Template for assessment

Component A(Legal basis and resources for civil registration)

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
A1 – National legal framework for civil registration and vital statistics systems;								
A1.1 Does the country have a law defining a civil registration system?	No specific law defining civil registration system but there's some laws including Family law which states (Marriage and Divorce contract certificate should be registered by the Ministry of Justice and Religious Affairs • The family law which states (mother and child care) • National principles of the justice for children which states the rights for the children including(Child birth registration)	To develop a legal framework for the civil registration system	• Hiring a legal experts • Desk review and analysis of the existing national policy, legislation and laws civil registration/Consultation with the national and regional legislation bodies and other stakeholders • **Developing draft civil registration act** • **Validation for the civil registration act** • **Lobbying for the line ministries and Parliamentarian committee** • **Approval for council of ministries**	July 2015-July-2016	Lead: Ministry of justice Ministry of planning Ministry of Health Ministry Interior Ministry of security Local government	• Legal experts • Admin/finance • Officers for the district level and regional • Date registration	• Orientation workshops on new civil registration act • To train date collection processes	$500,000 To whole Somalia

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsi bility	Resource requirement		
						HR	Training	Funds
	• Islamic law which states the rights of the children		• Passed and approval by the parliamentarian • Dissemination and implementation					
A1.2 Does the country have a law defining a vital statistics system?	N/A							
A1.3 Does the law clearly state that birth and death registration is compulsory?	N/A							
A1.4 Is there a penalty for non-registration of: n births? n deaths?	N/A							
A1.5 If yes, please indicate the nature of the	N/A							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsi bility	Resource requirement		
						HR	Training	Funds
penalty. If there is a N/Afinancial penalty, specify the current amount.								
A1.6 Is the penalty routinely applied?	N/A							
A1.7 Does the birth registration law give clear and unambiguous definitions to be used for: n live birth? n fetal death or stillbirth?	N/A							
A1.8 Are these definitions aligned with the international standards in the Glossary?	N/A							
A1.9 Is it stated in law who is responsible for registering births or deaths and who should	N/A							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsi bility	Resource requirement		
						HR	Training	Funds
declare or report births or deaths?								
A1.10 If yes, provide details of all possible informants.	N/A							
A1.11 Is there a law or regulation requiring hospitals and health facilities to report births and deaths? If so, to what authorities do they report the births and deaths?	N/A							
A1.12 If yes, to what authorities do they report the births and deaths?	N/A							
A1.13 Does the law or regulation cover the private sector? Does the law or regulation also include social security and other nongovernmental facilities?	N/A							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsi bility	Resource requirement		
						HR	Training	Funds
A1.14 Does the law state the time within which births and deaths should be registered?	N/A							
A1.15 If yes, how long is the reporting period?	N/A							
A1.16 Is the reporting period suitable and is it respected throughout the country?	N/A							
A1.17 Does the law make provision for: n late registration? n delayed registration?								
A1.18 Are there clear procedures for dealing with these cases?	N/A							
A1.19 Is it stated where births or deaths should be registered; for	N/A							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsi bility	Resource requirement		
						HR	Training	Funds
example, according to place of occurrence or place of usual residence?								
A1.20 Does the law clearly designate the functions, duties and responsibilities of each government department involved?								
A1.21 Does the law establish how the civil registration and vital statistics systems are to be funded?	N/A							
A1.22 Does the law stipulate that registration should be free of charge for all?	N/A							
A1.23 If registration is not free, what is the	N/A							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsi bility	Resource requirement		
						HR	Training	Funds
fee to register: n a birth? n a death?								
A1.24 Is the population covered by civil registration laws clearly defined? Is it, for example: n the entire population living in the country? n only citizens living in the country? n some other subsets of the population?	N/A							
A1.25 What does the law require in relation to registering births and deaths of citizens living abroad?	N/A							
A1.26 What does the law require in relation to registration of births and deaths	N/A							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsi bility	Resource requirement		
						HR	Training	Funds
of: n foreign nationals living in the country? n nomadic or displaced populations? n refugees and asylum seekers?								
A1.27 Does the law include confidentiality measures to protect individuals?								
A1.28 Is it specified who can obtain copies of a person's birth and death certificates?	N/A							
A1.29 Does the law state who can certify death and the cause of death?	N/A							
A1.30 Does the law specify the official document(s) needed before a	N/A							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsi bility	Resource requirement		
						HR	Training	Funds
burial or cremation can take place?								
Subcomponent A2: Registration infrastructure and resources Supporting								
A2.1 What is the annual national operating budget for civil registration?	N/A							
A2.2 Can this budget be separately identified at state and municipal levels? Can the budgets for national, state and municipal levels be separately identified?	N/A							
A2.3 Are these funds adequate to ensure the proper functioning of the system?	N/A							
A2.4 Where would additional funding	N/A							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsi bility	Resource requirement		
						HR	Training	Funds
be likely to make the most difference?								
A2.5 How many local civil registrars does the country currently have?	500 sheikhs under ministry of religious affairs and awqaf and 200 Qadi under ministry of justice SCZ are allowed to license of Contracts of marriage registration of in addition a pilot project trained only 40 Qadi but there are more than 1500 are not trained in whole puntland available in some regions							
A2.6 Are they paid by: n central government? n local government? n fee-for-service? n other source?	No paid and fee for service							
A2.7 Are there local variations in	N/A							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
the way, and amounts, that registrars are paid? Explain these variations.								
A2.8 Are the number and distribution of local civil registration offices or registration points sufficient to cover the whole country?								
A2.9 Are there subsidiary reporting or registration units, such as hospitals or village officials, with registration duties?	N/A							
A2.10 Is there access to registration 24 hours a day, 7 days a week?	N/A							
A2.11 Are mobile	N/A	100 mobile units as						

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
registration facilities operational in remote or underserved areas?		pilot for whole Somalia for provision of ID and campaign birth registration in addition trainings and operation costs						$5000,000
A2.12 If yes, how many? Is the number of mobile registration services sufficient?	N/A							
A2.13 Is there a separate budget for registration outreach?	N/A							
A2.14 Is there a national plan for achieving complete coverage of the country with registration offices or registration points?	N/A							
A2.15 Over what period does this plan extend?	N/A							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
A2.16 For each type of civil registration point, describe the technical equipment available in all or Most offices; for example, telephones, photocopiers, scanners, computers and internet.	N/A							
A2.17 How are civil registrars selected?	No criteria is available	To develop of selection criteria	Hiring for the local expert	August 2016	Ministry of interior Ministry of Health Ministry of justice Religion	Experts	N/A	See the Above budget
A2.18 What qualifications do civil registrars need?	Secondary level and diploma		Develop ToR Advertisement Hiring for the staffs Training for the staffs	September-2016	Ministry of interior Ministry of Health Ministry of justice Religion Ministry of planning	Data registers Data registers	• To train date collection processes	See the above budget

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsi bility	Resource requirement		
						HR	Training	Funds
A2.19 Is there a budget for training civil registrars and staff involved in registration?	N/A							
A2.20 Is there a budget for preparing and disseminating written training materials, such as handbooks on civil registration?	N/A							
A2.21 What is the current budget for the vital statistics unit? (If more than one office is involved, estimate a figure that covers all the vital statistics being compiled, including cause of death data.)	N/A							

Group A

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Template for assessment

Component B (Registration practices, coverage and completeness)

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
B1 – Organization and functioning of the civil registration and vital statistics systems;								
B1.1 What are the organizational and administrative arrangements of the civil registration and Vital statistics systems (reviewed using the prepared diagrams)?	There is no civil registration system office or department in Somalia, there is M&E department in the ministry of security but the ministry is responsible for providing the visa authorization and collect death cases caused by accidents suicide, explosions and any death caused by a crime. Passport and ID is issued by the municipalities. Also population registration department started operation in Mogadishu in july 2014.	Establishment of Vital registration system that covers all parts in Somalia. i	1. Establishment of data base at district level which may be aggregated to central according to the administrative level structure in place , these data bases will be placed at the municipalities as the first step. 2. Information on birth and death will be notified by the nabdoons at village level,Nomadic and towns. 3. Notification at health	April – august 2015	ministry of health Ministry of interior Ministry of Justice .	Hiring lawyers. (2 lawyers)	$30,000,000 million at least	$24,000

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
			facility level will be done by Health facilities staff. 4. Government will provide legel status for nabdoons and somalia ID cards 5. Nabadon/village heads will be responsible the distribution of birth registration and death certificates after certification also training nabdons and village heads 6. Provide logistic support in the form office space / computers/printers/scanners/ mobile phones/ for the functioning CRVS office. 7. Develop in coordination with telecommunication					

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
			companies the mobile registration system, Mobile car for ID, and Mobile car for Birth certificates. 8. Create data base for Non Somalia population from UNHCR data base					
B1.2 What have been the main changes in the functioning of the systems over the last 10 years?	in JULY 2014 Municipality of Mogadishu, department of Anagraph under the ministry of interior started giving out birth certificate and confirmation letter 20,000 Birth certificates issued up to Feb in 2015 in punt land started 2013 to issue Birth certificates for passport and IDs. there is no CRS in the last 10 years	Establishment of Vital registration system that covers all parts in Somalia.	Establishment of CRS office	August 2015	Ministry of interior and MOPIC	300 CVR staff	collection organizing processing and analyzing Vital statistics data training	$80,000
B1.3 How have these changes	there is an increasing awareness of establishing	Improve the awareness and	using media channels and other source of media to raise	Se	All the stakehold			

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
affected functioning of the system or systems?	VRS	sanitization.	awareness of the people	ptember 2015	ers.			
B1.4 What areas need improvement?	Infrastructure, equipment and capacity building.	infrastructure and capacity improvement	Central and district VRS offices.	august 2015	Ministry of interior/ MOPIC and MOH	150 staff	training on data collection and management	$45,000 per month
B1.5 What are the	There is a very poor	Steering	Establishment of the steering	M	All the	10 members	-advocacy	$3000

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
current communication mechanisms between the civil registration authority and others involved in the collection and production of vital statistics?	communication between the agencies doing data collecting and MOPIC which has the mandate of statistical production.	committee to enhance the communication mechanism.	committee chaired by MOPIC Director of statistics.	a y 2 0 1 5	stakeholders.	from the all stakeholder.	and Communication skills. sensitization and awareness campaigning	per month
B1.6 Are there any areas where the responsibilities for specific functions overlap or are unclear?	There is no single source of information (e.g if the person's cause of death is car accident for instance and referred to the hospital the ministry of security collects basic information related to the diseased person and the hospital collects the information for their own purpose without sharing the information with the	unify the source of information in order to improve the accuracy of the data	A clear role for every agency.	a u g u s t 2 0 1 5	MOJRAR and MOPIC	N/A	N/A	

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
	ministry of security.							
B1.7 Are national, state or provincial and local responsibilities clearly defined?	there are some mechanisms and responsibilities defined especially in MOH and MOI	improve the hierarchical structure and functional system in data collection system	review the current hierarchical system in the line ministries	September 2015	MOPIC	2 persons		$5000
B1.8 Are there any areas where bottleneck regularly occur?	N/A							
B1.9 Review in detail the country's practices for birth and	There is no systematic and a continuous Birth and death registration practices.	Create systematic and a continuous Birth and death	Assigning committee to establish systematic and a continuous Birth and death registration practices.	May 2	MOH, MOJRAR MOPIC			

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
death registration. Which types of Births and deaths are likely to escape the civil registration system?	Remote areas and ill legitimate children those who die outside the country and those who die first year. Some hospitals keep registrations neonatal and prenatal birth	Nomadic		015				
B1.10 Are these types of births and deaths also missed by the vital statistics system?	N/A							
B1.11 Are there some vital events that cannot be registered through the normal system?	There are some vital events that the ministry of security unable to collect such as the accidents which occurs in the remote areas.	Improving the communication channels.	Strengthening the quality of district registration system.	August 201	MOH, MOJRAR	100 registrars	training on data collection and management	

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
				5				
B1.12 Are the same data on births and deaths collected across the country and at every level of the system (including state or provincial, national and local levels)?	N/A							
B1.13 Is there an entity responsible for national vital statistics standards and coordination?	N/A							
B1.14 Is cause of death included on the death registration form?	N/A							
B1.15 If not, is	N/A							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
information about the cause of death collected at the same time as the death is registered but using a different form? Also discuss what happens with coronial cases and deaths from suspected non-natural causes.								
B1.16 Who decides what details to collect on births and on causes of death?	Moh and Moi and statistical offices							
B1.17 How is medical information on births and deaths exchanged among	there is no medical information on births and deaths exchanged among the different government agencies i							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
the differe government agencies involved?								
B1.18 Is this process currently working well or does it need improvement?	It needs to be established.	Establishment of national coordinating committee at high level						
B1.19 Is there a national population register?	there is no a national population register							
B1.20 If so, how does information flow between the national population register and the civil registration system, and which government agency is	N/A							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
responsible for maintaining the national population register?								
B1.21 Is each individual assigned a PIN at birth registration or at the time of receiving identity papers, and is this PIN used throughout the government's administrative databases?	there is no a PIN assigned to each individual	In new system pin will be generated for each birth						
B1.22 If a PIN is not given, how are records from various data systems linked, and how is the population	there is no recording systems							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
register updated?								
B1.23 Are computers used at any stage of the birth and death registration process?	Only limited to birth registration for passport only							
B1.24 Are computers used for any or all of: n data compilation? n data transmission? n data validation? n data storage?	N/A							
B1.25 Are there any plans for further computerization in the near future.	Yes. The whole system will be computerize and data collection will be done using mobile phone registration system							
B1.26 If so, what are the priorities?	N/A							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
B1.27 What procedures for checking the completeness and consistency of information collected at points of registration are currently being carried out at the points of registration?	N/A							
B1.28 What procedures for checking completeness and consistency of information are carried out at central and other levels?	N/A							
B1.29 Are monthly or quarterly	N/A							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
registration data routinely checked to ensure that they are comparable with previous years?								
B1.30 At the central level, are the expected numbers of births and deaths that should occur each year routinely estimated for each registration area, and compared to the actual numbers of registered events?	N/A							
B2: Review of forms used for birth and death registration								
B2.1 Which of the UN-recommended	PL ministry of interior and ministry of interior in	strength the registration	Reviewing the form and editing where necessary.	A u	MOH, MOJRAR,	6 experts to review the		

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
items is collected on birth and death registration forms? Use Box 3.2 and tick off all items collected.	Mogadishu , people registration department started birth registration for all ages, information collected includes : Name of person, sex , name of parents, place and date of birth, place of current residence, occupation, marital status and address.	system		gust	MOI, MOPIC and MOS	forms		
B2.2 Which of the UN-recommended items that are not collected on the birth and death Registration forms would be useful?	order of the child, usual residence of the person and duration of marriage etc.	Improving the quality of the information.	Adding useful questions after the review.	August 2015	MOH, MOJRAR, MOI and MOPIC			
B2.3 What additional items	There are no additional items collected on the	Standardizing and improving	adding any necessary items pertained to the birth and death	Se	MOH, MOJRAR,			

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
are collected on the birth and death registration forms? List and discuss these items.	birth and death registration forms.	the registration forms.	information	ptember 2015	MOI and MOPIC			
B2.4 Are any medical details collected (either on the birth registration form or a separate form) regarding the health of the child or the birth process?	there are no medical details collected (either on the birth registration form or a separate form) regarding the health of the child or the birth process	Improving the quality of the information instruments in the health facilities. Weight of new born .any of abnormality type of dilever a brith attendant	Creating a detailed medical form in all health facilities.	August 2015	MOH	Nurses, midwives, skilled health workers.	Training the health works on how t fill and collect the information.	$50,000
B2.5 Review all	the ministry of interior and	To develop a	To establish a committee and	S	MOH,	committee	N/A	50,000

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
the forms used for registering and certifying births and deaths and answer the following questions for each set of forms: n Is all the information collected used? n How long does it take, on average, to fill out each set of forms? n Is the layout of the forms user-friendly? Explain why or why not. n Is the form available in each of the main national languages?	local municipalities issue birth certificates for the purpose of facilitating nationals to obtain the national ID or passport , on average it takes 20 minutes to fill the form, the form is a straight forward and every person can easily understand, the official language is Somali language in which every person can understand.	standardized form that keeps the time and covers all necessary information pertained to the CRS.	experts to develop and review the forms.	eptember 2015	MOJRAR, MOI and MOPIC	and experts		

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
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n Which items come from the "declarant" and which are transcribed from other documents; for example, is the cause of death transcribed from the death certification form?								
B3: Coverage and completeness of registration								
B3.1 What proportion of the population has access to civil registration in the area where they live?								
B3.2 Has access over time: n improved? If so, why?								

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
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n remained stable? If so, why? n decreased? If so, why?								
B3.3 If access has improved, what has led to the improvements?								
B3.4 How complete are the birth registration data (i.e. what is the percent completeness level)? Please indicate what method you used to estimate completeness.								
B3.5 How complete are the death registration data (i.e. what is								

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
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the percent completeness level)?								
B3.6 Has completeness over the last decade been: n improving? If so, why? n stable? If so, why? n decreasing? If so, why?								
B3.7 What subpopulations are most likely to be undercounted in vital registration? (Note: undercounting may be different for births and deaths.)								

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
B3.8 If only part of the country is covered (e.g. urban areas), have alternative ways of obtaining vital statistics for non-covered populations been considered or implemented; for example, a "sample registration system" (SRS) or a demographic surveillance system (DSS)?								
B3.9 What has been done in the last 10 years to increase: n birth registration?								

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
n death registration?								
B3.10 Is late registration tracked and monitored over time and at the subnational level?								
B3.11 Is late registration more common in some areas than others?								
B3.12 What proportion of registered births take place in health facilities?								
B3.13 What proportion of registered deaths take place in health facilities?								
B3.14 What								

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
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proportion of hospitals or other health facilities have registration officers on the premises?								
B3.15 Do midwives or other health personnel attending home births also report these births? If so, to whom?								
B3.16 Are reported births from such sources routinely compared with registered births?								
B3.17 What proportion of births take place in								

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
nongovernmental health facilities?								
B3.18 What proportion of deaths take place in nongovernmental health facilities?								
B3.19 Does registration involve any financial costs to the family or informant: n for births? n for deaths?								
B3.20 What social services or benefits are linked to birth registration?								
B3.21 What social services, insurance								

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
benefits or inheritance transfers are linked to death registration?								
B3.22 If the country uses identity cards, how does that system affect vital events registration?								
B3.23 What are the main obstacles to improving civil registration? For example: n lack of registrars or places to register; n lack of access to health facilities; n lack of knowledge about								

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
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the need to register births and deaths; n social stigma of illegitimate children; n cultural barriers; n financial barriers; n illiteracy; n shortage of physicians and midwives; n other obstacles (please specify).								
B3.24 When did the country last have a campaign to increase public awareness of the need to register vital events?								
B3.25 Were the								

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
results evaluated?								
B3.26 Is there a committee that regularly monitors and evaluates civil registration completeness?								
B4: Data storage and transmission								
B4.1 Do local registration offices record and store the collected information on births and deaths by: n registry books? n electronic files? n other (please specify)?								
B4.2 Are birth and death records filed by: n date of								

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
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registration? n name? n a numbering system or other numerical index? n other (please specify)?								
B4.3 What method of record backup is used and how frequently is this done?								
B4.4 How are birth and death records archived?								
B4.5 Have records ever been lost or destroyed?								
B4.6 How can the loss or destruction of records be avoided in the								

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
future?								
B4.7 Can individual birth or death records easily be retrieved if needed?								
B4.8 Have there been instances of fraudulent or multiple registrations?								
B4.9 What precautions are built into the system to avoid fraudulent or multiple registrations?								
B4.10 Using the flowcharts of data transmission prepared for birth and death records,								

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
explain where and how data are being consolidated before transmission.								
B4.11 Reflecting on the data-flowchart prepared, is there a fixed schedule for transferring data in a timely manner?								
B4.12 Is this schedule strictly adhered to?								
B4.13 Is this schedule routinely monitored by those receiving the data?								
B4.14 Are there								

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
procedures in place to deal with late or non-reporting from local civil registration offices?								
B4.15 If there are procedures in place, what are they?								
B4.16 Is the information on the birth and death registration forms kept confidential?								
B4.17 How is confidentiality maintained?								
B4.18 Who can access the data and for what								

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
purposes?								
B4.19 What checks are made on individual birth and death records to ensure that they are accurate and complete when transferred?								
B4.20 Are local registration offices routinely contacted for clarification about the statistics by the regional or central level?								
B4.21 If so, how frequently is clarification sought?								

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
B4.22 Is there two-way communication and data transfer between central and peripheral offices?								
B4.23 Do regional registration authorities routinely receive reports on how the characteristics of their populations compare with the national average?								

Template for assessment

Component B (Registration practices, coverage and completeness)

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
B1 – Organization and functioning of the civil registration and vital statistics systems;								
B1.1 What are the organizational and administrative arrangements of the civil registration and vital statistics systems (reviewed using the prepared diagrams)?								
B1.2 What have been the main changes in the functioning of the systems over the last 10 years?								
B1.3 How have these changes affected functioning of the system or systems?								
B1.4 What areas need improvement?								
B1.5 What are the current communication mechanisms between the civil registration authority and others involved in the collection and production of vital statistics?								
B1.6 Are there any areas where the responsibilities for specific functions overlap or are unclear?								
B1.7 Are national, state or provincial and local responsibilities clearly defined?								
B1.8 Are there any areas where bottlenecks regularly occur?								
B1.9 Review in detail the country's practices for birth and death registration. Which types of births and deaths are likely to escape the civil registration system?								
B1.10 Are these types of births and deaths also missed by the vital statistics system?								
B1.11 Are there some vital events that cannot be registered through the normal system?								
B1.12 Are the same data on births and deaths collected across								

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
the country and at every level of the system (including state or provincial, national and local levels)?								
B1.13 Is there an entity responsible for national vital statistics standards and coordination?								
B1.14 Is cause of death included on the death registration form?								
B1.15 If not, is information about the cause of death collected at the same time as the death is registered but using a different form? Also discuss what happens with coronial cases and deaths from suspected non-natural causes.								
B1.16 Who decides what details to collect on births and on causes of death?								
B1.17 How is medical information on births and deaths exchanged among the different government agencies involved?								
B1.18 Is this process currently working well or does it need improvement?								
B1.19 Is there a national population register?								
B1.20 If so, how does information flow between the national population register and the civil registration system, and which government agency is responsible for maintaining the national population register?								
B1.21 Is each individual assigned a PIN at birth registration or at the time of receiving identity papers, and is this PIN used throughout the government's administrative databases?								
B1.22 If a PIN is not given, how are records from various data systems linked, and how is the population register updated?								
B1.23 Are computers used at any stage of the birth and death								

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
registration process?								
B1.24 Are computers used for any or all of: n data compilation? n data transmission? n data validation? n data storage?								
B1.25 Are there any plans for further computerization in the near future.								
B1.26 If so, what are the priorities?								
B1.27 What procedures for checking the completeness and consistency of information collected at points of registration are currently being carried out at the points of registration?								
B1.28 What procedures for checking completeness and consistency of information are carried out at central and other levels?								
B1.29 Are monthly or quarterly registration data routinely checked to ensure that they are comparable with previous years?								
B1.30 At the central level, are the expected numbers of births and deaths that should occur each year routinely estimated for each registration area, and compared to the actual numbers of registered events?								
B2: Review of forms used for birth and death registration								
B2.1 Which of the UN-recommended items are collected on birth and death registration forms? Use Box 3.2 and tick off all items collected.								
B2.2 Which of the UN-recommended items that are not collected on the birth and death registration forms would be useful?								

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
B2.3 What additional items are collected on the birth and death registration forms? List and discuss these items.								
B2.4 Are any medical details collected (either on the birth registration form or a separate form) regarding the health of the child or the birth process?								
B2.5 Review all the forms used for registering and certifying births and deaths and answer the following questions for each set of forms: n Is all the information collected used? n How long does it take, on average, to fill out each set of forms? n Is the layout of the forms user-friendly? Explain why or why not. n Is the form available in each of the main national languages? n Which items come from the "declarant" and which are transcribed from other documents; for example, is the cause of death transcribed from the death certification form?								
B3: Coverage and completeness of registration								
B3.1 What proportion of the population has access to civil registration in the area where they live?	Around 25% access to the population for the all Somalia certificates and confirmation letter are issued and they are given to people of all ages not only new born	+ Creating central civil registration system. + Advocacy and social mobilization	+ Establishment of central registration from district level to state through regional level	5 years	MOI , MoH, Municipalities and community	Recruitment of Civil registration staff for 92 districts	Civil registration trainings Importance of vital health statistics Demographic study training Census	$1000,000

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
	.this office started operation in July 2014 municipality of Mogadishu , usually birth certificates and confirmation letter. And issued about 20,000 birth registration up to now As requirement for passport. But in Puntland minister of interior produce identity card through local government's ppln can access civil registration.		✚ In rural areas community elder (Nadadoon) of the clans need to be engaged to facilitate proper registration					
B3.2 Has access over time: n improved? If so, why? n remained stable? If so, why? n decreased? If so, why?	Yes, in 2013-2014 new facilities started registration. There is more accessibility in	Creating registration points near living areas.	Conducting national fresh national census in the country.	Every 10 years	National government	Getting people and empowering ministry	Training civil registration and vital statics trainings	

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
	urban areas, zero accessibility in all other areas.					of planning and		
B3.3 If access has improved, what has led to the improvements?	More awareness in government for Civil registration, Production of ID for all purposes including passports, and elections							
B3.4 How complete are the birth registration data (i.e. what is the percent completeness level)? Please indicate what method you used to estimate completeness.	800,000 birth registrations done at PUNTLAND but not done at birth and 20,000 in Mogadishu(since July 2104) but not done at birth	Clear Civil registration systems	Nabadoono and village community leaders should be given notification log books.up to the district level ,	5 years	MoH, Law enforcement agencies, MoI,	500	All staffs of the national registration bureau	$1000,000.
B3.5 How complete are the death registration data (i.e. what is the percent completeness level)?	0%	Developing effective civil registration system	Notification of death in rural and urban settings	5 years	Government			
B3.6 Has completeness over the last decade been:	Improving very							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
n improving? If so, why? n stable? If so, why? n decreasing? If so, why?	slowly							
B3.7 What subpopulations are most likely to be undercounted in vital registration? (Note: undercounting may be different for births and deaths.)	People living in remote rural areas, indigenous peoples, nomadic populations and specific age groups, especially neonates. Some countries have carried out registration campaigns, set up mobile registration, or instituted informal reporting from primary health-care workers to increase the completeness of registration.	Create a inclusive system that includes everyone	✓ Place of civil registration system in levels from central-village levels. ✓ Carry out registration campaigns to set up mobile registration . ✓	2016-2019	MOI and municipalities, Community	552	All staff be training system registration	1000,000 00
B3.8 If only part of the country is covered (e.g. urban areas), have alternative ways of obtaining vital statistics for non-covered populations been considered or	Not yet stated	Under registration cannot be assumed to be the same	• Create effect	5 years	Moi, municipality, Mop			

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
implemented; for example, a "sample registration system" (SRS) or a demographic surveillance system (DSS)?		throughout a country	ive system registration from central to elder community though rural levels					
B3.9 What has been done in the last 10 years to increase: n birth registration? n death registration?	Some efforts by WHO, UNFPA, UNHCR							
B3.10 Is late registration tracked and monitored over time and at the subnational level?	N/A							
B3.11 Is late registration more common in some areas than others?	N/A							
B3.12 What proportion of registered births take place in health facilities?	Zero deaths registration							
B3.13 What proportion of registered deaths take place in health facilities?	NA							
B3.14 What proportion of hospitals or other health facilities have registration officers on the premises?	Zero							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
B3.15 Do midwives or other health personnel attending home births also report these births? If so, to whom?	No							
B3.16 Are reported births from such sources routinely compared with registered births?	NA							
B3.17 What proportion of births take place in nongovernmental health facilities?	unknown							
B3.18 What proportion of deaths take place in nongovernmental health facilities?	unknown							
B3.19 Does registration involve any financial costs to the family or informant: n for births? n for deaths?	no							
B3.20 What social services or benefits are linked to birth registration?	none							
B3.21 What social services, insurance benefits or inheritance transfers are linked to death registration?	Passport and ID production							
B3.22 If the country uses identity cards, how does that system affect vital events registration?	In puntland the MOI municipalities started issuing ID cards in 2014, as part of the process of passport application. In Mogadishu, starting 27 july 2014, one has to obtain a birth certificate from	1. Use ID card to carry on birth and deaths registration	1. Mobile Campaign to provide Somali population with ID card.	2015-2016	MOI	300 staff 3 MOI per mobile unit	10 workshops	100 mobile units (towns and districts) to undertake ID registration as well as

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
	the ANAGRAPH (people registration department) MOI. Municipality of Mogadishu, before getting the passport or the Somali ID. Birth registration is not at birth.		2. Developing electronic database of issuing national identity card 3. Capacity building for staff in ID mobile units 4. Conduct community awareness sessions towar					birth registration

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
			ds importance of ID Card registration					
B3.23 What are the main obstacles to improving civil registration? For example: n lack of registrars or places to register; n lack of access to health facilities; n lack of knowledge about the need to register births and deaths; n social stigma of illegitimate children; n cultural barriers; n financial barriers; n illiteracy; n shortage of physicians and midwives; n other obstacles (please specify).	The main obstacles that are tackling CRVS in Somalia are lack of infrastructures or places to register; financial barriers, shortage of physicians	- Building of infrastructures. - Allocate for enough budget . - Capacity building for human resource	Fundraising for CRVS Develop CRVS act Passport and IDs are linked to birth CRVS Implementation of	2015-2016	MOI,municipalities MOH,	Recruitment for CRVS for staff 92 districts in whole Somalia 3 each district	Training for CRVS 15 training module for cvrs officers	

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
			CRVS system (child hood enroll ment birth certif aces shoul d be reque sted)					
B3.24 When did the country last have a campaign to increase public awareness of the need to register vital events?	There wasn't	Social mobilization , religious sensation campiangs	Social mobilization campings,sen sation workshops media awareness	2016	10 campiangs , Mobile phone texts,tv programm es,			
B3.25 Were the results evaluated?	N/A							
B3.26 Is there a committee that regularly monitors and evaluates civil registration completeness?	N/A							
B4: Data storage and transmission								
B4.1 Do local registration offices record and store the collected information on births and deaths by: n registry books?	N/A	Set up registration infrustrure						

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
n electronic files? n other (please specify)?								
B4.2 Are birth and death records filed by: n date of registration? n name? n a numbering system or other numerical index? n other (please specify)?	Only in one office in mogadishu and 3 offices in Puntland. No death registration							
B4.3 What method of record backup is used and how frequently is this done?	back up in computers in addition to hard copies							
B4.4 How are birth and death records archived?	back up in computers in addition to hard copies							
B4.5 Have records ever been lost or destroyed?	N/A							
B4.6 How can the loss or destruction of records be avoided in the future?	N/A							
B4.7 Can individual birth or death records easily be retrieved if needed?	N/A							
B4.8 Have there been instances of fraudulent or multiple registrations?	N/A							
B4.9 What precautions are built into the system to avoid fraudulent or multiple registrations?	N/A							
B4.10 Using the flowcharts of data transmission prepared for birth and death records, explain where and how data are being consolidated before transmission.	N/A							
B4.11 Reflecting on the data-flowchart prepared, is there a fixed schedule for transferring data in	N/A							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
a timely manner?								
B4.12 Is this schedule strictly adhered to?	N/A							
B4.13 Is this schedule routinely monitored by those receiving the data?	N/A							
B4.14 Are there procedures in place to deal with late or non-reporting from local civil registration offices?	N/A							
B4.15 If there are procedures in place, what are they?	N/A							
B4.16 Is the information on the birth and death registration forms kept confidential?								
B4.17 How is confidentiality maintained?	N/A							
B4.18 Who can access the data and for what purposes?	N/A							
B4.19 What checks are made on individual birth and death records to ensure that they are accurate and complete when transferred?	N/A							
B4.20 Are local registration offices routinely contacted for clarification about the statistics by the regional or central level?	N/A							
B4.21 If so, how frequently is clarification sought?	N/A							
B4.22 Is there two-way communication and data transfer between central and peripheral offices?	N/A							
B4.23 Do regional registration authorities routinely receive reports on how the characteristics of their populations compare with the national average?	N/A							

Group members: B.2.

1.Abdirahid Omar Warsame :(puntland ministry of health)

2.Idiris Abdullahi   (ministry of Health puntland state of somalia)

3.Abdirisaq Osman Ali (ministry of planning central)

4. Jamac Hassan Hussien (Direcctor of local government's ministry of interior)

5. Rawda Omar Ali (Banadir Regional Administration Department of Anagraph" Dad-dhigista")

Template for assessment

Component C (Death certification and cause of death)

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
C1 – ICD-compliant practices for death certification (24)								
C1.1 How many registered deaths (as a percentage) have a medically certified cause of death?	-Zero percentage for death registration -There is no well organized practice for medical certification of deaths, even if the patient dies at the hospital there no mandatory requirement for the physician to complete the death certification. There are no standardized death certificate forms at the hospitals -There is no sufficient medical record departments at the hospitals; however there are inpatient and outpatient records	To have a medical death certification according to the international standard for every hospital death. MINISTRY OF Health to start compilation and analysis of data,	There is already an HMIS at the MOH level. The following are needed: -Create medical record department each Hospital -Recruit staffs -Print forms -Improve ICT at all level (central, regional district and facility level -Train physicians in medical certification of deaths -To train coders in ICD 10 coding at central level in all regions. -Need to train hospital staff on Mobile phone notification of birth and death and medical causes of deaths - Provide androids for	2015-2016	MOH/WHO/medical Universities other UN agencies MoPIC	All groups involved	-Advocacy meetings for CRVS -TOT ICD 10, -Death certification. -Curriculum edical ation Training on registration	800,000

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
	which are never analyzed. When a patient is admitted and dies there is no proper recording of Cause of death, Some hospitals are supported by ICRC by providing forms and log books as well as other HMIS materials, These hospitals are producing monthly reports of morbidity and mortality. These statistics are given to the MOH on a monthly fashion. MOH does not produce any statistics out of these reports.		mobile phone registration - Consultant to assist in the development of HIS strategy for Somalia. - Involve private and University hospitals in the whole process. -Training on compilation and analysis of verbal autopsy software collected from the community. - include certification of deaths and ICD 10 in Curriculum of medical education.					
C1.2 In the cause-of-death data	There is no reliable cause of death data in majority of hospitals	Certificate of death must be available in all health facilities	- Availability of WHO Standard death certificate -provide necessary legal framework -Train Health	2015-2016	MOH and partners	-Recruit consultant -Recruit Health profession als and	50 persons should be recruited for pilot face	$50,000

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
			professionals on cause of death registrations -Print and disseminate forms to hospitals -Develop central and peripheral hospital data bases -			other sectors		
C1.3 Are these data compiled separately in the cause of death statistics for the country?	There is no data collection for cause of death in the country; only in some hospitals 4 hospitals in Punt land which do not use ICD-10 . Some hospitals in Hargeisa use ICD-10 for reporting hospital deaths	Develop and establish data collection system for cause of death at hospital level using mobile phone systems for registration	1. Printing death certificate tools. 2. Establishment of data base for cause of death data' 3. Training physicians on use of death certificate Advocacy and social mobilization for the CRVS	2015-2017	MOH/MOI/ MOPIC and UN partners	-300 physicians and public health officers= -Training TOT -Training of all health practition ers -	Training for all stakeholders related to CRVS	Physicans =200,000 - CODS=90,00 - TOT=50,000
C1.4 Are ICD-compliant practices used for death certification in the country?	Currently there is no ICD-compliant practice in in the whole country	Death certificates in the country should be compliant with ICD practices	-Conduct training for ICD compliant practices			-300 physicians and public health officers -Training TOT		Physicans =200,000 - CODS=90,00 TOT=50,000

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
						-Training of all health practition ers		
C1.5 Is the standard international form of medical certificate of cause of death (Box 3.4) used for: n all deaths? n only deaths occurring in hospitals not for those taken place outside hospitals? n only deaths occurring in some specific hospitals, such as university or regional hospitals? n other deaths (please specify)?	There is no standard international form officially used -All deaths are not used international forms of medical certificate in the country -	Availability of bilingual(English, Somalia) international standards form in all health facilities including Private and NGOs	- Translate standards forms and verbal autopsy in to Somali -Recruit Consultant for capacity building on certification of death for all hospital physicians -Adapt smart registry to include medical certification(**Like Sahal,EVC, Zaad Banking System delevopt by Golis,Hormuud,Teleso m)** -Distribution of smart registry for all Nabadoon at health facility --print and	2015-2016	MOH/WHO	2,000	Capacity building all staffs -professional ad nonprofessi onals	30,000 50,000 300,000 45,000

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
			disseminate all forms					30,000
			-Adapt smart registry application developed for Pakistan in to Somalia to allow Nabadoons to registry birth and deaths nnd causes of deaths Using the mobile application in Somalia languages					-
			-Train Nabadoons usage smart registry application					
			-train health workers in faculties where there is no medical practitioners on usage smart registry application					60,000
								60,000

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
								600,000

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
C1.6 If the country does not use the standard International form of medical certificate of cause of death, how could it be introduced (specify steps)? What potential actions (e.g.	-some hospitals are using certificate of death (Hargeisa Group, Gargar Hospital and Bender Qasim Hospital) **Look C1.3**	Availability of bilingual(English, Somalia) international standards form in all health facilities including Private and NGOs	-establish International standard death form		MoH, Medical Associations, WHO, MoI,		Capacity building, availably of equipments, advocacy, pilot of the Idea,	

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
sensitization of medical establishment) would be required?								
C1.7 Do doctors know how to correctly complete the death certificate, including the causal sequence and the underlying cause? n Yes, generally. n Yes, always. n No, they do not.	-It is included in the some university but need reinforcement -there is no accurate practicing of the ICD10	Medical certification of deaths must be included in medical education curricula -all facility deaths must be certified by designated physicians and then registered in mobile phone application. -Yearly report for deaths and cause deaths must be generated and disseminated			Medical Universities, MOPIC, MOI, MOH			
C1.8 Is there a booklet, brochure or other guideline for doctors explaining how to certify the cause of death and complete the international form properly?	No,	Needs to be provided by WHO		ASAP	WHO EMRO			

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
C1.9 If such material is not available, what would be involved in preparing it and how could it be distributed?		Prepared by WHO and distributed by MOH						
C1.10 What proportion of death certificates list only one cause of death? (See Box 3.4 about the need to state not only the disease directly leading to death, but also the underlying conditions without which the person would not have died.)	N/A							
C1.11 What proportion of death certificates report the mode of death instead of the underlying cause of death?	N/A							
C1.12 What proportion of death certificates do not indicate the interval between onset of disease	N/A							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
and death?								
C2: Hospital death certification								
C2.1 In hospitals, who completes the death certificate: n the attending doctor? n another doctor who did not treat the deceased person before death occurred? n a nurse? n a medical records officer? n other (please specify)?	Usually the attending doctor							
C2.2 How are cases of DOA certified?	Not certified							
C2.3 How common are DOA deaths in hospitals? Do they constitute: n less than 10% of deaths? n 10–20% of deaths? n more than 20% of deaths?	unknown							
C2.4 Are the vital events that take place in hospitals registered in the country:	NO							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
n at civil registration points in hospitals? n by the hospital sending forms to the civil registration office? n by the individual family registering after the birth or death has occurred?								
C3: Deaths occurring outside hospital								
C3.1 Is it mandatory to issue a death certificate with the cause of death indicated for people who die at home?	No							
C3.2 If so, are there any quality problems with these certificates and are they ever reviewed?	N/A							
C3.3 Is the same cause-of-death form used for deaths in and outside hospital?	N/A							
C3.4 If a different form is used for deaths outside hospital, what information is recorded	N/A							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
about the cause of death?								
C3.5 Who prepares the death certificate and certifies the cause of death for people dying outside of hospital: n a general practitioner? n a coroner or similar? n a health official? n a civil registrar? n other (please specify)?	No one							
C3.6 If a doctor is needed, is that person required to examine the deceased person before they have died?	no							
C3.7 How are deaths certified in cases where the certifying physician is not the person who treated the patient?	Not certified							
C3.8 Are hospital medical records usually accessible to general practitioners when one	No law and practice varies from one place to the other.							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
of their patients dies at home?								
C3.9 Is verbal autopsy routinely used to obtain the cause of death for any non-medically certified deaths in the country?	Used only in surveys as in the Somalia maternal mortality in 2014,							
C3.10 If verbal autopsy procedures are routinely used, do they conform to the WHO standards (31)?	Yes							
C3.11 Has the WHO standard procedure been modified in any way to make it more applicable to the country? (If so, please specify the modification.)	No							
C4: Practices affecting the quality of cause-of-death data								
C4.1 To whom, other than the family, is the cause-of-death information for individuals provided (including upon request)?	No cause of deaths available in most cases							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
C4.2 What information is provided to the family on the death certificate: n all the information on the cause-of-death form? n an extract for laypersons about the cause of death? n other (please specify)?	If the family requests, they are given a medical report							
C4.3 Is it likely that many cases with a sensitive or stigmatizing cause of death (e.g. suicide or HIV/AIDS) would be assigned to a more socially acceptable cause of death?	N/A							
C4.4 Does the death certificate state whether a woman was pregnant, or had recently been pregnant?	Only in Surveys							
C4.5 Are maternal deaths reviewed separately from other	In 2013 Maternal death surveillance started in Hargisa,							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
deaths?	Somalia land. MDSR will start later in 2015,							
C4.6 Are perinatal deaths monitored using a special form, as recommended by the WHO?	No							
C4.7 What training and practice do doctors receive in certifying the cause of death: n none? n one lecture in medical school or at the hospital? n an ICD-compliant training course on certification? n on-the-job training? n other (please specify)?	Very limited training in some private medical faculties							
C4.8 Would most doctors be aware of the important public health uses of the information they provide on the death certificate?	no							
C4.9 Has the country	no							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
evaluated the quality of medical certification?								
C4.10 If yes: n When was the evaluation done? n How was it done? n What did it conclude? n What follow-up was undertaken to improve certification practices?	N/A							
C4.11 Are hospital medical records generally: n complete? n reliable? n easily accessible to the certifier?	No							
C4.12 Are other health records, such as from health clinics, general practitioners or family doctors: n complete? n reliable? n easily accessible to the certifier?	No							
C4.13 Who certifies whether the cause of death is unnatural (i.e.	No forensic medicine only police investigation.							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
accident, suicide or homicide)?								
C4.14 If there is a special system for certifying these deaths, please describe how this works and how well it works.	Police investigation and circumstantial evidence							
C4.15 Are certifying doctors aware of how to report deaths from injuries and external causes according to the ICD rules?	No							

Template for assessment

Component D (ICD mortality coding practices)

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
D1 – Mortality coding practices								
D1.1 Is the ICD used for cause-of-death statistics?	No ICD are used for Couse of death except in some hargaisa Hospital only	ICD should be used for coding causes of deaths at regional levels for health facility death	1-Train Health technicians on how to use ICD10 for cause of death statistics. 2- Provide ICD10 3 volumes at regional and some district levels. Automated coding to be included in Mobile phone notification software. 3- M&E how ICD are used in the country.	2015 to 2016	MOH/WHO	30 medical technicians.	ICD10	75000
D1.2 If so, which revision and edition is currently being used?	No ICD version used currently	To use ICD10 mortality coding practices	Provide ICD10 coding materials at regional and selected districts	2015 to 2016	MOH			
D1.3 Is a national-language version of the ICD used?	No National language version of the ICD available	To use ICD10 national language version	1- Translate abridged ICD material in to national language. 2- Print and disseminate translated version of ICD	2015-2016	MOH			1=85000 2=20,000

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
D1.4 Who is responsible for coordinating the implementation of the ICD?	MOH to take responsibility for coordinating and implementation of ICD	MOH to take active steps for coordinating and implementation of ICD10	1. Supervise and monitoring implementation of ICD 2. Assign responsibility of used ICD(HMIS unit and PH sections of MOH)	2015 t0 2016	MOH			
D1.5 Who is responsible for training ICD coders?	At the moment no body responsible to train ICD codes.	Assign HR department and HMIS unit for the training of ICD codes.	1. Plan training of ICD for coders. 2. Prepare training materials for ICD coding	2015 to 2016	MOH			

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
D1.6 Are the codes selected for cause-of-death reporting chosen from the complete ICD list, or is coding done from a summary tabulation list of the ICD?	No practice exists	MOH to select committee to choose cause of death from the ICD list.	1. Nominate committee to select cause of death codes from ICD list to create short list or use new WHO short list. 2. Disseminate agree codes of cause of death	2015 to 2016	MOH			
D1.7 If a summary list is used, which list is it?	No summary list at the moment used.	To use selected summery list chosen from the ICD list	Disseminate summery list from the ICD list to all health facilities.	2015 to 2016	MOH			
D1.8 Are coding and ICD selection rules for underlying cause-of-death data applied?	There is no coding ICD selection rules for underline cause of death data applied	Created rules for the selection coding and ICD for the underlying cause of death data applied.	Define rules for the selection coding and ICD for underlying cause of death data applied.	2015 to 2016	MOH			
D1.9 Is mortality coding centralized or decentralized?	No more mortality coding is using	Decentralized mortality coding used in all health facilities	1. Provision mortality coding forms in all health facilities. 2. Train health professional of the uses mortality	2015 to 2016	MOH/HMIS units			

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
			coding forms. 3. Supervise mortality coding are implemented					
D1.10 If coding is decentralized, what quality measures and procedures are in place to ensure national consistency in the application of ICD coding rules?	No decentralized or centralized measures are available .	Ensure coding is centralized so that ICD coding rules are applied correctly	Supervise and evaluate how centralized coding and ICD rules are applied	2015 to 2016	MOH/M&E units			
D1.11 Is cause-of-death coding done from a copy of the original death certificate or from a transcribed list provided by the civil registration office, or from some other summary document?	No coding cause death at the moment	Establish cause of death coding of the original death certificate and civil registration offices	1-To Implemented cause of death coding original death certificate used. 3- Monitor and supervise coding practices	2015 to 2016	MOH/MOI			

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
D1.12 Is all the information on the death certificate coded, or only the presumed underlying cause of death?	No coded information for death certificate	All Death certificated should be coded	Death certificates be printed and provided to all health facilities and local government civil registration offices.	2015 to 2016	MOH/MOI			
D1.13 Is there an established mechanism to query the certifier (doctor) in cases where the coder cannot understand or interpret the reported causes of death on the certificate?	There is no mechanism to query certifier	Establish mechanism to query certifier doctors	1. Establish regulation query the certification of death certificates. 2.	2015	MOH/HMIS unit			
D1.14 If so, please describe these procedures and discuss their efficacy.	There is no procedure	Establish procedures to query the certifier	Develop procedures to query the certifier	2015 to 2016	MOH/HMIS unit			
D2: Mortality coder qualification and training								
D2.1 What categories of staff (e.g. physicians, statisticians, and	There no one							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
health professionals) are doing mortality coding in the country?								
D2.2 What level of education do mortality coders typically have?	N/A							
D2.3 Are specific training courses provided for mortality coders or do they learn on-the-job?	N/A							
D2.4 If coders are specifically trained to code: n Are there sufficient local ICD trainers to meet the needs? n Who is responsible for delivering the training? n What is the length of training and is there a standard	N/A							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
curriculum? n How often is coder training conducted?								
D2.5 Is there a high turnover among coders?	N/A							
D2.6 Are coders recognized within staffing structures as a separate cadre, and are coding qualifications recognized separately to other administrative officers?	N/A							
D2.7 Are there local senior trainers who have been trained at	N/A							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
WHO-FIC supported training courses?								
D2.8 Do coders have opportunities for ongoing education?	N/A							
D3: Quality of mortality coding								
D3.1 Do all coders have a complete set of ICD volumes available to them when they code?	N/A							
D3.2 Do all coders have a set of the ACME decisions tables?	N/A							
D3.3 Do you regularly check: n the ICD web site7 for updates to codes and coding practices? n the department of health's web site for updates on coding practices?	N/A							
D3.4 What processes are in	N/A							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
place to assess the quality of cause of death coding, and how frequently is this assessed?								
D3.5 Has the quality of mortality coding ever been evaluated?	N/A							
D3.6 If so, was the level of accuracy deemed satisfactory? What systemic issues were identified?	N/A							
D3.7 What mechanisms are in place to provide feedback to coders on the quality of coding, and to correct the problems and issues identified through evaluation and	N/A							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
practice?								

Template for assessment

Component E (Data access, use and quality checks)

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
E1 – Data quality and plausibility checks								
E1.1 Are fertility indicators (e.g. crude birth or fertility rate, age-specific fertility rate and total fertility rate) routinely calculated from the civil registration and vital statistics data?	No	1.To put in place CR functional system 2.To put in place CR Data base system	1.Establish coordination mechanism 2.Determine role and responsibilities for every Minister/Department 3. introduce CR law/act 4.. to put in place registration infrastructure and produce CR law	2015-2019	1,Ministry of Planning 2.All stake holders 3.Ministry of Justice 4. MoE			
E1.2 If so, which indicators are calculated?	We do surveys only we have no data collection mechanism but we are planning. From surveys we can calculate several types of indicators includes. Child mortality, infant mortality rate, fertility mortality rate	Create national civil registration system	To work closely Federal level, state level, regional levels district level and village level	2015-2020	Government and other partners			
E1.3 Are mortality	No							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
indicators (e.g. crude death or mortality rate, age-specific mortality rate, infant mortality rate, neonatal mortality rate and maternal mortality rate) routinely calculated from the civil registration and vital statistics data?								
E1.4 If so, which indicators are calculated?	N/A							
E1.5 What data sources are used as the denominators to calculate these rates?	The last census was 1975 But we carried out PESS	But ministry of planning submit statistic act						
E1.6 Describe the plausibility and consistency checks that are carried out on the data and indicators before they are released for use (see Box 3.9).	No							
E1.7 Are the civil registration and vital	No							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
statistics data used to investigate variations in fertility and mortality within the country? If so, describe how this is being done.								
E1.8 Are fertility rates derived from civil registration and vital statistics compared with rates derived from other sources?	No							
E1.9 Are mortality rates derived from civil registration and vital statistics compared with rates derived from other sources?	NO							
E1.10 Did the last census include a question on births or deaths; for example: n Number of children ever born alive and still alive? n Date of birth of last child born alive?	Yes but the last census was 1975							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
n Whether the last birth was registered? n Whether the last death was registered? n Deaths in the household in the past 12–24 months?								
E1.11 If so, have the data been analysed and compared with the vital statistics data?	Not sure							
E1.12 Are other sources used to complete and verify birth and death data?	Yes we do surveys are mean of source of birth/ death data							
E1.13 If so, describe these.	MICS 4 2011 in Butland Somalialand not South Central , MICS3 all zones 2006,and PESS 2014 in 2015 we are planning to held KAP survey							
E1.14 What is the proportion of all deaths allocated to ill-defined	N/A							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
categories? (See Annex 1 of Volume 2 of ICD-10 and Section 4.1.10 of ICD-10, Rule A on Senility and other ill-defined conditions.)								
E1.15 Has the proportion of deaths allocated to the ill-defined categories changed over time?	N/A							
E1.16 What is the proportion of unknown causes of death among all deaths?	N/A							
E1.17 Is the consistency of the national cause-of-death pattern checked over time, including disaggregation comparisons?	N/A							
E1.18 Does the overall cause-of-death distribution seems plausible, e.g.	N/A							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
does it fit the expected disease and injury patterns given current national levels of life expectancy (see Box 3.10)?								
E1.19 Is the age pattern of causes of death obtained from civil registration for major disease groups and injuries consistent with expected patterns? (see Box 3.11)	N/A							
E1.20 Further checks on the quality of cause-of-death data can be made using the three measures below. In properly functioning systems with good death certification, the percentage of all cardiovascular, cancer or injury deaths assigned to	N/A							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
these codes should not exceed about 10–15%. n What is the proportion of cardiovascular disease deaths assigned to heart failure and other ill-defined heart-disease categories (ICD-10 codes I472, I490, I46, I50, I514, I515, I516, I519, I709)? n What is the proportion of cancers with an ill-defined primary site (ICD-10 codes C76, C80, C97)? n What is the proportion of injury deaths that are of undetermined intent (ICD-10 codes Y10-Y34, Y872)?								
E2: Data tabulation								
E2.1 Are births and deaths compiled	N/A							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
according to date of occurrence or to date of registration?								
E2.2 Are births and deaths compiled according to place of occurrence as well as place of usual residence?	N/A							
E2.3 At what level of disaggregation are the birth data tabulated? Report separately for: n sex; n sex, and age of mother; n sex, age of mother and subregion.	N/A							
E2.4 At what level of disaggregation are the deaths and cause-of-death data tabulated? Report separately for deaths and cause of death for: n sex; n sex and age; n sex and subregion;	N/A							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
n sex, age and subregion.								
E2.5 Are standard WHO age groups used to tabulate mortality and cause-of-death data?	N/A							
E2.6 What is the smallest subnational level used for tabulating vital statistics? Is this appropriate given the potential uses for disaggregated data?	N/A							
E2.7 Are any of the four standard mortality tabulation lists suggested by the ICD used for data presentation purposes?	N/A							
E2.8 If not, which condensed list is used? How was this list derived?	N/A							
E2.9 Are data compiled into 10 leading causes (separately for men	N/A							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
and women and children)?								
E2.10 From which list are the 10 leading causes selected?	N/A							
E2.11 Are ill-defined causes included in the ranking as a category?	N/A							
E2.12 What proportion of deaths is accounted for by the 10 leading causes of death?	N/A							
E3: Data access and dissemination								
E3.1 Who are the main users of the vital statistics: n within government? n outside the government?	All line ministries and ministry of Finance							
E3.2 Is there an engagement strategy to regularly discuss data needs with the main data users? If so, describe this.	No							
E3.3 Is it possible to provide an example	The incident of diarrhea so it has							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
of how vital statistics have been used to guide policy and practice?	been emphasize water purification system							
E3.4 What is the time from the end of the reporting period (e.g. end of calendar year in which births and deaths occurred) to the dissemination of: n birth and death statistics? n cause-of-death statistics?	N/A							
E3.5 Are analytical reports about birth, deaths and causes of deaths derived from vital registration produced? If so, include examples.	N/A							
E3.6 Is there a data-release schedule?	N/A							
E3.7 Are vital statistics made available to users as: n print?	MOPIC has website and demonstrate PESS report and							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibility	Resource requirement		
						HR	Training	Funds
n electronic files? n web sites? n pdfs? n interactive tables?	AWP We have publication in software and hard copies which we take from the donors we also produce in 2012 facts and figures							
E3.8 Are the vital statistics available free of charge or at a cost? Please explain.	Free							
E3.9 What agency publishes the official vital statistics?	National Statitistics Directorate in Ministry of Planning							
E3.10 How regularly are the data published or released?	NO							
E3.11 Are all definitions and concepts used in vital statistics publications clearly explained?	No							
E3.12 What analyses are being routinely carried out on the	No							

Questions	Assessment findings	Improvement goal	Actions/activities in sequence	Time Frame	Responsibi lity	Resource requirement		
						HR	Training	Funds
data (e.g. fertility patterns, mortality differentials, disease mapping, etc.)?								
E3.13 Along with the statistical tables, are analyses of the data published regularly?	No							
E3.14 How are these data being used at various levels?	No							
E3.15 Is there any attempt to build analytical capacity among staff who collect and compile vital statistics to perform basic analyses of the data to help them better understand the value and purpose of the data which they collect? If not, how could this be achieved?	No							