



**REPUBLIC OF KENYA**

**MINISTRY OF INTERIOR AND COORDINATION OF NATIONAL GOVERNMENT**

**DEPARTMENT OF CIVIL REGISTRATION**

# **Report on the Baseline Assessment of Capacity to Undertake Monitoring and Evaluation Functions**

**September 2013**



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## ACRONYMS AND ABBREVIATIONS

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AWPs	Annual Work plans
CDC	Centers for Disease Control
CRD	Civil Registration Department
CRVS	Civil Registration and Vital Statistics
DDU	Data Demand and Use
DQA	Data Quality Audits
NHIS	National Health Information System
HIS	Health Information System
IPRS	Integrated Population Register system
KNBS	Kenya National Bureau of Statistics
MEASURE Evaluation	Monitoring and Evaluation to Assess and Use Results Evaluation
M&E	Monitoring and Evaluation
MTEF	Medium Term Expenditure Framework
NIMES	National Integrated Monitoring and Evaluation System
SOPs	Standard Operating Procedures
TWG	Technical Working Group
UNAIDS	United Nations Joint Program on AIDS
USAID	United States Agency for International Development
WHO	World Health Organization

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## EXECUTIVE SUMMARY

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This report summarizes results of a baseline assessment to take stock and document the capacity of the Civil Registration Department (CRD) to undertake monitoring and evaluation (M&E) functions. The assessment was carried out in collaboration with the MEASURE Evaluation PIMA Project whose mandate is to support the Government of Kenya to build sustainable M&E capacity. The information gained through M&E activities will be used as evidence for decision making to improve the effectiveness of the Kenya Health System. This is an endeavor 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.

The overall objective of the baseline assessment was to understand the current capacity in M&E performance objectives and gaps to determine the most appropriate interventions for CRD and to monitor and evaluate success in strengthening M&E capacity at the department. The specific objectives were to:

1. Understand, document, and clarify performance objectives for CRD M&E;
2. Determine the current status of performance in key M&E capacity areas, including data collection, analysis, and reporting for CRD; and
3. Identify gaps in CRD's capacity to meet its performance objectives.

The assessment used a mixed-methods approach that collected quantitative data using customized tools at group and individual levels, and qualitative data using key informant interviews. These were further supplemented by a desk review of relevant documents to civil registration and vital statistics.

Results of the assessment represent a snapshot of the nature and level of the department's capacity for M&E. The current status of M&E, (whether specific elements that constitute capacity exist) was below average at 4.2 out of 10; quality aspects of all the specific elements (how these elements measure against established standards) scored an average of 2.4 out of 10; technical capacity for M&E (the extent to which CRD can develop and execute the specific elements) scored 1.9 out of 10; and financial aspects of M&E (the extent to which CRD can fund the elements without depending on external support) had an average score of 2.4 out of 10.

Overall, virtually all the elements across the 12 capacity areas assessed for M&E are not in place at CRD. Table 1 summarizes the assessment results for the 12 capacity areas. Only two capacity areas had an average score exceeding 5.0 out of 10: (1) national and subnational databases and (2) routine monitoring, which were ranked at 6.1 and 7.3, respectively. The remaining 10 capacity areas were ranked below 5.0 out of 10, with three of these (1) human capacity for M&E, (2) supervision and auditing, and (3) evaluation and research, scoring 0.0 out of 10.

**Table 1: CRD's Average Assessment Score by Capacity Area**

Component	Average Score (out of 10)
Routine Monitoring	7.3
National and Subnational Databases	6.1
Data Demand and Use	4.4
Annual Costed M&E Work plan	4.4
National M&E Plan	4.0
Organizational	2.3

Advocacy, Communication, and Cultural Behavior	1.5
Partnerships and Governance	1.4
Surveys and Surveillance	1.3
Evaluation and Research	0.0
Supervision and Auditing	0.0
Human Capacity for M&E	0.0

CRD has no M&E unit, although its statistical section carries out some M&E-related functions. Staff members who carry out M&E-related functions lack the requisite skills to collate, process, and analyze data. Further, the assessment revealed that human capacity to perform M&E functions at CRD is weak, with no well-defined job descriptions. The assessment also revealed that CRD has no costed human capacity plan or data use plan, although CRD has a number of users of its data.

The department does not have standard operating procedures that clearly define M&E roles and responsibilities. A national Civil Registration and Vital Statistics (CRVS) Technical Working Group (TWG) addresses all technical aspects of CRD, including M&E. This TWG brings together key stakeholders, although CRD does not maintain an inventory of its M&E stakeholders. CRD also lacks mechanisms to communicate its M&E activities and decisions.

The current M&E work plan and its activities are costed, although it does not indicate sources of funding. According to government guidelines, CRD's current M&E work plan is linked to the Medium-Term Expenditure Framework (MTEF) budgets, and its activities have specific timeframes for implementation. The department has committed specific resources to implement its M&E work plan; however, the committed resources remain inadequate to implement the activities in the M&E work plan.

Although CRD's head supports M&E activities, the actual supervision is not done in a structured way. Respondents in the group assessment concurred that essential tools and equipment for data management are available. The department also has guidelines on procedures for recording, collecting, collating, and reporting program monitoring data, which conform to best practices.

CRD maintained that surveys and surveillance activities are not part of its mandate; hence, less attention is paid to these two aspects. While there is hardly any activity on surveillance, the department did, however, report that it is engaged in limited survey activities. The national database for capturing and storing data is not up to date and does not capture all data elements. Requisite IT equipment and supplies are not always available to link the national and subnational databases. The assessment established that guidelines and tools for supportive supervision are not available at CRD. In addition, policy and procedures for data quality audits do not exist. The department neither maintains an inventory on research and evaluation nor does it have a specific research agenda in place.

The assessment showed that CRD lacks a national data use plan, although it disseminates information products to its stakeholders. Respondents agreed that CRD-generated information products have partly contributed to influence and inform national policy and practice on registration of vital events.

This report lists the following recommendations for action by CRD:

- Establish a functional M&E unit.
- Build capacity to collate, process, and analyze data.
- Enhance human capacity to perform M&E functions.

- Outline clearly defined job descriptions for staff members who undertake M&E functions.
- Develop a costed human capacity plan.
- Develop a strategy to support good M&E performance.
- Develop standard operating procedures that define clear roles and responsibilities for M&E functions.
- Establish and maintain an inventory of M&E stakeholders.
- Develop appropriate tools for supportive supervision.
- Put in place clear mechanisms to communicate CRD's M&E activities.
- Put in place a dissemination plan.
- Develop a data use plan.

# CHAPTER 1: INTRODUCTION

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## 1.1 BACKGROUND AND CONTEXT

This report summarizes results of a baseline assessment to take stock and document the capacity of the Civil Registration Department (CRD) to undertake monitoring and evaluation (M&E) functions. The assessment was carried out in collaboration with the MEASURE Evaluation PIMA Project whose mandate is to support the Government of Kenya to build sustainable M&E capacity. The information gained through M&E activities will be used as evidence for decision making to improve the effectiveness of the Kenya Health System. This is an endeavor 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 (NHIS) 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.

### 1.1.1 *The Civil Registration Department*

A civil registration system has been in existence in Kenya since 1904 (Reports 2010). Enabling legislation to register vital events was enacted in 2012 (Births and Deaths Acts, 2012), and two full-fledged government departments, the Civil Registration Department and Kenya National Bureau of Statistics (KNBS), are responsible for the collection, compilation, analysis, and dissemination of vital statistics based on registration records.

To date, generation of vital statistics at the Department is done manually (GOK 2008). The registration system has challenges that need to be addressed if the Government of Kenya is going to achieve its Vision 2030 and the Millennium Development Goals (MDGs) (CRD 2010).

CRD has not institutionalized monitoring and evaluation in its activities. Consequently, it has no M&E unit nor any M&E plan to track its performance. It undertakes some monitoring functions, as outlined in the CRD work plan, but with no formal M&E structure. Quarterly field monitoring visits are undertaken by national-level teams, but personnel at the subnational level lack the requisite capacity to monitor registration activities. The need for a functional M&E system, however, is well appreciated by CRD, which has initiated efforts to establish such a system. As recommended by the first stakeholders' forum, a Technical Working Group (TWG) was constituted in March 2012 to provide strategic direction for CRD. Among other activities, the TWG reviewed the relevant section of the 2008–2012 Strategic Plan for the Ministry of Immigration and Registration of Persons that pertains to CRD. The TWG concluded that the Strategic Plan was not comprehensive enough for the requirements of CRD. Subsequently, CRD mandated the TWG to spearhead the development of a new strategic plan for the department for 2013–2017, a task that has been finalized.

CRD has the following performance objectives:

- Improve registration coverage of vital events: births (from 60% to 100%) and deaths (from 48% to 100%);
- Create awareness on the importance and value for civil registration and vital statistics;
- Generate quality vital statistics from civil registration; and
- Promote the use of vital statistics generated from civil registration in decision making.

The ability of the department to effectively and efficiently deliver on its M&E functions is affected by numerous challenges; key among them:

- 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; and
- Inadequate government funding

The above summary on the current status of the capacity of CRD to effectively undertake M&E functions is a clear indication of various weaknesses in a number of key areas. In this respect, it was thought that to carry out a baseline assessment to document both precise details of the current capacity in M&E and the major gaps thereof is an important start off point. Findings of this baseline assessment survey will not only identify the existing gaps but also form the rationale for implementing most appropriate interventions that will address the same gaps.

## **1.2 OBJECTIVES OF THE BASELINE ASSESSMENT**

The overall objective of the baseline assessment was to understand and quantify CRD's M&E capacity to meet its performance objectives, identify gaps, and determine appropriate interventions. The assessment will be useful to monitor and evaluate the success of efforts to strengthen CRD's M&E capacity. Specifically, the assessment sought to:

- Understand, document, and clarify performance objectives for CRD M&E activities;
- Determine the current status of performance in key M&E capacity areas, including data collection, analysis, and reporting;
- Identify gaps in CRD's capacity to its meet performance objectives.

## CHAPTER 2: METHODOLOGY

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### 2.1 INTRODUCTION

MEASURE Evaluation conducted the baseline assessment using a mixed methods approach to collect quantitative data using customized tools to collect data at group and individual levels and qualitative data using key informant interviews. These tools were supplemented with a desk review of relevant documents to CRD.

### 2.2 STUDY POPULATION AND SAMPLING METHODS

The baseline assessment of CRD as an institution sought information from senior management that included heads of sections (Statistics, Information, Communication, and Technology, Public Communications and Customer Service, Human Resource Management), data managers, and personnel who perform M&E functions. Select personnel from regional offices, together with CRD key stakeholders, were also included. Participants were identified through a purposive sampling method so as to interview only those people who were expected to oversee M&E responsibilities and specific individuals who perform M&E functions for the department.

### 2.3 STUDY PROCEDURES

MEASURE Evaluation used several approaches in the assessment. First was stakeholder engagement and consensus building, which involved consultations with CRD on the rationale, objectives, and intended outcomes of the exercise. This was followed by a comprehensive desk review of relevant documents and literature on CRD's M&E capacity. The desk review provided information on the following:

- History and structure of CRD and M&E activities
- Current status of CRD and M&E activities
- Existing documentation related to M&E capacity
- Existing documentation about the gaps in M&E capacity

Desk review results revealed significant gaps in existing documentation on the current status of CRD's M&E capacity, information that further informed the development of the assessment protocol and data collection instruments. MEASURE Evaluation developed three data collection instruments to collect primary data from respondents: (1) group assessment tool, (2) individual assessment tool, and (3) key informant guide.

MEASURE Evaluation administered the group and individual self-assessment tools during a workshop June 6–8, 2013, and captured responses to questions under each key competency in an Excel-based self-assessment tool. The group assessment involved 16 respondents, the individual assessment involved 13 respondents, and the key informant interviews involved 12 respondents. A full list of self-assessment participants, their positions, and their employing institutions is in the Annex 1.

#### 2.3.1 *Group Assessment Tool*

MEASURE Evaluation-PIMA developed the group assessment tool, Monitoring and Evaluation Capacity Assessment Tool (MECAT), based on the 12 components approach UNAIDS uses for M&E systems strengthening (UNAIDS 2010) The customized tool was designed to capture various

dimensions of capacity (organizational, technical, and behavioral) and to provide an overall approach to data collection during the assessment. The tool captured data on both the four dimensions (status, quality, technical autonomy, and financial autonomy) and the 12 components which are later referred to as capacity areas. Each capacity areas had specific questions that targeted different M&E areas, as shown in Table 2.

**Table 2: Focus of Assessment in the 12 Capacity Areas**

No.	Capacity Areas	Main Focus
1	Organizational Capacity	<ul style="list-style-type: none"> <li>Leadership: Effective leadership for M&amp;E in the organization</li> <li>Human Resources: Job descriptions for M&amp;E staff; adequate number of skilled M&amp;E staff; defined career path in M&amp;E</li> <li>Organizational Culture: National commitment to ensure M&amp;E system performance</li> <li>Organizational Roles and Functions: Well-defined organizational structure, including a national M&amp;E unit; M&amp;E units or M&amp;E focal points in other public, private, and civil society organizations; written mandates for planning, coordinating, and managing the M&amp;E system; well-defined M&amp;E roles and responsibilities for key individuals and organizations at all levels</li> <li>Organizational Mechanisms: Routine mechanisms for M&amp;E planning and management, for stakeholder coordination and consensus building, and for monitoring the performance of M&amp;E systems; incentives for M&amp;E system performance</li> <li>Organizational Performance: Organization achieves its annual work plan objectives for M&amp;E</li> </ul>
2	Human Capacity for M&E	<ul style="list-style-type: none"> <li>Defined skill set for individuals at national, subnational, and service-delivery levels</li> <li>Workforce development plan, including career paths for M&amp;E</li> <li>Costed human capacity building plan</li> <li>Standard curricula for organizational and technical capacity building</li> <li>Local or regional training capacity, including links to training institutions</li> <li>Supervision, in-service training and mentoring</li> </ul>
3	Partnership and Governance	<ul style="list-style-type: none"> <li>National M&amp;E Technical Working Group</li> <li>Mechanism to coordinate all stakeholders</li> <li>Local leadership and capacity for stakeholder coordination</li> <li>Routine communication channel to facilitate exchange of information among stakeholders</li> </ul>
4	National M&E Plan	<ul style="list-style-type: none"> <li>Broad-based participation in developing the national M&amp;E plan</li> <li>Explicitly linked to the National Strategic Plan</li> <li>M&amp;E plan adheres to international and national technical standards</li> <li>M&amp;E system assessments and recommendations for system strengthening are addressed in the M&amp;E plan</li> </ul>
5	Annual M&E Costed Work plan	<ul style="list-style-type: none"> <li>M&amp;E work plan contains activities, responsible implementers, timeframe, activity costs, and identified funding</li> <li>M&amp;E work plan explicitly links to the work plans and government MTEF budgets</li> <li>Resources (human, physical, financial) are committed to implement the M&amp;E work plan</li> <li>All relevant stakeholders endorsed the national M&amp;E work plan</li> <li>M&amp;E work plan is updated annually based on performance monitoring</li> </ul>
6	Advocacy, Communication, Culture and Behavior	<ul style="list-style-type: none"> <li>Communication strategy includes a specific M&amp;E communication and advocacy plan</li> <li>M&amp;E is explicitly referenced in national policies and the National Strategic Plan</li> <li>M&amp;E champions among high-level officials are identified and actively endorsing M&amp;E actions</li> <li>M&amp;E advocacy activities are implemented according to the M&amp;E advocacy plan</li> <li>M&amp;E materials are available that target different audiences and support data sharing</li> </ul>

No.	Capacity Areas	Main Focus
		and use
7	Routine Monitoring	<ul style="list-style-type: none"> <li>Data collection strategy is explicitly linked to data use</li> <li>Clearly defined data collection, transfer, and reporting mechanisms, including collaboration and coordination among different stakeholders</li> <li>Essential tools and equipment for data management (e.g., collection, transfer, storage, analysis) are available</li> <li>Routine procedures for data transfer from subnational to national levels</li> </ul>
8	Surveys and Surveillance	<ul style="list-style-type: none"> <li>Protocols for all surveys and surveillance are based on international standards</li> <li>Specified schedule for data collection linked to stakeholders' needs, including identification of resources for implementation</li> <li>Inventory of surveys conducted</li> <li>Well-functioning surveillance system</li> </ul>
9	National and Subnational Databases	<ul style="list-style-type: none"> <li>Databases are designed to respond to the decision-making and reporting needs of different stakeholders</li> <li>Linkages between different relevant databases to ensure data consistency and avoid duplication of effort</li> <li>Well-defined and managed national database to capture, verify, analyze, and present program monitoring data from all levels and sectors</li> </ul>
10	Supervision and Auditing	<ul style="list-style-type: none"> <li>Guidelines for supervising routine data collection at facility and community levels</li> <li>Routine supervision visits, including data assessments and feedback to local staff</li> <li>Periodic data quality audits</li> <li>Supervision and audit reports</li> </ul>
11	Evaluation and Research	<ul style="list-style-type: none"> <li>Inventory of completed and ongoing country-specific evaluation and research studies</li> <li>Inventory of local evaluation and research capacity, including major research institutions and their focus of work</li> <li>National evaluation and research agenda</li> <li>Guidance on evaluation and research standards and appropriate methods</li> <li>National conference or forum for dissemination and discussion of research and evaluation findings</li> </ul>
12	Data Demand and Use	<ul style="list-style-type: none"> <li>The program National Strategic Plan and the national M&amp;E plan include a data use plan</li> <li>Analysis of program data needs and data users</li> <li>Data use calendar to guide the timetable for major data collection efforts and reporting requirements</li> <li>Evidence of information use (e.g., data referenced in funding proposals and planning documents)</li> </ul>

The assessment comprised questions that focused on four dimensions: (1) status, (2) quality, (3) technical autonomy, and (4) financial autonomy for each of the 12 capacity areas.

- *Status*: Indicates existence or otherwise of specific elements that constitute a capacity area
- *Quality*: Measures robustness of these elements relative to established norms or standards
- *Technical autonomy*: Assesses the ability of the institution to develop and execute M&E functions without depending on external support
- *Financial autonomy*: Assesses the ability of the institution to financially support specific M&E functions without depending on external funding

The results of the four dimensions are rated on a 10-point scale, where 0 is the least, implying no capacity, and 10 is the highest, implying a high level of capacity. MEASURE Evaluation scored CRD on the 12 capacity areas using a series of statements based on three response scales: (1) a 3-point scale (Yes mostly, Yes partly, Not at all); (2) a 4-point scale (Strongly Agree, Agree, Disagree,



Strongly Disagree) or (Less than 1 year, 1–2 years, 2–3 years, Greater than 3 years); and (3) a 5-point scale (Weekly, Monthly, Quarterly, Biannually, Annually).

MEASURE Evaluation administered the group assessment tool to respondents in a workshop format, and a team of experienced moderators facilitated. The final score for each question was arrived at through group consensus, as facilitated by the moderator of each session. When consensus was not apparent, a democratic process of voting was used. Textual data that qualified a response was included in the comment box provided to consider in later discussions of necessary actions to be taken.

### **2.3.2 Individual Self-assessment Tool**

MEASURE Evaluation developed the individual capacity self-assessment tool following UNAIDS guidelines for M&E competencies for M&E personnel (UNAIDS 2010). It was used to assess competencies in M&E leadership, data collection and management, data analysis, data dissemination and use, evaluation, and general management at the individual level. The individual assessment tool assessed key competencies and skills: monitoring and evaluation leadership, data collection and management; evaluation competencies; data analysis, dissemination and use, and general management competencies. The individual assessment tool was sent electronically to participants. Participants completed it and sent back to the facilitator. Scoring for each statement in the tool was on a scale of 0 to 5, where participants rated their own levels of competency (entry-0, novice-1, proficient-2, skilled-3, mastery-4, and expert-5). At the end of the self-assessment, participants were asked to summarize their key strengths and weaknesses and list concrete actions to be taken, such as short-term or long-term training, on-the-job or off-the-job training, and other capacity-building approaches to strengthen specific competencies considered critical to job performance and a timeline for achieving improvements.

### **2.3.3 Key Informant Guides**

MEASURE Evaluation developed two key interview guides, one for key informants in CRD and the other for CRD key stakeholders. These were developed on the basis of the results of the document review and focused on the 12 capacity areas that were assessed using the group assessment tool. The interviews aimed at generating further insights into issues that affect CRD M&E performance based on interviewees' views and opinions.

## **2.4 DATA MANAGEMENT**

### **2.4.1 Data Storage**

MEASURE Evaluation used an Excel database to capture and store quantitative data from the group and individual assessment interviews. Datasets were accessible only to authorized study investigators and trained data management personnel. Completed study tools were stored in a secure cabinet with access limited to authorized personnel in the study. Summaries from the assessment will be shared with CRD before the report is finalized.

### **2.4.2 Data Analysis**

MEASURE Evaluation analyzed quantitative data from the group and individual assessment tools using simple scoring for each question and overall scores for each capacity area displayed in easy-to-interpret dashboards. The group assessment tool scores were normalized to a scale of 10 for easy display in the dashboards. For qualitative data, the audio recorded interviews, supplemented

by notes from the interviews, were transcribed in MS Word 2007. Each transcript was given a unique identifier comprising the date and participant for confidentiality and anonymity. MEASURE Evaluation analyzed the data using a thematic approach. Themes were predefined on the basis of literature and aligned to the 12 capacity areas in the assessment. Relevant sections of the results from the qualitative data were used to corroborate findings from the quantitative data to guide the description of the M&E capacity at CRD.

## **2.5 ETHICAL CONSIDERATIONS**

Before data collection for the assessment began, participants were informed of the voluntary nature of the exercise and that there was no obligation to respond to any questions during the interviews. Participants also were informed that the questions sought to tease out their opinions and views on the M&E system at CRD, and nothing about their own health or behavior. Before each interview and the administration of the other tools, participants had an opportunity to query the aim, objectives, and benefits of the assessment and sign an informed consent sheet where appropriate. In addition, all participants were assured of the confidentiality of the responses and told that attribution to responses was not revealing.

To ensure the safety of the documents used in this study, all original documentation was kept in a secured location at the ICF International - MEASURE Evaluation offices and was available only to the study team concerned with the assessment. For protection of research participants' confidentiality, data collected were kept anonymous by ensuring that names of participants were not recorded. Participant codes were used and all participants were made aware that they could voluntarily withdraw from the assessment at any time without consequences or implication on their careers.

## CHAPTER 3: RESULTS OF THE ASSESSMENT

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### 3.1 INTRODUCTION

Results of the assessment are presented in two parts. Part 3.2 presents a summary of the responses that relate to the four dimensions (status, quality, technical autonomy, and financial autonomy) in the 12 assessed capacity areas. The summary represents a snapshot of the nature and level of capacity that exists at CRD in terms of whether specific elements that constitute capacity exist (status), how these elements measure according to established standards (quality), the extent to which CRD has been able to develop and execute (technical autonomy), and fund the elements without depending on external support (financial autonomy). For each of the four dimensions, the summary of results is presented in a 10-point scale, where no capacity is ranked 0, and high-level capacity is ranked 10. Part 3.3 presents results on specific elements under the 12 capacity areas assessed with similar ranking, as in Part 3.2. Please note that a score below rank 5 is interpreted as an indication of weak capacity, and thus, an area of focus for an intervention to strengthen capacity.

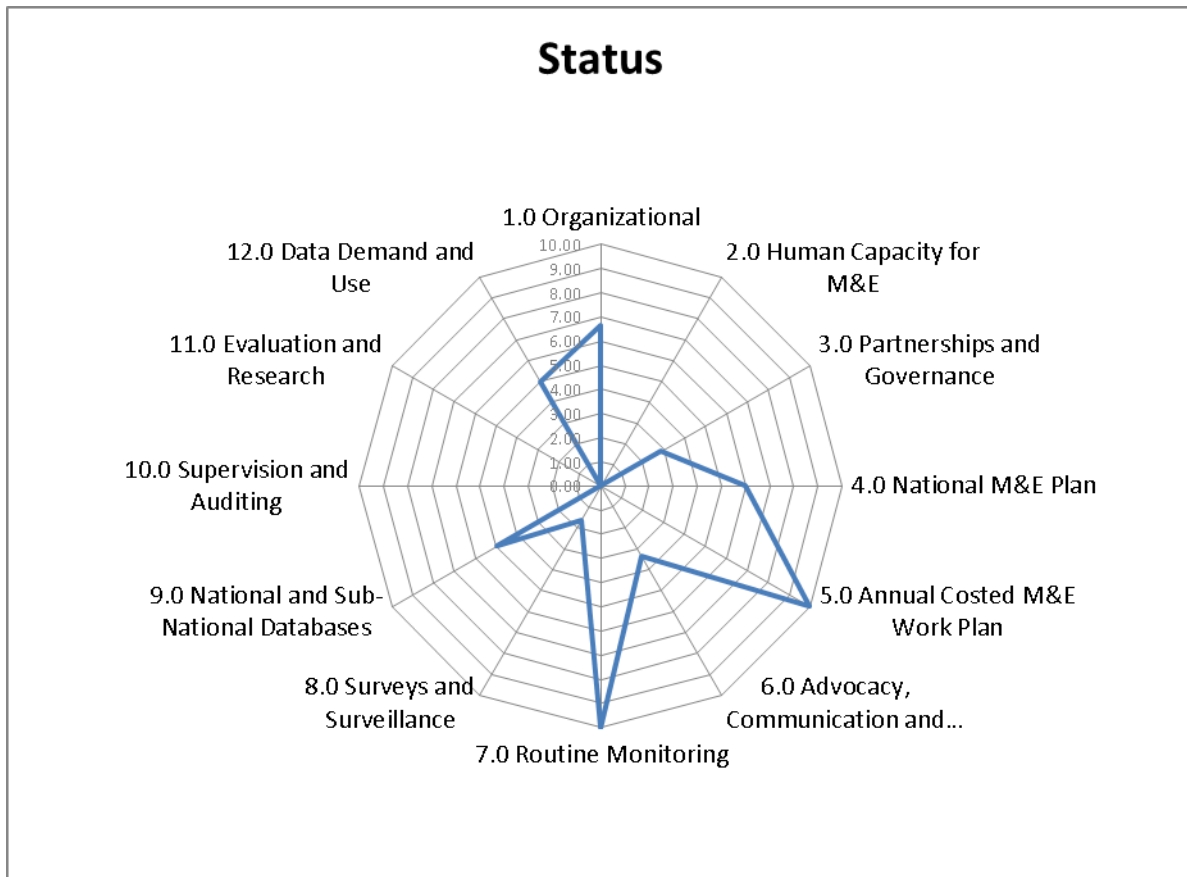
### 3.2 RESULTS ON THE FOUR DIMENSIONS

On average, CRD's scores in the four dimensions under the 12 capacity areas were below 5. Status on average ranked at 4, while quality and technical and financial autonomy each ranked at an average of 2.

#### 3.2.1 *Status*

The CRD M&E status was rated at an average of 4.2 out of 10; however, this average score masks differences in the 12 capacity areas. Out of the 12 capacity areas, half of them are ranked above 5.0 out of 10. Two capacity areas, annual costed M&E work plan had routine monitoring, rated the highest score of 10. Next in rating were organization, national M&E plan, national and subnational databases, and data demand and use. Three capacity areas, human capacity for M&E, supervision and auditing, and evaluation and research scored lowest at 0.0. Figure 1 details ratings for the 12 capacity areas.

Figure 1: CRD's Status for M&E Capacity by Capacity Area



### 3.2.2 Quality

A number of quality issues of M&E at CRD were assessed across the twelve capacity areas. Overall, quality aspects of all the elements scored an average of 2.4 out of 10. It is noteworthy that only two of the twelve capacity areas; routine monitoring and data demand and use had a rate of at least 5.0. Four of the twelve capacity areas organizational aspects of M&E, human capacity for M&E, supervision and auditing, as well as evaluation and research had a rating of 0.0. A breakdown of individual scores for each of the twelve capacity areas is captured in Figure 2.

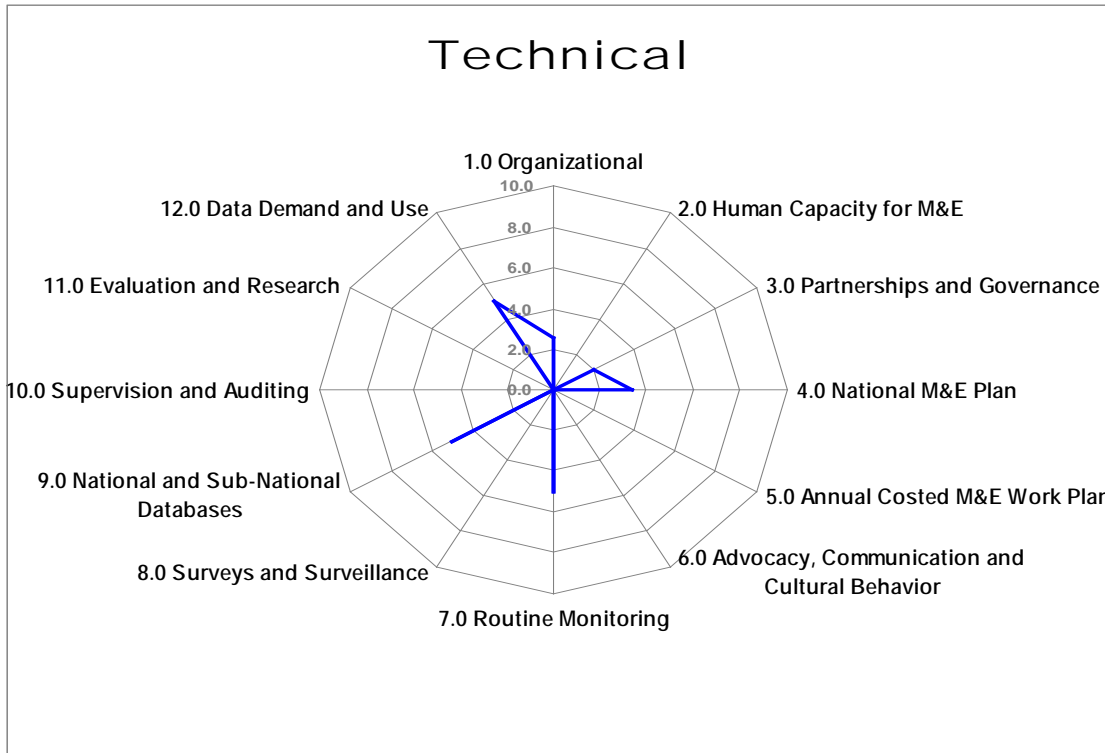
**Figure 2: CRD's Ratings for M&E Capacity for Quality by Capacity area**



### **3.2.3 Technical Autonomy**

The average rating for M&E capacity for technical autonomy in the 12 capacity areas was 1.9 out of 10. Technical autonomy in three capacity areas (routine monitoring, national and subnational databases, and data demand and use) scored highest at 5.0. Half of the 12 capacity areas scored lowest for technical autonomy at 0.0: human capacity for M&E; annual costed M&E workplan; advocacy, communication, and cultural behavior; surveys and surveillance; supervision and auditing; evaluation and research. Figure 3 shows CRD's M&E capacity for technical autonomy ratings for the capacity areas.

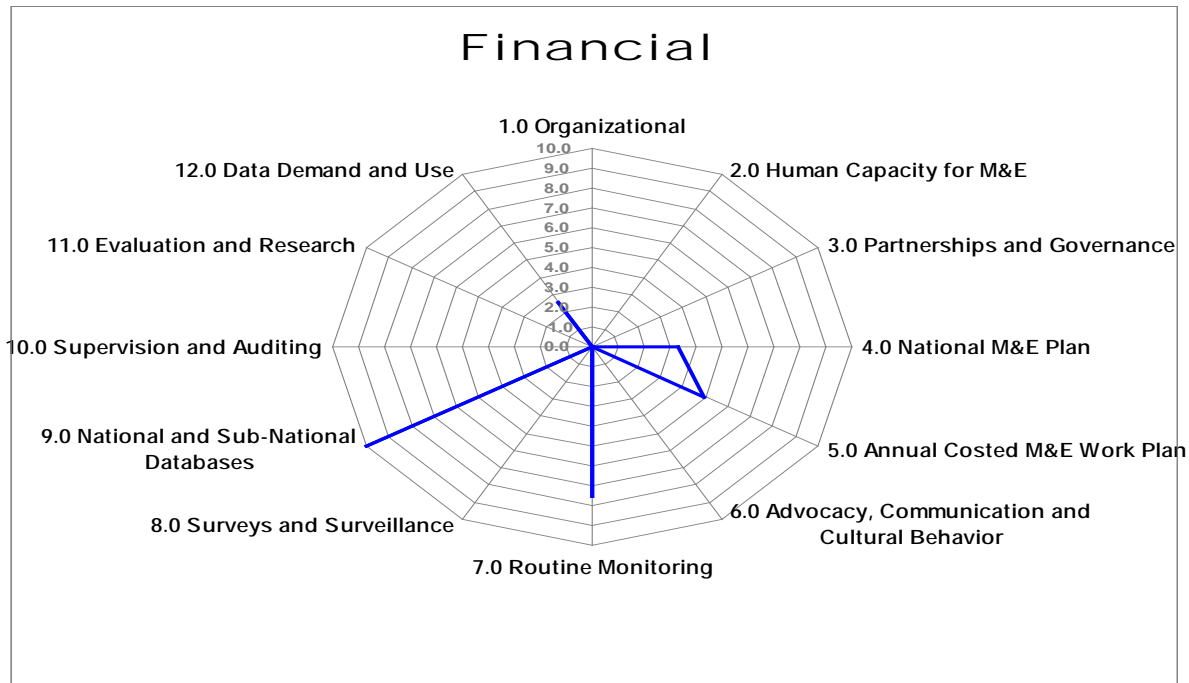
Figure 3: CRD's Ratings for M&E Capacity for Technical Autonomy by Capacity Area



### 3.2.4 Financial Autonomy

CRD's M&E capacity for financial autonomy had an average score of 2.4 out of 10. Only capacity area 9, national and subnational databases, scored highest at 10. Routine monitoring scored 7.5 for financial autonomy and the annual costed M&E work plan at 5.0. More than half (58%) of the functional areas (organization structure; human capacity for M&E; partnership and governance; advocacy, communication, and cultural behavior; surveys and surveillance; supervision and auditing; evaluation and research) scored 0.0 out of 10 for financial autonomy. Figure 4 shows CRD's scores for M&E capacity for financial autonomy by capacity area.

Figure 4: CRD's M&E Capacity for Financial Autonomy by Capacity Area



### 3.3 RESULTS ON THE 12 CAPACITY AREAS

As was with the capacity situation across the four dimensions, the overall picture is that virtually all the elements across the 12 capacity areas for M&E are not in place.. Table 3 shows that only two capacity areas had an average score that exceeded 5.0 out of 10, national and subnational databases and routine monitoring, which were ranked at 6.1 and 7.3, respectively. The other 10 capacity areas scored below 5.0 out of 10, and three areas (human capacity for M&E, supervision and auditing, evaluation and research) scored 0.0 out of 10.

Table 3: CRD's Average Score for M&E Capacity by Capacity Area

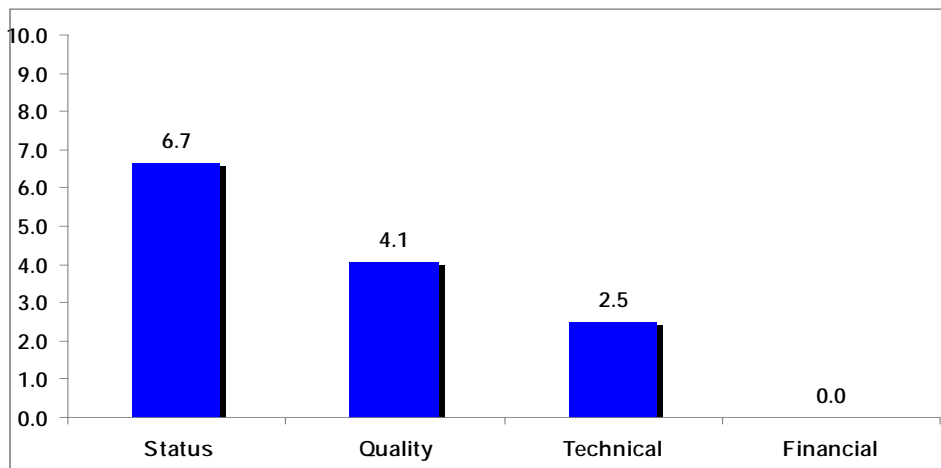
No.	Functional Area	Average Score
1	Organizational	2.3
2	Human Capacity for M&E	0
3	Partnerships and Governance	1.4
4	National M&E Plan	4
5	Annual Costed M&E Work plan	4.4
6	Advocacy, Communication & and Cultural Behavior	1.5
7	Routine Monitoring	7.3
8	Surveys and Surveillance	1.3
9	National and Subnational Databases	6.1
10	Supervision and Auditing	0
11	Evaluation and Research	0
12	Data Demand and Use	4.4

The following paragraphs summarize assessment results for CRD's M&E capacity in the 12 functional areas.

### 3.3.1 CRD's Organizational Capacity for M&E

The assessment explored six key areas of CRD's organizational capacity for M&E: (1) effective leadership for M&E, (2) human resources for M&E, (3) organizational culture to ensure M&E system performance, (4) organizational roles and functions, (5) organizational mechanisms, and (6) organizational performance. The ratings indicate that its status dimension is strongest (6.7), then diminishes progressively for quality (4.1), technical autonomy (2.5), and financial autonomy (0.0) (see Figure 5).

Figure 5: Overall Rating of Organizational Capacity Area by Dimensions



The document review showed that CRD has a mission statement that is clearly stated in old and new strategic documents, and the Government of Kenya hired an external consultant who worked with government staff to develop the mission statement. CRD's strategic plan has been approved by its Director, and all activities are aligned and guided by the departments' mission statement. One key informant in CRD put the mission statement in a different perspective:

During the group assessment, respondents reported that values and ethics statements are available not only in the Strategic Plan, but also in other departmental policies and operational documents. These values and ethics statements exist on paper and also in practice, and, unlike with the mission statement and objectives, most of the participants stated them and could explain what they mean.

Much as the then Ministry of Immigration had an M&E unit, where CRD had a representation, it is noted that currently, the department does not have an M&E unit. Instead, the statistical section carries out M&E related functions. The department has some staff who have been trained in M&E by stakeholders but are not able to effectively discharge M&E functions due to lack of an enabling M&E structural environment. Without a formal M&E unit, the department meets on ad hoc basis to discuss M&E issues. This was also reiterated by a key informants;

*"I would say we have done M&E on a typical ad hoc basis because each of us, as I must have remarked earlier on, each of the officers involved in any assignment will go out there to check on the implementation of his/her assignment based on no formal scorecard and so that the scorecard can then be checked against the overall target and mitigations made. So really when*



*we go out to do periodic monitoring there is no stream which guides us on what we are going to find out. But each individual supervisor may choose what to emphasize on."*

### 3.3.2 Human Capacity for M&E

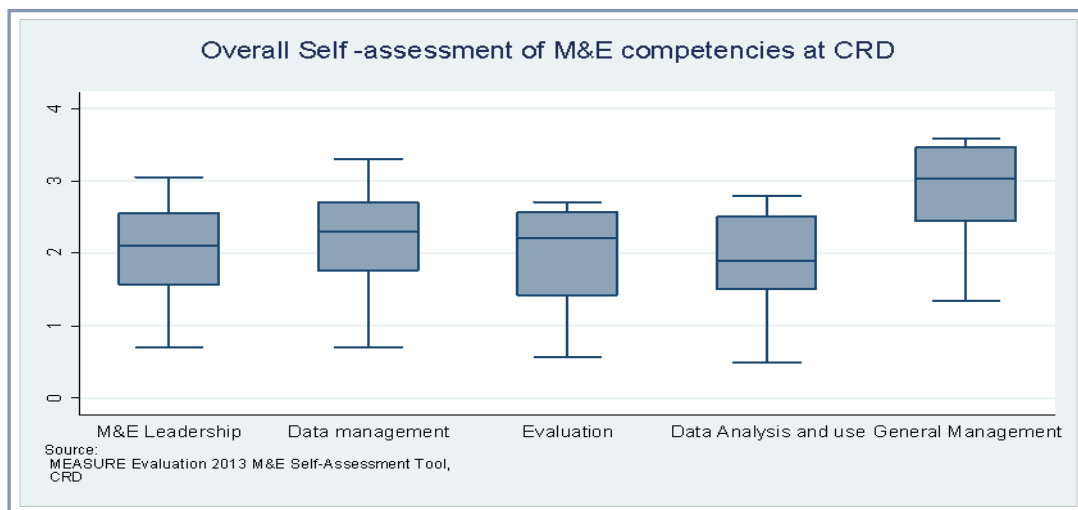
The assessment explored six aspects of CRD’s human capacity for M&E: (1) defined skill set for individuals and organizations; (2) workforce development plan; (3) costed human capacity building plan; (4) standard curricula for organizational and technical capacity building; (5) training capacity and supervision, and (6) in-service training and mentoring. The overall rating across the four dimensions of this capacity areas shows a complete lack of human capacity for M&E in CRD; all four dimensions scored 0.0 out of 10. Because the department does not have an M&E unit, an inquiry on the aspect of whether the M&E unit at CRD has staff to fulfill its mandate did not yield clear information. Some staff members in CRD were reported to have been trained on some aspects of M&E, but not all are seated in the statistical unit that currently performs M&E-related functions.

*"We know the problems we have been having during that time are associated with the lack of an M&E unit"; "I think if it can be clarified that for us to achieve our mandate as an organization, to achieve our strategic objective then we need to strengthen the M&E component that it is better understood."* Key informants, CRD

On the aspect of whether CRD staff can collate, process, and analysis data, the assessment established that staff lack the requisite data analysis skills; consequently, they mostly engage in simple compilation of vital statistics with the expectation that further analysis will be done by Kenya National Bureau Statistics (KNBS).

The skill to use geographic information system (GIS) applications to produce simple graphics and map products was clearly not evident, and respondents did not understand what GIS means and were unaware of such applications. Further, the self-assessment of M&E capacities among CRD staff revealed that human capacity to perform M&E functions was rated at an average score 2.4 out of 5. The box and whisker plots in Figure 6 show that, based on a maximum score of 5, only general management had a score of 3, while all the other capacity aspects were below 3.0.

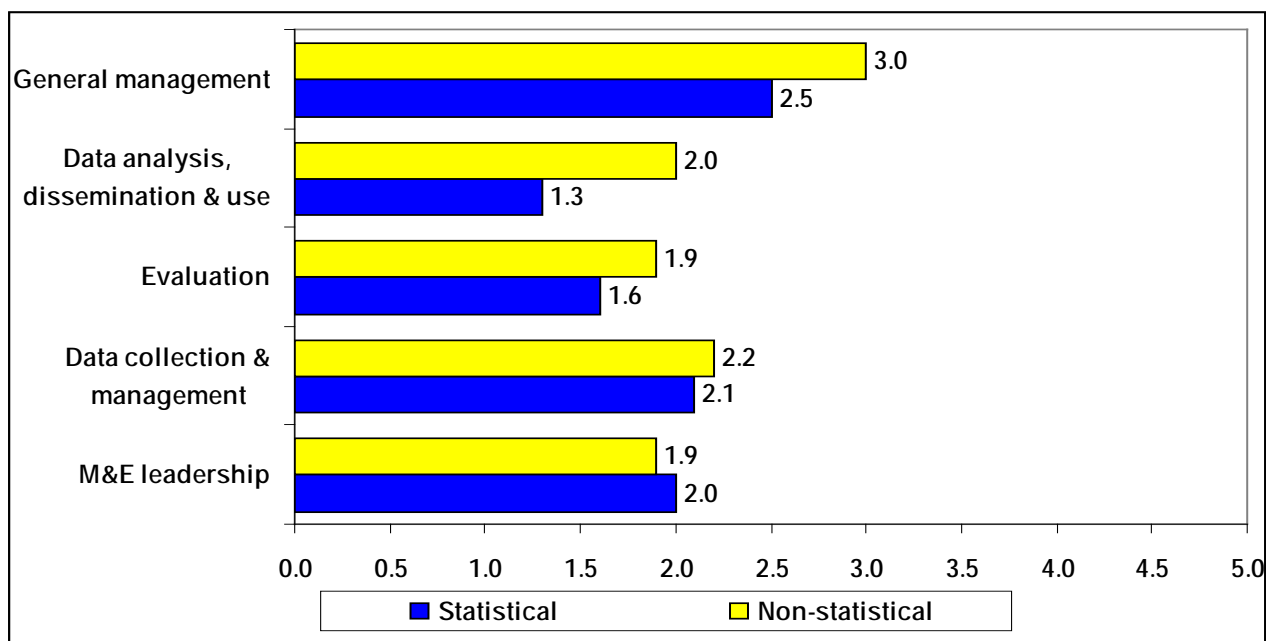
**Figure 6: CRD’s Overall Self-assessment Scores on M&E Competencies**



The individual assessment tool was designed to assess CRD’s staff M&E capacity in the M&E unit; however, CRD has no M&E unit. Some staff members are trained to carry out tasks related to

monitoring data quality, although they lack the M&E structural environment to use such skills. Some staff in the statistics unit perform M&E-related functions, but not in the desired manner. This report compared competencies of staff in the statistics unit to carry out M&E functions with staff from other non-statistical units. Out of the 13 respondents who participated in the self-assessment, 3 were from the statistics unit and the remainder belonged to non-statistical units. Figure 7 shows scores for CRD statistics and non-statistics staff competencies on M&E activities. The statistics staff scored lower in four out of the five M&E aspects assessed. The only exception was in M&E leadership, where the statistics staff scored 2.0 out of 5.0. In the other four M&E aspects (data collection and management; data analysis, dissemination and use; evaluation; and general and management), the non-statistical staff scored higher than the statistical staff. Scores for the non-statistical group ranged from 1.9–3.0 out of 5.0, as compared to 1.3–2.5 out of 5.0 for the statistical group.

**Figure 7: Comparison of Competencies between Statistical and Non-statistical Staff in CRD**

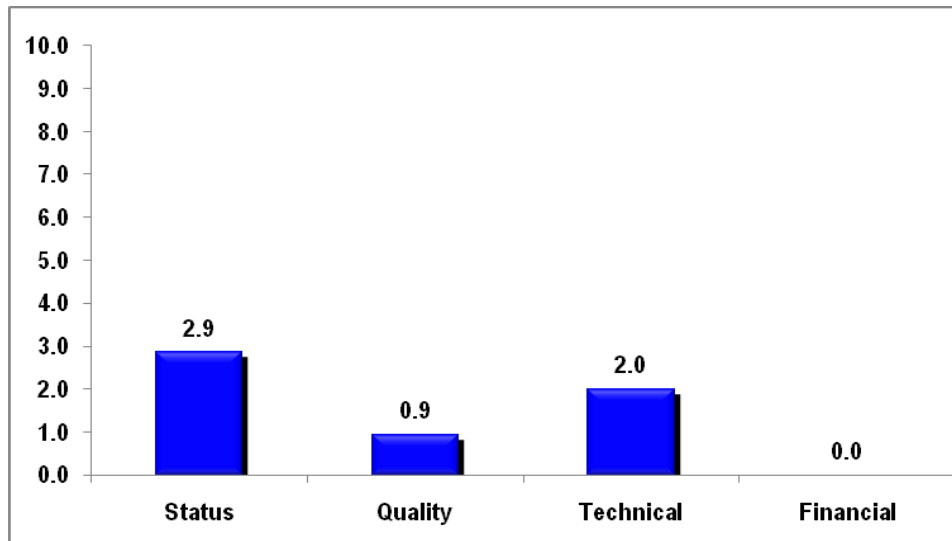


Findings from the assessment also revealed that CRD has no costed human capacity plan, no plan for using data for decision making, and no data use plan, although CRD has data users that include KIPPRA, KNBS, UNICEF, and WHO, among others. Participants noted that CRD also lacks an M&E training curriculum and well-defined job descriptions for the staff that undertake M&E functions.

### **3.3.3 Partnerships and Governance**

The assessment explored four key aspects of CRD’s M&E capacity in the Partnerships and Governance capacity area : the presence of a (1) national M&E technical working group; (2) mechanism to coordinate all stakeholders; (3) local leadership and capacity for stakeholder coordination, and (4) routine communication channel to facilitate exchange of information among stakeholders. On average, CRD scored 1.5 out of 10.0 for partnership and governance. The highest scoring dimension was status of partnerships and governance, which scored 2.9 out of 10. The financial autonomy dimension for M&E capacity scored lowest at 0.0 out 10.0. Figure 8 shows CRD scores for M&E capacity in the partnerships and governance capacity area of the assessment.

Figure 8: CRD's Overall Rating of Capacity for M&E in Partnerships and Governance



Respondents concurred that CRD does not have a strategy or policy to acknowledge and support good M&E performance to help correct weak or incorrect M&E performance. Neither does it have standard operating procedures to define the roles and responsibilities related to M&E functions and activities.

*“So the stakeholder involvement remains very key and we have even formed an inter-agency TWG.”* Key informant, CRD

Instead of a national TWG that meets to discuss the department’s M&E issues, CRD has a national Civil Registration and Vital Statistics (CRVS) TWG that addresses all technical aspects of the department, including M&E. The CRVS TWG brings together key stakeholders who participate in its meetings, although CRD does not maintain an inventory of its M&E stakeholders.

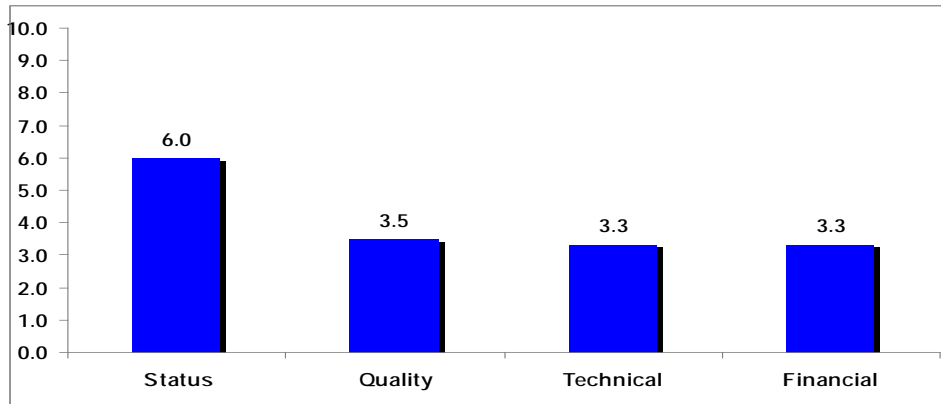
During the group assessment, participants reported that CRD has no clear mechanisms, such as feedback reports or newsletters, to communicate its M&E activities and decisions. For example, CRD does not generate information products, such as bulletins or newsletters, to share with its stakeholders.

*“Apart from an individual officer maybe thinking about us as a source simply because of an interaction we have had, there is no structured mainstreamed sharing of the information.”* Key informant, CRD

### 3.3.4 National M&E Plan

The assessment explored four key aspects of M&E capacity in the national M&E plan: (1) broad-based participation in developing the national M&E plan; (2) explicit linkages to the National Strategic Plan; (3) the M&E plan adheres to international and national technical standards, and (4) an M&E system assessment has been completed and recommendations for system strengthening have been addressed in a revised M&E plan. Dimensions pertaining to the national M&E plan on quality, technical autonomy, and financial autonomy aspects were rated at about 3.3. CRD rated highest on the aspect of current status of the national M&E plan, at 6.0 out of 10 (Figure 9).

Figure 9: CRD's Overall Rating Capacity for M&E on the National M&E Plan

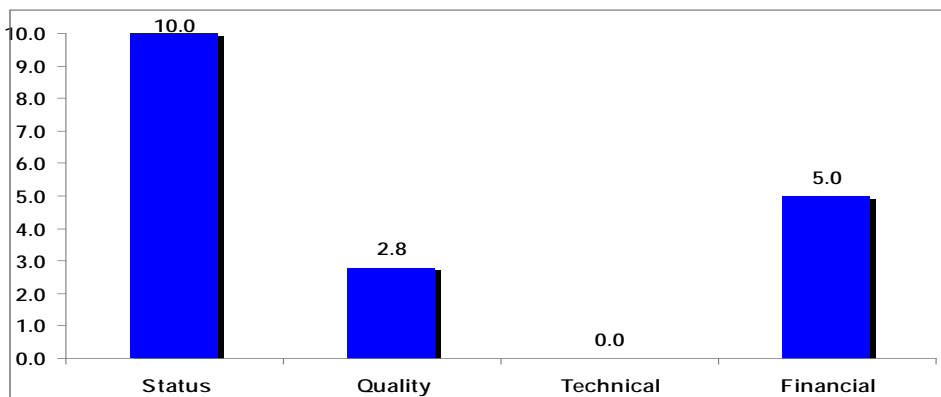


Kenya has a national multi-sectoral M&E plan, the National Integrated Monitoring and Evaluation System (NIMES), in the Monitoring and Evaluation directorate in the Ministry of Devolution and Planning; however, formal linkages between CRD M&E plans and NIMES are lacking. CRD did not participate in the development of the current national multi-sectoral M&E Plan.

### 3.3.5 Annual Costed M&E Work plan

The assessment explored five key aspects of M&E capacity in the CRD M&E work plan: (1) If it contains activities, responsible implementers, timeframe, activity costs and identified funding; (2) if it explicitly links to the work plans and government MTEF budgets; (3) if resources (human, physical, financial) are committed to implement the M&E work plan; (4) if all relevant stakeholders endorsed the national M&E work plan; and (5) if it is updated, annually based on performance monitoring. The department on average rated 4.5 out of 10 for all aspects of a costed M&E work plan. Among the four dimensions, CRD ranked highest in M&E capacity for status at 10.0 and the lowest in technical autonomy at 0.0 out of 10.0. The other two dimensions ranked between these two extremes: quality scored at 2.8 out of 10.0 and financial scored 5.0 out of 10.0, as shown in Figure 10.

Figure 10: CRD's Overall Rating for Capacity of a Costed M&E Work plan



The current M&E work plan and activities for CRD are costed, and the work plan clearly identifies activities, responsible implementers, timeframe, and activity costs; however, it does not indicate funding sources. According to government guidelines, the current M&E work plan is linked to the MTEF budgets and its activities have specific timeframes for implementation.

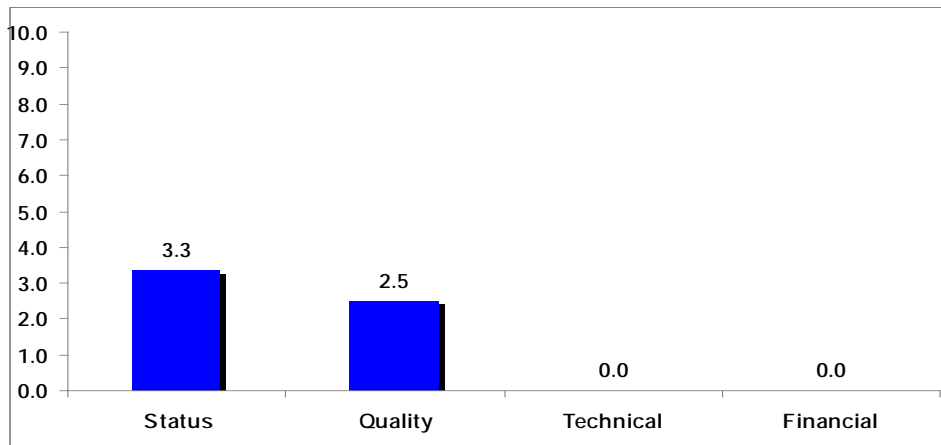
The assessment confirmed that the department’s current M&E work plan has not been updated based on performance monitoring nor has it been endorsed by relevant stakeholders; instead, it was endorsed internally. The department has committed specific resources (human, financial, and physical) to implement its M&E work plan; however, the committed resources remain inadequate to implement the activities in the M&E work plan. The committed resources to implement the M&E work plan are not wholly financed by the Government of Kenya; some resources are sourced from development partners.

### 3.3.6 Advocacy, Communication, Culture, and Behavior

The assessment explored five key aspects of M&E capacity in the CRD advocacy, communication, culture, and behavior component: (1) the communication strategy includes a specific M&E communication and advocacy plan; (2) M&E is explicitly referenced in national policies and the National Strategic Plan; (3) M&E champions among high-level officials are identified and are actively endorsing M&E actions; (4) M&E advocacy activities are implemented according to the M&E advocacy plan, and (5) M&E materials are available that target different audiences and support data sharing and use.

In this capacity area, CRD scored an average of 1.5 out of 10.0. The department scored low in the four dimensions, with status being the highest at 3.3 out of 10, followed by quality at 2.5, and technical and financial autonomy lowest at 0.0 out of 10.0, as shown in Figure 11.

Figure 11: CRD’s Overall Rating for M&E Capacity in Advocacy, Communication, Culture, and Behavior



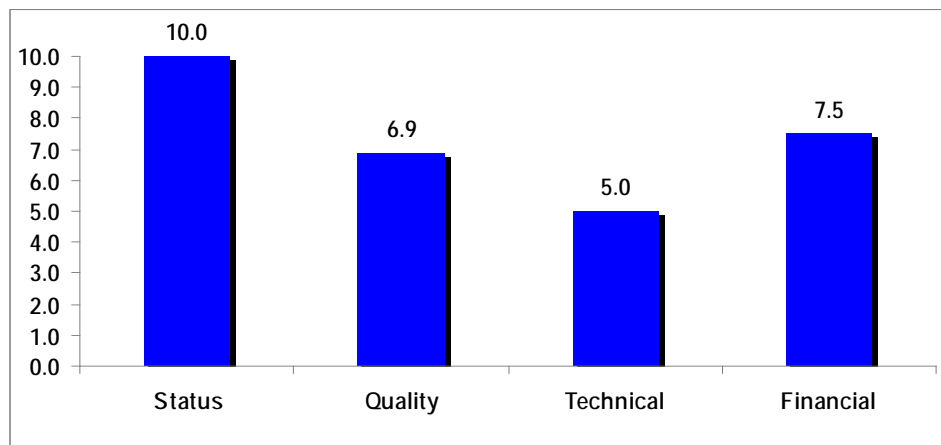
The assessment revealed that some people strongly advocate for and support M&E in CRD, although not in a structured manner. The head of the department supports M&E activities. For example, the head has appointed regional supervision teams to supervise registration performance in their respective regions. The actual supervision, however, is done in an unstructured way, and timelines are not always adhered to and supervision reports are irregularly generated, if they are done. The department has no communication strategy in place, and only a few of its M&E issues, strategies, and products are included in the national policy and national strategic plan.

### 3.3.7 Routine Monitoring

The assessment explored four key aspects of M&E capacity in CRD’s routine monitoring capacity area : (1) if data collection strategy is explicitly linked to data use; (2) if data collection, transfer, and reporting mechanisms, including collaboration and coordination among the different

stakeholders, are clearly defined; (3) if essential tools and equipment for data management (e.g., collection, transfer, storage, analysis) are available, and (4) if routine procedures for data transfer from subnational to national levels are in place. Figure 12 shows CRD's overall M&E capacity in this capacity area scored high at 7.4 out of 10.0. Among the four dimensions of its routine monitoring operations, status was rated highest at 10.0 and technical autonomy to conduct routine monitoring scored lowest at 5.0 out of 10.0. The other two dimensions scored between those extremes; quality scored 6.9 out of 10 and financial autonomy scored 7.5 out of 10.00.

**Figure 12: CRD's Overall Rating for M&E Capacity in Routine Monitoring**



Respondents from CRD concurred that essential tools and equipment for data management are available. For example, all health facilities and registration structures at the community level use standardized data collection forms. Such routine monitoring tools include Forms CRDP 5, 6, 7, 21, 24, and 25. Respondents also confirmed that these tools capture essential indicators for routine performance monitoring. Some attempts have been made to identify gaps in the existing tools. For example, Form D1, a tool that captures data on deaths that occur in health facilities, does not conform to the current international recommendations on death certification because it does not include the duration between onset of cause of death and death. Identified gaps have not been integrated into the District Health Information System. While the current essential tools were developed with external technical assistance from WHO and UNFPA, they were developed mostly with financial support from Government of Kenya, although many years ago.

CRD has guidelines that document procedures for recording, collecting, collating, and reporting program monitoring data from two sources, health facilities and local registration agents of CRVS. Respondents reiterated that these guidelines, which exist in the form of an operations manual used at all field stations and the head office, conform to best practices on collecting, recording, collating, and reporting program monitoring data. The guidelines were last updated in 2010. The development of these guidelines not only received external technical assistance from UNFPA and the Ministry of Health, but also external financial assistance from UNFPA and UNICEF.

### **3.3.8 Surveys and Surveillance**

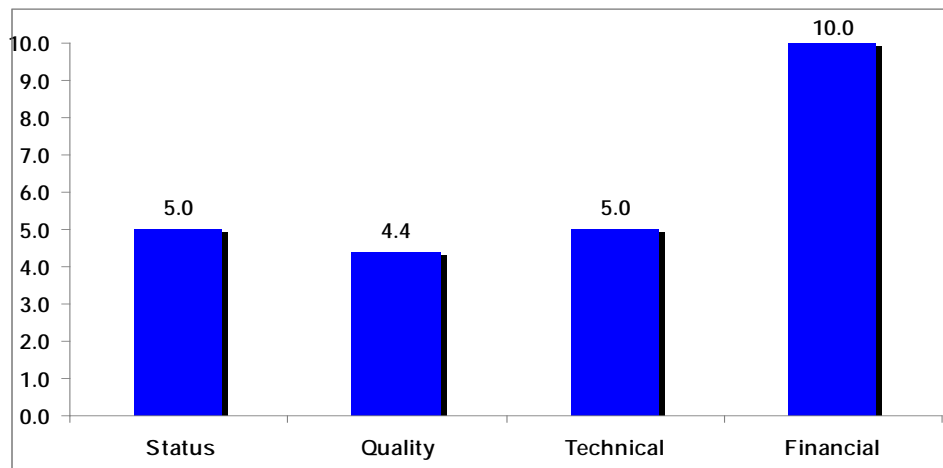
The assessment explored four key aspects of M&E capacity in CRD's survey and surveillance capacity area: (1) protocols for all surveys and surveillance based on international standards; (2) specified schedule for data collection linked to stakeholders' needs, including identification of resources for implementation; (3) inventory of surveys conducted, and (4) a well-functioning surveillance system.

CRD maintained that surveys and surveillance activities are not part of its mandate. Because less attention is paid to them, most aspects across the four dimensions scored 0.0 out of 10. For example, the department does not maintain an inventory of surveys and surveillance activities. With almost no activity in surveillance, CRD reported that it engages in limited survey activities. For example, CRD has been using KNBS (in population census and KDHS questionnaires) and UNICEF (multi-indicator cluster surveys) to collect data on limited topics relevant to CRVS. CRD maintains protocols on topics included in national surveys and the population census. The protocols are approved by accredited bodies (technical groups) constituted by KNBS and UNICEF. These CRD survey activities involve relevant stakeholders in the national CRVS TWG, but not an M&E TWG because none exists.

### 3.3.9 National and Subnational Databases

The assessment explored three key aspects of M&E capacity in CRD’s national and subnational databases capacity area: (1) databases are designed to respond to the decision-making and reporting needs of different stakeholders; (2) linkages between different relevant databases to ensure data consistency and to avoid duplication of effort; and (3) well-defined and managed national database to capture, verify, analyze, and present program monitoring data from all levels and sectors. Overall, CRD’s M&E capacity in this capacity area scored 6.8 out of 10. The financial autonomy dimension scored highest at 10.0, status and technical autonomy aspects scored 5.0 out of 10 each, and quality scored lowest, at 4.4 out of 10, as shown in Figure 13.

**Figure 13: CRD’s Overall Rating for M&E Capacity in National and Subnational Databases**



The national database for capturing and storing data is not up to date, and respondents reported delays in submission of information from CRD to other databases, such as KNBS and Integrated Population Register System (IPRS). The current CRD database does not capture all data elements required by CRD because not all the information collected in the current tools is captured by a national database.

*“If we have our own system and does not link with the national system, whatever you do here the government will never notice it. You cannot be able to do any advocacy because there is nothing to show at the national level - so we need to see a system which links with health, NIMES and other systems.”* Key informant, UNFPA

The assessment established that IT equipment and supplies are not always available to link the relevant national and subnational databases. Not all CRD field stations are connected to the Internet, and some that are connected function irregularly. Respondents reported that structures, mechanisms, procedures, and timeframe for transmitting, entering, extracting, merging, and transferring data between databases that support the national M&E system are in place.

CRD's databases (CRVS and IPRS) do not link with NIMES. Although CRD's database is linked to IPRS, which is a ministerial database, the linkages between CRD and KNBS and between CRD and HIS are not in place. With these missing linkages, CRD cannot generate routine monitoring reports using the linked databases. On the aspect of whether the design of CRD databases is guided by end-user demands, respondents reported that the department usually generates information in the format an end user specifies. For example, KNBS provides CRD with a format it uses to capture data. CRD received external technical assistance during the design of the databases, although most of the financial support came from the Government of Kenya.

### **3.3.10 Supervision and Auditing**

The assessment explored four key aspects of M&E capacity in CRD's supervision and auditing capacity area: (1) guidelines for supervising routine data collection at facility- and community-based levels exist; (2) routine supervision visits, including data assessments and feedback to local staff, are made; (3) periodic data quality audits are undertaken; and (4) supervision and audit reports are generated. CRD's overall rating across the four dimensions (status, quality, technical, and financial) for this component was lowest at 0.0 out of 10.00. The assessment established that the guidelines and tools for supportive supervision are not available at CRD. Although supervisory activities are undertaken, no standard guidelines or tools are available. In addition, no policy or procedures for data quality audits exist. So far as the department carries out some activities related to data quality audits, they are not done in a structured manner.

### **3.3.11 Evaluation and Research**

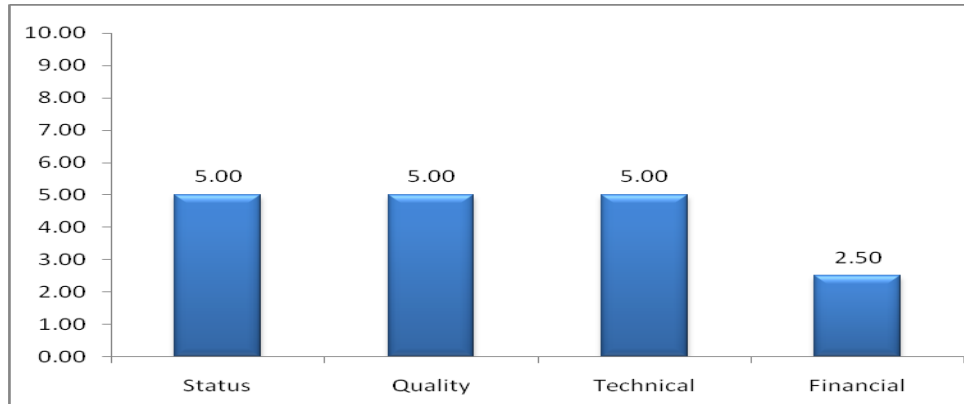
The assessment explored five key aspects of M&E capacity in CRD's evaluation and research capacity area: (1) inventory of completed and ongoing country-specific evaluation and research studies; (2) inventory of local evaluation and research capacity, including major research institutions and their focus of work; (3) national evaluation and research agenda; (4) guidance on evaluation and research standards and appropriate methods; and (5) national conference or forum for dissemination and discussion of research and evaluation findings. Overall, activities related to evaluation and research scored lowest at 0.0 out of 10. CRD maintains no inventory, register, or database on research and evaluation, and it has no specific research agenda in place.

### **3.3.12 Data Demand and Use**

The assessment explored three key aspects of M&E capacity in CRD's data demand and use capacity area: (1) the program national strategic plan and the national M&E plan include a data use plan; (2) analysis of program data needs and data users; (3) data use calendar to guide the timetable for major data collection efforts; and (4) reporting requirements and evidence of information use (e.g., data referenced in funding proposals and planning documents). Overall, CRD's M&E capacity across the four dimensions of this capacity area scored 4.4 out of 10. Figure 14 shows that three of the dimensions, status, quality, and technical autonomy, scored 5.0 out of 10.0. The financial autonomy dimension scored 2.5 out of 10.0.



**Figure 14: Overall Rating of Data Demand & Use by Dimension**



The assessment showed that CRD has no national data use plan, although it disseminates information products to its stakeholders, normally at the national level where annual reports are shared during stakeholders’ forums, but not at subnational levels. Respondents agreed that information products that CRD generates have partly contributed to influence and inform current policy and practice on registration of vital events. An example is Kenya’s directive that a birth certificate must be produced to enroll in school and to register for national examinations. CRD information products are disseminated without external technical assistance, although the department receives financial support for dissemination from external sources, such as WHO. Respondents reported that data analysis and presentation guidelines exist in the department, and staff know and apply these guidelines. Staff members complete specific forms monthly.

## CHAPTER 4: DISCUSSION

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This section, organized in the 12 capacity areas, discusses the assessment results.

### 4.1 ORGANIZATIONAL CAPACITY

It is evident from the assessment results that CRD lacks the requisite capacity to effectively discharge its M&E functions; it has no M&E unit. The United Nations (2013) recommends that efforts to improve the civil registration and vital statistics system should include a unit to monitor and evaluate various elements of the system's operations. The monitoring function of the unit is to track the system's performance for timeliness, coverage, accuracy, completeness, effectiveness, and efficiency. The evaluation function should appraise the system's value and worth, and weigh the importance of specific elements to its operation.

Further, the assessment established CRD has limited knowledge, low attitude, and little practice in the CRD mission and vision statements. Leadership at the helm of the civil registration and vital statistics system need to be aware that such limited knowledge and low attitudes present barriers to CRD's performance to meet the expectations of the general public and the government and several programs that rely on it. Its leadership should also appreciate the critical role M&E plays in enabling the system deliver on its mandate.

### 4.2 HUMAN CAPACITY FOR M&E

Although CRD lacks an M&E unit, the statistics unit discharges some functions that are M&E related. The assessment indicates CRD has inadequate human capacity in skills and numbers to effectively and efficiently discharge M&E functions. The efficiency and completeness of registration is contingent on the capability, attitude, and expertise of the registration staff as they fulfil their obligations. They must be familiar with the M&E fundamentals that pertain to the methods and procedures of civil registration and vital statistics for data collection, reporting, analysis, and dissemination.

The assessment also shows that CRD lacks a human capacity building plan. In the absence of such a plan, capacity building that is undertaken is not regular or structured to consider needs and types and levels of training. Consequently, not all gaps in M&E skills and competencies are addressed. Participants mentioned that previously the government relied on external M&E technical support to accomplish routine M&E tasks. Now a new directive for all departments requires the use of internal capacities for M&E tasks, which inevitably will require capacity building in M&E.

The comparative scores for the statistical and non-statistical categories from the individual self-assessment show that the former have more capacity in general management compared to the other functional areas. This result is unexpected, but could be attributed to the nature of self-assessment surveys, where at times respondents tend to rate themselves more highly than their actual level of competency. Other aspects of self-assessment on competency (leadership in M&E, data management, data analysis, dissemination and use, and evaluation) scored below 50%; however, this overall assessment included all CRD staff who participated in the group discussion, and the results might not reflect a clear picture of M&E capacity because some staff members have no M&E responsibilities in their job descriptions.

### **4.3 PARTNERSHIP AND GOVERNANCE**

The assessment identified various capacity gaps in the CRD partnerships and governance capacity area. It was evident that CRD lacks a clear policy to guide and address M&E and standard operating procedures that define roles and responsibilities of M&E functions and activities. In addition, the assessment confirmed that the Kenyan civil registration and vital statistics system has no technical working group that focuses on monitoring and evaluating aspects. It also has no inventory of M&E stakeholders. Civil registration in Kenya is a cross-cutting exercise that involves different sectors in the public service. For example, data collection, which is core to the CRVS system, is wholly dependent on the good will of three partners—health personnel, general public, and community leaders—and it is essential to have the understanding and cooperation of stakeholders who are involved with the system. The assessment indicates that a CRVS TWG guides CRD on technical issues, but the TWG does not necessarily focus on M&E activities. The respondents advocated for the need to establish a task force in the current CRVS TWG that will solely address M&E issues.

### **4.4 NATIONAL M&E PLAN**

The assessment results indicate a lack of linkages between CRD's M&E plan and the national multi-sectoral plan and that CRD's M&E staff did not participate in the development of the national multi-sectoral plan. The baseline assessment ascertained that there is no departmental M&E plan that should have encompassed the assessed national set of indicators during its development. The department does not have an M&E system to assess to identify gaps in the M&E plan. The national M&E plan brings together all major sectors and services, and it is designed to enhance managerial productivity by providing an easy reference to key national socioeconomic and governance performance indicators.

CRD is a government agency that is responsible for registering births and deaths that occur in Kenya and Kenyan nationals who resident abroad. The current incomplete civil registration system has various implications on the socioeconomic development of the country. Major sectors and services are affected by the incomplete or inadequate nature of the civil registration system, such as public administration services, establishing causes of death, establishing trends in demographic indicators, and granting citizenship status. CRD's M&E plan should align with the national multi-sectoral M&E plan for national performance monitoring.

### **4.5 ANNUAL M&E COSTED WORK PLAN**

CRD has an Annual Work plan (AWP), which includes a number of M&E activities that are costed. CRD's AWP details specific M&E activities for all relevant stakeholders and responsible implementers and sets timeframes and activity costs, but it does not indicate the source of funding. Although the activities are costed in the AWP, the assessment ascertained that inadequate resources usually are committed to implement the planned activities.

The process of resource allocation for government agencies is a chain of allocation and control of resources. Respondents reported that first the mother ministry receives a set ceiling from the Treasury to implement planned activities. The ministry, in turn, determines ceilings for its departments. In common practice, however, the Treasury and ministry adjust the ceilings downward during the implementation year. Consequently, CRD cannot implement some of the planned activities at the rate they were costed.

## **4.6 ADVOCACY, COMMUNICATION, CULTURE, AND BEHAVIOR**

The assessment indicates that CRD is not strong in various aspects of advocacy, communication, culture, and behavior. The results point out that CRD has no specific communication strategy that should include a specific M&E communication and advocacy plan. Furthermore, no high-level officials are identified to actively endorse M&E actions within and without CRD.

CRD needs a long-term, continuous information, education, and communication program to ensure that policy and decision-making officials at the governmental level and the population at large are fully informed about the purpose, requirements, and benefits of registration. A well-informed population will contribute spontaneously to timely, accurate registration of vital events as they occur. The general public must be made aware and to appreciate the advantages to be derived from registration by the individual, family and community. Hence, in addition to the general national uses of registration records, the benefits accruing to the individual, family and community need to be highlighted. Apart from the enlightenment campaign for the adult population, there is also need to target the school population whereby an education programme on vital registration is integrated in the formal curriculum at primary level. The crucial task of motivating the public to register their vital events will be achieved through the formulation of messages that satisfy the perceived needs of the people. But since these needs do not exist now, they have to be created and documented.

Lack of an M&E advocacy plan in CRD can negatively affect the effectiveness of CRD's endeavors to advocate for and communicate M&E-related issues. CRD needs to identify audiences and develop targeted materials for advocacy. Identified M&E champions would be valuable agents for advocacy and communication on M&E issues, strategies, and products within and without the department. Development and implementation of a communication strategy for CRD would ensure knowledge of and commitment to M&E activities by policymakers, program managers, program staff, and other stakeholders.

## **4.7 ROUTINE MONITORING**

Although CRD's routine monitoring capacity area was rated highest among the 12 functional areas, the assessment revealed a number of capacity gaps. Respondents noted that some of the existing essential tools and the current operational guidelines are not comprehensive. The assessment also revealed that the department does not generate standardized reports from routine monitoring and that CRD has irregular performance monitoring of the AWP.

Monitoring is a systematic process that covers routine collection, analysis, and use of information on how well a project or program performs. It involves continuous review of all project components to ensure that input deliveries, work schedules, targeted outputs, and other required actions are proceeding according to the work plan. Effective routine monitoring is crucial to assess administrative and statistical registration performance against preset achievement targets. Routine monitoring can help determine current coverage of registration of vital events. CRD needs to develop up-to-date comprehensive routine monitoring guidelines and tools and ensure that standardized routine monitoring reports are generated. Programs that are designed but not supported with comprehensive, integrated technical and operational frameworks often fail to measure or track outputs and outcomes. Inadequate or lack of a clear policy and strategic directions, such as a monitoring mechanism, also contribute to program failure.

## 4.8 SURVEYS AND SURVEILLANCE

CRD's capacity to engage in surveys and surveillance scored low at 1.3 out of 10.0, and the department carries out only limited survey activities and no surveillance.

The UN (UNSD 2013) has a set of principles and recommendations that provides guidance for establishing a functioning system for collecting, processing and disseminating vital statistics; improving sources of vital statistics, primarily the functioning of civil registration system and its components; and the role of complimentary sources of vital statistics, such as population censuses, household surveys and public health records. It further stipulate that surveys and surveillance form part of a civil registration and vital statistics system improvement strategy that appraises the value of the introduction of new procedures or technology. Such appraisals become useful to assess electronic registration or to weigh use of a single reporting form for registration and statistical information.

Kenya has a passive registration system, which requires registration personnel to wait for informants to come to registration centers to register vital events. This system requires the goodwill and cooperation of the general public and institutions such as health facilities to provide the information. The current passive registration system in Kenya is one of the barriers to improving registration coverage and that serious consideration be given to the merits of changing from a passive to an active notifier system where registration personnel canvass for vital events that have occurred rather than wait for informants to come forward (Jarabi 2011). Before such a change is made, it would be useful to conduct a detailed survey to document the pros and cons of changing from a passive to an active registration system.

Although CRD is not actively engaged in surveillance activities, it would benefit from establishing linkages with the existing Demographic Surveillance Sites in Kenya to validate CRD's registration coverage of vital events by using these sites as independent sources of data on vital events. It is encouraging that CRD already has initiated efforts toward collaboration.

## 4.9 NATIONAL AND SUBNATIONAL DATABASES

The national and subnational databases capacity area was the second best, at a score of 6.1 out of 10; however, assessment results point out some weaknesses: the CRVS system is not updated regularly and it is hampered by limited skills of staff to roll out and maintain the system in 107 field stations. Another gap concerns weak communication channels to relay data to the national level from subnational levels and vice versa. The assessment indicates that the current CRVS system is ill placed to respond to the decision-making and reporting needs of different stakeholders. This situation is intensified because of limited Internet connectivity in some field stations, which causes delays in relaying data to the national level. Overall, the current CRVS system cannot be relied upon to capture, verify, analyze, and present program monitoring data from all levels and sectors.

The assessment also found that most of CRD's operations are manual and registration records are on paper. The level and sophistication of information technology and analysis contributes substantially to the levels of timeliness and quality. New technologies potentially offer significant benefits to the civil registration and vital statistics system in Kenya. They may increase efficiency in operations and timeliness, improve the quality of the records collected and the safety of the documents in storage, extend services to hard-to-reach areas, and improve services to the public. It is essential, therefore, for CRD management to build into the CRVS system a component on information technology to enable the system to keep pace with fast changes in this field and to benefit from them.

## 4.10 SUPERVISION AND AUDITING

The assessment results show that CRD lacks the requisite capacity to undertake effective supervision and auditing. This capacity area is one of the three areas that scored 0.0 out of 10. Notable among the capacity gaps are the lack of guidelines and tools for supportive supervision, and lack of policy and procedures for data quality audits. The identified weaknesses in supportive supervision are in line with an earlier finding by the Kenya Anti-corruption Commission (KACC 2010) which noted that:

- Most supervision is by telephone calls.
- Occasionally, regional managers visit district offices but concentrate on administrative matters rather than the registration process.
- District civil registrars do not have a continuous program for the supervision of registration assistants.

Regular supervision and control of the registration exercise is an indispensable ingredient of an efficient CRVS system. CRD officials need to make field visits to registration centers to provide supportive supervision over the registration process. This, in turn, calls for a number of necessities, such as clear guidelines, specific tools for supportive supervision, and some form of reliable means of transport appropriate to the prevailing physical environment.

The fact that CRD does not undertake data quality audits is at variance with one of its stated performance objectives, *“To generate quality vital statistics from civil registration”* (see Section 1.1.2). Quality assessment entails studies with specific objectives, such as assessing the registration of vital events, identifying unregistered events, and evaluating the competency of cause of death coders. The UN (UNSD 2013) maintains that because of the importance of information generated by a CRVS system, the maintenance of high standards of quality should be a major and continuing concern to those responsible for the management of the system. Such quality assurance entails steps taken at each stage in the CRVS system to ensure that all vital events that occur in Kenya are registered without duplication, all related information are accurately recorded, and all recorded vital events are compiled and processed into vital statistics correctly and in a timely manner.

## 4.11 EVALUATION AND RESEARCH

The assessment shows that evaluation and research are components that are not actively implemented by CRD. Appropriate use of evaluation and research data ensures that the planning at CRD is based on the best available evidence and guides ongoing program improvement. Evaluations are necessary to strengthen and improve the CRVS system to address deficiencies and maintain high standards of quality. The evaluation of new registration or improvement strategies may be accomplished through the use of pilot studies or demonstration area projects as a test before full implementation takes place. A practical example of this approach is the MOVE-IT pilot project that CRD is testing in Naivasha County before scaling it up to other counties.

## 4.12 DATA DEMAND AND USE

The assessment ascertained that CRD disseminates vital statistics, mainly through national stakeholders’ results forums. CRD uses the annual statistics report as its main information product for dissemination; however, CRD does not analyze the needs of data users. Lack of a data use plan at the department limits management and use of vital statistics generated from civil registrations.

An effective CRVS system plays a critical role in providing continuous measurement of critical population and health indicators; however, generation of reliable and up-to-date vital statistics from the civil registration system has not been efficient in Kenya for a long time. Registration data need to be processed before vital statistics can be generated. For a number of different reasons, ranging from increased workload at the processing agency to lack of equipment and shortage of manpower, the rate at which registration data is processed has always lagged behind the rate at which new events are registered. The result has been large backlogs of registration records that are yet to be processed or receive no processing. The incompleteness in registration coverage, coupled with the serious delays in the production of statistical tables for various users, has significantly compromised the value of the data generated from registration records.

Use of data from the civil registration system should guide policy formulation and program planning and improvement. The most important reason for conducting M&E is to provide the data needed for guiding policy formulation and program operations.

Vital statistics compilation requires that total monthly summary counts of vital events be distributed on a time schedule prompt enough to provide information for health intervention and population estimation programs, and administrative uses. It also requires production of detailed annual tabulations of each type of vital event, cross-classified by demographic and socioeconomic characteristics.

## CHAPTER 5: CONCLUSIONS AND RECOMMENDATIONS

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### 5.1 CONCLUSIONS

**Organizational Capacity:** The baseline assessment confirmed that CRD has a clearly stated mission statement and that all activities are aligned to it, and the CRD strategic plan has been guided by this mission statement. Values and ethics statements are included in a number of documents, including the Strategic Plan, other departmental policies, and operational documents. It was apparent that these statements do not exist just on paper, but they are in practice and most participants stated them and explained what they mean. CRD does not have an M&E unit, although the statistical unit carries out some M&E-related functions. Without a formal M&E unit, CRD meets ad hoc to discuss M&E issues.

**Human Capacity for M&E:** The CRD staff members who carry out M&E-related functions do not have the requisite skills to collate, process, and analyze data. They mostly engage in simple compilation of vital statistics. The use of GIS applications to produce simple graphics and map products is lacking and respondents are unaware of such applications. The assessment revealed that human capacity to perform M&E functions is weak. CRD has no M&E training curriculum or well-defined job descriptions for staff that undertake M&E functions. The assessment also revealed that CRD has no costed human capacity plan for M&E, and no data use plan is available, although CRD has a number of users of its data.

**Partnership and Governance:** CRD has no strategy or policy to support good M&E performance, and it lacks standard operating procedures that define clear roles and responsibilities for M&E functions. The department has formed a national CRVS TWG that addresses all technical aspects of the department, including M&E activities. This TWG brings together key stakeholders, although CRD has no mechanisms (e.g., feedback reports, newsletters) to communicate its M&E activities and decisions.

**National M&E Plan:** A national multisectoral M&E plan exists in the form of NIMES, although no formal linkages exist between CRD M&E plans and NIMES.

**Annual M&E Costed Workplan:** An annual M&E workplan for CRD is not in place, but the department does have an AWP that contains a number of M&E activities that are costed. The assessment ascertained that inadequate resources are usually committed to implement the planned activities; consequently, the department is unable to implement some of the planned activities at the level they are budgeted.

**Advocacy, Communication, Culture, and Behavior:** Institutional capacity at CRD in various aspects of advocacy, communication, culture and behavior is weak. For example, the department does not have a communication strategy, and no high-level officials are identified to actively endorse M&E actions within and without the department.

**Routine Monitoring:** Capacity in routine monitoring at CRD was rated highest. Despite this rating, the assessment identified some capacity gaps. Some existing tools and operational guidelines were deemed not comprehensive enough to meet the needs of the department. Respondents said CRD does not generate standardized reports from routine monitoring.

**Surveys and Surveillance:** Institutional capacity for M&E in surveys and surveillance is lacking completely at CRD. Respondents explained that M&E activities are not part of CRD's mandate, and



CRD does not maintain an inventory of surveys and surveillance activities. The assessment uncovered almost no activity on surveillance, but CRD reported it is engage in limited survey activities and maintains protocols of the topics included in national surveys and the population census. These survey activities for CRD involve relevant stakeholders in the national CRVS TWG, but not the M&E TWG (which does not exist).

**National and Subnational Databases:** The CRD database for capturing and storing data is not up to date. Submission of information to other databases is delayed, and it does not capture all data elements required by CRD. The assessment established that not all CRD field stations are connected to the Internet.

**Supervision and Auditing:** The assessment results show that CRD lacks the requisite capacity to undertake effective supervision and auditing. This component is one of the three areas that scored 0.0 out of 10. Notable among the capacity gaps are the lack of guidelines and tools for supportive supervision, and lack of policy and procedures for data quality audits. Meanwhile, program managers depend on the data management processes to provide quality data that can be used for decision making and program improvement, M&E are essential components for program managers. However, for appropriate decisions to be made, it is important that the data are of the best quality possible and that each of the steps in the data management process adheres to the highest standards possible. Further, the M&E roles, responsibilities and activities of each of the persons involved in the process should be clearly defined to avoid any ambiguity and duplication.

**Evaluation and Research:** CRD has no evaluation or research agenda, although an agenda would enable the department to improve its performance. Establishment of evaluation and research tools will be required with involvement of key stakeholders. As a first step, it is important to take stock of the current situation. The national process should focus on governance structures for evaluation and research, including requirements for registration of studies and local dissemination of study findings, ethical approval procedures and standards, a prioritized agenda of social sciences and program operations research, and mechanisms for the use of evaluation and research findings in the planning, policy, and program decision-making process.

**Data Demand and Use:** knowledge of the size and characteristics of Kenya's population is a prerequisite in socioeconomic development planning. Vital statistics, and their subsequent analysis and interpretation, are essential information to set targets and evaluate social and economic plans, including health monitoring and population intervention programs, and to measure important demographic indicators of levels of living and quality of life, such as the life expectancy and various mortality indicators. The assessment results, however, show backlogs of registration records that are yet to be processed or receive no processing. The incompleteness in registration coverage, coupled with the serious delays in the production of statistical tables for various users, has significantly compromised the value of the data generated from registration records.

## 5.2 RECOMMENDATIONS

Following is a list of recommended actions for CRD, derived from the baseline assessment findings:

- Establish a functional M&E unit.
- Build capacity to collate, process, and analyze data.
- Enhance human capacity to perform M&E functions.
- Outline clearly defined job descriptions for staff members who undertake M&E functions.
- Develop a costed human capacity plan.

- Develop a strategy to support good M&E performance.
- Develop standard operating procedures that define clear roles and responsibilities for M&E functions.
- Establish and maintain an inventory of M&E stakeholders.
- Develop appropriate tools for supportive supervision.
- Put in place clear mechanisms to communicate CRD's M&E activities.
- Put in place a dissemination plan.
- Develop a data use plan.

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## Annex 1: Self-assessment List of Participants

No.	Name	Position	Institution
1.	Stephen Meli	Civil Registrar Officer	CRD
2.	Francis Idwasi	Civil Registrar Officer	CRD
3.	Patrick Odunga	Civil Registrar Officer	CRD
4.	Judy Amboko	Civil Registrar Officer	CRD
5.	Victor Digollo	Civil Registrar Officer	CRD
6.	Samuel Lukanu	Assistant Director	CRD
7.	Peter Mutua	Assistant Director	CRD
8.	Romano Amukoa	Civil Registrar Officer	CRD
9.	Hesbone E. Odhiambo	Assistant Director	CRD
10.	Joseph Ndatho	Principle Registrar	CRD
11.	Stephen Kokonya	Assistant Director	CRD
12.	Daniel Muga	Assistant Director	CRD
13.	Jane Kariuki	Civil Registrar Officer	CRD
14.	Judy Kilobi	Assistant Director	CRD
15.	Henry Osoro	Manager	KNBS

## ANNEX 2: SELF-ASSESSMENT M&E COMPETENCY ACTION PLAN

The self-assessment identified the following gaps by thematic area.

Functional Area	Specific Identified Gaps	Individual Action Plans and Intervention
M&E leadership	<ul style="list-style-type: none"> <li>Weak planning skills for an effective M&amp;E system</li> <li>Inability to lead and develop M&amp;E capacity building plans for the institution</li> <li>Inadequate coordination and collaboration in leading M&amp;E activities in the institution</li> </ul>	<ul style="list-style-type: none"> <li>Mentorship: use CRD champions to mentor others, such as M&amp;E leadership (e.g., criteria for mentorship)</li> <li>Coaching: on-the-job training; PIMA staff to coach the focal champions</li> <li>Trainings               <ul style="list-style-type: none"> <li>Short trainings:                   <ul style="list-style-type: none"> <li>M&amp;E Training: fundamental M&amp;E course training</li> <li>In-house: take an aspect on-house training using PIMA staff or external trainers</li> </ul> </li> </ul> </li> <li>Expose CRD officers to all available M&amp;E trainings</li> <li>Expose the staff to financial and management skills</li> </ul>
Data collection and data management	<ul style="list-style-type: none"> <li>Limited knowledge on data quality assurance aspects</li> <li>Inadequate knowledge on surveillance and surveys aspects and related techniques</li> <li>Limited knowledge on data management aspects</li> <li>Inability to identify data gaps</li> <li>Limited knowledge on ethical procedures and issues</li> </ul>	
Evaluation	<ul style="list-style-type: none"> <li>Limited knowledge in designing evaluation research and program evaluation</li> <li>Inadequate evaluation management skills, such as development of terms of reference</li> </ul>	
Data analysis, dissemination and use	<ul style="list-style-type: none"> <li>Inadequate skills to develop and implement analysis plans, basic concepts on data modeling, and triangulation</li> <li>Inadequate skills and competencies to develop and implement data sharing, dissemination and feedback structures and systems to stakeholders</li> <li>Inability for many staff to articulate routine monitoring findings for program improvement, production of information products</li> </ul>	
General management	<ul style="list-style-type: none"> <li>Inadequate development and implementation of clear and effective M&amp;E functions communication strategies</li> <li>Upscale financial resource mobilization and monitoring among staff in the department</li> </ul>	

