

APRIL 2020

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# Digital Birth Registration in Kenya

Takeda

Submitted as part of Access Accelerated

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The information in this report has been submitted by the company concerned to the Access Observatory at Boston University. The information will be updated regularly. For more information about the Observatory go to [www.accessobservatory.org](http://www.accessobservatory.org)

The information contained in this report is in the public domain and should be cited as: Takeda, Digital Birth Registration in Kenya (2020), Access Observatory Boston, US 2020 (online) available from [www.accessobservatory.org](http://www.accessobservatory.org)

# Program Description

# Program Overview

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## 1 Program Name

Digital Birth Registration in Kenya

## 2 Diseases program aims to address

- Other non-NCD: Maternal and child health

## 3 Beneficiary population

- Age Group: Children under 5 years
- Special Populations: General population, Rural population

## 4 Countries

- Kenya

## 5 Program start date

October 1, 2016

## 6 Anticipated program completion date

August 30, 2019

## 7 Contact person

Philip Towle (Philip.Towle@takeda.com)

## 8 Program summary

Birth certificates are a basic requirement for access not only to healthcare but also for school enrollment and legal protection, and birth registration helps provide the government with more complete population statistics and records for healthcare planning and management. Takeda has partnered with Plan International to introduce a digital birth registration system in rural Kenya.

Specifically, the program trains health facility staff and community health volunteers on increasing awareness among caregivers about birth registration, and running birth registration drives for unregistered people in selected areas in Kwale County, Kenya. The births are registered using the MCC digital model developed by Swedish NGO Shifo Foundation.

The MCC model captures a number of data points that can be applied to patient management (in particular for prompting regular medical check-ups), reducing administrative burdens, improving transparency and accountability, and increasing the quality and timeliness of health services, as well as informing health policy.

# Program Strategies & Activities

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## 9 Strategies and activities

### Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Technology	Implementing MCC model for digital birth registration in Kenya.
Mobilization	Birth registration drives for for unregistered people.
Training	Training health workers to check whether or not caregivers have registered the births of their child or children,

## 10 Strategy by country

[No response provided]

# Companies, Partners & Stakeholders

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## 11 Company roles

COMPANY	ROLE
Takeda	Planning, monitoring, and evaluating the program in partnership with Plan International Japan, and funding the program.

## 12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Plan International	Developing and managing the program, monitoring progress and reporting. <a href="https://www.plan-international.jp/english/">https://www.plan-international.jp/english/</a>	Voluntary

## 13 Funding and implementing partners by country

[No response provided]

## 14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT
Government	Kenyan Ministry of Health on training to health facility staff and community health volunteers, and Civil Registration Services on carrying out birth registration drives for unregistered people.
Non-government organization (NGO)	Shifo Foundation (Swedish-based NGO) on designing, developing, testing, and rolling out the MCC birth registration system in Kenya.

# Local Context, Equity & Sustainability

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## 15 Local health needs addressed by program

This program addresses low birth registration rates in rural areas of Kenya. While presentation of birth certificates is not generally required by doctors and hospitals prior to treatment in Kenya, this program addresses the healthcare planning and management issues that stem from incomplete population data and lack of identification in way that should ultimately improve access.

The reason for low birth registration rates in areas such as Kwale County is distance to the nearest civil registration office, transport costs, the multiple trips needed (one to file an application, another to collect the certificate), processing time (often a few months), and lack of awareness of the importance of registering births.

### a How needs were assessed

[No response provided]

### b Formal needs assessment conducted

[No response provided]

## 16 Social inequity addressed

This program addresses social inequity by supporting access to health care, education, and legal protection.

Birth registration provides formal recognition by a state of a child's birth and it is a permanent and official record of a child's existence (UNICEF, 2013). The right to birth registration is enshrined in the United Nations Convention on the Rights of the Child, which states that "every child shall be registered immediately after birth and shall have the right from birth to a name and a nationality". More recently the importance of this right has been recognized in Sustainable Development Goals 16.9, which aims to "provide legal identity to all, including birth registration by 2030."

# Local Context, Equity & Sustainability

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## 17 Local policies, practices, and laws considered during program design

Kenyan law requires that children be registered within six months of their birth, but registration rates are low, especially in rural areas. This program applies the MCC model of birth registration for developing countries which is both efficient and cost effective for the government and convenient for Kenyan citizens living in rural areas to access.

## 18 How diversion of resources from other public health priorities are avoided

[No response provided]

## 19 Program provides health technologies (medical devices, medicines, and vaccines)

[No response provided]

## 20 Health technology(ies) are part of local standard treatment guidelines

N/A

## 21 Health technologies are covered by local health insurance schemes

N/A

## 22 Program provides medicines listed on the National Essential Medicines List

N/A

## 23 Sustainability plan

This program aims to achieve sustainability by encouraging the government to take ownership of and gradually expand the MCC model across Kwale Country, and by raising awareness of birth registration and its importance among the general public.

The program will provide several opportunities for government officials and health clinic staff to visit the project site to exchange views and information on progress, issues, and outcomes. The program will also help the government develop an action plan to expand the MCC model across the county.

The program will train health workers so that they can check whether or not caregivers have registered the birth of their child or children, and if not, encourage them and provide them with the information they need to do so.



# Additional Program Information

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24 Additional program information

[No response provided]

a Potential conflict of interest discussed with government entity

[No response provided]

25 Access Accelerated Initiative participant

Yes

26 International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership

Yes

# Program Indicators

Not yet available for this program.

# Appendix

This program report is based on the information gathered from the Access Observatory questionnaire below.

## Program Description

### PROGRAM OVERVIEW

#### 1 Program Name

#### 2 Diseases program aims to address:

Please identify the disease(s) that your program aims to address (select all that apply).

#### 3 Beneficiary population

Please identify the beneficiary population of this program (select all that apply).

#### 4 Countries

Please select all countries that this program is being implemented in (select all that apply).

#### 5 Program Start Date

#### 6 Anticipated Program Completion Date

#### 7 Contact person

On the public profile for this program, if you would like to display a contact person for this program, please list the name and email address here (i.e. someone from the public could email with questions about this program profile and data).

#### 8 Program summary

Please provide a brief summary of your program including program objectives (e.g., the intended purposes and expected results of the program; if a pilot program, please note this). Please provide a URL, if available. Please limit replies to 750 words.

### PROGRAM STRATEGIES & ACTIVITIES

#### 9 Strategies and activities

Based on the BUSPH Taxonomy of Strategies, which strategy or strategies apply to your program (please select all that apply)?

#### 10 Strategy by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g. some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have you selected from above (program strategies), please identify which country/countries these apply.

### COMPANIES, PARTNERS AND STAKEHOLDERS

#### 11 Company roles

Please identify all pharmaceutical companies, including yours, who are collaborating on this program:

What role does each company play in the implementation of your program?

#### 12 Funding and implementing partners

Please identify all funding and implementing partners who are supporting the implementation of this program (Implementing partners is defined as either an associate government or non-government entity or agency that supplements the works of a larger organization or agency by helping to carry out institutional arrangements in line with the larger organization's goals and objectives.)

a. What role does each partner play in the implementation of your program? Please give background on the organization and describe the nature of the relationship between the organization and your company. Describe the local team's responsibilities for the program, with reference to the program strategies and activities. (response required for each partner selected).

b. For each partner, please categorize them as either a Public Sector, Private Sector, or Voluntary Sector partner. (Public Sector is defined as government; Private Sector is defined

as a business unit established, owned, and operated by private individuals for profit, instead of by or for any government or its agencies. Generation and return of profit to its owners or shareholders is emphasized; Voluntary Sector is defined as Organizations whose purpose is to benefit and enrich society, often without profit as a motive and with little or no government intervention. Unlike the private sector where the generation and return of profit to its owners is emphasized, money raised or earned by an organization in the voluntary sector is usually invested back into the community or the organization itself (ex. Charities, foundations, advocacy groups etc.)

c. Please provide the URL to the partner organizations' webpages

### 13 Funding and implementing partners by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g., some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have selected from above (funding and implementing partners), please identify which country/countries these apply.

### 14 Stakeholders

Please describe how you have engaged with any of these local stakeholders in the planning and/or implementation of this program. (Stakeholders defined as individuals or entities who are involved in or affected by the execution or outcome of a project and may have influence and authority to dictate whether a project is a success or not (ex. Ministry of Health, NGO, Faith-based organization, etc.). Select all that apply.

- Government, please explain
- Non-Government Organization (NGO), please explain
- Faith-based organization, please explain
- Commercial sector, please explain
- Local hospitals/health facilities, please explain
- Local universities, please explain
- Other, please explain

## LOCAL CONTEXT, EQUITY & SUSTAINABILITY

### 15 Local health needs addressed by program

Please describe how your program is responsive to local health needs and challenges (e.g., how you decided and worked together with local partners to determine that this program was appropriate for this context)?

### a How were needs assessed

### b Was a formal need assessment conducted

(Yes/No) If yes, please upload file or provide URL.

### 16 Social inequity addressed

Does your program aim to address social inequity in any way (if yes, please explain). (Inequity is defined as lack of fairness or justice. Sometime 'social disparities,' 'structural barriers' and 'oppression and discrimination' are used to describe the same phenomenon. In social sciences and public health social inequities refer to the systematic lack of fairness or justice related to gender, ethnicity, geographical location and religion. These unequal social relations and structures of power operate to produce experiences of inequitable health outcomes, treatment and access to care. Health and social programs are often designed with the aim to address the lack of fairness and adjust for these systematic failures of systems or policies.\*)

\*Reference: The definition was adapted from Ingram R et al. Social Inequities and Mental Health: A Scoping Review. Vancouver: Study for Gender Inequities and Mental Health, 2013.

### 17 Local policies, practices, and laws considered during program design

How have local policies, practices, and laws (e.g., infrastructure development regulations, education requirements, etc.) been taken into consideration when designing the program?

### 18 How diversion of resources from other public health priorities are avoided

Please explain how the program avoids diverting resources away from other public health priorities? (e.g. local human resources involved in program implementation diverted from other programs or activities).

### 19 Program provides health technologies

Does your program include health technologies (health technologies include medical devices, medicines, and vaccines developed to solve a health problem and improve quality of lives)? (Yes/No)

### 20 Health technology(ies) are part of local standard treatment guidelines

Are the health technology(ies) which are part of your program part of local standard treatment guidelines? (Yes/No) If not, what was the local need for these technologies?

**21** Health technologies are covered by local health insurance schemes

Does your program include health technologies that are covered by local health insurance schemes? (Yes/No) If not, what are the local needs for these technologies?

**22** Program provides medicines listed on the National Essential Medicines List

Does your program include medicines that are listed on the National Essential Medicines List? (Yes/No) If not, what was the local need for these technologies?

**23** Sustainability plan

If applicable, please describe how you have planned for sustainability of the implementation of your program (ex. Creating a transition plan from your company to the local government during the development of the program).

### ADDITIONAL PROGRAM INFORMATION

**24** Additional program information

Is there any additional information that you would like to add about your program that has not been collected in other sections of the form?

**a** Potential conflict of interest discussed with government entity

Have you discussed with governmental entity potential conflicts of interest between the social aims of your program and your business activities? (Yes/No) If yes, please provide more details and the name of the government entity.

**25** Access Accelerated Initiative participant

Is this program part of the Access Accelerated Initiative? (Yes/No)

**26** International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership

Is your company a member of the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)? (Yes/No)

## Program Indicators

### INDICATOR DESCRIPTION

**27** List of indicator data to be reported into Access Observatory database

For this program, activities, please select all inputs and impacts for which you plan to collect and report data into this database.

**28** Data source

For this indicator, please select the data source(s) you will rely on.

**29** Frequency of reporting

Indicate the frequency with which data for this indicator can be submitted to the Observatory.

**30** Data collection

- Responsible party: For this indicator, please indicate the party/parties responsible for data collection.
- Data collection — Description: Please briefly describe the data source and collection procedure in detail.
- Data collection — Frequency: For this indicator, please indicate the frequency of data collection.

**31** Data processing

- Responsible party: Please indicate all parties that conduct any processing of this data.
- Data processing— Description: Please briefly describe all processing procedures the data go through. Be explicit in describing the procedures, who enacts them, and the frequency of processing.
- Data processing — Frequency: What is the frequency with which this data is processed?

**32** Data validation

Description: Describe the process (if any) your company uses to validate the quality of the data sent from the local team.

**33** Challenges in data collection and steps to address challenges

Please indicate any challenges that you have in collecting data for this indicator and what you are doing to address those challenges.

