



E

Distr.: Limited

AW/CRVS/94/10
28 November 1994

**UNITED NATIONS
ECONOMIC AND SOCIAL COUNCIL**

Original: ENGLISH

**AFRICAN WORKSHOP ON STRATEGIES FOR ACCELERATING THE IMPROVEMENT
OF CIVIL REGISTRATION AND VITAL STATISTICS SYSTEMS
ADDIS ABABA, ETHIOPIA, 5 TO 9 DECEMBER 1994**

STATISTICAL DIVISION

ECONOMIC COMMISSION

UNITED NATIONS

FOR AFRICA

**THE CURRENT STATUS OF VITAL STATISTICS AND VITAL STATISTICS
AND CIVIL REGISTRATION SYSTEMS
IN KENYA**

BY

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**NATIONAL VITAL STATISTICS SYSTEM AND STRATEGIES
FOR DEVELOPMENT IN KENYA**

BY

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1. GENERAL BACKGROUND

1.1 Country Profile

Kenya lies between 3° north and 5° south of the equator and between 33° west and 44° east longitude. It is bordered by the Indian Ocean on the southeast, by Somalia to the northeast, by Ethiopia and Sudan to the north, by Uganda to West and Tanzania to the south. Within Kenya's surface area of 581,800 square kilometres, vast variety of landforms exist, from glaciated mountains to vast savannahs and dry deserts.

1.2 Economic Performance

The Kenyan economy has generally undergone mixed performance since independence as evidenced by the consistent peaks and troughs of the Gross Domestic Product (GDP).

Since the oil crisis of 1973, the growth rate in GDP continued to decelerate until the unexpected "coffee boom" of 1976-1977 when the growth rate averaged 8.2 per cent. However, for much of the early 1980s, the growth in GDP remained below 5 per cent but fell to 1 per cent in 1984.

The period 1985-89, however show a dramatic improvement in economic performance. During this period, the annual growth rate in GDP increased from 3.0 per cent to 5.1 while the annual population growth rate declined, thereby improving per capita income. Between 1990 and 1993, the real growth rate of GDP started to decelerate from 4.3 per cent recorded in 1990 to 0.1 per cent in 1993. In-spite of this poor economic performance, Kenya is determined to continue with the development programmes initiated in the early 1980s and before.

2. DEMOGRAPHIC AND BASIC INFORMATION OF THE COUNTRY

2.1 Demographic Evolution

The 1989 Kenya Population Census was the third National Census since independence in 1963. This census was unique from the previous censuses in that the instrument also collected data on housing and disabled persons.

The 1989 population census enumerated 21.44 million people. This represented an increase of 39.6 per cent from 15.33 million recorded in 1979. Of the 21.44 million people, 10.8 million were females, about 4 per cent (0.86 million) were children under one year, 18 per cent (3.86 million) were children under 5 years and 24 per cent (5.15 million) were women of (15-49) child-bearing age.

2.2 Demographic Trends

Between 1979 and 1989, the total population for Kenya grew at an annual rate of 3.4 per cent; increasing from 15.33 million in 1979 to 21.44 million in 1989. Assuming the prescribed annual growth rate to remain constant over the next decade, the projected population for Kenya is expected to increase to 29.71 million by the year 2000; and to 36.90 by the year 2010.

On the contrary, Kenyan population has been shown to be undergoing demographic transition. The growth rate of the Kenya population for instance has been seen to drop from a high of 3.8 per annum in 1979 through 3.4 in 1989 to 2.9 in 1993. Coupled with this achievement, contraceptive prevalence has been shown to increase from 17 per cent in 1984 through 27 per cent in 1989 to 33 per cent in 1993. (1985 KCPS, 1989 and 1993 KDHS). The overall level of fertility (TFR) has also declined from 8.1 children per woman in 1979 through 6.7 in 1989 to 5.4 in 1993, representing a highly precipitous but

plausible decline ever recorded since the history of census taking in Kenya. A large decline in ideal family size has also been recorded over the past decade, from a mean of 5.8 children reported in 1984 (KCPS) to 3.2 in 1993 (KDHS).

2.3 Mortality Indicators

The 1993 KDHS showed that approximately 1 in every 10 children dies before reaching his/her fifth birthday. This gives the under five mortality of 96 and infant mortality of 62 per 1000 live births.

Accordingly, the 1989-93 National Development Plan estimated the Crude Birth and Death Rates to 52 and 14 per 1000 population. Infant mortality rate was estimated to about 74 per 1000 live births (1989) while the life expectancy at birth was put at 54 years for males and 59 for females. The sex ratio was estimated to about 101.5 males per 100 females while pregnancy related mortality rate was estimated at 170 per 100,000 live births. However, an on-going nationwide survey on maternal mortality will provide further insight into a more precise mortality indicator.

Whereas the Government has tried to put in place appropriate programs and measures aimed at reducing mortality at all levels, the current AIDS epidemic has the potential to reverse the infant, child and maternal mortality rates during this decade and probably beyond.

3. DEVELOPMENT IN CIVIL REGISTRATION SYSTEM IN KENYA.

3.1 Historical Perspective

In Kenya like in most other developing countries, registration of vital events dates back to colonial period. During and after the colonial era, it was mandatory that all vital events (deaths, births, marriages and divorces) were to be reported to a central registration office which had overall supervisory

control of the system.

In post colonial era, registration laws were again but gradually developed. The Government also made it mandatory that each and every individual was under the statutory obligation to register vital events. All the events were to be registered either in their places of occurrence or place of residence.

Any Midwife, Traditional Birth Attendant (TBA), or Physician present at the delivery point or place of occurrence was required by law to report the event to the local registration office. However, where no such agents were present, the mother was obliged to report the event to the local chief who was then to communicate the same to the local registration office.

Although vital registration system has been in existence since the colonial era, it was not without problems. First, the system was so inefficient that most vital events went unrecorded. Secondly, the idea of forced registration, having historically been introduced by the colonial authority, was usually resented by the indigenous population. Even after independence, the registration process was viewed more as a alien exercise rather than a service to the people. To date, the expression "registration" will by itself evoke unpleasant reminiscences to certain quarters of the population, particularly the traditional rural societies with deeply rooted cultural beliefs and historical practices associated with the particular event. However, with the expansion of education and general public enlightenment, people have now accepted civil registration as beneficial to them and purely as a government service.

3.2 Review of Civil Registration Demonstration Project

3.2.1 Historical Development

Although efforts were made to improve the civil registration even after independence, not much success was achieved. By 1978, less than half of all births and slightly less than a quarter of all deaths were registered. Because of this low coverage, it became almost impossible to produce reliable vital statistics required for general administration and program development. Similarly, it was not possible for the Government to measure accurately the impact of strategies adopted to reduce the impacts of the key components of demographic changes namely births and deaths.

Realising the need to further improve and strengthen the civil registration system, the Government, through the technical and financial assistance of UNFPA mounted the Civil Registration Demonstration Project (CRDP).

Phase I of the project was launched in 1982 and covered three districts i.e. Muranga, Kirinyaga and Nyeri. The Project proved a success and in 1984, Phase II of the project was extended to cover Kisumu, Kakamega, Uasin Gishu and Embu Districts. Five more Districts were incorporated into the program in January 1986 and these included Kisii, Bungoma, Kericho, Machakos and Kilifi. To-date, nearly a quarter of the Kenyan population is covered under this project.

3.2.1 Achievements of CPDP

The project was a success and a major break-through in the registration of vital events in Kenya. By 1983, over 75 per cent of all births and 40 per cent of all deaths have been registered in the demonstration areas. Resulting from these achievement, the Government has also made it a policy that this program be extended to all other districts. Following

this directive, the Department of Registrar General has embarked on a training program for registration clerks, chiefs and their sub-chiefs; with a emphasis on how to record vital events, compile the necessary statistics and issue of final documents (certificates).

The other notable achievement resulting out of the pilot project was the decentralisation of registration of vital events to the sub-locations and the issuance of certificates at the districts. This strategy had double advantage of; first, easing congestion at the Central Registry in Nairobi and two; of accelerating the issue of certificates at lower administrative levels.

4. THE NATIONAL VITAL STATISTICS SYSTEM

4.1 **Organizational Settings in the Production of Vital Statistics**

As early as 1960, the collection of vital events data (births and deaths) was legally and administratively under the responsibility of the department of the Registrar General. However, the Computer Programmes were written and carried out by the Central Bureau of Statistics (CBS) in collaboration with the Government Computer Services. Thus, the professional responsibility ranging from dispatch of forms, notification of events, to data capture remained under the umbrella of the Registrar General, while the analysis and dissemination of vital statistics was left to the CBS.

Whereas the Registrar General personnel carried out the punching of source data, the Government Computer Services was responsible for validation, correction of errors and subsequent printing of final results. Although this arrangement seemed to work fairly well, it still had serious legal, administrative and technical problems.

As mandated by the Statistics Act, Cap. 112 of the Laws of

Kenya, CBS remained the official titular responsible for all government statistics including the analysis and dissemination of vital statistics. However, the legal framework governing the collection of vital events data could not allow CBS to extract data directly from the data registration forms. In spite of this legal rigidity, the Department of the Registrar General could still process and publish certain data for their own use and for improvement of the vital registration system.

Other notable problems associated with the system included:

- . delays in producing final tabulations and extracting data from the main frame.
- . computer back-log occasioning little time left for processing of vital statistics.
- . frequent need to modify programs which sometimes require comprehensive formatting. These, coupled with frequent misplacement of registers made timely production of final outputs almost unattainable.

Besides, there were still other administrative and institutional issues which included:

- . Under counting of events caused by under registration.
- . Inaccuracy in determining the causes of death making the statistics most unreliable.
- . Unclear estimation procedures and late reporting of certain events (marriages and divorces).

More importantly, the current registration system does not seem to strictly follow the laid down administrative hierarchy. In some districts for instance, the functions of the key persons involved in the registration process are not clearly defined, resulting to gaps and duplication of efforts.

In view of these shortcomings, there is need to streamline the whole registration process right from the field to the central registration office.

4.2 Co-ordination Among Government Institution

Several Government Ministries and Departments have actively participated in the vital statistics system. During the pilot exercise for instance, the Provincial Administration, Department of Registrar General, the Ministry of Health Personnel were involved in the filling in of forms while the staff from the Ministry of Culture and Social Services and of Information and Broadcasting did the enlightenment campaign.

On the other hand, the Health institutions have been completing registration forms and forwarding them to District Registries even before the launching of the pilot project. However, the whole process was not without faults. For instance, most of the events are not reported regularly and in some instances, the completed forms are never forwarded to the Registrar's office. In view of these shortcomings, the registration process and particularly, the liaison among key players in the registration process would require further strengthening and streamlining.

Coupled with this, the para-medical staff in particular would require some training in civil registration procedures, supervision in registration activities and closer communication links with the District Registrars. In some instances, this link is either missing or insufficient.

4.3 Administrative Requirements

The Government has put in place several mitigating measures in order to encourage and boost civil registration system. These include, among others, the integration of the permit for burial in the death registration form and the production of birth certificates on first admission to schools.

These requirements are constantly enforced with issuance of various acts of parliament and circulars to school Heads and other government departments. Despite the enforcement, death

reporting is still much more problematic than birth reporting although this information is so crucial to the study of mortality and to Health authorities who require it for preventive measures. The death data is also known to suffer from serious inaccuracies and under-registration.

5 **Conclusions and Recommendations**

- . As evidenced by the Kenya CRDP, a modern system of civil registration, well developed and established can exhibit rapid pace of development in the field of socio-economic. While this can be achieved with a lot of success in Kenya, we still need to examine the human, financial and administrative resources which should be readily available but at a sustainable basis.
- . There is need to set out clearly defined guidelines of the functions of key departments involved in the registration process and compilation of vital statistics. This will essentially require strengthening and restructuring of the field and Head office organization.
- . The vital events registration forms ought to be redesigned to ensure uniformity and strict compliance with internationally accepted concepts. This is important for both local and international comparisons. In addition, there is need to:
 - . mount training and orientation seminars for co-ordinating ministries in the field of civil registration diffusion. This will also call for public sensitization of the importance of civil registration.
 - . mount a comprehensive organization which is supported by trained staff, transport and other supporting facilities. The system should have streamlined methods of supervision, control and monitoring of vital events. The current system of decentralized planning is good but requires strengthening at all levels.

- . Finally there is need for more involvement of CBS in the whole process of data processing. CBS should be availed raw data directly from the district registrars instead of handling processed data from the Registrar General. The department of statistics is better equipped with qualified statisticians/demographers, system analysts and coding and editing clerks who are fairly knowledgeable about editing procedures of births and deaths information. Similarly, the acts under which these two departments operate on should be harmonised to avoid conflict of functions.

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NATIONAL CIVIL REGISTRATION AND STRATEGIES FOR IMPROVEMENT
KENYA

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RESEARCH REPORT NO. 1000

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1. INTRODUCTION

1.1 General Background

Kenya lies between 3 N and 5 S of the equator and between 33 and 44 E longitude. With an area of about 581,800 square kilometres, Kenya's natural environment is as diverse as the earth itself. Every type of landform can be found; from glaciated mountains to dry deserts. Only about 17% of Kenya's land is suitable for agriculture yet this portion supports 80% of the population. The remaining 83% of the land is semi-arid to arid and unsuitable for agriculture. As water is scarce and droughts more frequent, people living in these dry areas are nomadic pastoralists.

There are 41 indigenous ethnic groups comprising 99% of the population. Traditional beliefs and practices persist to a greater or lesser degree in different ethnic cultures in Kenya. Many of these beliefs and practices have lagged behind changes both in the economic structure and in the knowledge-base. Some of these practices have been major contributors to non-registration of births and deaths. Among such practices are:

- concealment of information on new-borns and especially on still births
- immediate burial upon death of muslims
- non-burial of a deceased and subsequent abandonment of the home
- seasonal movement of nomads, sometimes across national boundaries

1.2 Demographic Data

The 1989 census gave the population of Kenya as 21.4 million. With a population growth rate of 3.34% per year, this population is estimated at about 24 million in 1993. While the crude birth rate has remained relatively constant at about 46 per 1,000, the crude death rate has progressively fallen from 25 per 1,000 in 1948 to about 11 per 1,000 in 1989. A decreasing death rate combined with a relatively constant birth rate resulted in a total fertility rate which rose from 6.7 in 1948 to 7.9 in 1979, before dropping back to 6.7 in 1989 as the crude birth rate began to fall. A correlative event over the 1948 - 1989 period is the rise in life expectancy at birth, from 35 years in 1948 to 59 years in 1989 as can be seen in Table 1 below.

Table 1: DEMOGRAPHIC INDICATORS BY CENSUS YEAR, 1948 - 1989

Indicator	1948	1962	1969	1979	1989
Population (million)	5.4	8.6	10.9	16.1	21.4
Total Fertility Rate	6.7	6.8	7.6	7.9	6.7
Crude Birth Rate	50	50	50	52	46
Crude Death Rate	25	20	17	14	11
Natural Increase	2.5	3.0	3.3	3.8	3.34
Infant Mortality Rate	184	126	119	104	74
Life Expectancy	35	44	49	54	59

Source: Central Bureau of Statistics; Kenya Demographic Health Survey, 1989

In Kenya, there are on average 37 persons per square kilometre, but this figure obscures large disparities in population density as is evident from Table 2. The single most important determinant of population density is the agricultural potential of the land, with areas of high potential (Central, Nyanza and Western Provinces) having high population densities and areas of low potential (Eastern, Rift Valley, Coast and North Eastern Provinces) having low densities.

Table 2: POPULATION DENSITY VERSUS ECOLOGICAL POTENTIAL, 1989

Province	Total Area (million Km)	1989 Pop. (million)	% of Land with High & Medium Potential	Pop. Density
Nairobi	0.69	1.3	30	1911
Central	13.20	3.1	100	235
Eastern	154.40	3.8	19	24
Nyanza	12.50	3.5	100	280
Western	8.30	2.6	100	317
Coast	84.10	1.8	17	22
Rift Valley	182.40	4.9	21	27
North Eastern	126.20	0.4	0	3
Kenya	581.80	21.4	20	37

Source: Central Bureau of Statistics

Overall, women constitute slightly more than half of the total population. From Table 3 below, 59% of Kenyans are less than 20 years of age. By contrast, the most productive group of the population - those aged 20 to 59 years - constitute only 36% of the population.

Table 3: POPULATION (000) BY SEX AND AGE STRUCTURE, 1989

Age Group	Male	Female	Total	Cumulative % of total
Under 1	407	401	808	3.8
0-4	1912	1890	3802	17.7
5-9	1711	1726	3437	33.9
10-14	1505	1486	2991	47.9
15-19	1178	1201	2379	59.0
20-24	890	1014	1904	67.9
25-29	783	848	1631	75.5
30-34	584	576	1160	80.9
35-39	461	458	919	85.2
40-44	368	364	732	88.6
45-49	281	294	575	91.3
50-54	236	240	476	93.5
55-59	179	181	360	95.2
60-64	151	168	319	96.7
65-69	114	117	231	97.8
70-74	83	92	175	98.6
75-79	67	61	128	99.2
80+	82	94	176	100.0
Total	10585	10811	21396	

Source: Central Bureau of Statistics

Between 1979 and 1989, the population living in urban areas in Kenya increased slightly, from 15.1% to 21%.

In 1989, the infant mortality rate was 74 per 1000 live births while the under-five mortality rate was 105 per 1000 live births. Unfortunately, it has not been ascertained as to how many Kenyan women die from pregnancy-related causes in any given year. From various different sources, 170 per 100 000 live births is frequently accepted as an estimate of Kenya's maternal mortality rate.

2. CIVIL REGISTRATION SYSTEM

2.1 Historical Background

Compulsory registration of births and deaths in Kenya started way back in 1904. This was for Europeans and Americans only. In 1906, compulsory registration was extended to cover all deaths in townships and to deaths of Europeans, Americans and Asians in rural areas. On 9 June, 1928, registration of births of Asians

became compulsory. In the same year of 1928, The Births and Deaths Registration Act (Cap. 149) was enacted, which, with subsequent revisions and supplements, is in force at present.

At independence in 1963, it was extended to cover births and deaths of Africans in Nairobi and Nyeri districts. However other districts gradually became compulsory registration areas until all districts were covered by 1 September, 1971.

However, this extension was only in the legal sense, because, in none of the districts is registration coverage complete. Various attempts by the Government to improve the registration system have been made and some progress achieved but not to the extent that the results can be utilised for planning and administrative purposes. Thus, in the years 1979 to 1981, between 37% to 42% of births and 23% of deaths were registered in the country as a whole.

When the Government realised the extent and implication of this under-registration, it requested the assistance of the United Nations Fund for Population Activities (UNFPA) and a project of cooperation was concluded in 1979. On this basis, UNFPA provided technical and financial assistance for the establishment of a demonstration project in three districts which served as model areas for the experimentation on ways and means leading to the improvement of the registration system.

After more than a year of experimentation, a Tripartite Project Review, having examined the results, came to the conclusion that the experiment was a success and recommended extension of the improved registration system to four additional districts. This was carried out in 1984. While the UNFPA assistance ended in 1985, the Government continued with the extension of the improved system to additional districts: five in 1986, one in 1991 and another one in 1993.

Although only 14 out of 41 (34%) districts are covered by the improved system, the population involved is 10.8 million or 51% of total country population. It is the intention of the Government to extend this system to all the districts but in phases. It is important to note that the improved system in the 14 districts and the 'old' system in the remaining 27 districts operate in parallel under the same Act.

With effect from 1 July, 1989, births and deaths registration services were transferred from the Office of the Attorney General to the Office of the President and at the same time elevated to a full-fledged department - Department of Civil Registration.

2.2 Legal Provisions

The law governing the registration of births and deaths is known as "The Births and Deaths Registration Act", Chapter 149 of the Laws of Kenya. This Act is administered by the Principal Civil Registrar, Office of the President. The Act requires that ALL births and deaths which occur in Kenya MUST be registered without distinction of race, religion or nationality. Equally, all births and deaths of Kenya citizens occurring abroad may be registered in Kenya.

Under the Act, occurrence of each birth or death should be registered within six months from the date of such occurrence. This is called "Current Registration" and it is done FREE OF CHARGE.

On the other hand, registration of any birth or death AFTER six months from the date of occurrence is called "Late Registration" and attracts a penalty (currently Ksh. 100). Besides, its registration is only done by the District Registrar and even then, at his own discretion.

On disposal of a dead body, the Act states that no body of a deceased person should be disposed off or buried without a permit for burial.

The Act has adopted the definitions of a birth and a death in conformity with the international recommendations.

The Act is also very specific on the persons who are responsible for reporting the occurrence of births and deaths.

Every person notifying the birth of a child and death of a deceased person is required by the Act, to the best of his/her knowledge, and ability to give the prescribed particulars to the Registration Assistant. The Registration Assistant is required to enter such prescribed particulars forthwith in the birth or death register.

The said particulars for a birth include: name, sex, date, type, nature and place of birth of the child; name of father; name, age and residence of the mother; name, capacity, date and signature of the informant.

Particulars for a death include: name, sex, age, date, place of death and residence of the deceased; cause and certification of death; name, capacity/title, date and signature of the one certifying death.

All events which occur at home are supposed to be reported to the area Assistant Chief while those which occur in health institutions are handled by the health staff.

The informant is further required to certify to the correctness of the birth/death entry by signing or, if he/she is illiterate, by affixing his or her mark to the register.

Any person who fails to report an occurrence of a birth or death for registration, or who refuses to furnish any of the prescribed particulars, or who disposes off the body of a deceased without a burial permit, and any person who wilfully gives any false information or particulars for the purposes of registration, shall be guilty of an offence and liable to a fine (currently Ksh. 500) or imprisonment for a term of six months, or to both such fine and such imprisonment.

The various different Acts on marriage are administered by the Registrar General while the Act on adoption is jointly administered by the High Court and the Registrar General.

2.3 Administrative Structure

During the implementation of the improved registration system, not only was a Head Office with the required units and skills established, but so was the field organization strengthened by integration of new persons in the system, thus creating a continuous chain of communication between the Head Office in Nairobi and the local leaders. The authoritative Head Office is functionally structured to enable it to direct and supervise registration activities in the country.

2.3.1 Head Office

With the creation of the Department of Civil Registration in July 1989, the Head Office, under the Principal Civil Registrar, has three divisions: Planning & Statistics, Administration & Finance, and Registration Services. Among the areas that Head Office is responsible include the following:

- policy formulation and implementation
- control of all financial matters
- printing and distribution of registration materials
- recruitment, training, deployment, discipline and welfare of staff
- supervision, control, monitoring and evaluation of registration activities
- preservation of one set of registration records from all the districts
- data processing and generation of vital statistics
- registration of events of Kenya citizens abroad

Below the Head Office is a field organization extending parallel to the internal administration of the country and vertically complete so as to ensure a continuous chain of communication between the Head Office and the smallest administrative unit (the sublocation).

2.3.2 District Registry

With effect from 1 July 1990, all registration services were decentralized to the district level whereby all districts have a registry which is responsible for all registration activities from the reporting to the issue of certificates for events occurring within the respective district. Each district registry is the focus of registration activity and the main centre of legal documentation. The Principal Civil Registrar has delegated to the District Registrar the authority to legalize registration forms filled by either the assistant chief or the health staff. With the district registry (not Head Office) being the focus of registration, its other responsibilities include:

- distribution of registration materials to the field
- collection of completed registration forms from sublocations
- monitoring and evaluation of registration activities in the district
- community mobilization in reporting of vital events
- preservation of one set of registration records
- issue of certificates for events registered in the district
- control of funds issued by Head Office
- accounting for revenue collected from the sale of certificates.

2.3.3 Field

While the Department of Civil Registration is legally responsible for vital registration, it has staff only at district registries who undertake the legal act of registration and issue certificates. For administrative expediency, data capture (i.e. completion of registration forms) is done by two other organizations, namely the Ministry of Health and the Provincial Administration (Office of the President) which has an organization extending down to the smallest administrative unit (sublocation). There are about 4,000 sublocations in the country with an average of 5,500 population per sublocation. The assistant chief, who heads a sublocation, therefore is the crucial key person in the reporting process of vital events occurring within his sublocation but outside health facilities. He has been given the responsibility of the important task of initiating the registration process of completing the registration forms and to sign these forms. Events occurring in health institutions are handled by health workers. With a total of some 2,500 health institutions (300 hospitals, 400 health centres and 1,800 dispensaries), an average of 100 births and 25 deaths occur per health institution annually although hospitals handle about four-fifths of the events.

2.4 Registration Processes

In the legal sense, the registration of a vital event refers to the act in which the registrar signs the register of birth or death to make it a legal document. In a broader sense, however, the term refers to all the acts relating to the various stages and steps in the registration processes.

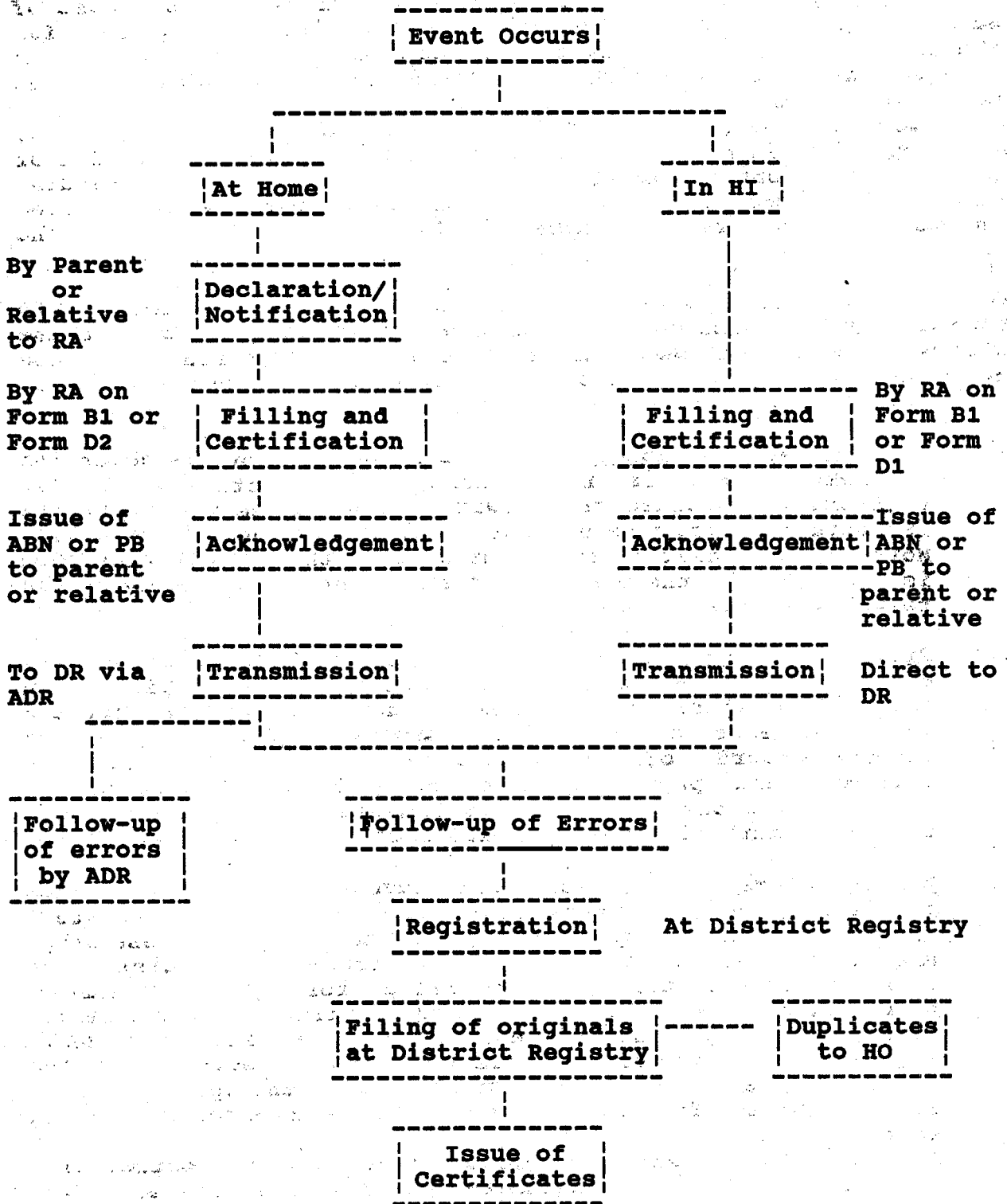
Naturally, in discussing the processes of registration, the key persons in registration and the documents of registration must inevitably be mentioned. We may, therefore, have to digress from time to time, to the organisation structure of civil registration and the key persons involved.

2.4.1 Flow of Information/Forms

In Kenya, there is a very clear distinction between the reporting of events which have occurred at home and those which have occurred in health institutions. When an event occurs at home in the rural areas, the sequence of the process of registration (refer to Fig. 1) is as follows:

- a. Declaration/Notification: The parents of the newborn or the relatives of the deceased should report the event immediately to the assistant chief, who has been appointed as a part-time registration assistant (RA), of the sublocation of occurrence. This report can be made orally.
- b. Filing and Certification: On receipt of the report on the occurrence of an event, the RA fills, in duplicate, the registration form beginning with the Register of Birth/Death (the lower part of form). The RA then enters the name of the informant in the form and asks the latter to sign. Finally, he himself signs the form as the RA of the sublocation where the event occurred.
- c. Acknowledgement: The Acknowledgement of Birth Notification (ABN) or the Permit for Burial (PB) is filled by copying some of the particulars entered on the register of birth or death. The ABN or the PB is then issued to the parent of the child or relative of the deceased or any other informant who took the report to the RA.
- d. Transmission of Forms to the District Registrar (DR): At the end of each month, the RA counts each category of forms (both original and duplicate) which he has filled for the events reported to him during the month. Then he enters their numbers in a transmittal form and keeps them in an envelope awaiting the Assistant District Registrar (ADR) to come and take them to the DR.

Figure 1: REGISTRATION PROCESS



After the ADR has opened the envelope containing the forms, he checks if the number of forms in the envelope agrees with the numbers entered in the transmittal form. Then he checks if there are any inconsistencies in the forms or clerical errors. Some of such errors can be rectified with the RA immediately but for others which need more time to sort out, the ADR will ask the RA to find the correct or relevant information while, for the time being, he takes the registration forms to the DR. The answers to the queries or the missing information is taken to the District Registry as it is made available (most likely during the course of the following month). The ADR, then, prepares a statistical return, which is a consolidated summary of all the transmittal forms from the sublocations, which accompanies the registration forms to the DR.

For events which occur in health institutions (HIs), the registration process is based on the same principles as for the events occurring at home except for slight differences in the detailed procedures. The detailed procedure in health institutions is as given below:

- a. Declaration/Notification: Unlike the case of events occurring at home, there is no declaration or notification for registration because the midwife or the nurse who fills the registration form is a witness in the occurrence of the event. Moreover, immediately the event occurs, the registration form is completed in the presence of the mother of the baby or the relative of the deceased.
- b. Filling and Certification: In compliance with HI procedures and practices, the function of filling of the registration form is delegated to the midwife, nurse and doctor (not the designated RA of the institution, who is usually the in-charge of the records office). These persons play the role of informant and, partly, that of the RA in the filling of the form. In the case of the death register, however, only the doctor is authorised to fill and certify the cause of death.
- c. Acknowledgement: After the forms have been filled and signed by the midwife or the nurse and doctor, the rest of the steps are the responsibility of health institution's RA. These steps are visiting all wards to collect all booklets of registration forms; comparing the number of filled forms with the number of births and deaths entered in the HI birth and death record books; ensuring that all entries in the birth and death registers are correct; certifying the correctness of the information entered in the form by signing the space reserved for the RA; and filling and signing the counterfoils relating to the ABN and PB. Finally, the RA tears off and hands over, to the mother of baby or the relative of deceased, the ABN or PB respectively, and returns the booklets to the various wards.

- d. Transmission of Forms to DR: On prescribed dates, the RA of the HI transmits, directly, the completed forms to the DR under cover of a transmittal form which also acts as a statistical return to the DR.

2.4.2 Processing at District Registry

The actual processing of the registers of birth and death at the district registry consists of several steps which are essentially the same regardless of the origin of the forms. There are only very minor differences with regard to the detail in some of the steps:

- a. From Sublocations: The registry clerk counts the forms to ascertain that the number of the forms agrees with the corresponding number entered by the respective ADRs in the consolidated return.
- b. From HIs: The registry clerk similarly checks if the actual number of forms agrees with that the RA entered in the covering note. If there is agreement in the numbers, the clerk acknowledges receipt; otherwise, the clerk may state any discrepancy. (The steps followed in the check and acknowledgement compare with the steps taken by the ADR when he receives forms from the RAs of sublocations during his field trips).

The next step taken by the registry clerk is to verify the contents of each form to make sure that there are no missing entries or illegible words, illogical/inconsistent information (e.g. age of mother). If the RA, in the opinion of the clerk, can obtain the missing information or correct the inconsistent information, the clerk fills the appropriate query form to elicit the information, attaching a tag on the register while he waits for the RA's reply.

After the clerk has completed his check for missing information or errors, he performs the last steps in the process of the transformation of the form into a legal document. These steps consist of the following:

1. Entering the name of the district (using a rubber stamp).
2. Assigning a running registration number (using a hand numbering machine).
3. Entering the date of registration (using a date stamp).
4. Entering the name of the District Registrar (DR) (using a rubber stamp).

This latter step is in readiness for the signature of the DR which finally makes the register a legal document which should be securely guarded. Any subsequent alteration made on the form must be supported by a written justification.

Following the DR's signature, the registry clerk separates the originals from the duplicates, files the originals according to the registration number in batches of 250 labels the files for easy identification and despatches the duplicates (also arranged in the same order as originals), on a monthly basis, to the Head Office (HO) under cover of a transmittal note. The duplicates are also accompanied by statistical returns from the DR.

The duplicates received at the HO are counted to verify their number, put into hard cover folders and subsequently used for further data processing. Later, the duplicates are bound into volumes of 250 forms ready for final storage. The originals are then sent to the HO for binding in exchange for the bound duplicates. Eventually, the bound originals are returned to the district registries, once again in exchange for the duplicates which finally go into archive.

2.4.3 Issue of Certificates

2.4.3.1 Search: On application for a birth or death certificate, the first step taken by the district registry is to look for the corresponding register from which information is going to be extracted. This can be done by using either serial number on the ABN/PB (which also appears on the corresponding register) or by using the date of occurrence/filing as a guide. After a complete year, computer printouts are expected to be produced which show the births arranged according to the alphabetical order of the name of the child, alphabetical order of the name of the mother, chronological order of the date of birth of the child and the serial number of the register of birth.

Deaths are arranged according to the alphabetical order of the name of the deceased, chronological order of the date of death and the serial number of the register of death. Such computer printouts greatly ease the otherwise arduous task of locating a particular record. Unfortunately, the production of these indices has remained ineffective.

2.4.3.2 Application and Payment of fee: The application form must be completed even if the applicant goes in person for the certificate at the registry. Following the application, the applicant is required to pay a fee (currently Ksh. 50) for the certificate, the amount of which is entered in the application form and a receipt issued to the applicant.

2.4.3.3 Typing, Signing and Handing Over: A typist then extracts from the register the particulars needed in the relevant certificate on which the seal of the Principal Civil Registrar has been impressed (in advance at HO), the typing is checked and verified by a clerk, then the DR signs after verifying the related documents. The certificate can then be handed over to the applicant or mailed if requested.

2.4.4 Late Registration

Although the Registration Act sets a six-month grace period, from the date of occurrence of an event, within which such event should be registered, there is a provision to register an event under "Late Registration". However, such registration can only be done by the DR (not the assistant chief) after:

- a. an application for late registration has been made;
- b. a search to make sure that the event was not registered before;
- c. sufficient supportive documents have been produced, and
- d. the late registration fee (currently Ksh. 100) as well as the certificate fee has been paid.

Since most, if not all, of the late registration cases are motivated by the need for a certificate, the two processes of registration and issue of a certificate are combined.

In spite of the existing provision under the Registration Act to prosecute those who do not register their events within six months, this has not been enforced upon late registration applicants. It was thought that prosecution may likely contribute to discourage registration.

2.5 Local Registrars

2.5.1 The District Registrar (DR) being the Principal Civil Registrar's representative at the district level, is an important authority hence responsible for all legal and administrative matters on vital registration in his district. The DR should be conversant with all aspects of the registration process in order to control those registration aspects for which he is responsible and also to explain them to others. He should be able to interpret the law on civil registration since he is the legal authority to register vital events and issue certificates as well as representing the Principal Civil Registrar in the district. The person requires not only technical knowledge but also experience.

2.5.2 For posts of DRs, complete secondary education (Form VI) is regarded as a desirable educational background. This, however, has not always been achieved. The educational background of the current DRs is lower (Form IV) than the desired level but they have long-term experience which is very useful for civil registration operations. These DRs, having been appointed on full-time basis within the public service, were drawn from diverse backgrounds and have largely risen through the clerical cadre. Even where university graduates have penetrated through the service, they too have received only general education. While this gives them the potential to develop relevant and specialized skills, it does not automatically confer them the ability to function as knowledgeable officers in civil registration.

2.5.3 Until 1992, there have been no articulate arrangements for training staff in civil registration and vital statistics. Drawing from the experience of organizing a regional workshop that was supported by the UN Statistical Office in 1989, the department has initiated a six-week course on Integrated Civil Registration and Vital Statistics held annually for DRs since 1992.

2.6 Supervision and Control

2.6.1 Complete Coverage

In order to obtain reliable vital statistics, the first priority of civil registration still remains the achievement of complete coverage of births and deaths through an increase in the number of events registered hence the month by month intensive follow-up of the number of events registered.

The assistant district registrars (ADRs) operate motor cycles during the collection of registration forms from the field to the district registry. Since this collection directly affects the registration coverage, strict control of the uneconomic use or misuse of transport is exercised.

2.6.2 Monitoring Devices

The various devices of supervision and control have been established gradually and incorporated at various stages in the registration exercise. They range from conventional administrative inspections of compliance with instructions and rules, to more elaborate statistical controls and evaluation of work performance of certain crucial key persons in the registration process and result finally in monitoring and improvement exercises.

2.6.3 Submission of Monthly Returns

The timely submission of registration returns and their completeness is the most obvious indicator of good performance on the part of the key persons in the field in the registration exercise.

a. Births/Deaths at home:

- The assistant chief compiles his monthly return by completing a summary form at the end of each month for collection, together with the completed registration forms, by the assistant district registrar (ADR).
- The ADR visits the assistant chiefs in the following month to collect returns. He fills a consolidated return relating to all the sublocations of a given division indicating those with nil returns and those he did not visit. By the end of the month, the ADR submits this consolidated return, with the respective registration forms, to the DR.

- If the ADR fails to visit any assistant chief, he is at fault and should explain the reason to the DR. If the ADR did not adhere to the set dates of submission of his returns to the DR, the ADR is again at fault as he is delaying the compilation of the district summaries for submission to Head Office.
- The DR transcribes the number of events from each sublocation onto a summary return of all sublocations in the district. While doing this, he should note nil and/or no returns from a given sublocation and take the appropriate action.

b. Births/Deaths in health institutions (HIs):

- The health personnel transmit to the DR all registration forms filled during a given week under the cover of a statistical summary form. The small HIs should transmit their returns at the end of each month. If there is a delay or the transmission is incomplete, the particular HI is at fault.
- The district registry staff count and verify the number of forms and transcribe the numbers onto return form for all HIs. In doing so, they should notice nil or no returns and report these to the DR who should take the appropriate action.

c. DR's Monthly Return to Head Office (HO):

- At the beginning of each month, the DR compiles a summary of registration activities in the preceding month and dispatches it to HO. These include statistical summaries of all sublocations and HIs together with the relevant duplicate registers. All these should be sent to HO by the 4th day of each month. If the DR fails or delays to submit some or all documents, then he is at fault.

d. Receipt of Monthly Returns by HO:

- On receipt, HO staff verifies the totals indicated on the summary sheets against the duplicate registers paying particular attention to the registration areas with nil returns.
- monthly figures of events registered by each district are tabulated. These figures are provisional since they are based on totals derived from the first and last registration numbers used during that particular month.

2.6.4 Control measures

- From the above-indicated set of returns, there is responsibility at each departmental level: ADR, DR, HO.
- The date of submission of the returns and the nil/no returns should be noticed and the reasons for the faults examined.
- Appropriate actions have been prescribed at each level:
 - * the ADR should report the errant assistant chief to his chief or the district officer
 - * the DR should admonish the ADR at fault and, if faults continue, report him to HO
 - * the HO should take appropriate action against the ADR or DR if faults continue

2.6.5 Control of Coverage

Although the supervision starts at the level of the ADR and continues up to that of the HO, the control of coverage is initiated at HO level and passed through the lower levels, down to the primary registration unit - the sublocation or the affected HI - which constitutes the source of under-registration i.e. the omission of some births/deaths.

2.6.5.1 Registration coverage

The "rate of registration" is used to measure registration coverage. It is the percentage of births/deaths actually registered out of the number "expected" to be registered, taken as 100. The number expected is obtained by applying the estimated crude birth and death rates to the corresponding estimated population of each district. The expected number is considered as the target figure of registration coverage and the rate of registration indicates the progress towards achieving this target.

The intensive follow-up of this rate, at half-yearly and yearly periods, for districts is a priority task. Pointing it out to a District Commissioner (DC) that a his district showed a low rate of registration is important. However, in order to enable him and his staff to follow-up the under-registration to its source and to take practical measures, the affected sublocations and the respective number or percentage of under-registration has to be specified.

2.6.5.2 Coverage in Rural Areas

In order that we obtain the amount of under-registration for sublocations, all births and deaths registered have to be distributed by sublocation of mother's and deceased's residence respectively. This is done from some of the tabulations of the statistical data processing. From the projected population of each

sublocation, the expected number of births and deaths are estimated for each sublocation. The difference between the number registered and the number expected (both at home and in HIs) given as the number deficient, shows the amount of under-registration. This report showing the registration performance is sent to respective district registrars and provincial administrators for remedial action.

2.6.5.3 Coverage in HIs

Although the concept of the number of events expected, which is a derivative of the resident population, is not applicable to HIs, there is still need to evaluate the registration performance in HIs. In order to check this performance, annual totals for each HI from each DR's monthly return are obtained. From these totals, the trend in the number of events registered annually for a number of years gives a glimpse of the registration performance of each HI. Table 4 and Table 5 show the number of births and deaths registered respectively by the major HIs between 1990 and 1993. Using this trend, HO makes annual visits to selected HIs which have shown a decline in the number of events registered. During such visits, hospital authorities are asked to justify the apparent decline in the number of events registered.

Table 4: BIRTHS REGISTERED IN HOSPITALS, 1990-1993

Name of Health Institution	Number Registered			
	1990	1991	1992	1993
PGH, Nyeri	7127	8364	7162	4840
Murang'a Dist. Hosp.	6128	5858	5993	4677
Thika District Hosp.	5875	5691	4836	5329
PGH, Mombasa	5310	3126	3010	995
Kiambu Dist. Hosp.	4737	4708	3684	3513
Eldoret Dist. Hosp.	4656	5682	3656	3659
Nazareth Hospital	3628	2159	2315	3080
PGH, Kisumu	3523	4735	2161	1412
Karatina Dist. Hosp.	3280	3341	3290	2315
Gatundu Hospital	2853	2403	2414	1300
Kerugoya Dist. Hosp.	2787	2682	2773	2815
PGH, Embu	2771	3796	4031	4847
Machakos Dist. Hosp.	2702	3055	2259	2031
Mumias Mission Hosp.	2428	2578	2769	2707
PGH, Kakamega	2372	3989	2446	1896
Kijabe Mission Hosp.	2173	1952	1619	1824
Bondeni Mission Hosp.	2137	1920	1880	1089
Kyeni Mission Hosp.	2090	1705	1843	1178
Nanyuki Dist. Hosp.	1967	2177	2065	1866
Kericho Dist. Hosp.	1908	2208	1341	1681
Thika Maternity	1874	2922	3075	5429

Table 4: (Continued)

Name of Health Institution	Number Registered			
	1990	1991	1992	1993
Bungoma Dist. Hosp.	1834	2295	1392	2220
Tenwek Mission Hosp.	1818	1848	1349	672
Kapenguria Dist. Hosp.	1760	402	1651	1300
Malindi Dist. Hospital	1647	1616	1707	1683
Mukumu Mission Hosp.	1641	2146	1495	1113
Kaplong Mission Hosp.	1491	1595	1100	807
Consolata Hospital	1342	1278	1168	890
Tabaka Mission Hosp.	1335	1345	1284	1053
Tumutumu Mission Hosp.	1316	897	955	686
Lamu District Hosp.	1314	515	1050	394
Kapkatet Hospital	1287	1841	1013	1081
Kikuyu Mission Hosp.	1256	1503	1412	1605
Moi District Hosp.	1089	999	1036	869
Nyamira Dist. Hosp.	1073	1612	1606	1424
Kangundo Hospital	1015	1147	1009	830
Nyabondo Mission Hosp.	992	831	808	675
Makindu Hospital	965	916	650	514
Kilifi Dist. Hosp.	945	1508	1388	1282
Molo District Hosp.	905	1776	1143	1738
Kiriaini Mission Hosp.	860	596	541	456
Mwea Mission Hospital	859	635	750	943
Chulaimbo H/Centre	838	860	48	335
Kisii District Hosp.	831	1040	1098	1152
Litein Hospital	793	871	772	1032
Mukurweini Hospital	791	730	738	489
Misikhu Mision Hosp.	790	1122	642	1004
Plateau Mission Hosp.	730	852	372	654
Isiolo District Hosp.	700	429	564	412
Makueni Dist. Hosp.	659	712	560	533
Lugulu Mission Hosp.	625	840	579	595
Christa Mariane Hosp.	615	594	550	516
Taveta District Hosp.	609	643	715	721
Aga Khan Hosp. (MSA)	583	772	691	342
Kajiado Dist. Hosp.	582	575	633	625
Aga Khan Hosp. (KSM)	495	581	660	487
Gaichanjiru Hospital	489	358	324	296
Wesu District Hosp.	445	530	560	601
Maseno Mission Hosp.	425	296	311	392
Hola District Hosp.	408	139	670	727
Ishiara Hospital	400	779	586	411
Kaimosi Mission Hosp.	341	330	405	13
Lodwar District Hosp.	311	370	416	442
Naivasha Dist. Hosp.	310	1726	2316	2957
TOTAL	111840	113999	103399	95454

Table 5: DEATHS REGISTERED IN HOSPITALS, 1990-1993

Name of Health Institution	Number Registered			
	1990	1991	1992	1993
PGH, Mombasa	3558	2631	2729	1434
PGH, Kisumu	1950	1269	1153	1687
Machakos Dist. Hosp.	1490	1166	1594	1598
PGH, Kakamega	1347	753	853	711
Eldoret Dist. Hosp.	1265	1434	1044	1063
PGH, Nyeri	1229	1327	1304	1255
PGH, Embu	1126	1056	1410	1308
Tabaka Mission Hosp.	1104	1072	912	920
PGH, Nakuru	1074	1138	1335	1330
Thika Dist. Hosp.	1051	598	601	813
Murang'a Dist. Hosp.	820	844	978	918
Bungoma Dist. Hosp.	783	632	519	437
Kericho Dist. Hosp.	663	531	530	473
Mumias Mission Hosp.	618	664	681	645
Misikhu Mission Hosp.	523	671	540	756
Tenwek Mission Hosp.	482	372	393	942
Kisii District Hosp.	478	354	400	758
Kiambu District Hosp.	476	702	127	644
Nyabondo Mission Hosp.	465	264	285	491
Malindi Dist. Hosp.	454	654	504	417
Kilifi District Hosp.	449	552	618	545
Mukumu Mission Hosp.	447	488	557	495
Kerugoya Dist. Hosp.	440	404	415	638
Karatina Dist. Hosp.	408	461	471	510
Nyamira Dist. Hosp.	359	366	387	375
Makindu Hospital	357	341	325	432
Isiolo District Hosp.	315	345	401	383
Gatundu Hospital	307	348	266	154
Moi District Hospital	301	298	271	304
Kangundo Hospital	282	349	391	457
Kaplong Mission Hosp.	277	487	234	362
Kapenguria Dist. Hosp.	269	353	416	344
Lodwar District Hosp.	261	340	497	305
Lugulu Mission Hosp.	250	311	276	348
Kyeni Mission Hosp.	245	143	229	161
Kapkatet Hospital	219	114	127	95
Nanyuki Dist. Hosp.	182	214	239	353
Wesu District Hospital	165	177	204	197
Taveta District Hosp.	153	111	126	138
Hola District Hospital	129	134	105	213
Nazareth Mission Hosp.	107	367	314	385
TOTAL	26878	24835	24761	25794

At the same time, the HO staff undertakes a physical count of the number of events which occurred in the respective year as recorded in the hospital records books and compares these with the number registered. Since 1984 when such visits were started, there have been persistent discrepancies between the number registered and that from hospital records books. More often than not, the number of events in the hospital records books exceeds the number registered i.e some events occur in HIs but are not registered. That some events are entered in the hospital records books and are not registered and vice versa has led HO to highly suspect that there may be some events that are neither entered in the hospital records nor registered. However, the extent of this kind of phenomenon has not been established. After such visits to HIs, an elaborate report is written by HO outlining its findings together with recommendations. This report is sent to the respective HIs and also to the officer in charge of HIs in the Ministry of Health for improvement measures.

2.7 Civil Registration Archives

Birth and death registration forms are completed in duplicate - originals are maintained at the district registry while duplicates are sent to head office. These forms are legal records which are supposed to be maintained and preserved on a permanent basis to serve both legal and statistical needs.

2.7.1 Local Civil Registry Archives

Numbering of the records using running numbers every year is common between the two parallel registration systems but the filing methods are different. In districts under the improved registration system, records are filed according to the consecutive registration numbers while in the rest of the districts, filing is by the date of occurrence of an event.

Each filing system has its unique merits and demerits. For example, while filing by date of occurrence (hence distorting the numbering sequence) eases the retrieval process, it not only increases the clerical workload but even more important, any misfiling will inevitably introduce double registration. On the other hand, filing by registration numbers (which is done as forms come in from the field) retains the sequence in numbering hence very easy to countercheck:

- the total number of forms registered;
- any skipping and/or repetition in the numbering.

However, retrieving a record from the latter system of filing is much more laborious especially where alphabetical indices are unavailable.

In both filing systems, 250 records are tagged in batches and placed in manila covers as a temporary measure before they are finally bound into hard cover volumes. These volumes are placed in either wooden or metal shelves in a registry which, in most districts, is a separate room accessible only to registration staff.

Retrieval of records filed by date of occurrence wholly depends on the accurate knowledge of the exact date. Those filed by registration numbers are retrieved using alphabetical indices where they exist or else the serial number of the Acknowledgement of Birth Notification (ABN) or Permit for Burial (PB) is used to identify a particular record.

There are no articulate arrangements to safeguard and preserve these records from environmental hazards.

2.7.2 Central Civil Registration Archives

Upon receipt of one set of registration records from each district, head office maintains them temporarily before binding them in a similar fashion as described for the districts.

Although these records are sent to head office as a backup to the set in the district, and even more importantly for statistical analysis, occasionally they are used for the issue of certificates for various uses such as school admission (especially in urban areas), issue of national identity cards and passports. Depending on the filing system, retrieval of such records is manual and is done exactly like explained above in the districts.

A combined effect of the sheer number of records from all the districts and the delay in binding of these records results in loss of a number of records due to tearing and/or falling off from their respective batches.

3. ASSESSMENT OF THE CIVIL REGISTRATION SYSTEM

3.1 General Assessment

Despite the various efforts put in the improvement of the civil registration system over the last two decades, the present system is far from adequate. However, there are a number of pockets with fairly good coverage rates as opposed to others whose registration coverage is far from complete. These differential rates of registration coverage are determined by the prevailing socio-economic conditions in these areas.

The situation of low coverage at the national level has persisted due to a number of contributory factors both from within the registration system and others which are external.

3.1.1 Legal Profile

The law governing vital registration has been and still quite adequate. It was formulated such that there are the main sections and under each section, there are rules which guide the day to day operations of the registration exercise. Any amendment of these rules is purely an administrative matter that does not require the approval by parliament hence making the Act operationally flexible. Since 1982 when the improved registration system was started, there has been some relaxation in the strict adherence to some sections of the registration law. For example, use of registration forms and some registration procedures outside those stipulated within the Act have been allowed on trial basis. The understanding is that if these forms and procedures are found to be more suitable than those in the Act, then the Act will be amended to adopt them. It is a question of adopting legal requirements which are workable drawing from the experience of formulating and implementing compulsory registration laws which failed to have any significant impact.

3.1.2 Administrative Profile

The transfer of the births and deaths section from the Office of the Attorney General to the Office of the President in 1989, and at the same time elevating it to a full-fledged department, greatly boosted the status of civil registration. This elevation was rightly accompanied by a corresponding increase in the number of posts within the department's establishment.

Unfortunately, the department is still short of staff at all levels due to delays in filling these posts. To compound this inadequacy, the quality of the present staff is also wanting. Most of the staff members are not fully capable of handling registration activities. This deficiency in both quantity and quality has been a result of the little importance accorded to civil registration by the administrative organs at the highest level. Without strong commitment to civil registration by policy makers, negative effects have spread to different areas including funding levels, scheme of service for registrars, provision of supplies and equipment, etc. which have adversely affected the registration performance.

The shift of emphasis by the donor community from vital registration to other sources of vital statistics has further marginalised the status of registration.

3.1.3 Population Attitude

The general attitude of the population towards registration is one of the major factors influencing the success of the Kenyan civil registration system, especially in areas where most events occur at home. Even more crucial in the organisation of civil registration is the attitude of the assistant chiefs who are not only required to urge the general public to report their events, but also perform the actual completion of registration forms. Members of the public can only report the occurrence of their

events voluntarily if they are aware of the importance of and benefits accruing from registration. This sort of awareness is quite limited since formal enlightenment campaigns have been carried out in only ten districts. Together with such campaigns, there is every need to create demand for registration by increasing the use to which registration records are put.

3.2 Registration Completeness

In spite of the fact that all districts have been compulsory registration areas since 1971 coupled with the opening of district registration offices in all districts since 1989, registration still remains incomplete countrywide as can be seen from Table 6 and Table 7.

However, there are great variations among different districts depending on the prevailing environmental and socio-economic conditions on one hand, and the investment undertaken towards the improvement of civil registration in a district on the other. In the districts where the improved registration system has been extended, a common pattern in registration performance has been observed. Immediately after the system is launched in a district, there is a tremendous rise in the number of events registered. However, this trend is not sustained as the number registered events starts falling after about two years.

Table 6: NUMBER OF BIRTHS REGISTERED, EXPECTED AND RATE OF REGISTRATION, 1989-1993

District & PROVINCE	Number Registered					Number Expected					Rate of Registration (%)				
	1989	1990	1991	1992	1993	1989	1990	1991	1992	1993	1989	1990	1991	1992	1993
NAIROBI	50558	48256	49395	49843	45732	53598	56266	59068	62008	65096	94.33	85.76	83.62	80.38	70.25
Kiambu	30836	26154	26808	24363	22661	37556	38650	39775	40933	42124	82.11	67.67	67.40	59.52	53.80
Kirinyaga	7919	7539	6335	6498	6464	15858	16320	16797	17287	17791	49.94	46.19	37.72	37.59	36.33
Murang'a	18453	17779	16588	16757	14646	36776	37769	38790	39838	40915	50.18	47.07	42.76	42.06	35.80
Nyandarua	7006	6647	6656	6567	6880	15583	16225	16894	17590	18316	44.96	40.97	39.40	37.33	37.56
Nyeri	20575	18999	18908	17413	12940	23643	24199	24767	25349	25944	87.02	78.51	76.34	68.69	49.88
CENTRAL	84789	77118	75295	71598	63591	129416	133163	137023	140997	145090	65.52	57.91	54.95	50.78	43.83
Kilifi	12431	11690	13714	11543	11665	27721	28706	29725	30781	31874	44.84	40.72	46.14	37.50	36.60
Kwale	1528	1535	1640	1623	1700	15694	16152	16624	17109	17608	9.74	9.50	9.87	9.49	9.65
Lamu	1598	1343	1494	1580	1719	2198	2267	2337	2409	2484	72.70	59.24	63.93	65.59	69.20
Mombasa	9176	8080	8254	8538	8544	18227	18809	19410	20030	20670	50.34	42.96	42.52	42.63	41.34
Mt. Kenya	2670	2676	3255	3362	3464	7858	8106	8362	8626	8899	33.98	33.01	38.93	38.98	38.93
T/River	1096	1008	720	1184	1086	5386	5571	5762	5961	6165	20.35	18.09	12.50	19.86	17.62
COAST	28499	26332	29077	27830	28178	77084	79611	82220	84916	87700	36.97	33.08	35.36	32.77	32.13
Embu	9179	9011	9573	10110	9704	15845	16341	16853	17381	17925	57.93	55.14	56.80	58.17	54.14
Isiolo	754	701	801	826	690	3470	3643	3825	4016	4217	21.73	19.24	20.94	20.57	16.36
Kitui	7339	6921	7265	6301	5550	28634	29569	30536	31534	32564	25.63	23.41	23.79	19.98	17.04
Machakos	20783	19418	18478	13752	11743	59258	61116	63032	65009	67047	35.07	31.77	29.32	21.15	17.51
Marsabit	673	845	849	1011	1381	5321	5464	5610	5760	5914	12.65	15.46	15.13	17.55	23.35
Meru	18898	14981	16874	15043	12653	47944	49481	51068	52705	54395	39.42	30.28	33.04	28.54	23.26
EASTERN	57626	51877	53840	47043	41721	160472	165614	170924	176405	182062	35.91	31.32	31.50	26.67	22.92
Garissa	1499	1424	1878	1677	1932	4915	4896	4877	4857	4838	30.50	29.08	38.51	34.53	39.93
Mandera	628	738	782	743	824	4433	4499	4567	4635	4705	14.17	16.40	17.12	16.03	17.51
Wajir	254	480	594	571	693	4233	4188	4144	4100	4057	6.00	11.46	14.33	13.93	17.08
N. EASTERN	2381	2642	3254	2991	3449	13581	13583	13588	13592	13600	17.53	19.45	23.95	22.01	25.36

NUMBER OF BIRTHS REGISTERED, EXPECTED AND RATE OF REGISTRATION, 1989-1993 (Cont'd)

District & PROVINCE	Number Registered					Number Expected					Rate of Registration (%)				
	1989	1990	1991	1992	1993	1989	1990	1991	1992	1993	1989	1990	1991	1992	1993
Kisii	10142	8708	10586	9505	11547	50115	51515	52954	54433	55954	20.24	16.90	19.99	17.46	20.64
Kisumu	13955	12581	13764	8194	8074	30350	31385	32455	33562	34706	45.98	40.09	42.41	24.41	23.26
Siaya	7488	6306	5060	4399	3575	28260	29129	30024	30947	31899	26.50	21.65	16.85	14.21	11.21
S. Nyanza	7599	13676	14517	15026	12140	46986	48377	49809	51283	52800	16.17	28.27	29.15	29.30	22.99
NYANZA	39184	41271	43927	37124	35336	155711	160406	165242	170225	175359	25.16	25.73	26.58	21.81	20.15
Baringo	3103	2546	4602	3935	4669	12624	13058	13507	13971	14451	24.58	19.50	34.07	28.17	32.31
E/Marakwet	3148	3900	3897	3660	3761	8079	8369	8670	8981	9303	38.97	46.60	44.95	40.75	40.43
Kajiado	3174	3294	3000	2772	3871	11913	12605	13337	14111	14930	26.64	26.13	22.49	19.64	25.93
Kericho	14368	13029	13208	9307	9720	39677	40907	42175	43483	44831	36.21	31.85	31.32	21.40	21.68
Laikipia	2562	2625	2925	3066	3132	9711	10164	10638	11134	11654	26.38	25.83	27.50	27.54	26.87
Nakuru	15284	13801	17639	15671	15704	37954	39898	41943	44092	46351	40.27	34.59	42.05	35.54	33.88
Nandi	1969	2185	2513	2468	2636	19972	20758	21576	22426	23309	9.86	10.53	11.65	11.01	11.31
ok	2557	2408	2681	2494	2375	19236	20526	21903	23373	24941	13.29	11.73	12.24	10.67	9.52
Samburu	646	656	1033	1286	1185	5831	6064	6307	6560	6822	11.08	10.82	16.38	19.60	17.37
T/Nzoia	1114	3140	2512	2217	4863	18585	19374	20196	21053	21947	5.99	16.21	12.44	10.53	22.16
Turkana	698	656	1001	842	875	4815	4924	5036	5151	5268	14.50	13.32	19.88	16.35	16.61
U/Gishu	9017	8367	10159	6898	6662	19232	19977	20750	21553	22387	46.89	41.88	48.96	32.00	29.76
W. Pokot	2640	2573	2339	1897	2297	9746	10117	10502	10901	11316	27.09	25.43	22.27	17.40	20.30
R. VALLEY	60280	59180	67509	56513	61750	217375	226741	236540	246789	257510	27.73	26.10	28.54	22.90	23.98
Bungoma	12699	12287	12277	7558	10963	35519	36865	38261	39711	41215	35.75	33.33	32.09	19.03	26.60
Busia	4267	4811	4486	4050	5519	20186	20905	21650	22422	23222	21.14	23.01	20.72	18.06	23.77
Kakamega	31917	28616	32105	22003	19484	60130	61949	63823	65754	67743	53.08	46.19	50.30	33.46	28.76
WESTERN	48883	45714	48868	33611	35966	115835	119719	123734	127887	132180	42.20	38.18	39.49	26.28	27.21
TOTAL	372200	352390	371165	326553	315723	923072	955103	988339	1022819	1058597	40.32	36.90	37.55	31.93	29.82

.. Data not available

* Includes Nyamira district

Table 7 NUMBER OF DEATHS REGISTERED, EXPECTED AND RATE OF REGISTRATION, 1989-1993

District & PROVINCE	Number Registered					Number Expected					Rate of Registration (%)				
	1989	1990	1991	1992	1993	1989	1990	1991	1992	1993	1989	1990	1991	1992	1993
NAIROBI	11202	10760	12504	12869	14010	18844	19782	20767	21801	22886	59.45	54.39	60.21	59.03	61.22
Kiambu	4617	4201	4854	4725	4601	12796	13169	13552	13946	14352	36.08	31.90	35.82	33.88	32.06
Kirinyaga	1779	1550	1448	1652	1898	4582	4716	4854	4995	5141	38.83	32.87	29.83	33.07	36.92
Murang'a	3672	3746	4034	4341	4608	8680	8915	9155	9403	9657	42.30	42.02	44.06	46.17	47.72
Nyandarua	851	754	845	949	1143	4886	5087	5297	5516	5743	17.42	14.82	15.95	17.20	19.90
Nyeri	3377	3328	3566	3642	3666	4922	5038	5156	5277	5401	68.61	66.06	69.16	69.02	67.88
CENTRAL	14296	13579	14747	15309	15916	35866	36925	38014	39137	40294	39.86	36.77	38.79	39.12	39.50
Kilifi	3277	4032	4797	4231	3733	12489	12932	13392	13867	14360	26.24	31.18	35.82	30.51	26.00
Kwale	342	304	440	416	441	5376	5533	5694	5861	6032	6.36	5.49	7.73	7.10	7.31
Lamu	222	245	304	261	286	798	823	848	875	902	27.82	29.77	35.85	29.83	31.71
Mombasa	4087	4630	5180	5358	5256	6538	6747	6962	7185	7414	62.51	68.62	74.40	74.57	70.89
Mwambeta	835	969	1001	1075	1276	2828	2917	3010	3105	3203	29.53	33.22	33.26	34.62	39.84
T/River	215	183	159	210	264	1806	1868	1932	1999	2067	11.90	9.80	8.23	10.51	12.77
COAST	8978	10363	11881	11551	11256	29835	30820	31838	32892	33978	30.09	33.62	37.32	35.12	33.13
Embu	1782	2033	1975	2622	2743	4035	4161	4291	4426	4564	44.16	48.86	46.03	59.24	60.10
Isiolo	284	297	392	481	578	980	1029	1080	1134	1191	28.98	28.86	36.30	42.42	48.53
Kitui	1467	1738	2356	2804	3952	8960	9253	9555	9867	10190	16.37	18.78	24.66	28.42	38.78
Machakos	6495	7022	6831	7321	7612	17649	18203	18773	19362	19969	36.80	38.58	36.39	37.81	38.12
Marsabit	29	173	186	249	316	1750	1797	1845	1894	1945	1.66	9.63	10.08	13.15	16.25
Meru	2896	2197	2581	2555	3135	15932	16443	16970	17514	18076	18.18	13.36	15.21	14.59	17.34
EASTERN	12953	13460	14321	16032	18336	49306	50886	52514	54197	55935	26.27	26.45	27.27	29.58	32.78
Garissa	296	299	370	583	714	1736	1729	1722	1716	1709	17.05	17.29	21.49	33.97	41.78
Mandera	..	35	99	122	206	1722	1748	1774	1801	1828	0.00	2.00	5.58	6.77	11.27
Wajir	12	101	177	246	251	1750	1732	1713	1695	1677	0.69	5.83	10.33	14.51	14.97
N. EASTERN	308	435	646	951	1171	5208	5209	5209	5212	5214	5.91	8.35	12.40	18.25	22.46

NUMBER OF DEATHS REGISTERED, EXPECTED AND RATE OF REGISTRATION, 1989-1993 (Cont'd)

District & PROVINCE	Number Registered					Number Expected					Rate of Registration (%)				
	1989	1990	1991	1992	1993	1989	1990	1991	1992	1993	1989	1990	1991	1992	1993
Kisii *	3371	4162	4526	4150	4351	14634	15043	15464	15896	16340	23.04	27.67	29.27	26.11	26.63
Kisumu	7534	8480	6459	6873	6873	13810	14281	14768	15272	15792	54.55	59.38	43.74	45.00	43.52
Siaya	2485	2722	3090	2694	3186	9002	9279	9564	9858	10161	27.60	29.34	32.31	27.33	31.36
S. Nyanza	2491	1983	8098	9630	7986	15330	15784	16251	16732	17227	16.25	12.56	49.83	57.55	46.36
NYANZA	15881	17347	22173	23347	22396	52776	54387	56047	57758	59520	30.09	31.90	39.56	40.42	37.63
Baringo	409	304	475	456	691	4004	4142	4284	4431	4583	10.21	7.34	11.09	10.29	15.08
E/Marakwet	148	199	276	225	225	2968	3075	3185	3299	3418	4.99	6.47	8.67	6.82	6.58
Kajiado	457	468	384	391	571	3668	3881	4106	4345	4597	12.46	12.06	9.35	9.00	12.42
Kericho	2484	2813	2786	2584	2944	9054	9335	9624	9922	10230	27.44	30.13	28.95	26.04	28.78
Laikipia	326	311	410	549	710	2982	3121	3267	3419	3579	10.93	9.96	12.55	16.06	19.84
Nakuru	2107	1956	2303	2546	2862	12068	12686	13336	14020	14738	17.46	15.42	17.27	18.16	19.42
Nandi	535	621	843	807	681	6160	6403	6655	6917	7189	8.69	9.70	12.67	11.67	9.47
ok	1106	422	737	583	667	5628	6006	6408	6838	7297	19.65	7.03	11.50	8.53	9.14
Samburu	155	165	210	326	488	1596	1660	1726	1795	1867	9.71	9.94	12.17	18.16	26.14
T/Nzoia	306	530	368	700	823	5516	5750	5994	6249	6514	5.55	9.22	6.14	11.20	12.63
Turkana	260	322	496	795	559	2506	2563	2621	2681	2741	10.38	12.56	18.92	29.65	20.39
U/Gishu	1708	2172	2475	2386	1919	4633	4812	4999	5192	5393	36.87	45.14	49.51	45.96	35.58
W. Pokot	524	505	581	743	632	3234	3357	3485	3617	3755	16.20	15.04	16.67	20.54	16.83
R. VALLEY	10525	10788	12344	13091	13772	64017	66791	69690	72725	75901	16.44	16.15	17.71	18.00	18.14
Bungoma	3966	5143	4702	4126	4580	10431	10827	11237	11622	12104	38.02	47.50	41.84	35.50	37.84
Busia	973	1211	1174	1366	1734	5922	6133	6352	6578	6813	16.43	19.75	18.48	20.77	25.45
Kakamega	12581	15146	13325	12816	11702	21571	22224	22896	23589	24303	58.32	68.15	56.49	52.73	48.15
WESTERN	17520	21500	19201	18308	18016	37924	39184	40485	41789	43220	46.20	54.87	47.43	43.81	41.68
TOTAL	91663	98232	107817	111458	114873	293776	303984	314564	325511	336948	31.20	32.31	34.28	34.24	34.09

* Includes Nyamira district

The rates of coverage depicted in Table 6 and Table 7 should be used with caution due to the "expected" number of events used to generate these rates. The "expected" figures are estimated using indirect techniques:

Births:- first, district age-specific fertility rates (ASFRs) from the 1979 census were applied to the projected female population aged 10-49 in each district to obtain the expected number of births. By applying the number of births expected to the respective district projected population, crude birth rates (CBRs) for each district were obtained. For lack of fertility data from the 1989 census, these CBRs are still being applied to the revised population projections based on the 1989 population census.

Deaths:- the expected number of deaths in each district was calculated by means of the Brass 1-parameter logit method using data from the 1979 census. These expected number of deaths were then applied to the respective district projected population figures to obtain crude death rates (CDRs) for each district. These CDRs are now being applied to the revised population projections based on the 1989 census.

By applying the fertility and mortality schedules from the 1979 census to the projected population figures from the 1989 census, the inherent assumption is that both fertility and mortality have been constant since 1979. This assumption is contrary to the available data from the two Kenya Demographic and Health Surveys of 1989 and 1993 which show that total fertility has declined from 7.8 in 1979 to 6.7 in 1989 and to 5.4 in 1993.

There is a general notion that the number of expected events used to calculate the rates of coverage is usually higher than the actual number of events that occur. If this is true, then the expected figures are over-estimated hence yielding lower coverage rates than they actually are.

In support of the above notion, coverage rates for three districts were obtained from an independent source through a National Demographic Survey conducted in 1983 for events which occurred in 1982. Rates of registration coverage from registration records were compared with those from the survey as shown in Table 8 below.

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Table 8: COMPARISON OF COVERAGE RATES (%), 1982

DISTRICT	B I R T H S		D E A T H S	
	REGISTRATION	SURVEY	REGISTRATION	SURVEY
TOTAL	64	74	45	61
NYERI	80	82	58	65
MURANGA	57	72	44	71
KIRINYAGA	53	68	33	48

For both births and deaths, rates of coverage from the survey are higher than those from registration records. With such differences in rates of coverage in 1982, one can rightly assume that these differences have widened further with time hence the general declining pattern in rates of coverage especially for births as is evident from Table 6 above.

However, despite the apparent flaws in the estimation of the expected number of births and deaths, the worrying declining trend depicted by the rates of coverage still persists from the absolute figures of the number of events registered over the years.

3.3 Constraints

The present low level of registration coverage is a by-product of specific constraints that plague the civil registration system. Most of these constraints are solvable as they revolve around two main areas: low priority given to civil registration, and equally, the low funding levels.

3.3.1 Registration Stationery

The present civil registration system functions poorly due to inadequate supply of registration stationery. Since civil registration is thought to be less important other sectors, printing of documents whose output is immediately tangible (for example, receipts for revenue collection, forms for the issue of identity cards, political party membership cards, etc) is given priority by the Government Printer - the only central organ authorised to print all Government official documents.

The shortage of registration forms not only increases the number of events not registered, but it is also a major demotivating factor on the registration agents. The increasing motivation and

enthusiasm to report events as a result of community mobilisation activities in a number of districts has not been matched by a corresponding increase in the supply of registration stationery. To date, the supply can only meet one third of the demand countrywide hence the futility in the efforts towards improving the civil registration system.

3.3.2 Lack of Public Awareness

Other than putting an effective civil registration in place, public awareness in reporting vital events which occur at home is one single factor that greatly influences the registration coverage in Kenya. Civil registration being a passive system implies that registration of such events wholly depends on the awareness of the general public whose responsibility it is to report. It is not just the mere existence of compulsory registration that the public needs to be aware about, but even more crucial, is the practical benefits accruing from registration particularly to the individual. The effect of such awareness was demonstrated by an increase of about 300% in the registration coverage in South Nyanza district after a series of community mobilisation sessions in 1992. Similar campaigns are yet to be undertaken in 42 districts.

3.3.3 Registration Staff

Lack of training in civil registration and vital statistics has yielded very little appreciation in vital statistics as a by-product of the registration exercise by most of the registration staff. Consequently, more resources are spent on the issue of certificates, especially from late registration, at the expense of improving current registration. All district registrars need a formal training in civil registration and vital statistics to effectively manage registration operations at the district level. The other cadre which lacks training are the assistant district registrars who form a key link between the district office and the field where the actual completion of forms is done.

3.3.4 Monitoring Systems

The monitoring procedures as described in section 2.6 above are operative only in those districts where the new registration system has been introduced since their effectiveness depends on the registration agents who require training before these procedures are implemented.

To ensure sustainability of the expected registration results, monitoring the efficiency of the system, both at the district level and registration centres in the field on a regular basis, is only but mandatory. This has not been possible mainly due to lack of transport: the Head Office has only two serviceable vehicles and on the other hand, the allocated funds can run and maintain the motor cycles in the field for not more than five months in a year.

3.3.5 Nomadism

Due to the prevailing harsh physical environment, residents of the sparsely populated northern Kenya (predominant in eight districts) practice nomadism. A combination of temporary settlement and the movement of the population across Kenyan borders introduces yet a special registration constraint peculiar to these areas. No specific approach has been devised to address registration needs of these people.

3.4 Actions for Improvement

In spite of the current low registration coverage, a number of actions for improvement have been put in place by the Government. The impact of some of these actions is already apparent but for others, their impact will take some years to show.

3.4.1 Transfer of Registration Services

The transfer of the registration services section from the Office of the Attorney General to the Office of the President coupled with its elevation to a full-fledged department in 1989 was an immediate improvement. The new departmental status formed a springboard to request for increased levels of funding, staffing, supplies, etc. just like other departments. The transfer to the Office of the President resulted into two merits:

- Office of the President is the most powerful office in the land hence priority is given and more attention paid to matters emanating from this office.
- This transfer brought the assistant chiefs into the mainstream of registration work since civil registration and provincial administration are sister departments within the same ministry unlike previously when the assistant chiefs nursed the feeling that registration was not part of their work since it belonged to the Office of the Attorney General.

3.4.2 Decentralisation of Registration Activities

The decentralisation of registration activities countrywide to the district level in 1990 fitted in very well with the general Government concept of the District Focus Strategy which stresses active community participation. This removed the handicap of the public having to travel to the provincial or national headquarters for registration or issue of certificates.

For registration purposes, the services have been moved even nearer since members of the public are supposed to report their events which occur at home to their respective assistant chiefs.

3.4.3 Staffing Levels

To cope with the increased departmental responsibilities, the Government authorised 723 new posts of various cadres for the department. Although about one third of these posts are yet to be filled, the department will be sufficiently staffed once this is done.

3.4.4 Training of Staff

As was earlier mentioned in section 2.5 above a Foundation Course in Civil Registration and Vital Statistics for registrars is now held annually both for registrars in service (since they have had no such training before) and the newly recruited staff. This course is considered mandatory for every registrar given his central role in the registration system at the district level as outlined in section 2.5 above.

For the assistant chief to effectively register events in his sublocation, he requires some basic training both in the legal aspects and in the procedures in registration. Although assistant chiefs in a majority of the districts have not been trained, those who have been trained have greatly improved the registration coverage in their respective areas.

3.4.5 Public Awareness

Apart from the investment in the registration system, the parallel arm that equally requires improvement is public awareness. Information, Education and Communication materials have been designed and community mobilisation programmes tested in a few selected districts with resounding results.

Another different approach aimed at sustaining community participation in registration activities is the collection and use of registration data at the local level. Special forms have been designed for the collection of registration data by assistant chiefs. In four districts, assistant chiefs have been guided in the collection of such data and more importantly, the various uses to which such data can be put for the benefit of the local community. This approach is being refined further with the intention of extending it to all districts.

3.4.6 Civil Registration Monitoring Committees

In an attempt to actively involve all the relevant organs in registration matters at the district level, the Office of the President, in December 1992, directed district commissioners to form District Monitoring Committees on civil registration. Under specific terms of reference, these committees were mandated to take charge of all registration activities in their respective districts and institute measures which will ensure sustained registration of all events. The impact of these committees is yet to be felt but is hoped that this approach is more pragmatic in the improvement

of registration coverage through the involvement of all relevant departments than the previous one where the district registrar shoulders this heavy responsibility all alone. Currently being formed are the Division Coordinating Committee and Location Action Committee which are extensions of the District Monitoring Committee to the division and location respectively.