

COUNTY CIVIL REGISTRATION AND VITAL STATISTICS STAKEHOLDER FORUMS

*Strengthening Civil Registration Systems at
the County Level*



This report was made possible by support from the U.S. Agency for International Development (USAID) through associate award 623-12-000002. The views expressed in this publication do not necessarily reflect the views of USAID or the United States government.

October 2014

TR-14-110

CONTENTS

- 1 INTRODUCTION 1
 - 1.1 Background 1
 - 1.2 Purpose of Stakeholder Forums 2
- 2 STAKEHOLDER MAPPING 4
- 3 SCOPE OF THE STAKEHOLDERS MEETING 7
 - 3.1 Bungoma County..... 7
 - 3.2 Embu County..... 8
 - 3.3 Garissa County 8
 - 3.4 Kakamega County 10
 - 3.5 Kilifi County..... 11
 - 3.6 Kirinyaga County 12
 - 3.7 Machakos County..... 13
 - 3.8 Mombasa County 13
 - 3.9 Nairobi County 14
 - 3.10 Nakuru County 14
 - 3.11 Siaya County 15
 - 3.12 Wajir County 15
- 4 TAKING ACTION 16
 - 4.1 Coverage 16
 - 4.2 Quality 17
 - 4.3 Data Use..... 17
- APPENDIX 1: COUNTY CRVS ACTION PLANS 21
- APPENDIX 2: EXAMPLE STAKEHOLDER FORUM PROGRAM 33

1 INTRODUCTION

1.1 Background

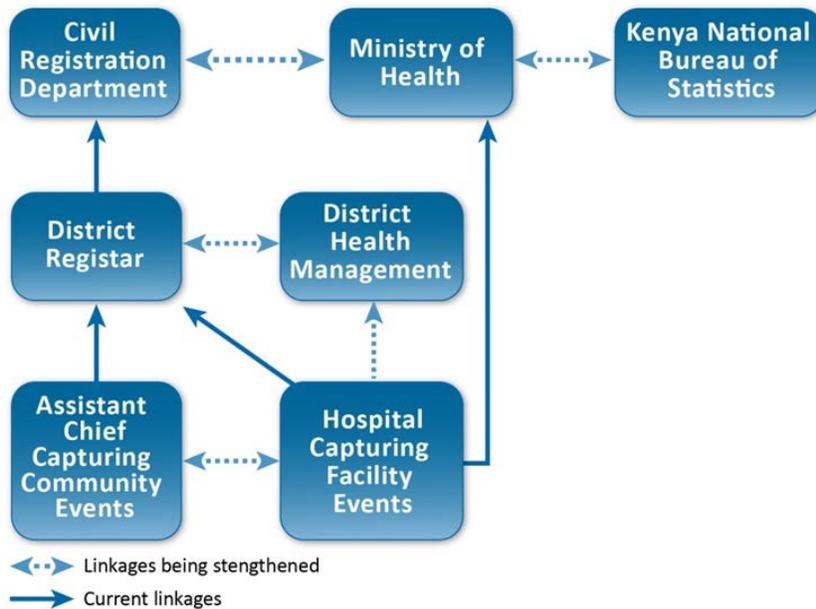
National civil registration and vital statistics systems contribute reliable information for public administration and governance by providing legal identity and civil status for citizens and generating statistics on population and health demographics to help governments plan effective policies, efficient resource allocation, and accurate monitoring and evaluation of programs. Civil registration is defined as the recording, in the appropriate civil registers, of vital acts and events—births, deaths, marriages, and events concerned with an individual’s entrance and departure from life or change of civil status.

In Kenya, the Civil Registration Department (CRD) is responsible for the registration of all births and deaths that occur in the country. The department uses a community-based approach to register the two vital events and the cause of death. The registration agents are assistant chiefs for events that occur at home or in the community and health care workers for events that occur in health institutions. The agents then submit notifications to civil registrars in civil registration offices that make the notified events legal and issue birth and death certificates. CRD has these core functions:

- Registration of births and deaths
- Preservation, security, and custody of birth and death records
- Issuance of birth and death certificates
- Production of vital statistics
- Re-registration of people that have received legitimization and recognition

In addition to registering births and deaths, CRD has the mandate to compile and report on vital registration coverage and mortality statistics to the Kenya National Bureau of Statistics (KNBS), established by the government as the official custodian of government statistics. Civil registration interactions among different government institutions are based on an operational framework to ensure coordination and communication. Kenya’s 107 civil registration offices in the 47 counties comprise districts or groups of districts. Figure 1 shows the CRD operational framework.

Figure 1. CRD Operational Framework



1.2 Purpose of Stakeholder Forums

A baseline assessment in 2013 examined CRD’s capacity for monitoring and evaluation (M&E) functions. The assessment was carried out in collaboration with MEASURE Evaluation PIMA in support of the Government of Kenya to build sustainable M&E capacity. The information gained through M&E activities provides evidence for decision making to improve the effectiveness of the Kenya health system. The baseline assessment provided a beginning point to establish a capacity-strengthening program, improve the collection and use of quality information, and expand the availability of in-country capacity to meet the human resource needs of M&E health professionals. This is especially important as the National Health Information System continues to be improved and rolled-out nationally, and program-level M&E staff members continue to take on the role of systematically collecting and using information to manage programs and guide strategies and policies.

With recognition of civil registration’s role in socioeconomic planning, especially at the county level, the draft CRD Strategic Plan recognizes evidence-based decision making as a priority area. In response, CRD identified the need for a research agenda, and an initial step is to begin with a small grants program to fund research based on identified priorities. The research results will be used to inform a civil registration and vital statistics (CRVS) research agenda with the ultimate aim to strengthen Kenya’s civil registration to improve planning and benefit communities and families.

The 2013 baseline assessment showed that CRD’s ability to effectively and efficiently deliver on its M&E functions is affected by numerous challenges:

- Limited M&E knowledge and skills
- Limited capacity to process, analyze, and disseminate vital statistics
- Poor reporting and transmission of data from registration
- Inadequate staff

- Logistical challenges, especially lack of reliable means of transport
- Inadequate government funding

CRD recognized the need for a collaborative strategy to mobilize resources, strengthen capacities, and ensure efficient use of resources to improve CRVS in the country. Many stakeholders are working on areas that relate to CRVS, but they lack a cohesive and coordinated engagement plan. One of the objectives of the 2013–2017 CRD Strategic Plan is to increase the level of stakeholders’ engagement to promote their use of vital statistics as evidence in planning their programs.

Stakeholder forums are critical avenues to bring partners together to deliberate ways to support CRVS activities and harmonize efforts to strengthen the system. Following discussions with CRD, MEASURE Evaluation PIMA supported stakeholder forums at the county level to discuss processes and ways to address challenges in efforts to strengthen the CRVS system and develop action plans based on county priorities, the CRD Annual Work Plan (AWP), and the CRD Strategic Plan and offer recommendations to address needs found in the baseline system assessment.

The overall goal of the forums was to bring together stakeholders to discuss CRVS activities and seek recommendations through the following activities:

- Discuss roles and interests and foster commitments to strengthen CRVS in the counties.
- Establish stakeholder groups and develop an engagement plan.
- Develop county CRVS action plans that are aligned with counties’ priorities, the AWP, and the Strategic Plan, and incorporate recommendations for system improvements as outlined in the assessment conducted by MEASURE Evaluation PIMA.

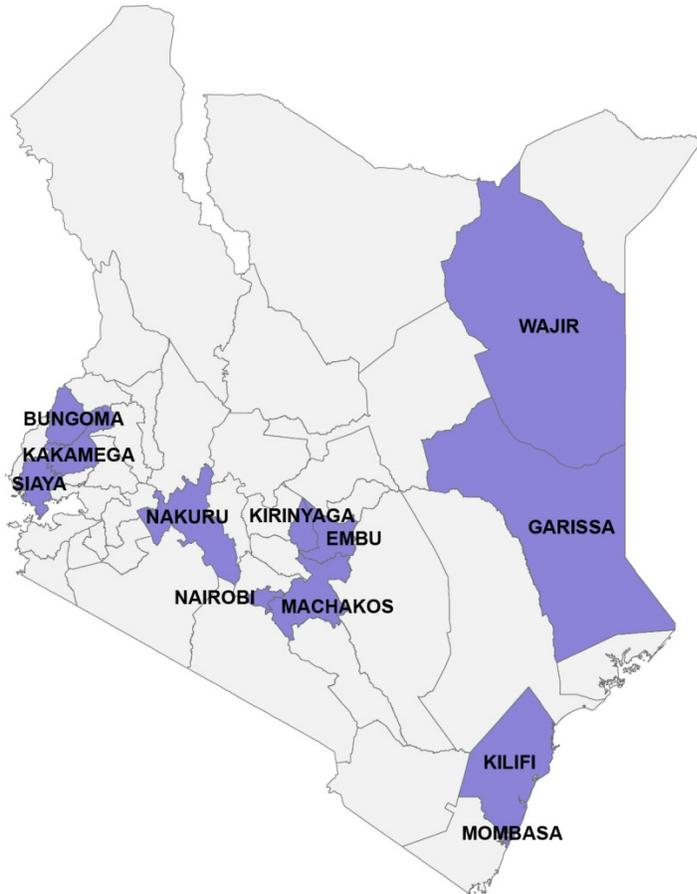
Stakeholders were identified and invited to attend a one-day meeting in the 12 participating counties (see Figure 2): Bungoma, Embu, Garissa, Kakamega, Kilifi, Kirinyaga, Machakos, Mombasa, Nairobi, Nakuru, Siaya, and Wajir. The forums were held March 10–April 29. Meeting responsibilities were shared among the CRD national office, county registration offices, and MEASURE Evaluation PIMA:

- CRD national office:
 - Oversee the conduct of the stakeholder forums at the county level.
 - Coordinate the activity and meeting dates
- County civil registration offices:
 - Carry out stakeholder mapping with support from the CRD national office and MEASURE Evaluation PIMA.
 - Confirm dates for the meetings and send out invitations to stakeholders.
- MEASURE Evaluation PIMA:
 - Provide technical support in the development of stakeholder mapping, engagement plan, and county action plans.
 - Facilitate logistics for the forum and identify a venue.

During these stakeholder forums, participants from each county collaborated to establish county action plans as a way forward to address areas identified as weak in the baseline assessment and strengthen the

CRVS system at the county level. Tables A-1 through A-12 in Appendix I summarize the county action plans.

Figure 2: PIMA CRVS Counties Selected for Stakeholder Meetings



2 STAKEHOLDER MAPPING

CRD and MEASURE Evaluation PIMA used the following definition to identify civil registration stakeholders:

“Individuals, groups of individuals, or organizations that affect or could be affected by the civil registration department’s activities, products, or services and associated performance.”

Stakeholder mapping was done in Excel to list stakeholders in broad categories and their contacts and role or influence in civil registration. The stakeholders included senior officials and decision makers from civil registration offices, county commissioners’ offices, county statistical offices, county government offices, Kenya Ministry of Health (MOH), Ministry of Education Science and Technology (MoEST), Department of Children’s Services, civil society organizations, development partners, UN organizations (UNICEF, UNHCR, UNFPA, WHO), county police departments, and religious leaders. Table I lists the participating stakeholders for each county forum.

Table 1: Participants in the county stakeholder forums

County	Date (2014)	Participating Stakeholders
Bungoma	March 12	18 participants: Deputy County Commissioners (DCC), Immigration office, KNBS county statistical office, MOH county health records and information officer (HRIO), Moi University Webuye Demographic Surveillance Site (DSS), National Registration Bureau (NRB), County Police Department, and women representatives from the national assembly and church leaders
Embu	March 19	34 participants: County government planning office, DCCs, Department of Children's Services, KNBS county statistical office, MoEST, MOH district HRIO, MOH District Public Health Nurse Officer and the following organizations: Action Aid, APHIA Plus KAMILI, Compassion International, FIDA, SUPKEM, and SWAK
Garissa	March 10	26 participants: DCCs, Department of Children's Services, Immigration office, KNBS county statistical office, MoEST, MOH county HRIO MOH district HRIO NRB, and the following organizations: APHIA Plus IMARISHA, SUPKEM, UNHCR, and UNICEF
Kakamega	March 18	16 participants: County commissioner, KNBS county statistical office, DCCs, County Police Department, Department of Children's Services, MoEST, and the following organizations: APHIA Plus KAMILI, CAMP a faith-based- organization and sub-recipient of APHIA Plus supporting OVCs, and PLWHA, and WADAIDA
Kilifi	April 22	31 participants: DCCs, Department of Children Services, KNBS county statistical office MOH, National Registration Bureau (NRB), and the following organizations: KEMRI-Wellcome Trust, Plan International, World Vision
Kirinyaga	March 12	13 participants: Assistant county development and planning officer,

County	Date (2014)	Participating Stakeholders
		County Commissioner, DCCs, County director of education, County director of health, KNBS county statistical office
Machakos	March 20	36 participants: DCCs, Department of Children's Services, KNBS county statistical office, MoEST, MOH, and the following organizations: ABC-CDP, Plan International, RGC HIV/AIDS Community Project, SUPKEM, Terry Child Support & Youth, World Vision
Mombasa	April 8	29 participants: County Commissioner's office, County government: education, health, planning office, social services, Department of Children's Services, Immigration office, KNBS county statistical office, MoEST, MOH, NCPD, NRB, County Police Department, and the following organizations: AMURT, APHIA Plus, Mombasa Church Forum, MUHURI, SUPKEM, World Vision
Nairobi	April 29	37 participants: MOH, NCKK, and the following organizations: APHIA Plus, GOAL, Undugu, World Vision
Nakuru	April 3	30 participants: MOH, MOH head e-health unit-HIS, MoEST, and the following organizations: APHIA Plus, USAID ASSIST Project
Siaya	March 20	28 participants: DCCs, Department of Social Services, KNBS county statistical office, NRB, and the following organizations: APHIA Plus, CDC KEMRI DSS, SUPKEM
Wajir	March 13	34 participants: Chiefs from the locations (national administrative unit), Department of Children's Services, DCCs, MOH, and the following organizations: APHIA Plus IMARISHA, Islamic Relief Foundation, SUPKEM, World Vision

3 SCOPE OF THE STAKEHOLDERS MEETING

The scope of the 12 stakeholders meetings was wide ranging, from the national to district, to county, and to the community levels. MEASURE Evaluation PIMA opened the meetings with an overview of civil registration in Kenya and a presentation on the results from the 2013 baseline assessment. Topics included county vital registration coverage rates and the challenges faced in civil registration in the counties, in some cases by place of registration and small administrative units, such as sublocations. MOH made a presentation on civil registration and its linkage with the health information system, emphasizing the need for data completeness, timely submission of reports, and reliability of the data. An example program appears in Appendix 2.

The following pages summarize discussions in each county.

3.1 Bungoma County

The civil registration office listed key challenges as lack of awareness on the importance of registration in the community, inadequate financial and human resources to conduct civil registration activities, lack of political goodwill, and weak monitoring systems at both county and sub-county levels. The civil registration office set a priority on strengthening the CRVS system and suggested using the maternal and child health (MCH) strategy, implementing an electronic civil registration system, using alternative registration agents such as school heads and principals, hiring temporary staff, and training newly recruited registration agents.

A total of 42 facilities in the county provide registration services. Registration at the facilities is affected by a shortage of registration books, lack of knowledge on the importance of registration, and cultural barriers among the community members.

A Demographic Surveillance Site, or DSS, in Webuye monitors a population of about 90,000 people (104 villages and 15,000 households) and provides an opportunity to share and compare data on vital events. The DSS collects data on pregnancies, births, deaths, and migration, among other socioeconomic variables. Linkage with civil registration was noted as an element that could be pursued further to identify how CRD and DSS technically could work together or collaborate.

The following activities were highlighted as a way forward:

- Religious leaders could be sensitized on civil registration so that they advocate for registration and talk about the importance of civil registration during religious gatherings, such as baptisms and burials.
- DSS and the civil registration office could collaborate.
- MOH, in partnership with civil registration, could use MCH strategy to improve coverage of births.
- Civil registration and the immigration department could strengthen their linkage and take advantage of networking.
- Existing mechanisms, such as the *nyumba kumi* initiative and women's groups, can create awareness in the community.
- Law enforcement can be enhanced.

- Community sensitization through community health workers under the community strategy, schools, and religious gatherings can be avenues to increase public awareness.
- The civil registration office can explore increasing the stakeholder base by identifying other stakeholders not captured in the current mapping.

3.2 Embu County

The 2012 registration coverage was reported at slightly over 60% for both births and deaths, with a potential to improve with increased and coordinated stakeholder participation. The civil registration officer suggested that the available vital statistics data can be used to highlight areas in the county with high teenage pregnancies or areas that produce higher rates of death due to suicide and alcoholism. He cautioned, however, that data quality on cause of death is still compromised because of minimal use of the International Classification of Diseases (ICD-10) standards. Participants noted that a level 4 facility serves the county, and also communities from neighboring Kirinyaga and Tharaka Nithi counties, and therefore, a substantial number of births registered at the facility are from outside Embu County.

One problem noted during the meeting was the rising number of street children, most of whom lack appropriate documentation, including birth certificates, and specific interventions are needed to ensure they receive this basic right.

To increase coverage to a targeted 100%, the civil registration officer emphasized the need for advocacy, creation of public awareness, and strengthened monitoring systems.

The following activities have been ongoing in the county:

- On-the-job-training for registration agents, such as newly recruited assistant chiefs and health care workers
- Implementation of MCH strategy on birth registration in some sub-counties, especially in Mbeere
- Generation of vital statistics

An action plan document lists activities to be implemented, such as formation of a stakeholder taskforce to oversee implementation and coordination of the activities. One recommendation was to hold similar stakeholder forums at the sub-county level to sensitize community leadership. The county executive for planning offered support for this and other CRVS activities, and asked the civil registration office to submit a budget for discussion.

3.3 Garissa County

Data on birth registration coverage (93%) generated a discussion among stakeholders that noted the presence of four refugee camps in the county (Hagadera, Ifo, Kambiross, and Dagahaley), which distorts the actual birth registration status because the camps have enclosed populations, and most deliveries happen in health facilities where birth registration is high. The local population birth registration coverage was estimated at less than 30%, evidenced by a previous Orphans and Vulnerable Children (OVC) vetting activity that discovered that most orphans did not have birth certificates. A data management and review meeting was proposed to re-analyze the data at the county level to provide

information that can be used for planning and monitoring of interventions, such as the MCH strategy on birth registration.

The deputy county commissioner read a circular from the cabinet secretary dated November 2013 that defined the role of the county commissioner's office in civil registration through the assistant chiefs. The circular also makes recommendations to improve registration of home vital events. A follow-up meeting with all the deputy county commissioners was planned for the following day.

Participants said the following issues require action:

- The number of late registrations of births is high, compared to current registrations of births (0–6 months).
- The lack of registration of home events by assistant chiefs is one reason for low current registrations; some of the sub-locations filed zero returns for both births and deaths in the entire year, 2012.
- Cultural challenges, such as immediate burial of the deceased, are a contributing factor to the low registration of deaths.
- The role of the civil registration monitoring and reporting system is not clear in the community and to the assistant chiefs that are responsible for it, which results in submission of late monthly returns.
- Weak linkages between MOH and the civil registration office led to delayed returns and minimal sharing of information.
- Over-reporting of the birth coverage data (93%) makes it questionable for use, especially for planning and monitoring interventions at the county level. MOH and KNBS data were different from the information reported by the civil registration office.

MOH said training is needed to assure 100% registration coverage. The following issues are examples that result from a lack of training and inefficient systems, and they need to be addressed:

- Nurses lack training on how to register events, such as registration of refugees that deliver at a facility (legal requirements) and registration of children whose mothers do not have a national ID (under 18 and others).
- Causes of death are poorly recorded due to a lack of knowledge and skills in death certification and coding.
- The death registration process is lengthy, and the mortuary attendant is required to fill in the death registration form; therefore, some dead are discharged from the ward to relatives before registration is complete, especially if burial is to be immediate. Data from 2013 shows that 84% of deaths registered in the county are reported by assistant chiefs and include hospital deaths.
- Mothers with complications and mothers who deliver through caesarian section are in most cases forgotten.
- Retrieval of records is cumbersome.

A follow-up meeting with UNICEF highlighted implementation of the MCH strategy in two sub-counties, Garissa and Fafi. The objective of this activity is to reduce maternal and child deaths through on-the-job-training of health care workers and routine monitoring of the MCH indicators (hospital deliveries, Fully Immunized Children, antenatal care visits, and family planning uptake). This was noted as an opportunity

to integrate registration of home births at the MCH clinics, as envisioned by the MCH strategy on birth registration.

3.4 Kakamega County

The county commissioner emphasized the importance of registration and use of vital statistics for national- and county-level planning, which requires data harmonization, especially population and disease burden data. He acknowledged the low coverage of registration data from rural areas. He also noted that Butere and Khwisero sub-counties are the best performers in the county.

The civil registration officer said most of the challenges for civil registration are those noted in the system baseline assessment, listed here:

- Attitudes and cultural beliefs, such as in the Abaluhya community where children are not counted.
- Geographical vastness makes registration centers inaccessible to much of the community, and it is difficult for registration agents to submit returns.
- Poor infrastructure, such as roads, hampers delivery of registration materials and submission of returns.
- Funding is inadequate and human resources are limited.
- Some registration agents lack commitment.
- Demand is low for civil registration products.
- Registration agents lack the knowledge to provide accurate cause of death data.
- Inefficiencies in data processing and poor analytic skills contribute to delayed submission of reports to CRD.
- Political goodwill is often lacking.
- Some partners compound late registration by putting less emphasis on timely registration.

CAMP, a faith-based-organization and sub-recipient of APHIA Plus, reported its support for OVC and people living with HIV/AIDS, and told how its work relates to civil registration. WADAIDA, a civil society organization in the county, said it promotes acquisition of birth certificates and encourages skilled deliveries.

In addition to developing an action plan, the participants in the stakeholder forum made the following points:

- The county government needs to be engaged for support in civil registration activities, including the sensitization of political leaders on the need for civil registration.
- Collaborators need to share resources to synergize efforts.
- The use of existing structures, such as *nyumba kumi* and public *barazas*, MCH strategy, and education policies, can help create awareness and increase demand for civil registration products.
- The civil registration stakeholder mapping needs to be updated continuously through efforts such as including the electoral board in the list of stakeholders.

3.5 Kilifi County

The county presentation reviewed the functions of the civil registration office, the registration process, registration performance by sub-county and health institutions, and challenges and efforts made to overcome those challenges. Registration of home births at MCH clinics and immunizations are encouraged. The challenges stakeholder forum participants discussed were in line with findings from previous assessments:

- Inadequate human, financial, and transport resources
- Lack of training and monitoring of registration agents
- Low registration coverage due to a lack of community awareness
- Poor data quality
- Low demand for vital statistics
- Manual procedures for the registration process

The county health records and information officer (CHRIO) presented the county health policy on health information that includes vital statistics, and he emphasized that the MOH is mandated to register births and deaths that occur in health institutions. He quoted the Health Information Strategic Plan that identifies improvement of the vital registration system as a strategic objective. He pointed out that vital statistics are a key source of information for evidence-based decision making in the health sector, and he recommended training of health workers and regular updates, periodic civil registration forums, and harmonization of data and communication between the civil registration office and MOH.

Plan International highlighted its support of the county in health, child protection, livelihoods, and governance. It also indicated plans to support universal birth registration in Bahari and Ganze sub-counties.

Among other stakeholders at the forum was the KEMRI DSS who highlighted the demographic surveillance system for real-time monitoring of pregnancies, births, vaccinations, and deaths. DSS data are captured at the Kilifi District Hospital and at the community level through routine field visits to households in the designated DSS area.

Participants developed a county CRVS action plan and formed a technical working team to meet frequently to plan and evaluate implementation of the activities planned. The technical working team comprises the following representatives:

- County commissioner, chairperson
- County civil registration coordinator, secretary
- County director of health
- County health records and information officer
- County director of education
- County statistical officer
- County director of children's services
- County registrar of persons
- Plan international
- World Vision

- KEMRI-Wellcome Trust DSS
- MEASURE Evaluation PIMA

3.6 Kirinyaga County

Kirinyaga County has few CRVS stakeholders and many government entities. Table 2 lists the government agencies and their responsibilities.

Table 2: Stakeholders in Kirinyaga County and their responsibilities

Name	Areas of Synergy
CRD	<ul style="list-style-type: none"> ▪ Registration of births and deaths in the county ▪ Compilation of monthly reports from MOH and local registration agents ▪ Issuance of certificates ▪ Assurance of safe custody of registration books ▪ Sharing vital statistics reports with the stakeholders
KNBS	<ul style="list-style-type: none"> ▪ Analysis of government data ▪ Provision of population projections ▪ Dissemination of data for planning
County Commissioner's Office	<ul style="list-style-type: none"> ▪ Support for the civil registration office through timely notification of births and deaths ▪ Issuance of burial permits ▪ Community mobilization and sensitization on birth and death registration ▪ Compilation and submission of monthly returns to the civil registration office and the assistant county commissioner
County Planning Office	<ul style="list-style-type: none"> ▪ Use of civil registration data for planning
Ministry of Health	<ul style="list-style-type: none"> ▪ Support for registration of births and deaths in all health facilities ▪ Use of vital statistics for health planning (immunizations and interventions) and monitoring of Millennium Development Goals targets such as reduced child mortality
Ministry of Education	<ul style="list-style-type: none"> ▪ Support for civil registration by enforcing birth registration by ensuring that every learner who sits for primary level (class 8) has been registered
MEASURE Evaluation PIMA	<ul style="list-style-type: none"> ▪ Support for availability and use of quality civil registration data ▪ Support for quarterly data review meetings ▪ Support for capacity-building responses and initiatives in the civil registration office ▪ Facilitation of data verification and harmonization among CRD, MOH, and KNBS ▪ Support for collaborative meetings among stakeholders to foster synergy and partnerships
Religious Leaders	<ul style="list-style-type: none"> ▪ Expression of support for sensitization and compliance at baptism and burial ceremonies
Village Elders	<ul style="list-style-type: none"> ▪ Support for community sensitization on civil registration

Birth and death registration coverage in the county was reported at 65% and 57%, respectively, which is below the World Health Organization (WHO) international standards of 80%. The low coverage is attributed to the many home events that go unregistered. The county aims to raise registration coverage to 85%; however, the county faces the following challenges to civil registration:

- Late submission of reports by the local registration agents from the lack of facilitation and transport
- Lack of supportive supervision and monitoring tools at the assistant commissioner's office
- Religious beliefs and inadequate community knowledge on the importance of registration
- Inadequate or no storage facilities for local registration agents
- Low commitment of registration agents, especially health workers
- Inadequate or no training on registration due to staff attrition and new recruitments

The civil registration office has implemented MCH strategy on birth registration in some facilities through training for public health nurses and advocacy forums promoting increased coverage rates.

3.7 Machakos County

The county commissioner reiterated the cabinet secretary's message emphasizing the need to improve registration of home events and enforcement of the law on burial permits. He urged leadership to put systems in place to monitor performance of registration agents.

The county challenges reported by the civil registration officer aligned with the system baseline assessment. To improve birth coverage, Plan International and World Vision have been supporting periodic community-level registration points that issue certificates in Masinga, Yatta, and Matungulu sub-counties (Plan International) and Mwala sub-county (World Vision). Notably, the birth registration coverage increased from 36% in 2012 to 50% in 2013.

The CHRIO underscored several challenges that directly affect registration at facilities:

- Shortage of registration books (BI and DI forms)
- Lack of standardized operational procedures across the different facilities in the county
- Lack of reimbursement for transportation costs for registration agents to submit monthly returns to the district civil registration office
- Shortage of staff
- Differences in registration processes, with manual registration in some areas and electronic registration in some facilities, including the use of electronic medical records, challenges health workers who serve as registration agents
- Lack of training that leads to poor quality data, especially on reporting cause of death

A civil registration committee, with representatives from the civil registration office, county commissioner's office, faith-based organizations, and two nongovernmental organizations (Plan International and World Vision), MOH represented by the county director of health, county HRIO, and a public health nurse, was formed to ensure coordination and advocacy.

3.8 Mombasa County

Participants at the stakeholder forum in Mombasa discussed the use of vital statistics, with an emphasis on interministerial linkages and policy development to ensure data use in the county government and proposed development of an integrated information system. The resulting action plan reflected this proposal, and progress will be reported at the next stakeholder forum.

Participants discussed issues that affect the low registration coverage. Suggestions included sensitizing religious and community opinion leaders to the need for registration and data uses and using the community health strategy and the *nyumba kumi* initiative to reach out to the community to provide education on the importance of registration. The Mombasa County action plan is included in Appendix I.

3.9 Nairobi County

Discussion at the stakeholders forum focused on the MCH strategy for birth registration, an intervention to increase registration of births through MCH clinics. The civil registration office rolled out this intervention in March with support from MEASURE Evaluation PIMA. The process included civil registration training of trainers for MOH, training of health workers, and monitoring implementation of the strategy. The civil registration officer's presentation identified community mobilization as one of the gaps in the civil registration system. Participants noted that community health extension workers could play a critical role in mobilizing the community by sensitizing community health workers that make routine household visits to the need for registration. Sensitizing them would ensure the messages reach the community and the mothers and mobilize them to register children at the maternal health clinics.

Stakeholders, such as APHIA Plus and GOAL, indicated they have a presence in health care facilities and the community, and they expressed willingness to use their existing structures to support the intervention.

Participants emphasized the need for stakeholder coordination and formed a taskforce, which comprises the following representatives, to coordinate implementation of the planned activities in the county:

- MOH, chair
- APHIA Plus, rotating chair
- CRD, secretariat
- Members of the national administration, county government office, children's services department, private hospital representatives, MoEST, and MEASURE Evaluation PIMA

3.10 Nakuru County

The county coordinator for civil registration shared the status of CRVS in the county and described ongoing efforts to improve the system, including the use of MOVE-IT, a mobile application local registration agents use to notify vital events. The e-health unit head described challenges with the application and highlighted efforts to re-engineer the program. The new system will be piloted in Naivasha and Turkana. MOH will be sharing information on usability of the system and lessons learned from the two pilot sites to inform support for scale-up.

A presentation on data from facilities showed the percentage of fully immunized children and the number of births and deaths (specifically maternal deaths) reported by the facilities. The presentation stimulated discussion on the need for collaboration to support civil registration activities and improve data availability.

Stakeholders discussed support for civil registration in the county and agreed that forums to work collaboratively would be beneficial. A taskforce comprising the following stakeholders was formed to spearhead finalization and implementation of the county action plan:

- County registration office, coordinator and chair
- MOH representatives from the County Health Management Team
- Ministry of Education representatives, one national and one county
- KNBS Nakuru county office
- MEASURE Evaluation PIMA and APHIA plus, partners
- MEASURE Evaluation PIMA, secretariat

Stakeholders also suggested incorporating the CRVS action plans in the County Integrated and Development Plan and County Health Sector Strategic & Investment Plan.

3.11 Siaya County

The stakeholders forum suffered logistics and planning difficulties that led to a late start because a quorum was lacking. Two key stakeholders, MOH and the MAGO Foundation that has supported training of health workers and implementation of MCH strategy on birth registration in two sub-counties (Ugunja and Ugenya), were not represented in the meeting.

Stakeholders heard that birth registration coverage has improved, possibly attributable to the MCH strategy implementation; however, it was noted that the strategy was not being implemented in some areas of Siaya sub-county, which would require support and monitoring of the implementation.

Stakeholders developed the county action plan during the meeting to delineate priority areas to improve the civil registration system.

3.12 Wajir County

Birth and death registration coverage was reported at 19% and 12%, respectively, in 2012. Several factors were attributed to the low registration, such as the nomadic nature of the population, lack of supporting documents for registration, inconsistent application of laws, and cultural barriers, such as immediate burial of the deceased and children born outside wedlock because Islamic beliefs do not allow registration without a father's name. Participant's discussed these and several other issues during the forum:

- Geographical vastness is a challenge for the two civil registration officers to reach out to a majority of the population.
- Lack of public awareness results in low demand for the services.
- Registration agents are not trained on how to complete registration forms.
- Registration agents are not committed, and system monitoring is weak.
- Poor data quality is evident in redundant records received by the registrar.

MOH, represented by the Wajir district hospital HRIO, described additional challenges with civil registration:

- Few MCH booklets and registration books are available in the county referral hospital; only one book is available for all the wards.
- Birth notification is done at the out-patient department, not the maternity ward.
- Nurses are not trained on how to complete the notification book, partly the result of a high turnover in staff.
- Cultural barriers, such as burial of the dead immediately, makes it difficult to capture deaths as they occur; death notification is done at the mortuary. Registration agents emphasize that informants must be relatives, who are in most cases not present to give the information required for a death registration.
- A rising number of assistant chiefs have been filling out D2 forms for hospital deaths. The 2013 data show that over 80% of deaths registered are reported by the assistant chiefs.
- Recording causes of death by clinicians is poor.
- Linkages between MOH and the civil registration office are poor.
- Demand for registration is low.
- Some facilities lack rubber stamps, a requirement for registration.

4 TAKING ACTION

The county-level stakeholder forums CRD conducted with support from MEASURE Evaluation PIMA helped to prioritize and plan for responses to identified gaps in the civil registration and vital statistics system. Improvements will be driven by five main components: (1) legal framework; (2) registration practices, coverage, and completeness; (3) death certification and cause of death reporting; (4) ICD-10 mortality coding; and (5) data access, quality, and use. Nationally, key steps to develop a CRVS improvement plan have been undertaken, including completion of a comprehensive assessment and development of CRD's Strategic Plan 2013–2017. Most of the identified gaps were in tandem with findings from recent studies, and activities to respond to them are aligned with the following strategies that are part of the CRD Strategic Plan 2013–2017:

- Improve civil registration coverage.
- Increase demand for and use of vital statistics.
- Improve the quality of vital statistics.
- Enhance stakeholder participation.
- Ensure strong political and community leadership.

Based on the issues and challenges raised during the forums, intervention areas were classified broadly into three categories: (1) coverage, (2) quality, and (3) data use.

4.1 Coverage

Completeness of coverage of civil registration data is essential for quality vital statistics. To improve international comparability of vital statistics, WHO has set standards, such as the requirement for at least 80% coverage, as criteria for use of data on deaths. Under-coverage of registration of vital events, especially of deaths (see Figure 3) is the major issue in Kenya's civil registration process. CRD's annual vital statistics report 2013 shows trends on registration coverage for the period 2010–2013, which remained constant at about 59% for births and 46% for deaths. Several cultural and socioeconomic

Table 3 summarizes county action plans to respond to identified gaps. The plans are classified in three broad areas that are critical to improvement in the civil registration and vital statistics system: (1) coverage, (2) quality, and (3) data use. Specific county action plans appear in the 12 tables in Appendix 1. Interventions highlighted in blue in the tables come within MEASURE Evaluation PIMA project mandate, and can be undertaken in partnership with other stakeholders.

Table 3: Interventions or actions suggested at the stakeholders forums to respond to identified gaps in Kenya’s civil registration

Outcomes	Issues	Actions/Interventions
Coverage	<ul style="list-style-type: none"> • Low demand for civil registration products • Weak linkages between CRD, MOH, and assistant chiefs or provincial administration • Lack of stakeholder coordination • Poor accountability mechanism for performance of registration agents • Inadequate skills (registration and legal requirements) among registration agents • Inadequate budgetary commitments for CRO and registration agents 	<ul style="list-style-type: none"> • Develop and distribute Information Education Communication (IEC) and behavioral change communication materials to create awareness • Conduct sensitization forums for chiefs and religious leaders • Use <i>barazas</i>, religious gatherings, and <i>nyumba kumi</i> initiative to sensitize and mobilize the community to register • Mobilize and sensitize registration agents (assistant chiefs and health workers) • Implement interventions to improve coverage, such as MCH strategy, community health strategy • Develop policies that advocate for importance of civil registration products • Form taskforces and TWGs (Terms of Reference, membership criteria) • Develop structured procedures for the taskforces (number and frequency of meetings, agenda, targeted forums) • Support taskforce and committee meetings • Integrate civil registration in supportive supervision • Conduct training (new recruits and refresher) on legal requirements and standard procedures for filling out the registration forms • Conduct advocacy and lobbying through stakeholder forums
Quality	<ul style="list-style-type: none"> • Inadequate skills (registration and legal requirements) among registration agents • Inadequate skills in certification and coding • Shortage of ICD-10 books in facilities • Weak linkages between CRD, MOH, assistant chiefs, provincial administration • Inefficient data flow • Lack of comprehensive standard operating procedures(SOPs) for registration, specifically the business processes for registration agents • Manual registration process 	<ul style="list-style-type: none"> • Conduct training (new recruits and refresher) on legal requirements and standard procedures for filling in the registration forms • Conduct ICD-10 training • Seek source funding or support from WHO, donors, and partners • Form taskforces and TWGs (TOR, membership criteria) • Develop structured procedures for the taskforces (number and frequency of meetings, agenda, targeted forums) • Develop systematic workflows and procedures • Develop SOPs • Automate registration process and deploy the electronic system

Outcomes	Issues	Actions/Interventions
Demand for vital statistics and their use	<ul style="list-style-type: none"> • Low demand for products and vital statistics • Poor planning and stakeholder coordination • Inefficient data flow • Inadequate data capture, management, analysis skills 	<ul style="list-style-type: none"> • Conduct data review meetings • Develop information products • Disseminate reports and information products • Develop stakeholder engagement plan • Conduct stakeholder forums • Develop systematic workflows and procedures • Conduct training, encourage mentorship

APPENDIX 1: COUNTY CRVS ACTION PLANS

Table A-1: Bungoma County CRVS Action Plan

Outcomes	Issues	Activities ¹	Indicators/Outputs
Stakeholder coordination and participation	Weak stakeholder coordination	Conduct regular stakeholder forums	Number of stakeholder forums
	Weak linkages with other ministries, stakeholders	Strengthen collaboration with the DSS	
		Form CRVS TWG at county level	Taskforce formed
		Conduct regular TWG meetings	Number of meetings held
Coverage	Low demand for civil registration products	Sensitize chiefs, CHEWs, and CHWs on civil registration	Number of people sensitized Improved coverage rates
		Create public awareness through community mobilization, <i>barazas</i> , media	
		Introduce community mobile solutions, such as MOVE-IT	
		Implement MCH strategy on birth registration	
		Incorporate civil registration in community strategy trainings	
	Inadequate skills among registration agents	Train registration agents on legal requirements and standard procedures of filling registration forms	Number of agents trained
	Inadequate registration services	Decentralize registration, create offices in all sub-counties	Number of new offices, officers
Update list of existing and functional health facilities		Updated facility list	
Quality	Poor quality of mortality statistics	Conduct routine data quality assessments	Assessment reports
	Poor accountability mechanism for agents	Conduct supportive supervision	Number of visits and activity reports
Demand for and use of vital statistics	Low demand for vital statistics	Conduct data review forums	Number of data review meetings
		Develop and disseminate information products	Number of information products disseminated

¹ Blue highlight indicates areas within PIMA's mandate.

Table A-2: Embu County CRVS Action Plan

Outcomes	Issues	Activities ¹	Indicators/Outputs
Stakeholder coordination and participation	Weak stakeholder coordination	Conduct stakeholder forums at all levels	Number of stakeholder forums
		Develop stakeholder engagement plan	Stakeholder engagement plan
	Weak linkages with other ministries	Form CRVS TWG at county level	TWG formed
		Conduct regular TWG meetings	Number of TWG meetings held
Coverage	Low demand for civil registration products	Create public awareness through community mobilization, <i>barazas</i> , media	Increased coverage rates
		Implement interventions, such as MCH strategy on birth registration	
		Create demand for civil registration products, such as at school enrollment	
	Inadequate skills among registration agents	Train registration agents on legal requirements and standard procedures for filling out registration forms	Number of agents trained
	Inadequate registration services	Decentralize registration, create offices in all sub-counties	Number of new offices, officers
		Routinely set up mobile centers for registration	
Inadequate budgetary commitments for CRO and registration agents	Undertake resource mobilization through advocacy and lobbying	Increased trend in resource availability	
Quality	Manual registration processes	Automate registration process	Electronic system in use
	Poor accountability mechanism for agents	Conduct supportive supervision	Number of visits and activity reports
	Inefficient data flow; late submission of reports	Develop systematic workflows and procedures	Number of procedures developed
Demand for and use of vital statistics	Low demand for vital statistics	Conduct data review forums	Number of data review meetings
		Develop and disseminate information products	Number of information products disseminated

¹ Blue highlight indicates areas within PIMA's mandate.

Table A-3: Garissa County CRVS Action Plan

Outcomes	Issues	Activities ¹	Indicators/Outputs
Coverage	Low demand for CR products	Create public awareness by integrating civil registration with other programs, such as media, public <i>barazas</i> , religious gatherings, schools	Improved coverage rates Number of outreaches in which registration was done
		Enhance political goodwill, such as draft county by-laws that compel vital events registration, sensitize county assembly	
		Implement interventions, such as MCH strategy on birth registration	
	Mainstream civil registration with mobile health outreaches or clinics		
Inadequate registration services	Employ more civil registration officers and deploy to each sub-county	Engage temporary clerks in outreach activities	Number of new offices and officers
Quality	Inadequate skills in certification and coding	Train health workers on ICD-10 certification and coding	Number of people trained in ICD-10
	Inadequate data capture and data management skills	Train registration officers in data capture and data management	Number of officers trained
	Manual registration processes	Automate registration process	Electronic system in use
	Poor accountability mechanism for agents	Conduct supportive supervision	Number of visits and activity reports
Demand for and use of vital statistics	Low demand for vital statistics	Establish data sharing forums	Number of data review meetings
	Inadequate data processing and use skills	Build capacity in data processing and use	Number of officers trained
Stakeholder coordination and participation	Weak stakeholder coordination	Update stakeholder mapping and analysis	Update list of stakeholder
		Develop stakeholder engagement plan	Stakeholder engagement plan
		Conduct regular stakeholder forums	Number of stakeholder forums

¹ Blue highlight indicates areas within PIMA's mandate.

Table A-4: Kakamega County CRVS Action Plan

Outcomes	Issues	Activities ¹	Indicators/Outputs
Coverage	Low demand for civil registration products	Integrate civil registration in public gatherings, such as chief <i>barazas</i> , funerals, media, religious, and sports and cultural gatherings	Increased coverage rates
		Strengthen MCH strategy through on-the-job training	
	Inadequate registration services	Decentralize registration, create more offices	Number of new offices, officers
	Inadequate budgetary commitments for CRO and registration agents	Undertake resource mobilization through advocacy and lobbying	Increased trend in resource availability
Quality	Manual registration processes	Automate registration process	Electronic system in use
	Poor accountability mechanism for agents	Conduct supportive supervision	Number of visits and activity reports
	Inadequate skills in certification and coding	Train health workers on ICD-10 certification and coding	Number of people trained in ICD-10
	Inadequate skills among registration agents	Train registration agents on legal requirements and standard procedures of filling registration forms	Number of agents trained
	Inadequate IT, data capture and data management skills	Train registration officers in IT, data capture, and data management	Number of officers trained
Demand for and use of vital statistics	Low demand for vital statistics	Conduct data review forums	Number of data review meetings
		Integrate civil registration in chief <i>barazas</i> and hospital management meetings	
Stakeholder coordination and participation	Weak linkages with other ministries and stakeholders	Engage with county government; involve political leadership	Number of meetings held
	Weak stakeholder coordination	Update stakeholder mapping	Updated list of stakeholder
		Conduct stakeholder meetings	Number of stakeholder forums

¹ Blue highlight indicates areas within PIMA's mandate.

Table A-5: Kilifi County CRVS Action Plan

Outcomes	Issues	Activities ¹	Indicators/Outputs
Coverage	Low demand for civil registration products	Develop and distribute IEC materials	Increased coverage rates
		Create public awareness through community mobilization, <i>barazas</i> , media, traditional birth attendants, schools	
		Use existing structures for community mobilization, such as community strategy, <i>nyumba kumi</i> initiative	
		Integrate civil registration in mobile health outreaches or clinics	
	Inadequate registration services	Decentralize registration, create more offices	Number of new offices, officers
Inadequate budgetary commitments for CRO and registration agents	Undertake resource mobilization through advocacy and lobbying	Increased trend in resource availability	
Quality	Poor accountability mechanism for agents	Conduct supportive supervision	Number of visits and activity reports
	Inadequate skills among registration agents	Train registration agents on legal requirements and standard procedures for filling out registration forms	Number of agents trained
	Inadequate skills in certification and coding	Train health workers on ICD-10 certification and coding	Number of people trained in ICD-10
Demand for and use of vital statistics	Low demand for vital statistics	Conduct data review forums	Number of data review meetings
		Develop and disseminate information products	Number of information products disseminated
Stakeholder coordination and participation	Weak stakeholder coordination	Conduct TWG meetings	Number of meetings
		Conduct stakeholder meetings	Number of stakeholder forums

¹ Blue highlight indicates areas within PIMA's mandate.

Table A-6: Kirinyaga County CRVS Action Plan

Outcomes	Issues	Activities ¹	Indicators/Outputs
Stakeholder coordination and participation	Weak linkages with other ministries and stakeholders	Form an M&E TWG	
		Conduct regular TWG meetings	Number of TWG meetings held
	Weak stakeholder coordination	Conduct stakeholder forums at all levels	Number of stakeholder forums
Coverage	Low demand for CR products	Conduct public awareness campaigns to sensitize community on vital events registration	Increased coverage rates
		Create demand for birth certificate during Early Childhood Development school enrollment through county by-laws	
		Enforce law on burial permits	
		Apply community health strategy, such as using CHWs for notification of events	
	Inadequate registration services	Routinely set up mobile centers for registration	
	Inadequate budgetary commitments for CRO and registration agents	Undertake resource mobilization through advocacy and lobbying	Increased trend in resource availability
Quality	Poor accountability mechanism for agents	Conduct supportive supervision	Number of visits and activity reports
	Inadequate skills among registration agents	Train registration agents on legal requirements and standard procedures of filling registration forms	Number of agents trained
	Inefficient data flow; late submission of reports	Develop systematic workflows and procedures	Procedures developed
	Inadequate data capture and data management skills	Train registration officers in data capture and data management	Number of officers trained
Demand for and use of vital statistics	Low demand for vital statistics	Conduct data review forums	Number of data review meetings

¹ Blue highlight indicates areas within PIMA's mandate.

Table A-7: Machakos County CRVS Action Plan

Outcomes	Issues	Activities ¹	Indicators/Outputs
Stakeholder coordination and participation	Weak linkages with other ministries and stakeholders	Form civil registration committee at sub-county level	Committees formed
		Strengthen existing structures, such as child rights committee	
		Include political leadership in civil registration committees	
	Weak stakeholder coordination	Harmonize government entities through formal meetings	Number of meetings held
		Conduct regular stakeholder forums	Number of forums held
Coverage	Low demand for civil registration products	Develop and distribute IEC materials	Increased coverage rates
		Conduct community sensitization through religious gatherings, media, women's groups, public <i>barazas</i>	
		Enforce law on burial permits	
	Inadequate budgetary commitments for CRO and registration agents	Undertake resource mobilization through advocacy and lobbying	Increased trend in resource availability
	Inadequate registration services	Routinely set up mobile centers for registration	
Quality	Inadequate skills in certification and coding	Train health workers on ICD-10 certification and coding	Number of people trained in ICD-10
	Inadequate skills among registration agents	Train registration agents on legal requirements and standard procedures for filling out registration forms	Number of agents trained
	Poor accountability mechanism for agents	Conduct supportive supervision	Number of visits and activity reports
	Lack of comprehensive SOPs for business process	Develop SOPs	SOPs in place
Demand for and use of vital statistics	Low demand for vital statistics	Conduct data review forums	Number of data review meetings
		Develop and disseminate information products	Number of information products disseminated

¹ Blue highlight indicates areas within PIMA's mandate.

Table A-8: Mombasa County CRVS Action Plan

Outcomes	Issues	Activities ¹	Indicators/Outputs
Coverage	Low demand for civil registration products	Conduct community sensitization for religious leaders and community opinion leaders	Increased coverage rates
		Use existing structures such as <i>nyumba kumi</i> initiative	
	Inadequate budgetary commitments for CRO and registration agents	Undertake resource mobilization through advocacy and lobbying	Increased trend in resource availability
	Inadequate skills among registration agents	Train registration agents on legal requirements and standard procedures of filling registration forms	Number of agents trained
Quality	Inadequate data capture and data management skills, analysis, and use	Train registration officers in data capture and data management, analysis, and use	Number of officers trained
Demand for and use of vital statistics	Low demand for vital statistics	Develop data use policy	Data use policy in place
		Conduct data review forums	Number of data review meetings
		Develop and disseminate information products	Number of information products disseminated
		Develop integrated information systems	System in place
Stakeholder coordination and participation	Weak stakeholder coordination	Conduct TWG meetings	Number of meetings
		Update stakeholder mapping	Updated list of stakeholders
		Conduct stakeholder meetings	Number of stakeholder forums

¹ Blue highlight indicates areas within PIMA's mandate.

Table A-9: Nairobi County CRVS Action Plan

Outcomes	Issues	Activities ¹	Indicators/Outputs
Coverage	Low demand for civil registration products	Develop and distribute IEC materials	Increased coverage rates
		Create public awareness through stakeholder forums, CHVs, CHEWS	
		Use existing structures for community mobilization, such as the community strategy	
		Implement MCH strategy on birth registration	
Quality	Inadequate skills in certification and coding	Train health workers on ICD-10 certification and coding	Number of people trained in ICD-10
Demand for and use of vital statistics	Low demand for vital statistics	Form data review team	Taskforce formed
		Develop data review tools	Tools in place
		Conduct data review meetings	Number of data review meetings
Stakeholder coordination and participation	Weak stakeholder coordination	Form stakeholders coordinating team	Taskforce formed
		Conduct stakeholder meetings	Number of stakeholder forums

¹ Blue highlight indicates areas within PIMA's mandate.

Table A-10: Nakuru County CRVS Action Plan

Outcomes	Issues	Activities ¹	Indicators/Outputs
Coverage	Low demand for civil registration products	Create public awareness through media, religious groups, chief <i>barazas</i> , schools, outreaches, stakeholder forums	Increased coverage rates
		Sensitize and link the CHVs with the assistant chiefs at the community level for referral	
		Implement MCH strategy on birth registration	
		Mainstream civil registration with mobile health outreaches or clinics	
		Implement and enhance use of MOVE-IT	
		Enforce law on burial permits	
	Enforce law on school enrollment		
	Inadequate skills among registration agents	Train registration agents on legal requirements and standard procedures of filling registration forms	Number of agents trained
Quality	Inefficient data flow; late submission of reports	Develop systematic workflows and procedures	Procedures developed
	Inadequate skills in certification and coding	Train health workers on ICD-10 certification and coding	Number of people trained in ICD-10
Demand for and use of vital statistics	Low demand for vital statistics	Conduct data review forums	Number of data review meetings
		Develop and disseminate information products	Number of information products disseminated
		Mainstream operational research activities	
		Integrate verbal autopsy during community dialog days	
Stakeholder coordination and participation	Weak stakeholder coordination	Participate in the county intergovernmental TWG	Number of meetings attended
		Update stakeholder mapping	Updated list of stakeholders
		Conduct stakeholder meetings	Number of stakeholder forums

¹ Blue highlight indicates areas within PIMA's mandate.

Table A-11: Siaya County CRVS Action Plan¹

Outcomes	Issues	Activities	Indicators/Outputs
Coverage	Low demand for civil registration products	Sensitize chiefs, CHEWs, CHWs, police department, religious leaders, teachers	Increased coverage rates
		Create public awareness through community mobilization, <i>barazas</i> , media	
	Inadequate registration services	Decentralize registration, create more offices	Number of new offices and officers
	Inadequate budgetary commitments for CRO and registration agents	Undertake resource mobilization through advocacy and lobbying	Increased trend in resource availability
Quality	Inadequate skills among registration agents	Train registration agents on legal requirements and standard procedures for filling out registration forms	Number of agents trained
	Poor accountability mechanism for agents	Conduct supportive supervision	Number of visits and activity reports
	Inadequate data capture and data management skills	Train registration officers in data capture and data management	Number of officers trained
Demand for and use of vital statistics	Low demand for vital statistics	Conduct data review forums	Number of data review meetings
Stakeholder coordination and participation	Weak stakeholder coordination	Update stakeholder mapping	Updated list of stakeholders
		Conduct stakeholder meetings	Number of stakeholder forums

¹ Blue highlight indicates areas within PIMA's mandate.

Table A-12: Wajir County CRVS Action Plan

Outcomes	Issues	Activities ¹	Indicators/Outputs
Coverage	Low demand for civil registration products	Develop and distribute IEC materials in local language	IEC materials developed and distributed Number of people sensitized Increased coverage rates
		Sensitize chiefs, CHWs, religious leaders, school heads on registration	
		Integrate civil registration in health talks, public <i>barazas</i> , media	
		Mainstream civil registration in <i>nyumba kumi</i> initiative	
	Enhance legislation on registration; institute penalty for offenders; enforce by-laws		
	Inadequate skills among registration agents	Train registration agents on legal requirements and standard procedures for filling out registration forms	Number of agents trained
	Inadequate registration services	Decentralize registration, create offices in all sub-counties	Number of new offices and officers
Quality	Inadequate skills in certification and coding	Train health workers on ICD-10 certification and coding	Number of people trained in ICD-10
	Inadequate data capture and data management skills	Train registration officers in data capture and data management	Number of officers trained
	Poor accountability mechanism for agents	Conduct supportive supervision	Number of visits and activity reports
Demand for and use of vital statistics	Low demand for vital statistics	Establish data-sharing forums	Number of data review meetings
		Develop and disseminate information products	Number of information products disseminated
Stakeholder coordination and participation	Weak stakeholder coordination	Conduct regular stakeholder forums	Number of stakeholder forums
		Conduct advocacy and consultative meetings with county government and county executive	Number of meetings held

¹ Blue highlight indicates areas within PIMA's mandate.

APPENDIX 2: EXAMPLE STAKEHOLDER FORUM PROGRAM

CIVIL REGISTRATION AND VITAL STATISTICS STAKEHOLDER FORUM

THEME: *Strengthening Civil Registration Systems at the County Level*

Date: [Insert Date]

Venue: [Provide venue]

08.30–09.00	Registration
09.00–09.15	Welcome and Introductions
09.15–09.30	Opening Remarks, CRD <i>Objectives: (1) bring together stakeholders to deliberate on support for CRVS strengthening at the county level;(2) establish stakeholder group and engagement plan; (3) deliberate on county CRVS action plan</i>
09.30–10.00	Updates from National Civil Registration, CRD <i>Overview of CRVS in Kenya, current undertakings</i>
10.00–10.15	Coffee/tea break
10.15–10.45	Status of civil registration in the county, CRO <i>CR processes in county, challenges, and priorities</i>
10.45–11.15	Civil Registration and Health Information System, MOH HRIO <i>Health policy and vital registration, registration process, data capture, data use</i>
11.15–11.45	Recommendations for CRVS system strengthening, national baseline system assessment by MEASURE Evaluation PIMA
11.45–12.00	Plenary, Q & A
12.00–01.00	Group work developing action plan
01.00–02.00	Lunch
02.00–02.30	Continued.....group work developing action plans
02.30–03.30	Plenary, presentations by groups
03.30–04.00	Way forward, closure
04.00–04.30	Coffee/tea break