

# Appendices

## Appendix 1 Form B1, Kenya

FORM B1

REPUBLIC OF KENYA  
THE BIRTHS AND DEATHS REGISTRATION ACT  
(Cap. 149)

ORIGINAL

**ACKNOWLEDGEMENT OF BIRTH NOTIFICATION (FOR PARENTS)**

Serial 0823803

1. NAME OF CHILD: \_\_\_\_\_  
First name                      Other name                      Father's (surname or tribal) name

2. DATE OF BIRTH: Day \_\_\_\_\_ month \_\_\_\_\_ year \_\_\_\_\_ 3. SEX: \* Male  Female

5. NATURE OF BIRTH: \* Born alive  Born dead  †

7. NAME OF MOTHER: \_\_\_\_\_  
First name                      Maiden name                      Father's (surname or tribal) name

I certify that the above information has been notified and recorded.

17. DATE \_\_\_\_\_ 18. REGISTRATION ASSISTANT FOR: \_\_\_\_\_ 19. NAME AND SIGNATURE \_\_\_\_\_  
Day month year                      (state sub-location or health institution)

† See Instruction III (b) on the cover.  
 Note.—To obtain a birth certificate, present this notification to the District Registrar of Births where this birth occurred.

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FORM B1

REPUBLIC OF KENYA  
THE BIRTHS AND DEATHS REGISTRATION ACT  
(Cap. 149)

ORIGINAL

**REGISTER OF BIRTH**

Serial 0823803

1. NAME: \_\_\_\_\_ 2. DATE OF BIRTH: \_\_\_\_\_  
First name                      Other name                      Father's (surname or tribal) name                      Day                      Month                      Year

3. SEX: \* <sup>1</sup> Male  <sup>2</sup> Female  4. TYPE OF BIRTH \* <sup>1</sup> Single  <sup>2</sup> Twin  Other, specify \_\_\_\_\_ 5. NATURE OF BIRTH \* <sup>1</sup> Born alive  <sup>2</sup> Born dead

6. PLACE OF BIRTH \_\_\_\_\_  
Sub-location or Estate and town or health institution                      /                      District

7. NAME \_\_\_\_\_ 8. AGE \_\_\_\_\_  
First name                      Maiden name                      Father's (surname or tribal) name

9. IS MOTHER MARRIED TO FATHER? \* Yes  No  10. RESIDENCE \_\_\_\_\_  
Sub-location or Estate and town                      District

11. PREVIOUS BIRTHS TO MOTHER: No. born alive \_\_\_\_\_ No. born dead \_\_\_\_\_

12. NAME \_\_\_\_\_  
First name                      Other name                      Father's (surname or tribal) name

13. NAME \_\_\_\_\_  
First name                      Other name                      Father's (surname or tribal) name

14. CAPACITY OF INFORMANT \* <sup>1</sup> Parent  <sup>2</sup> T.B.A. \*  <sup>3</sup> Midwife  Medical Attendant  Other, specify \_\_\_\_\_ <sup>5</sup>

I certify that to the best of my knowledge the information given above is correct.

15. DATE \_\_\_\_\_ 16. SIGNATURE \_\_\_\_\_  
Day month year

17. DATE \_\_\_\_\_ 18. REGISTRATION ASSISTANT FOR: \_\_\_\_\_ 19. NAME AND SIGNATURE \_\_\_\_\_  
Day month year                      (state sub-location or health institution)

20. DISTRICT \_\_\_\_\_ 21. REGISTRATION NO. \_\_\_\_\_

22. DATE \_\_\_\_\_ 23. NAME \_\_\_\_\_ 24. SIGNATURE \_\_\_\_\_

\* Cross the appropriate box, thus (x).  
 † If mother is not married to father, do not insert the name of father.

Appendix 2: Form D1, Kenya

FORM D1 REPUBLIC OF KENYA DUPLICATE  
 THE BIRTHS AND DEATHS REGISTRATION ACT  
 (Cap. 149)  
**PERMIT FOR BURIAL**  
 Serial B N<sup>o</sup> 420601 HOSPITAL No. \_\_\_\_\_

1. NAME OF DECEASED: \_\_\_\_\_  
First name                      Other name                      Father's or husband's\* (surname or tribal) name

2. SEX†: Male  Female  3. AGE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 4. DATE OF DEATH: \_\_\_\_\_  
Years or Months or Days                      Day    month    year

6. USUAL RESIDENCE: \_\_\_\_\_ / \_\_\_\_\_  
Sub-location or Estate and town                      District

After making due inquiry as to cause of the death of the above-named deceased person, I hereby authorize the interment of the body.

14. DATE: \_\_\_\_\_ 15. REGISTRATION ASSISTANT FOR: \_\_\_\_\_ 16. SIGNATURE \_\_\_\_\_  
Day    month    year                      (state name of health institution)

PERMIT ISSUED TO (Name) \_\_\_\_\_ ID No. \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
 Note.—To obtain a death certificate, present this permit to the District Registrar of Deaths where this death occurred.

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FORM D1 REPUBLIC OF KENYA DUPLICATE  
 THE BIRTHS AND DEATHS REGISTRATION ACT  
 (Cap. 149)  
**REGISTER OF DEATH**  
 (for use in Health Institutions and by Medical Practitioners)  
 Serial B N<sup>o</sup> 420601 HOSPITAL No. \_\_\_\_\_

1. NAME \_\_\_\_\_  
First name                      Other name                      Father's or husband's\* (surname or tribal) name

2. SEX†: Male  Female  3. AGE \_\_\_\_\_ 4. DATE OF DEATH \_\_\_\_\_  
Years or Months or Days                      Day    month    year

**DECEASED** 5. PLACE OF DEATH \_\_\_\_\_ / \_\_\_\_\_  
Sub-location or Estate and town or Health institution                      District

6. USUAL RESIDENCE: \_\_\_\_\_ / \_\_\_\_\_  
Sub-location or Estate and town                      District

7. OCCUPATION \_\_\_\_\_

8. CAUSE OF DEATH:  
 IMMEDIATE CAUSE: Disease or condition directly leading to death (a) \_\_\_\_\_  
DUE TO  
 ANTECEDENT CAUSES: Morbid conditions, if any, which gave rise to the immediate cause (a) \_\_\_\_\_ (b) \_\_\_\_\_  
DUE TO  
 stating the underlying condition last (c) \_\_\_\_\_  
 OTHER SIGNIFICANT CONDITIONS: Contributing to the death but not related to (a) \_\_\_\_\_

**MEDICAL CERTIFICATION** 9. CERTIFICATE: I certify that:  
 Tick as appropriate (a) I attended the deceased before death; or  
 (b) I examined the body after death; or  
 (c) I conducted a post-mortem examination of the body, and that the above information is correct to the best of my knowledge.

10. NAME \_\_\_\_\_ 11. TITLE \_\_\_\_\_  
 12. DATE \_\_\_\_\_ 13. SIGNATURE \_\_\_\_\_

**REGISTRATION ASSISTANT** 14. DATE \_\_\_\_\_ 15. REGISTRATION ASSISTANT FOR: \_\_\_\_\_ 16. SIGNATURE \_\_\_\_\_  
Day    month    year                      (state name of health institution)

**REGISTRAR** 17. DISTRICT \_\_\_\_\_ 18. REGISTRATION No. \_\_\_\_\_  
 19. DATE \_\_\_\_\_ 20. NAME \_\_\_\_\_ 21. SIGNATURE \_\_\_\_\_

\*If deceased was a married woman, husband's name could be put in brackets.

FORM D2

REPUBLIC OF KENYA  
THE BIRTHS AND DEATHS REGISTRATION ACT  
(Cap. 149)

ORIGINAL

B

Serial No. 019086

PERMIT FOR BURIAL

1. NAME OF DECEASED: First name \_\_\_\_\_ Other name \_\_\_\_\_ Father's or husband's\* (surname or tribal) name \_\_\_\_\_  
 2. SEX†: Male  Female  3. AGE \_\_\_\_/\_\_\_\_/\_\_\_\_ 4. DATE OF DEATH \_\_\_\_/\_\_\_\_/\_\_\_\_  
Years or Months or Days Day month year  
 5. USUAL RESIDENCE: \_\_\_\_\_  
Sub-location or Estate and Town District  
 After making due inquiry as to the cause of death of the above-named deceased person, I hereby authorize the interment of the body.  
 13. DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ 14. REGISTRATION ASSISTANT FOR: \_\_\_\_\_ 15. NAME AND SIGNATURE \_\_\_\_\_  
Day month year (state sub-location)

PERMIT ISSUED TO (Name) \_\_\_\_\_ ID. No. \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Note.—To obtain a death certificate, present this permit to the District Registrar of Deaths where this death occurred.

FORM D2

REPUBLIC OF KENYA  
THE BIRTHS AND DEATHS REGISTRATION ACT  
(Cap. 149)

ORIGINAL

B

No. 019086  
Serial No.

REGISTER OF DEATH  
(for use by Assistant Chief)

1. NAME First name \_\_\_\_\_ Other name \_\_\_\_\_ Father's or husband's\* (surname or tribal) name \_\_\_\_\_  
 2. SEX†: Male  Female  3. AGE \_\_\_\_/\_\_\_\_/\_\_\_\_ 4. DATE OF DEATH \_\_\_\_/\_\_\_\_/\_\_\_\_  
Years or Months or Days Day month year  
 5. PLACE OF DEATH \_\_\_\_\_  
Sub-location or Estate and town District  
 6. USUAL RESIDENCE \_\_\_\_\_  
Sub-location or Estate and town District  
 7. OCCUPATION \_\_\_\_\_

8A. NATURAL CAUSES‡  
 Malaria  Anaemia  Cancer   
 Pneumonia  Jaundice  Urinary Obstruction   
 Measles  Childbirth/Pregnancy  AIDS   
 Tetanus  Sudden death  Other known cause, specify \_\_\_\_\_  
 T.B.  Alcoholism   
 Malnutrition  Asthma

I am satisfied after inquiry that the above-mentioned death is not one to which section 386 or 387 of the Criminal Procedure Act (Cap. 75) apply. An external examination of the body has/has not† been made by a medical practitioner.

8B. UNNATURAL CAUSES‡  
 Accident‡  
 Poisoning  Motor Vehicle  Other known cause, specify \_\_\_\_\_  
 Attack by animal or snake  Drowning   
 Suicide  House fire

I certify that the provisions of Cap. 75 have been observed.  
 Name \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Police Officer or Magistrate)

9. Name First name \_\_\_\_\_ Other name \_\_\_\_\_ Father's or husband's (surname or tribal) name \_\_\_\_\_

10. CAPACITY OF INFORMANT‡  
 Relative  Village elder  Other, specify \_\_\_\_\_

11. DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ 12. SIGNATURE \_\_\_\_\_  
Day month year

13. DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ 14. REGISTRATION ASSISTANT FOR: \_\_\_\_\_ 15. NAME AND SIGNATURE \_\_\_\_\_  
Day month year (state sub-location)

16. DISTRICT \_\_\_\_\_ 17. REGISTRATION No. \_\_\_\_\_

18. DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ 19. NAME \_\_\_\_\_ 20. SIGNATURE \_\_\_\_\_

\*If the deceased was a married woman, husband's name could be written.  
 †Delete inapplicable. ‡Cross the appropriate box thus (x).

## Appendix 4

Computed expected births for three districts using regional age specific fertility rates as standard

| Embu 2007 |                          |                |               |        |
|-----------|--------------------------|----------------|---------------|--------|
| age group | projected<br>female popn | ASFR(National) | ASFR(Eastern) | births |
| 10-14     | 21991                    | 0.00193        | 0.00258771    | 57     |
| 15-19     | 19957                    | 0.0987         | 0.1323352     | 2641   |
| 20-24     | 15278                    | 0.1816         | 0.24348603    | 3720   |
| 25-29     | 12430                    | 0.169          | 0.22659218    | 2817   |
| 30-34     | 9810                     | 0.13179        | 0.17670168    | 1733   |
| 35-39     | 7931                     | 0.0897         | 0.12026816    | 954    |
| 40-44     | 6306                     | 0.03864        | 0.05180782    | 327    |
| 45-49     | 5144                     | 0.00458        | 0.00614078    | 32     |
| sum       |                          |                |               | 12280  |

  

| Meru<br>2007South |                          |                |               |        |
|-------------------|--------------------------|----------------|---------------|--------|
| age group         | projected<br>female popn | ASFR(National) | ASFR(Eastern) | births |
| 10-14             | 15669                    | 0.00193        | 0.00258771    | 41     |
| 15-19             | 14219                    | 0.0987         | 0.1323352     | 1882   |
| 20-24             | 10886                    | 0.1816         | 0.24348603    | 2651   |
| 25-29             | 8857                     | 0.169          | 0.22659218    | 2007   |
| 30-34             | 6990                     | 0.13179        | 0.17670168    | 1235   |
| 35-39             | 5651                     | 0.0897         | 0.12026816    | 680    |
| 40-44             | 4493                     | 0.03864        | 0.05180782    | 233    |
| 45-49             | 3665                     | 0.00458        | 0.00614078    | 23     |
| sum               |                          |                |               | 8750   |

  

| Mbeere 2007 |                          |                |               |        |
|-------------|--------------------------|----------------|---------------|--------|
| age group   | projected<br>female popn | ASFR(National) | ASFR(Eastern) | births |
| 10-14       | 14566                    | 0.00193        | 0.00258771    | 38     |
| 15-19       | 13219                    | 0.0987         | 0.1323352     | 1749   |
| 20-24       | 10120                    | 0.1816         | 0.24348603    | 2464   |
| 25-29       | 8234                     | 0.169          | 0.22659218    | 1866   |
| 30-34       | 6498                     | 0.13179        | 0.17670168    | 1148   |
| 35-39       | 5254                     | 0.0897         | 0.12026816    | 632    |
| 40-44       | 4177                     | 0.03864        | 0.05180782    | 216    |
| 45-49       | 3408                     | 0.00458        | 0.00614078    | 21     |
| sum         |                          |                |               | 8134   |

Appendix 5

Computed expected deaths for three districts of eastern Kenya using national age specific death rate as standard and registered deaths 2007

|           | ASDR/1000                   | popn Embu |                    | popn Mbeere |                    | Meru South |                    |
|-----------|-----------------------------|-----------|--------------------|-------------|--------------------|------------|--------------------|
| age group | Standard<br>(national ASDR) | total     | expected<br>deaths | total       | expected<br>deaths | total      | expected<br>deaths |
| a)        | Mi                          | Ni(ebu)   | Mi*Ni(ebu)         |             | Mi*Ni(Mbe)         |            | Mi*Ni(MS)          |
| 0-4       | 27.1                        | 36135     | 979                | 23228       | 629                | 25333      | 687                |
| 5-9       | 5.1                         | 41547     | 212                | 26703       | 136                | 29125      | 149                |
| 10-14     | 2.45                        | 45223     | 111                | 29065       | 71                 | 31702      | 78                 |
| 15-19     | 3.2                         | 40220     | 129                | 25865       | 83                 | 28203      | 90                 |
| 20-24     | 6.5                         | 28712     | 187                | 18504       | 120                | 20157      | 131                |
| 25-29     | 12.8                        | 22834     | 292                | 14727       | 189                | 16037      | 205                |
| 30-34     | 18.5                        | 18299     | 339                | 11796       | 218                | 12849      | 238                |
| 35-39     | 23.7                        | 14929     | 354                | 9622        | 228                | 10481      | 248                |
| 40-44     | 24.6                        | 12197     | 300                | 7854        | 193                | 8559       | 211                |
| 45-49     | 20.9                        | 9971      | 208                | 6420        | 134                | 6996       | 146                |
| 50-54     | 21.6                        | 8017      | 173                | 5166        | 112                | 5628       | 122                |
| 54-59     | 26.8                        | 6322      | 169                | 4074        | 109                | 4438       | 119                |
| 60-64     | 31.8                        | 4409      | 140                | 2840        | 90                 | 3094       | 98                 |
| 65-69     | 41.3                        | 3677      | 152                | 2369        | 98                 | 2581       | 107                |
| 70-74     | 59.2                        | 3359      | 199                | 2166        | 128                | 2359       | 140                |
| 75-79     | 87.3                        | 3456      | 302                | 2232        | 195                | 2429       | 212                |
| 80+       | 143.8                       | 5493      | 790                | 3540        | 509                | 3856       | 554                |
| TOTAL     |                             |           | 5035               |             | 3243               |            | 3534               |

Municipality reporting .....

(Municipality in which the report of birth is made)

Certificate number .....

(Under which the child is entered in the register of births in the municipality)

Legitimate birth or illegitimate birth

Marital status of the mother .....

Day month and year of report .....

Day month and year of birth .....

Religious denomination of the child .....

Nationality of the child .....

Municipality in which the child is entered in the population register..... *(If the child born belongs to the population of another country the name of the country should be mentioned)*

Obstetrical assistance

The medical practitioner:

(Name and Christian name)

.....

\*Was present at delivery

\*Attended after delivery and furnished assistance

The mid wife:

(Name and Christian name)

.....

\*Was present at delivery

\*Attended after delivery and furnished assistance

\*Delivery occurred without qualified obstetrical assistance *(in this case the reason for the absence of such assistance should be briefly stated)*

Name of hospital or clinic .....

The child is

\*A single birth

\*One of multiple births consisting of .....boys and ....girls reported as live births (see certificate(s), no(s).....\*

Number of children ,reported as live births or as dead, born from the mother before the birth of the child now reported .....

Number of children ,reported as live births or as dead, born during the present marriage before the birth of the child now reported .....

Day month and year of the birth of the previous live born child from the present marriage ... ..

Day month and year on which the present marriage has been contracted ... ..

Information about

Father

Mother

Municipality where entered in the population register

Municipality of birth

Day month and year of birth

Religious denomination

Occupation

Occupation status

Employer

employee

Employer

employee

Adapted from Brekel 1977(ANNEX 5: Enumeration card for a live birth)

\* Strike out if not applicable

Appendix5.

Form C3 (male infant)

English translation of Enumeration card for an infant reported as dead: Netherlands

Form C4 (female infant)

- Aa . Municipality reporting .....
- Ab. Certificate number .....
- (Under which the infant is entered in the register of death of the municipality)
- Ac. Legitimate birth or illegitimate birth
- Marital status of the mother
- Ad. Day month and year of report .....
- Ae. Day month and year of birth .....
- Ca. Municipality in which the mother is entered in the population register.....
- 
- Ai. Obstetrical assistance
- The medical practitioner:
- |                           |   |
|---------------------------|---|
| (Name and Christian name) | *Was present at delivery                          |
| .....                     | *Attended after delivery and furnished assistance |
- b. The mid wife:
- |                           |   |
|---------------------------|---|
| (Name and Christian name) | *Was present at delivery                          |
| .....                     | *Attended after delivery and furnished assistance |
- \*Delivery occurred without qualified obstetrical assistance (in this case the reason for the absence of such assistance should be briefly stated)
- Aj. Name of hospital or clinic .....
- Cb. The infant is
- \*Still born
- \*Born alive
- Ak. The infant is
- \*A single birth
- \*One of multiple births consisting of .....boys and ....girls reported as live births (see certificate(s), no(s).....
- Al. Number of children ,reported as live births or as dead, born from the mother before the birth of the child now reported .....
- Am. Number of children ,reported as live births or as dead, born during the present marriage before the birth of the child now reported .....
- An. Day month and year of the birth of the previous live born child from the present marriage ... ..
- Ao. Day, month and year on which the present marriage has been contracted ... ..

Information about

Father

Mother

Ap. Municipality where entered in the population register

Aq. Municipality of birth

Ar. Day month and year of birth

As. Religious denomination

At. Occupation

Au. Occupation status

\*Employer

\*Employer

\*employee

\*employee

Adapted from Brekel 1977(ANNEX 6: Enumeration card for an infant reported as dead)

Appendix 6

C2. Enumeration card for a person who has died in the municipality and for whom no personal card has been received at the time when the notification of death is forwarded or for whom no personal card exists: Netherlands

Sex .....male/female  
Municipality of death .....  
Certificate number .....  
Day month and year of birth .....  
Day month and year of death .....  
Municipality of residence .....

Adapted from Brekel 1977(ANNEX 7): Enumeration card for who has died in the municipality and for whom no personal card has been received at the time when the notification of death is forwarded or for whom no personal card exists.



## Appendix 7

Confidential death certificate by virtue of articles 5 and 6 of the act of 1<sup>st</sup> June 1865, statute book 60: Netherlands

Intended for the medical officer for the central bureau of statistics, The Hague

|   |   |
|---|---|
| Municipality of death                         | .....   |
| Place of death                                | * in /not in hospital (including sanatorium ,lunatic asylum etc)  |
| Post mortal examination                       | Autopsy : taken place /will follow/will not take place<br>In order to verify the diagnosis no/the following other examinations are or have been made (e.g. materials operations, histological of bacteriological examination, grow test).....   |
| Deceased                                      |   |
| Sex   | *Male /female   |
| Age   | Under 7 days<br>Born on .....at .....<br>(Date ) (time)<br>Died on .....at .....<br>(Date) (time)<br>Pregnancy duration .....<br>(weeks)<br>Birth weight .....<br>(grams)<br>Length of foetus .....<br>(centimetres)<br>7 days -2 months: .....<br>(days )<br>2 months to 1 year: .....<br>(Months)<br>1 Year and over: .....<br>(Years ) |
| Number of children born of the deceased woman | *<br>.....Live born children<br>.....still born children  |

Appendix 7 continued ...  
Approximate interval  
between beginning of the  
disease and death

. Natural death

a. decease ,directly leading to death

and c . disease which has led to the cause of death stated under a(in case of more diseases , state the underlying cause last

1a.....  
as a consequence of /due to  
1b .....  
As a consequence of /due to  
1c.....

secondary disease and other particular still existing at death and contributing to the death but not related to the

2.

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disease named under 1a-1c

Violent death (for natural and still born resp. see D,F

Cause

<sup>2</sup> Suicide /manslaughter accident

way in which and circumstances under which resp. the violent death happened of the lethal injury was caused

.....(e.g. rider of a motor cycle hit by automobile , fall from stairs , thrown overboard by collision ; electric shock during vacuum cleaning ,during digging struck by falling earth ,etc )

Nature of the injury

.....(e.g. fracture of base skull, crushed chest ,etc )

in case of accident ,place of occurrence

.....(e.g. at home ,in industrial place , on street , on board , on land , on the beach ,etc

Still born

(For natural death and violent death see D .E. resp)

Sex

\* male / female

Duration of Pregnancy

.....( weeks)

Cause of death

.....

Complication during pregnancy and delivery

.....

Definition of still born : By still born is understood a product of conception having shown no symptoms of life (respiration , heart –action , muscular –contraction ) after the expulsion.

Remarks ( Mention here any particulars not yet given under D, such as localisation and nature of tumours (benign and malignant resp.), indication for operation, etc and other explanations ,necessary or valuable for the classification of the cause of death in accordance with the international list

(translation in Dutch as forwarded to you by the chief medical office )

NB. If this confidential death certificate has been issued by the municipality coroner , mention the name of the medical attendant

Name of the physician: .....

Certifying in the function of: .....

\*Medical attendant

\* Municipal coroner

Name .....

Physician designated by the officer of the Court Of Justices

Place of settlement: .....

Appendix

7

continued...

Explanation

To D, When completing the form state in those cases of natural death, where there is more than one cause of death, under 1a the disease having directly led to death and under 1b and 1c the disease which have led to the cause of death mentioned under 1a, stating at the end (under 1c) the primary cause of which the subsequent course of the disease was the result (see examples).

Avoid using insignificant terms, which merely give an indication as to symptoms (e.g. cardiac asthma, cardiac insufficiency, uraemia, paralysis etc) but always give accurate and complete description (see example 4). See also G. Remarks

Example 1

Example 2

- a. pulmonary embolism
- b. operation for pancreatitis

- 1. Bronchopneumonia
- chronic myocarditis
- Influenza

Myocardial degeneration

2.Chronic rheumatoid arthritis

Example 3

Example 4

- 1. Volvulus

- 1. a Uraemia

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<sup>2</sup> Strike if not applicable

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Chronic constipation  
Congenital mega colon  
2. Stone in Kidney

Retention of Urine  
Hyperplasia of prostate  
2. Diabetes mellitus

Appendix 8

In-Depth Interview guides

Compilation: statistics Netherlands (receipt and processing of data

Control of receipt of statistical reports

Editing and action on errors, omissions and inconsistencies

Presentation of data

**Analysis**

Estimating geographical and population coverage

Estimating level of accuracy

Dealing with delayed registration

Dealing with confidentiality requirements

What makes this statistical process work well?

Challenges in production of data by civil registration and way out?

**Dissemination**

Timelines of dissemination

Format of data dissemination

Challenges and way out?

**Management of population statistics**

**Interviews at statistics Netherlands**

Description of the relationship between the legal and statistical function of population register the role of statistics Netherlands

Duties and responsibilities of agencies

Communication and coordination of key agencies

Data Quality control mechanisms to ensure completeness, accuracy and timeliness

Availability of data to other users

- 1 Overall government support and commitment
- 2 Challenges of management and operation of population register

*Civil Registration and Demographic Data: A Comparative Study of Context, System and Data Output In Kenya and the Netherlands*

Appendix 9: Letter of request for in-depth interviews at statistics Netherlands

Mr. Joop Garssen

Re: Request for in-depth interview on civil registration in Netherlands

Dear Sir,

My name is Nancy Wanjiku Kariuki. I work for the Kenya Civil Service in the Ministry of Migration and Registration of Persons, in the Department of Civil Registration. Currently I am enrolled as a student of the Master in Population Studies at the University of Groningen. In my master thesis, I have elected to do a comparative analysis of civil registration method of demographic data production between the Netherlands and Kenya. In this master thesis, Professor Leo Van Wissen and Dr. Fanny Janssen are my supervisors and they have suggested you as a valuable contact for my data collection. I am interested in a deeper understanding of collection, compilation and analysis of births, deaths and migration data.

The government of Kenya has developed a policy proposal that seeks to realize an effective affordable and sustainable civil registration that will fulfill both legal and demographic purpose. Nudged by these ongoing efforts, I have chosen to base my master thesis on what an effective affordable civil registration method should be like. In my comparative study, I wish to;

1. Illustrate the prevailing state of civil registration in Kenya and the Netherlands ,
2. Explain the background and immediate factors that are associated with the prevailing state of civil registration
3. Draw out theoretically and practically founded suggestions towards an affective, affordable and sustainable civil registration method.

This study will use data from existing literature on civil registration from both Kenya and the Netherlands. To get a deeper understanding of the structure of civil registration in the Netherlands I wish to hold in-depth interviews with key knowledgeable persons involved in its operations and management (both at Statistics Netherlands and at the Municipality of Groningen). Specifically I wish to obtain from the interview;

1. Enforcement of the legal framework of civil registration and ensuring universal compliance.
2. How the relationship among the key agencies is sustained
3. Management of the effect of delayed registration on data output.
4. How to sustain completeness, accuracy and timeliness while maintaining confidentiality of individual records.
5. I also wish to use some data on births, deaths and migration for 2004, and, using the local criteria, to test for completeness, accuracy, timeliness and availability.

According to my data collection plan, I would hope to do the interviews and descriptive statistics at Statistics Netherlands from 10<sup>th</sup> to 13<sup>th</sup> June 2008. Would that fit you?

Please find attached specific areas of Births, deaths and migration data that are of interest to my study

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