be covered:

* estimated completeness of birth and death registration
* estimated under-registration of children
* % useable causes of death
* % unusable causes of deaths by “severity” Levels 1-3
* % unusable causes of deaths by “severity” Levels 4
* Vital Statistics Performance Index for Quality (VSPI(Q))

Data on these 6 quality issues are all provided by ANACONDA.

In countries where not all the COD data are derived from medical certification, it is important to mention the proportion of deaths for which the cause is not diagnosed by a doctor, be that lay certified or by using verbal autopsy (VA). Whenever possible, it is useful to compile the medically certified data separately to the non-medically diagnosed so the two cause of death distributions can be compared for the 20 main causes of death.

## Methodology

This section should cover things like:

* Re-distribution of late registrations, if this is practiced
* Revision of the annual death counts with coronary cases
* Adjustments for under-reporting, if this is done
* Completeness methodology used
* Any imputations used
* Key definitions (especially if they are not in line with international standards)
* Age-standardisation if practised
* Life tables used/calculated
* Who is responsible for the ICD coding of the cause of death data
* Countries with small population sizes should average over several years to avoid misinterpretation from stochastic variation. Any aggregating over time and methodology related to this should be mentioned.

# Births

## Total births

In the core part of the report only summary tables and charts should be shown with key figures or indicators, each should be accompanied by a brief textual analysis pointing out trends and changes and where necessary commenting on these.

Where possible, breakdown by region should be shown

Potential tables and graphs for core part:

### Line graph with total number of births for the last 10 years or more

### Table and/or histogram with actual number of births by sex for last two years

### Table with number and per cent of births by usual residence/region of the mother

### Table with number and percent of births by age of mother for ages 15-49 broken down by 5 year age groups. Consider also including births to mothers under 15 and 50+ as open-ended categories so the totals match.

### Histogram showing number of births by birth order

## Sex ratio at birth

### Table showing number of births by sex and sex ratio at birth.

## Place of birth

### Table and/or pie chart showing the number and percent of births that occurred in a medical facility, at home, and in another location.

## Attendant at birth

### Table and/or pie chart showing the number and percent of births that were attended by a skilled medical professional (Dr, midwife, nurse etc), family member, no one etc..

## Birth weight (or other risk factors)

### Table and/or pie chart showing the number and percent of births that were low birth weight, (less than 2500g).

## Crude birth rate

### Line graph with CBR over time (last 20 years) or table if there are not enough data points

Summary analysis and implications

## Total fertility rates

### Line graph or histogram showing TFR over time (last 20 years) (May want to include other sources of data such as estimates from the DHS and census)

Summary analysis of TFR over time and implications

## Age specific fertility rates

### Table with ASFR for latest year compared to those 5 and 10 years ago for ages 15-49

Summary analysis of change over time and implications

# Deaths

## Total deaths

In the core part of the report only summary tables and charts should be shown with key figures or indicators, each should be accompanied by a brief textual analysis pointing out trends and important changes and where necessary commenting on these. Countries that have no time series and only a couple of data points are better off just presenting these data in tables.

Potential tables and graphs for core section:

### Line graph with total number of deaths for the last 10 years or more

### Histogram with stacked bars/table with actual numbers of infant and child deaths (<28 days, 1-11mths, 1-4 years) compared to previous period of relevance (10 years ago)

### Histogram /table with actual numbers of maternal deaths compared to previous period of relevance

### Death pyramid by age (5year age groups until 85+) and sex

### Table with number and per cent of deaths by region or administrative districts

## Crude death rate

### Line graphs of CDR over time (last 10 years)

Summary analysis and implications

## Age-specific mortality rate

Potential tables and graphs:

### Table comparing the current ASMR with previous period (0, 1-4, 5-9,…..85+) by sex

### Graph of log plot of ASMR current year for males and females ( see ANACONDA)

Summary analysis and implications

## Life expectancy at birth

Potential tables and graphs:

### Graph comparing life expectancy at birth (male, female) over time

### Graph of latest LE at birth compared with international comparator data, by sex

Summary analysis and implications (If life tables are not included here, make sure they are in the annex)

## Infant mortality rate (IMR)

Potential tables and graphs:

### Line chart of IMR over time (eventually with international comparator data)

Summary analysis and implications

## Neonatal mortality rate (NMR)

Potential tables and graphs:

### Line chart of NMR over time (eventually with international comparator data)

Summary analysis and implications

## Under-five mortality rate (U5MR)

Potential tables and graphs:

### Line chart of U5MR over time (eventually with international comparator data)

Summary analysis and implications

## Maternal mortality ratio (MMR)

### Summary table or chart showing the current MMR compared to historical MMRs

Summary analysis and implications

## Adult mortality (45Q15) (the probability of death between the ages 15-60)

Potential tables and graphs:

### Chart/ tables comparing latest adult mortality to earlier years (5year and 10 years ago)

Summary analysis and implications

# Causes of death

This section should convey an overview of COD data for the country as a whole, including any major quality concerns regarding the usability of the data for policy, eg what is the proportion of useable causes to base policy on.

If verbal autopsy is used to obtain the COD this should be mentioned as well as whether the data are bases on a sample and if so whether this is representative of the total population

## Top 20 causes of death

### Table with number of deaths (all ages) and percentage of deaths in top 20 COD for most recent year (male, female, total)

## Children (under-five)

### Table with number and percent distribution of deaths in top 10 COD for most recent year

## Children (5-14 years old)

### Table with number and percent distribution of deaths in top 10 COD for most recent year

## Adolescents (15-19 years old)

### Table with number and percent distribution of deaths in top 10 COD for most recent year

## Young adults (20-39 years old)

### Table with number and percent distribution of deaths in top 10 COD for most recent year

## Older adults (40-69 years old)

### Table with number and percent distribution of deaths in top 10 COD for most recent year

## Oldest adults (70+years old)

### Table with number and percent distribution of deaths in top 10 COD for most recent year

If using ANACONDA the following 3 charts/tables should also be presented:

### Histogram showing the distribution of deaths according to the three broad GBD cause groups and unusable causes (see ANACONDA)

### Pie diagrams to compare before and after re-distribution of unusable causes (see ANACONDA)

### Table showing number and percent distribution of unusable causes according to typology of these (see ANACONDA)

# Conclusion

Major findings in terms of vital statistics change and health implications. Policy implications or recommendations.

Major findings in terms of data quality and recommendations for improvement

# References

If applicable, including to previous years’ reports

# Annex 1: ANACONDA data quality assessment

Brief overview of the ANACONDA tool if used and its contribution to the data quality assessment presented in this report.

List of which tables are based on ANACONDA

# Annex 2: Detailed statistical tables

ANNEX 2 should contain a selection of tables that pertain to the most important indicators listed in the report, where the raw numbers were not reported in the main body of the report.

# Annex 3: Standard Tabulations of Cause of Death from the International Statistics Classification of Diseases and Related Health Problems, 10th Revision (ICD-10, 2010 edition)

## WHO/ICD General Mortality List 1: 103 Cause List (and any other mortality lists used)

# Annex 4: Key Concepts and definitions

1. The Vital Statistics Performance Index is a composite measure that evaluates the overall quality of the mortality output of the vital statistics reporting system. [↑](#footnote-ref-1)