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UNICEF GOOD PRACTICES IN INTEGRATING BIRTH REGISTRATION INTO HEALTH SYSTEMS (2000-2009)

CASE STUDIES: BANGLADESH, BRAZIL, THE GAMBIA AND DELHI, INDIA

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About the author

Mariana Muzzi is a Brazilian-Finnish political scientist who has worked on child protection and human rights issues since 2001 with the International Organization for Migration, the European Union, UNICEF, non-govermental organizations and research institutes in several countries, including Belgium, Bolivia, Brazil, India, Peru, and the United States. She has been published in English and Spanish in the fields of birth registration, counter-trafficking in human beings, domestic violence prevention, sexual exploitation of children, juvenile justice, children's rights and public health. Recent research initiatives include *Children in Administrative Detention in India* (2009*), Child Protection and Islam* (2008), and *State Obligations vis-à-vis the Right to Health: Child Abuse and the Health-System based Child Abuse Attention Modules in Peru* (2006). She is a PhD student at Jawaharlal Nehru University, New Delhi, India while working as a consultant for UNICEF.

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Abbreviations

ADB	Asian Development Bank
ANC	Antenatal clinics
BDMR	Births, Deaths and Marriages Registration Act (The Gambia)
BRIS	Bangladeshi Birth Registration and Information System
CEE/CIS	Central and Eastern Europe and the Commonwealth of Independent States
CRC	United Nations Convention on the Rights of the Child
DHS	Demographic and Health Survey
EIAS	Electronic immunization administration system
EPI	Expanded programme on immunization
IBGE	Brazilian Institute of Geography and Statistics
IADB	Inter-American Development Bank
MICS	Multiple indicator cluster surveys
MoH	Ministry of Health
NGO	Non-governmental organization
OAS	Organization of American States
PHC	Primary health care
TBA	Traditional birth attendant
TMO	Township medical offices (Myanmar)
TTBA	Trained traditional birth attendants
U-5	Under five years of age
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VHW	Village health workers (The Gambia)
WHO	World Health Organization

Executive Summary

The right to a name and nationality is well established. However, around 51 million births remain unregistered every year in developing countries, despite government, civil society, UNICEF and international organizations' sustained efforts to universalize birth registration in a free and timely manner. UNICEF's current approach to universalizing birth registration focuses mainly on research to strengthen the evidence base, political commitment and legal and policy reform aiming to clear the backlog of unregistered children.

Integrating birth registration and health services is another way in which UNICEF is working with national and local authorities for increased birth registration. Diverse approaches to linking birth registration and health services have been supported by UNICEF offices worldwide. Most do not occur as stand-alone initiatives, but rather as part of comprehensive national strategies or coupled with other initiatives, such as legal and policy reform, registrar training and awareness-raising campaigns. The present study focuses on UNICEF good practices in integrating birth registration and health services at the country level.

The following approaches to integrating linking birth registration and health services are discussed in this report:

- *Placing civil registrars in health institutions:* The linkage between health and civil registration systems can be categorized into two broad divisions. One is the placement of civil registrars within the health system and the other is to mandate health officers to act as civil registrars.
- *Engaging community health officers as outreach registrars:* Several countries have opted for or recommend decentralizing the integration of civil registrars and health services to the village or sub-district level to ensure greater outreach. This approach could be most effective in countries or regions within countries where a large proportion of births are delivered at home. Traditional birth attendants have a vital role at the community level to ensure that every birth is registered.
- *Including a birth registration component in public health campaigns (for example, immunization and anti-malaria):* This has proven to be a cost-effective approach to reaching large populations.

The benefits for birth registration system in partnering with the health sector, instead of maintaining the status quo of most countries where civil registrars act as stand-alone institutions, include the following:

- Health services have broader coverage than civil registration offices since their services include outreach facilities, such as antenatal clinics (ANC) and expanded programmes on immunization (EPI), and community-level services (such as primary health care (PHC) clinics and growth monitoring programmes.
- The Ministry of Health (MoH) is in a position to encourage patients to register births, register children and monitor birth registration through its health facilities and programmes, such as prenatal care, immunization campaigns and vitamin A supplementation.

- In many countries, the MoH maintains reliable and up-to-date records on births and deaths. It records important details related to the identification of a child in a birth delivery book, as well as on child immunization cards or growth monitoring cards.
- Unlike civil registration offices in most countries, the community-based structures of the MoH, which often include health posts, community health workers and trained traditional birth attendants (TTBA), allow health services to be delivered as close to the population as possible.
- The use of health facilities and frequent contacts between caregivers of young children and health services will help to reduce parents' and guardians' service costs.

For the health sector, benefits of a fully functional (birth and death registration) system include:
- More accurate measurement of child health by solving the 'denominator problem'. Knowing the denominator of the population is a prerequisite for accurate health statistics.
- Improved accuracy of health statistics in 'high risk' population groups. When lack of birth and death registration is concentrated among population groups at higher risk (i.e., indigenous populations living in hard to reach areas, poverty stricken areas such as slums, etc.), estimates of child mortality may be systematically underestimated.
- Provision of a demographic base for planning health service delivery
- If computerized, a birth registration system can serve as the backbone of an electronic health administration system for improved monitoring, planning and service delivery, as well as enhanced monitoring of each individual child's health status. Ultimately, one basic database could be used for all services.
- Vital registration systems are the preferred source of data on under-five mortality because they collect information prospectively and cover the entire population, when compared to Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS).

The four case studies analysing the integration of birth registration and health services include Bangladesh, Brazil, the Municipality of Delhi (India) and the Gambia.

- In Bangladesh, birth registration of children under age five increased from 10 per cent in 2006 to 40 per cent in 2008 as a result of its inclusion in the nationwide EPI in 2005. The success of this approach led to the expansion of this component into the new Hib pentavalent vaccine in 2009. In addition, in order to introduce electronic birth registration in the country, the Government developed the Birth Registration Information System software package in 2002. This system was expanded to include an electronic immunization administration system that resulted in increased birth registration and immunization rates.
- In Brazil, sub-national birth registration rates in poverty stricken northern and northeastern states increased substantially due to the adoption of a comprehensive National Plan of Action complemented with public funding, political commitment and monetary incentives awarded to maternity wards for each registered child. Civil registrars were placed in maternity wards in 2001 and, following evaluations conducted by UNICEF, this strategy was substituted by a low-cost solution that linked both institutions with a remote online connection.

- In India, New Delhi has achieved universal birth registration of children born in the city area by combining online registration of births and deaths since 2004 and linking immunization to birth registration.
- In the Gambia, UNICEF supported the integration of birth registration into maternal and child health clinics throughout the country and the mandating of principal public health officers and public health officers at district and divisional levels as registrars and deputy registrars. This led to a 23 percentage point increase in birth registration, from 32 per cent in 2000 to 55 per cent in 2006.

Recommendations for improving birth registration rates by integrating birth registration with health services are based on the fact that both birth registration and health services are entitlements and rights of children, and the responsibility of guaranteeing these rights lies with governments. These recommendations are subdivided into two categories: (i) specific recommendations for integrating birth registration with health services, and (ii) general recommendations for improving birth registration systems.

(i) Specific recommendations for integrating birth registration with health services
- Include birth registration in health information systems and create demand for birth registration data within the MoH.
- Conduct advocacy with the Ministry of Justice to reform national laws and regulations to facilitate birth registration.
- Create mandates within the MoH for health professionals and traditional birth attendants to register births and deaths.
- Engage community health officers and midwives as outreach registrars.
- Include birth registration in public health campaigns.
- Establish a monitoring system, led by the MoH and civil registration authority, to ensure the continuous operation of the registration system – for example, by ensuring timely replenishment of registration supplies and registrar books.

(ii) General recommendations for improving birth registration systems
- Phase in computerization.
- Make legal reforms.
- Advocate for system strengthening.
- Enhance the focus on socially excluded children.
- Create awareness.
- Implement campaign-type initiatives to clear backlogs of unregistered children.

INTRODUCTION

The right to a name and nationality is well established. However, around 51 million births remain unregistered every year in developing countries, despite government, civil society, UNICEF[1] and other international organizations' efforts to universalize birth registration over the last 60 years.

UNICEF's current approach to universalizing birth registration focuses mainly on legal and policy reform, capacity building, awareness raising and communication campaigns to stimulate demand, often targeting excluded populations. Modernizing national registry technology, with online/computerized systems is one of the newer areas that UNICEF is exploring. However, integration with sectors such as health is sporadic despite the fact it has proven to be effective in increasing birth registration rates and improving provision of health care to children at birth.

The present study aims at identifying good practices led by UNICEF between 2000 and 2009 in integrating birth registration with the health system and promoting the use of information technology as tools for universalizing birth registration and strengthening health services for children. The study is divided into five sections: a brief update of birth registration worldwide; strategies applied by UNICEF to improve registration rates; approaches to link birth registration and health services; three country case studies (Bangladesh, Brazil, and the Gambia) and one case study on the Municipality of Delhi, India; and a compilation of recommendations.

Case study countries were chosen following a set of criteria, focusing primarily on strategies for integrating birth registration and health, the use of computerization and statistical trends that demonstrate improved birth registration rates, as per Box 1, below.

Box 1. What constitutes a good practice in birth registration?

- Significant and sustained increase in birth registration. Seven countries – Brazil, Cambodia, the Gambia, Haiti, India, Myanmar and Vietnam – have been identified as having increased their birth registration rates. UNICEF has supported birth registration activities in all except Haiti. Three countries have integrated birth registration in health services with UNICEF support: Brazil, the Gambia and Myanmar.
- Existence of a routine national birth registration system rather than an ad hoc system comprising externally funded campaigns
- An inter-sectoral/inter-ministerial approach to birth registration, with existing memorandums of understanding and/or protocols distributing roles and responsibilities among ministries/relevant actors. Several countries have developed national plans of action on birth registration, engaging a wide range of ministries (Brazil, Guatemala and Peru).
- Government ownership, with a budgetary commitment for birth registration activities to ensure sustainability. Assessing the allocation of public expenditure for birth registration initiatives as a possible means of measuring the sustainability of routine birth registration systems. Many countries have increased birth registration rates dramatically, with large investments of external funding (i.e., the Government of the Netherlands funding in Mozambique and Asian Development Bank funding in Cambodia). However, it is unclear to what extent these

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[1] UNICEF has a network of 7 Regional Offices and over 120 Country Offices, as well as extensive partnerships at local, national, regional and international levels.

campaigns will be converted into routine, government-funded activities once external funding sources become scarce. Brazil and Venezuela have allotted public funding to birth registration.
- Practices that have been pilot-tested prior to national scale-up initiatives. Examples of pilot initiatives to test innovative approaches and to overcome challenges prior to national scale-up efforts include Bangladesh (1997–2004, which led to legal reform and the subsequent expansion from the EPI to immunization campaigns), Myanmar (1999–2001, leading to national scale-up programmes) and South Africa (2004–2006, consisting of a pilot project in one hospital).
- A shift from campaigns to curb backlog to systemic routine approaches to birth registration. Mobile birth registration campaigns with national coverage that significantly reduce the backlog of unregistered births following an armed conflict or natural disaster are extremely important and relevant. They could be included as a good practice in themselves (i.e., in Mozambique 1.8 million children were registered between 2006 and 2008, and in Cambodia 8.6 million children registered in 15 months).

1. Methodology

The methodology for this research included:
- Desk reviews of existing literature, particularly studies, surveys and evaluations commissioned by UNICEF at country level between 2000 and 2009 and internal UNICEF reports, especially annual reports produced by country and regional UNICEF offices in 2006, 2007 and 2008
- Identification of case studies based on the literature review above, focusing primarily on countries that have adopted strategies for integrating birth registration and health, the use of computerization and statistical trends that demonstrate improved birth registration rates, geographical location, dimensions of the countries
- Collection of primary data from actors in the field through interviews and email communications with UNICEF staff at country and regional levels, non-governmental organizations (NGOs) and government officials
- Submission of the first draft report to UNICEF New York Headquarters Health and Child Protection sections for distribution to a select number of UNICEF colleagues for feedback
- Incorporation of comments and production in the second draft of the report. Submission of second draft of the report, particularly case study sections, to respective UNICEF Regional and Country Offices for factual corrections and other feedback (Bangladesh, Brazil, the Gambia, India, and regional offices in the Americas and Caribbean Regional Office, West and Central Africa Regional Office and Regional Office for South Asia)

2. Situation of birth registration worldwide

Around 51 million births go unregistered every year in developing countries, which translates to one in three children globally. One out of every three developing countries has a birth registration rate of less than 50 per cent. In South Asia, the region with the largest number of unregistered children, this increases to more than one out of two, or over 24 million children not registered in 2007. Sub-Saharan Africa has the highest percentage of children under age five who are not registered at birth, with 66 per cent.[2]

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[2] United Nations Children's Fund, *Progress for Children: A World Fit for Children Statistical Review*, UNICEF, 2007.

Figure 1. Number of annual births (2007) not registered by region (in millions)
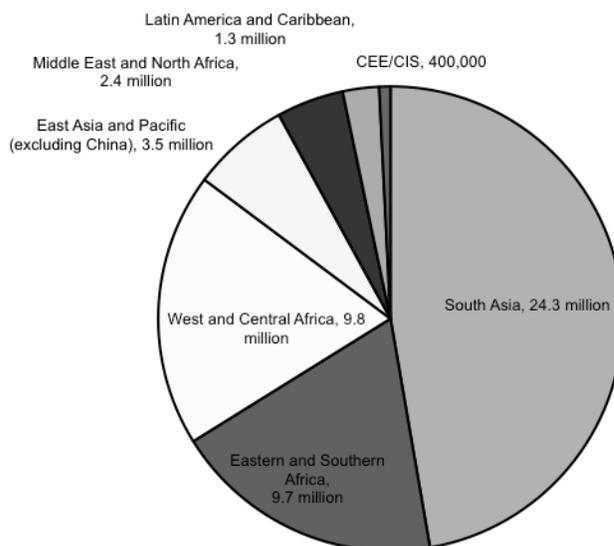
These unregistered children are almost always from poor, socially excluded or displaced families, and often have illiterate parents or live in countries where registration systems are either not in place or not functional. Cost and distance to registration centres are the reasons most frequently cited by parents for not registering their children.

In addition to being a human right, birth registration is crucial for the implementation of national policies and legislation establishing minimum ages for work, military conscription and marriage, and provides a valuable basis for tracing efforts when children are separated from their parents in emergencies. Birth and death registration can also prove to be a valuable source of data for planning services for children, such as planning and implementing immunization programmes and supporting education planning. Children whose births are not registered at birth are not able to claim the services and protection to which they have a right on a full and equal basis with children who are registered at birth.

Although many developing countries have achieved universal rates of registration, for example, 100 per cent in Bosnia and Herzegovina, Cuba, Ukraine and Uzbekistan, there still are countries with rates of 10 per cent or less. Nevertheless, some countries have made significant progress in increasing birth registration since 2000, notably Brazil, Cambodia, the Gambia, Haiti, India, Myanmar and Vietnam. The figure below illustrates Cambodia, the Gambia and Vietnam's significant progress in increasing registration levels.

Figure 2. Percentage of children under age five registered in 2000 and 2005–2006, in nine countries where comparable trend data are available
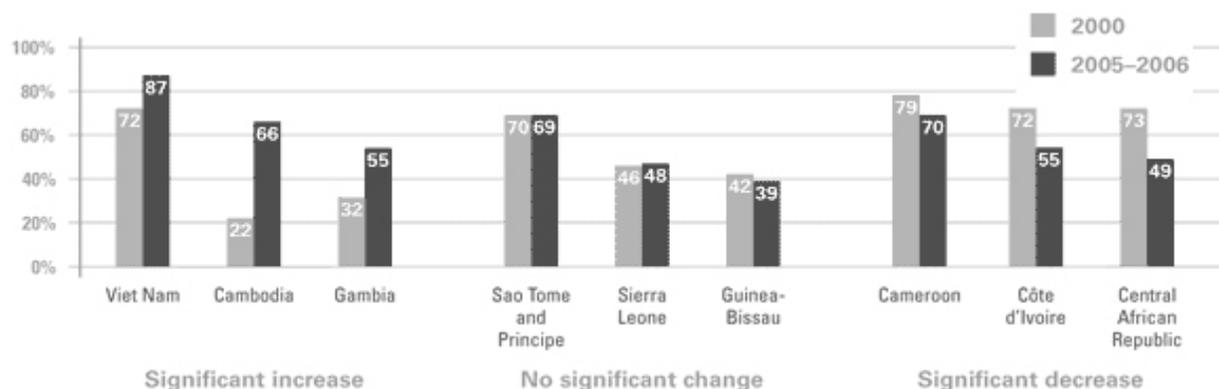
Source: UNICEF global databases, 2008, based on MICS, DHS, other national surveys and civil registration system data, 2000–2007.

Regrettably, in some countries in sub-Saharan Africa, registration levels have actually declined in the last five years, armed conflict being the main reason for this. (See Box 2.). If registration rates are to improve, it is vital to ensure that birth registration systems are in place, simplify procedures, remove fees, make registry offices more accessible and create effective information campaigns to reach all sectors of society.

Box 2. Côte d'Ivoire: Decrease in birth registration rates due to armed conflict[3]

In Côte d'Ivoire, the country's armed conflict affected birth registration rates in the first half of this decade. This was accompanied by the usual causes for low birth registration rates, including distance to registrars, indirect and direct costs of registration, lack of awareness of the importance of birth registration and lack of information on birth registration procedures.[4] The conflict led to the destruction of civil registration offices, an interruption of public services and a lack of state presence in over half of the country's territory, and affected a large number of internally displaced persons. Birth registration decreased significantly, from 72 per cent in 2000 to 55 per cent in 2006. In order to reverse this trend, in 2008 at the end of the conflict the Government of Côte d'Ivoire adopted a national civil registration programme,[5] setting forth a comprehensive, long-term strategy and a five-year action plan to create an accessible civil registration system to stop the decrease in birth registration rates. The programme was drafted by an inter-ministerial committee with the support of development partners (European Union, World Bank, Sant Egidio and UNICEF). It includes activities to be carried out by the Ministry of Health, such as compiling birth delivery books from maternity wards, equipping the civil registration authority and providing registrar training.

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[3] Based on UNICEF Cote d'Ivoire, Birth Registration Determinants based on Multiple Indicator Cluster Survey Data (MICS, 2006), Abidjan, 2007, and personal communication with Laetitia Bazzi (UNICEF Côte d'Ivoire) 19 June 2009.

[4] UNICEF Côte d'Ivoire. Birth registration Determinants Based on Multiple Indicator Cluster Survey Data (MICS, 2006), Abidjan, 2007.

[5] The original title of the Côte d'Ivoire National Civil Registration Plan adopted in July 2008 is 'Modernisation de l'Etat Civil de Côte d'Ivoire' as per Act N° 317/MI/MEF.

3. Strategies adopted by UNICEF to improve birth registration rates

UNICEF has been working on birth registration for over 60 years. Since 2000, the Fund has been carrying out programmes to improve birth registration rates in approximately 70 countries. At the country level, UNICEF's governmental partners include the Civil Registry (or other national authority responsible for birth registration), Ministry of Justice, Electoral Court/Office, Ministry of Interior, MoH, Ministry of Education and civil society. Regional partners include the Asian Development Bank (ADB), the Inter-American Development Bank (IADB) and the Organization of American States (OAS). Global partners include Plan International, Save the Children Alliance, partners of the Health Metrics Network and United Nations agencies (WHO, UNFPA, Office of the High Commissioner for Human Rights, UNHCR and UNDP). These partnerships often lead to collaboration and initiatives at the country level. Highlighted below are some of the main UNICEF-led strategies to improve birth registration rates.

Research efforts to strengthen UNICEF's evidence base on programming for birth registration are a constant component of UNICEF-supported initiatives. Between 2005 and 2008, UNICEF conducted global research efforts[6] as well as regional research in the CEE/CIS[7] and Africa.[8] Country-level research was carried out to identify national-level constraints on birth registration in order to take this into account when drafting national plans of action and strategies, and to push legislative reform to eliminate existing barriers to birth registration. In 2008, UNICEF supported country-level research on birth registration in Brazil,[9] Brazzaville, Congo,[10] Ghana,[11] India,[12] Montenegro,[13] Mozambique,[14] Nigeria[15] and Zambia.[16] An institutional assessment of the birth and deaths registry completed in Ghana in 2008 is an example of using an evidence base to improve programming. Ghana is strategically moving towards integrating routine birth registration into campaigns run by the Ministries of Health and Education. In Latin America in 2008, birth registration experiences of indigenous populations were systematized in Bolivia, Ecuador, Guatemala and Panama.[17]

Political commitment and strategic partnerships are essential in establishing and implementing birth registration legislation, policies and initiatives. As a result of the 2006 IADB, OAS and UNICEF Partnership on Citizen Registration and the First Latin American Regional Conference

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[6] United Nations Children's Fund, *The 'Rights' Start to Life: A Statistical Analysis of Birth Registration*, UNICEF, 2005; and *Birth Registration and Armed Conflict*, UNICEF, 2007.

[7] United Nations Children's Fund, 'Right at Birth', *Birth Registration in the Countries of Central and Eastern Europe and the Commonwealth of Independent States*, UNICEF, 2007.

[8] United Nations Children's Fund, 'The Right at Birth: Towards Stocktaking and Agenda Setting for Africa', *African Union Report Card on Birth Registration*, June 2008, p. 22.

[9] United Nations Children's Fund, *Birth registration in maternities of the state of Piauí*, UNICEF, 2008.

[10] Analyse du processus de l'enregistrement des naissances, 2008.

[11] Ghana institutional birth and death registration study, 2008.

[12] *Universal Birth Registration: Focus on training as a medium of change in Rajasthan*, 2008.

[13] Survey on birth registration among RAE, 2008.

[14] Evaluation report of the routine birth registration system, 2008.

[15] Report on live births, deaths and stillbirths registration in Nigeria (1994-2007), 2008.

[16] Draft report on the 'Assessment of the Current Birth Registration System in Zambia', 2008.

[17] Communication from the UNICEF Americas and Caribbean Regional Office, August 2009.

on Birth Registration and the Right to Identity in 2007, 18 countries in Latin America made a commitment to achieve free, timely and universal birth registration for all children by 2015.

BOX 3. UNICEF-Plan International collaboration

Plan International is UNICEF's main NGO partner for birth registration. Since 1999, Plan International, UNICEF and partners have organized eight regional conferences (four in Asia, three in Africa and one in the Americas) with the aim of sharing good practices and ensuring political commitment from governments. These conferences have yielded significant information on barriers to birth registration, good practices in partnering with the health sector and good practice in reaching especially excluded populations, including immigrants, minority groups, refugees, stateless, indigenous and Afro-descendant populations. Data on birth registration have been instrumental during these conferences for i) identifying 'good practice countries' that have increased birth registration rates over time and ii) comparing birth registration data between countries in order to trigger positive competition between countries to increase their registration rates.

- 1999: First Asian Conference, The Asian Civil Registrars General Convention, Bangkok, Thailand
- 2000: Second Asia Regional Conference on Birth Registration, Workshop on Practices for Improving Birth Registration: A Ticket to Citizenship, Surabaya, Indonesia
- 2002: First Eastern and Southern Africa Birth Registration Conference, Africa Workshop on Birth Registration, Kampala, Uganda
- 2003: Third Asia Regional Conference on Birth Registration, A Child's First Right, Bangkok, Thailand
- 2004: First West and Central Africa Birth Registration Conference, Dakar, Senegal (in collaboration with UNFPA)
- 2005: Second Eastern and Southern Africa Conference on Universal Birth Registration, Mombasa, Kenya
- 2006: Fourth Asia and the Pacific Regional Conference on Universal Birth Registration, Bangkok, Thailand
- 2007: First Regional Latin American Conference on Right to Identity and Birth Registration, 28–30 August, Asunción, Paraguay

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Legal reform to ensure birth registration that is free of charge and conducted immediately after birth is a first step to increasing birth registration rates. In 2007 and 2008, UNICEF advocated and supported the drafting and revision of national legal frameworks to bring these in line with international standards (Convention on the Rights of the Child and International Covenant on Civil and Political Rights) in 19 countries. For example, the Nationality Act in Thailand was reformed in 2008 to ensure that all births are officially registered regardless of parents' legal status, Peruvian legislation was amended in 2007 to ensure the right of children born out of wedlock to be registered under the father's name, Morocco adopted a new Law on Civil Registration (2008) and Kosovo adopted a Law on Citizenship (2008).[18]

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[18] According to annual reports submitted by UNICEF Country Offices in 2007 and 2008, legal reform, new laws and modifications of existing laws were achieved through UNICEF advocacy efforts in: Albania, Angola, Argentina, Chad, Democratic Republic of the Congo, Dominican Republic, Indonesia, Kosovo, Madagascar, Morocco, Niger, Peru, Thailand, Timor-Leste, and draft laws in process in: Egypt, Ethiopia, Malawi, Nicaragua and Uganda.

Adequate policies, plans of action and strategies are vital components for the implementation of functioning routine national birth registration systems. UNICEF supports the drafting, adoption and initial implementation of national plans of action and/or specific plans of action for excluded population groups, such as indigenous populations, pygmy children and migrant and stateless children. In 2008, several countries developed national strategies and/or plans of action for birth registration with UNICEF support.[19] In Liberia, for example, a birth registration strategy was developed and endorsed by the Ministry of Health and Welfare, and in Indonesia the Ministry of Home Affairs launched the National Strategic Plan 2010 for universal birth registration.

Clearing the backlog of unregistered children is one of the initial steps to take when establishing a birth registration system or jump-starting an existing but dormant birth registration system. This campaign approach is especially useful in the aftermath of armed conflicts or natural disasters. It entails direct assistance to support government-led birth registration campaigns through mobile birth registration brigades, similar to large-scale immunization campaigns. However, while campaigns have an important role to play, they should have a fixed duration and objective".[20] Such campaigns are also useful in remote extended rural areas with no government presence (i.e., rural areas in Bolivia).[21]

- Cambodia established a civil registration system in 2000 and adopted legislation for its enforcement in 2002. The ADB, the United Nations Volunteers Programme (UNV) and Plan International implemented a nationwide mobile registration project between 2004 and 2006 that registered 8.6 million Cambodians within 15 months, a total of 70 per cent of the population compared to less than 5 per cent prior to the 2004 mobile campaign.[22]
- In Mozambique, campaigns to clear a backlog of unregistered children benefited 1.8 million children between 0 and 17 years of age between 2006 and 2008 (65 per cent of all children living in the 33 districts covered by the programme). The programme also led to the development of a national plan of action on birth registration, with a special emphasis on community participation and mobile birth registration brigades.[23]

Awareness raising activities and registrar training have remained constant components of UNICEF birth registration initiatives in nearly all programme countries. Strategies include national mass media communication (TV, radio and print) and community mobilization. In 2008, 6 countries[24] conducted training for judges and registrars, and 11 countries[25] conducted awareness-raising campaigns related to birth registration. The UNICEF-supported Catch Up campaign in Tanzania in 2008 included a national training package for stakeholders in birth registration. In 2007 and 2008, UNICEF carried out initiatives to support culturally appropriate civil registration systems with an outreach capacity to cover remote excluded indigenous

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[19] Argentina, Botswana, Brazil, Burundi, Côte d'Ivoire, Guinea (Conakry), Honduras, Indonesia, Liberia, Macedonia, Mozambique, Pacific Islands of Kiribati and Vanuatu, Papua New Guinea, Sierra Leone, Timor-Leste and Zimbabwe.
[20] Interview with Jane Santos, UNICEF Brazil staff, expert on birth registration, 19 June 2009.
[21] Communication from the UNICEF Americas and Caribbean Regional Office in August 2009.
[22] Plan International Cambodia/Dincu, Irina and Shabir Ahmed, *Out of Invisibility: Cambodia's Response to Birth Registration*, p. 4.
[23] UNICEF Mozambique and Métier Research, *Implementation of the Birth Registration National Action Plan*, final report of evaluation, May 2008.
[24] Cameroon, Chad, Ghana, Madagascar, Nicaragua and Zimbabwe.
[25] Angola, Botswana, Guatemala, Mozambique, Namibia, Nigeria, Serbia, Sierra Leone, Tanzania and Vanuatu.

communities in Brazil, Guatemala, Honduras, Iran and Peru. These initiatives included the production of information, education and communication materials in local languages.

Integrating birth registration into health services is perhaps the most effective approach to ensure children are registered considering the national civil registration systems' lack of outreach capacity and human and financial resources. Visible outcomes of this collaboration between the civil registrar and health sectors, implemented with UNICEF support in 29 countries between 2006 and 2008,[26] include the increased presence of civil registrars stationed in health centres, maternity clinics and hospitals, integration of birth registration in early childhood, immunization and other public health campaigns and integration within routine health service provision. Improved UNICEF programming of birth registration based on longitudinal data has fostered linkages between civil registrars and the health sector, leading to the following results:

- The Gambia's integration of birth registration into reproductive and child health services. Coverage now reaches 90 per cent of the country's children and has resulted in an increase of birth registration rates for children under-five, from 32 per cent in 2000 to 55 per cent in 2005 (MICS II, 2000 and MICS III, 2005–2006).
- In Uganda, the integration of birth registration on 'child health days' cleared over 70 per cent of the backlog of unregistered children.
- In Mozambique, a community-based routine birth registration system was established within the framework of the national Accelerated Child Survival and Development strategy, and has reached over 800,000 children (eight per cent of all children in Mozambique).[27]

Registration campaigns in schools and partnerships with Ministries of Education are particularly beneficial in clearing backlogs of unregistered children of school age. The success of this approach lies in the Ministry of Education's outreach capacity. In 2007 and 2008, UNICEF adopted this approach in 12 countries.[28] In Mexico, for example, birth registration was addressed through comprehensive local child protection systems via the broader All Children in School initiative in 2008.[29]

Online/computerized birth registration systems with the aim of modernizing national registry technology have begun to be implemented in several countries, including Bangladesh, Brazil, Colombia, Ghana,[30] Guinea Bissau, India, Madagascar, Sierra Leone, South Africa and Zambia.

- In Bangladesh, the Government-developed birth registration information system software was piloted in 2002 in two locations[31] to introduce electronic birth registration and create a central database to be shared with other services.[32]

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[26] Based on the United Nations Children's Fund Country Office Annual Reports for 2006, 2007 and 2008 the 29 countries are: Angola, Bangladesh, Belize, Botswana, Brazil, Burkina Faso, Cape Verde, Colombia, Ecuador, Gabon, the Gambia, Ghana, Guyana, India, Indonesia, Iran, Madagascar, Mozambique, Myanmar, Namibia, Pacific Islands (Kiribati, Solomon Islands and Vanuatu), Papua New Guinea, South Africa, Suriname, Swaziland, Timor-Leste, Uganda, Venezuela and Yemen.

[27] United Nations Children's Fund Mozambique and Métier Research, *Implementation of the Birth Registration National Action Plan*, final report of evaluation, May 2008.

[28] Cameroon, Djibouti, Ghana, Honduras, Mexico, Mozambique, Pacific Islands, Papua New Guinea, Philippines, Swaziland, Timor-Leste and Uganda.

[29] United Nations Children's Fund Mexico Country Office Annual Report, UNICEF, 2008.

[30] United Nations Children's Fund Ghana, *Assessment of the Birth Registration System in Ghana*, UNICEF, 2008.

[31] Rajshahi City Corporation and Gazipur Paurashava.

- In Madagascar, electronic civil registration, initially launched by UNICEF in 2002, has triggered support from other United Nations agencies. This includes a joint UNICEF-UNDP initiative in 2008, which is investing US$208,000 to support the computerization of civil registrars in two regions[33] of the country.[34]
- In Guinea Bissau, computerization has enabled data from all children born between 2000 and December 2007 to be registered in the electronic database, including nearly half a million children.[35]
- In India, the Municipality of Delhi has computerized birth and death registration since 2003. (For full details see the Delhi, India case study.).

Registering children in the midst of and in the aftermath of armed conflict has been supported by UNICEF offices in many conflict-affected countries including Angola, Occupied Palestinian Territory and Afghanistan. The UNICEF publication *Birth Registration and Armed Conflict* (2007) reviews the problem of non-registration in conflict-affected countries while drawing on case studies to analyse successful or promising initiatives to ensure registration. The ultimate goal is to assist practitioners in the field in conflict and post-conflict environments to promote emerging encouraging practices to ensure the right of the child to birth registration.

Other innovative approaches adopted by UNICEF include:
- Seizing the opportunity of high profile events and spokespersons to advocate for birth registration, for example, engaging UNICEF Goodwill Ambassador singer Ricardo Montaner in 2007, advocating for birth registration during the Pan African Film and Television Festival held annually in Ouagadougou, Burkina Faso, and engaging heads of State to make public statements on birth registration
- Integration of birth registration into cash-transfer programmes, such as Panama's Network of Opportunities programme, Madagascar's Public Investment programme, Mozambique's Unconditional Cash Transfer programme and Peru's Juntos programme
- Taking advantage of elections. The Bangladesh Election Commission has agreed to align voters' registration forms with the birth registration system in order to share database information on adults.

4. Approaches to integrating birth registration with health services

The present analysis is based on studies and evaluations of national birth registration initiatives in 13 countries, commissioned by UNICEF between 2002 and 2009 and covering Latin America (Brazil and Venezuela), Africa (Côte d'Ivoire, the Gambia, Ghana, Madagascar, Mozambique, South Africa and Zambia) and Asia (Bangladesh, Cambodia, India and Myanmar), and regional and global studies conducted since 1999 and annual reports prepared by UNICEF offices.

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[32] United Nations Children's Fund Bangladesh, *Birth Registration: A Vehicle for Child Rights Promotion*, May 2002.
[33] Atsimo Andrafana and Vatovavy Fitovinany regions.
[34] United Nations Children's Fund Madagascar and Ministry of Interior of the Government of Madagascar, *Evaluation of the Implementation and Suggested Guidelines for the Scaling-up of the EKA Programme for Birth Registration including the Computerisation of the Civil Registry*, final report, March 2009.
[35] United Nations Children's Fund Guinea Bissau, *Annual Report*, UNICEF, 2007.

This study focuses on successful approaches led by UNICEF at the country level integrating birth registration and health services. It is worth noting, however, that diverse approaches to linking birth registration and health services have been supported by UNICEF offices worldwide, and most do not occur as stand-alone initiatives. Instead, they are part of comprehensive national strategies or coupled with other initiatives, such as legal and policy reform, registrar training and awareness-raising campaigns.

The following approaches to integrating birth registration and health services will be discussed:
- Placing civil registrars in health institutions (i.e., hospitals, maternity wards, primary health centres, etc.)
- Engaging community health officers and midwives as outreach registrars
- Including a birth registration component in public health campaigns (i.e., immunization, anti-malaria, etc.)

Seven countries have reported increased birth registration rates: Brazil, Cambodia, the Gambia, Haiti, India, Myanmar and Vietnam. UNICEF supported birth registration activities in all of these countries except Haiti. Three of these countries have integrated birth registration into health services with UNICEF support: Brazil, the Gambia and Myanmar. In addition, an increasing number of countries have adopted strategies integrating birth registration into health services, and birth registration rates are expected to increase over the coming decade.

Studies and evaluations of existing national birth registration systems in many countries, including Madagascar and Zambia, have recommended integrating birth registration into health services as a mechanism for increasing birth registration coverage.

The benefits for a birth registration system in partnering with the health sector, instead of maintaining the status quo of most countries where civil registrars act as stand-alone institutions, include the following:
- Health services have broader coverage than civil registration offices since their services include outreach facilities, such as antenatal clinics (ANC) and an expanded programme on immunization (EPI), and community-level services (such as primary health care (PHC) clinics, growth monitoring programmes, etc.).
- The Ministry of Health (MoH) is in a position to encourage patients to register births, register children and monitor birth registration through its health facilities and programmes, such as prenatal care, immunization campaigns and vitamin A supplementation.
- In many countries, the MoH maintains reliable and up-to-date records on births and deaths. It records important details related to identification of a child in its Birth Delivery Book, as well as on child immunization cards or growth monitoring cards.
- The community-based structures of the MoH often include health posts, community health workers and trained traditional birth attendants (TTBA), and allow health services to be delivered as close to the population as possible, unlike civil registration offices in most countries.
- The use of health facilities and frequent contacts between caregivers of young children and health services will help to reduce parents' and guardians' service costs.

For the health sector, benefits of a fully functional vital (birth and death registration) system include:

- The availability of birth and death registration data that enables a more accurate measurement of child health by solving the 'denominator problem'. Knowing the denominator of the population is a prerequisite for accurate health statistics. For example, in order to calculate immunization coverage rates, statistics need not only track the number of children that have been immunized, but also need to estimate the size of the target population (the denominator).[36] Likewise, under-registration of children generates under- estimations of infant mortality.[37] Civil registration is an essential building block of national statistical systems for measuring progress against international standards (i.e., Millennium Development Goals).[38]

- Improving accuracy of health statistics in high-risk population groups. When a lack of birth and death registration is concentrated among population groups at higher risk (i.e., indigenous populations living in hard to reach areas, poverty stricken areas such as slums, etc.), estimates of child mortality may be systematically under-estimated. "Assuming that under-reporting of birth is concentrated in children born in high risk households, it can be demonstrated that (i) in countries with low levels of under-registration estimates of infant mortality rates are fairly reliable, and (ii) in countries with large population groups at higher risk, under-estimations of infant mortality may be much higher."[39]

- Provision of a demographic base for planning health service delivery. If computerized, a birth registration system can serve as the backbone of an electronic health administration system for improved monitoring, planning and service delivery, as well as enhanced monitoring of each individual child's health status. Ultimately, one basic database could be used for all services.

- Vital registration systems are the preferred source of data on under-five mortality because they collect information prospectively and cover the entire population. However, many developing countries lack fully functioning vital registration systems that accurately record all births and deaths. Household surveys, such as Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS), have become the primary source of data on child mortality in developing countries, however, there are some limits to their quality.

Integrating birth registration and health services is also an effective approach in conflict and post-conflict situations, as health services are often the only functioning emergency service for children in these circumstances. In Kosovo, for instance, when a polio immunization campaign was conducted in 1996, 60,000 children were found to be unregistered.[40] Following the breakdown of birth registration systems due to armed conflict, some countries have opted for establishing or re-establishing birth registration systems that are integrated with the health

[36] Bos, Eduard and Amie Batson, *Using Immunisation Coverage Rates for Monitoring Health Sector Performance*, Health, Nutrition and Population (HNP) Discussion Paper, World Bank, 2000.

[37] Alarcón, Diana, (United Nations Department of Economic and Social Affairs) and Marcos Robles (Inter-American Development Bank). 'The challenges of measuring child mortality when birth registration is incomplete', Global Forum on Gender Statistics, (ESA/STAT/AC.140/8.1), Rome, Italy, December 2007, p. 4.

[38] Health Metrics Network (HMN), Initiatives in Civil Registration, 'Regional Workshop on Civil Registration and Vital Statistics Systems in Africa', 2009.

[39] Ibid, p. 4.

[40] United Nations Children's Fund, *Birth Registration and Armed Conflict*, UNICEF, 2007.

system to reduce costs. In Timor-Leste, for example, birth registration has increased by 75 per cent in Dili National Hospital, the site of a new hospital-based birth registration post.[41] This initiative is part of a new strategy to implement the 2007 Memorandum of Understanding among the health, education, state administration and justice ministries and the religious community to make birth registration more accessible.

4.1. Placing civil registrars in health institutions

Ways of integrating the health and the civil registration systems can be categorized into two broad divisions: i) civil registrars are placed within the health system (i.e., in Brazil, Venezuela, South Africa), and ii) health professionals are mandated as civil registrars, as in the Gambia and Myanmar.

4.1.1. Placing civil registrars within the health system

Placing civil registrars within the health system has proved to be beneficial in countries with high rates of births delivered by skilled birth attendants, covering both institutional and non-institutional deliveries. Similarly, placing civil registrars within hospitals, maternity wards (particularly in populous urban areas) can also be an effective approach to increase birth registration rates.

In Brazil, birth registration rates have improved significantly since 2001. In that year the Government established notary public (civil registration authority) outreach units within maternity wards in states with the lowest birth registration rates in the northern and northeastern regions. However, despite the initial success of this approach, it ceased to function due to the cost of maintaining fully staffed civil registration units in hospitals 24 hours a day when compared to the small number of children born. To overcome this challenge, the Government of Brazil revised its strategy for birth registration,[42] allocated public funding for birth registration activities, and set up financial incentives for health facilities and civil registration authorities. The country is currently pioneering a more cost-effective online mechanism that links the civil registrar to maternity wards without the need for a fully staffed office in the health facility.

The Online Birth Registration project at Prince Mshiyeni Memorial Hospital (PMMH)[43] in South Africa, launched in 2004, consisted of connecting the hospital with the Home Affairs National Population Register. This allowed for an on-site registration of hospital births and ideally ensured that mothers delivering their babies in the hospital obtained their child's birth certificate the same day.[44] During the two years of implementation (2004–2006), the online birth registration system was undoubtedly a valuable resource for mothers who gave birth at PMMH. Ninety-one per cent of all household members were reported as having birth certificates/identification documents, which represented an increase of 8 per cent over 2004.

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[41] United Nations Children's Fund Timor-Leste, *Annual Report*, UNICEF, 2008.

[42] Government of Brazil, 'National Commitment for the Eradication of Under-registration of Births and Expansion of Access to Basic Documentation', *Implementation of 'Social Agenda': Total Budget for the Birth Registration Programme*, 2008.

[43] United Nations Children's Fund South Africa, *An Assessment of the Online Birth Registration Project at Prince Mshiyeni Memorial Hospital*, April 2007.

[44] Ibid, p. 4.

There was also an increase in the number of hospital-registered births. In 2004, only 10 per cent of interviewees had registered their babies at hospitals compared with 55 per cent in 2006.[45]

Evaluations of experiences in Brazil[46] and South Africa[47] in integrating birth registration into maternity wards and hospitals have yielded important findings. These need to be considered by other countries using this strategy, such as Swaziland, which has integrated birth registration in the country's eight major hospitals. The benefits of placing civil registrars in health institutions have been highlighted in several countries, including:

- In Algeria, 92 per cent of all mothers give birth in medical institutions, and their babies are registered on the spot.[48]
- Civil registrars were placed in hospitals in Angola's provinces of Luanda and Malange in 2007, and this pilot was taken to national scale in 2008.
- In 2005, the Government of Venezuela launched the National Identity programme,[49] which includes placing civil registrars in health institutions as a central element.[50] As of 2009, 154 civil registration outposts have been created in health institutions in 107 municipalities, mainly in indigenous and Afro-descendent communities where birth registration rates are the lowest. Nearly 600,000 children were registered between 2005 and 2008 within the framework of this programme, representing a 17 per cent increase in birth registration rates since 2004.[51]
- UNICEF Colombia worked together with 30 health delivery institutions in 28 municipalities to ensure birth registration in 2006.
- Initially, since 2000, Namibia's strategy to improve birth registration rates primarily took place through the Ministry of Home Affair's existing 13 regional facilities. In 2007, the Ministry of Home Affairs, Health and Social Services, and Gender Equality and Child Welfare agreed on a strategy for scaling up birth registration through hospital facilities concurrently with mobile campaigns in hard to reach areas. In 2007, the Katakura State Hospital introduced the first birth registration facility next to its maternity ward to register children from birth. In 12 months over 7 600 babies were registered at this facility. By 2009, 12 major health facilities have introduced birth registration facilities in maternity wards.
- Papua New Guinea piloted the institutionalization of birth registration within the health system in the capital in 2006, and in 2007 this approach was expanded to all four regional hospitals. A Memorandum of Understanding among the Department for Community Development, Department of Health and Department of Education provided a framework for collaboration whereby all schools and health facilities were declared official birth registration sites.

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[45] Ibid, p.33.

[46] United Nations Children's Fund Brazil, *Evaluating the implementation of birth registration facilities in Ceará Hospitals*, UNICEF, 2007.

[47] United Nations Children's Fund South Africa, *An Assessment of the Online Birth Registration Project at Prince Mshiyeni Memorial Hospital*, April 2007.

[48] United Nations Children's Fund, 'Birth Registration: Right from the Start', *Innocenti Digest*, No. 9, 2002.

[49] United Nations Children's Fund Venezuela, 'National Identity Programme "I am"', unpublished, 2008.

[50] Civil Registration Units in Health Services (in Spanish: Unidades de Registro Civil en Establecimientos de Salud - URCES).

[51] Venezuela National Statistics Institute, *Vital Statistics 2006*, April, 2008.

- In Ghana, the Government said that "It is a good opportunity for the Registry to increase birth registration coverage if registration officers are stationed in health facilities and maternity homes in the various communities to capture all births that occur in the facilities."[52]

Despite the proven success of the strategy of placing civil registrars in health institutions, challenges remain, including:
- Mothers often are not issued birth certificates for their children at the time of discharge, but rather are compelled to return at a later time to pick up the certificate, making it expensive and time consuming.
- The online system requires adequate proof of parental identification, thus denying access to undocumented parents. Until the backlog of identification documents for adults, particularly mothers, is addressed, children will continue to be denied their right to birth registration and certification.
- Sometimes computerization overlooks birth information of children born prior to the date the online system was established, making acquiring birth certificates cumbersome.
- Children with no birth certificate sometimes have difficulties in accessing health services.

4.1.2. Health professionals mandated as civil registrars
In Myanmar, township medical offices (TMOs) are the backbone of the civil registration system within the country's modified vital registration system (MVRS). This was piloted in four townships in 1999 with UNICEF support, leading to national scale up in 2001. By 2006, more than 6,000 health professionals throughout the country (in all 325 townships) had been trained.[53] The principal of 'occurrence' is central to the vital registration system, implying that births and deaths are registered at the place where the birth took place, and not by domicile. State/divisional health offices are provided with vital statistics forms, which are distributed to TMOs at the state/division level. Midwives are primarily responsible for collecting the vital data in their jurisdiction, registering and issuing birth certificates.

In the Gambia, the Ministry of Health is the only institution legally mandated to register births in the country. This approach has led to an increase in birth registration rates from 32 per cent (MICS, 2000) to 55 per cent (MICS, 2006).

The only concern voiced by the health professionals is an overload of responsibilities when their work includes registration. In Ghana, for instance, health professionals see "birth registration as undue additional responsibilities and do not collaborate effectively as desired".[54]

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[52] United Nations Children's Fund Ghana, *Assessment of the Birth Registration System in Ghana*, UNICEF, 2008, p. 23.

[53] Social Insight Research Services, *Assessment on the Status of Implementation of the Modified Vital Registration System*, Myanmar, 2007.

[54] United Nations Children's Fund Ghana, *Assessment of the Birth Registration System in Ghana*, UNICEF, 2008, p. 23.

4.2. Engaging community health officers as outreach registrars

Several countries have opted for or recommend decentralizing the integration of civil registrars and birth registration into health services down to village or sub-district levels to ensure greater outreach. Good practice examples show that this approach is most suitable in countries or regions within countries where a large proportion of births are delivered at home. At the community level, traditionally trained birth attendants have the vital role of ensuring that every birth is recorded in the village register.[55]

In Madagascar, the birth registration programme that started in 2002 foresees (i) community engagement, (ii) active involvement of the health sector in birth registration, taking into account the role of traditional birth attendants, and (iii) engagement of the education sector in registering births. Approximately 2 300 district committees have been established to identify pregnant women and promote birth registration, and the health and education sectors have been trained for their role in the birth registration process.[56]

Birth registration rates in Ghana have improved significantly, from 31.2 per cent in 2000 to 62 per cent in 2007. The Government of Ghana recruited and trained community registration volunteers to curb the critical shortage of staff in the various registrars' offices. In 2007, there were 832 registration volunteers throughout the country.[57] This approach relies on community volunteers to accompany community health nurses on their outreach activities.

"The existing collaboration between the Registry and the Ghana Health Service, where volunteers and registration officers accompany community health nurses (CHN) to the maternal and child welfare clinics in the communities to register infants, has the most direct impact on birth registration coverage."[58]

Findings of a recent study in Ghana suggest that traditional birth attendants should play a more prominent role, providing reliable information on deliveries in their communities for subsequent registration, as well as carrying out awareness raising activities.[59]

Moreover, the assessment of the birth registration system in Zambia[60] recommended further decentralization of birth registration to the sub-district level, with strong involvement of health facilities and traditional and other community-based leadership. Specific recommendations included: (i) adapting the Birth Delivery Book in order to capture data for issuing birth certificates, and (ii) recognizing the Birth Delivery Book and village registers as official birth registers.

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[55] Government of the Republic of Zambia, *Report on the Assessment of the Current Birth Registration System in Zambia*, 2008, p. vi.

[56] United Nations Children's Fund Madagascar and Ministry of Interior of the Government of Madagascar, *Evaluation of the Implementation and Suggested Guidelines for the Scaling-up of the EKA Programme for Birth registration including the Computerisation of the Civil Registry*, final report, March 2009, p. 42.

[57] United Nations Children's Fund Ghana, *Assessment of the Birth Registration System in Ghana*, UNICEF, 2008, p. 21.

[58] Ibid, p. 23.

[59] Ibid, p. 24.

[60] Government of Zambia, *Report on the Assessment of the Current Birth Registration System in Zambia*, 2008.

Additional countries that have engaged community health officers as outreach registrars include Yemen, which integrated birth registration in community health centres in excluded areas of Aden as a pilot in 2007, and Iran, where 12 districts adopted an innovative community-based model for birth registration in 2006. The Iran project brought together birth registration officials, health centre workers and village council members (Dehyars), who now work together to ensure universal registration. In 2007, Suriname included birth registration in its integrated childhood development services in rural areas. This strategy, led by the Ministry of Regional Development, integrated birth registration with growth monitoring and parental education, engaging women and health workers in advocacy and community awareness.

The challenges faced by community outreach initiatives include:
- Volunteer fatigue, as in the case of Ghana, where volunteers were recruited but sustainability was short-lived because of the lack of financial support for essential travel to communities and other logistical needs.
- In Madagascar, insufficient inter-ministerial coordination led to unfunded activities at community levels despite the existence of a national birth registration programme. The effective commitment at the national level has direct impact at the community level. Despite the inter-ministerial agreement in place, ministries (including the Ministries of Health and Education) often fail to perceive birth registration initiatives as a part of their daily activities or responsibilities.[61]
- National governments and ministries of health are generally promoting institutional deliveries attended by trained health workers, rather than the use of traditional birth attendants (TBAs), and it is likely that the proportion of home births attended by TBAs will decline over time. However there are now recommendations for home visits during the first week of life, in order to improve care of newborns. Community workers (including TBAs) who provide these home visits for newborn care can also be enlisted to support birth registration at the community level.

4.3. Inclusion of birth registration components in public health campaigns

The inclusion of birth registration components in public health campaigns has proven to be a cost-effective approach to reaching out to large populations. Integrating birth registration into public health campaigns was carried out with UNICEF support in Bangladesh, Burkina Faso, Gabon, Ghana, Guyana and Uganda.

In Bangladesh, UNICEF has been working towards integrating birth registration activities into the routine EPI since 2007. The success of this integration has led to the incorporation of birth registration into the implementation programme for the newly launched Hib pentavalent vaccine in 2009.[62]

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[61] Ibid, p. 29.
[62] The Hib pentavalent vaccine s a combination vaccine that protects children against five diseases in one injection, including, for the first time, the deadly bacterium Haemophilus influenzae type b (Hib) that causes some severe forms of pneumonia and meningitis.

Most countries have followed similar patterns of integrating birth registration into public health campaigns, focusing on large-scale immunization campaigns. However, Ghana broadened this strategy to incorporate birth registration into vitamin A supplementation and anti-malaria campaigns, whereas Uganda organized Child Health Days with birth registration as a component. In the Gambia, birth registration was combined with mass treatment of mosquito nets in the Lower River Division in 2003. In Panama and Venezuela, birth registration was integrated into early childhood development strategies, particularly in antenatal care and immunization programmes.[63]

Campaign-type initiatives can provide very good service in that they can alleviate the backlog and quickly register large numbers of previously unregistered children, however, they need to be followed up with ongoing, routine system strengthening.

Possible negative impacts of the campaign approach is that instead of parents' becoming convinced to register their children as quickly as possible, many prefer to wait for the next campaign to come along. Sometimes they are not informed that the number of campaigns will be limited. Hence the 'campaign' model becomes the 'regular' method of registration and parents wait for their next opportunity to have late registration fees waived. Also, campaign databases may be incompatible with the routine data collection system, compromising the sustainability of the routine registration system beyond the end of the campaign.[64] The possibility of fraud by registration agents during the campaign period increases if they receive a bonus per registered child, as found in a study in Mozambique.[65]

4.4. Emerging patterns in integrating birth registration with health services

In the 2006–2008 period, UNICEF offices in 29 countries[66] integrated birth registration with health services (in 15 countries UNICEF supported the placement of civil registrars in health institutions; in 4 countries UNICEF has facilitated the engagement of community health officers as outreach registrars; and in 10 countries UNICEF has contributed to the inclusion of a birth registration component in public health campaigns (for example, immunization and anti-malaria). Some patterns that can be observed based on this set of countries for the 2006–2008 period include:

- Countries where UNICEF has supported the strategy of placing civil registrars in health institutions (including the integration of birth registration in maternity wards and mandating health officers as civil registrars) have had high rates of births attended by

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[63] Communication from the UNICEF Americas and Caribbean Regional Office, August 2009.

[64] United Nations Children's Fund Mozambique and Métier Research, *Implementation of the Birth Registration National Action Plan*, final report, May 2008, p. 31.

[65] United Nations Children's Fund Mozambique and Métier Research, *Implementation of the Birth Registration National Action Plan*, final report, May 2008.

[66] Based on United Nations Children's Fund Country Office Annual Reports for 2006, 2007 and 2008. The 29 countries are: Angola, Bangladesh, Belize, Botswana, Brazil, Burkina Faso, Cape Verde, Colombia, Ecuador, Gabon, the Gambia, Ghana, Guyana, India, Indonesia, Iran, Madagascar, Mozambique, Myanmar, Namibia, Pacific Islands (Kiribati, Solomon Islands and Vanuatu), Papua New Guinea, South Africa, Suriname, Swaziland, Timor-Leste, Uganda, Venezuela and Yemen.

skilled health personnel (doctor, nurse or midwife). In 12 of the 15[67] countries investigated, over 55 per cent[68] of births are attended by skilled health personnel.[69]

- The 10 countries[70] where UNICEF has facilitated the inclusion of a birth registration component in public health campaigns have high immunization coverage rates (around 90 per cent). However, in 5 of these 10 countries, less than half of births are attended by skilled health personnel.

- No patterns can be inferred regarding the four countries[71] where UNICEF has supported the engagement of community health officers as outreach registrars due to the limited sample size and the difficulties in defining adequate indicators on community health to determine patterns or typologies.

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[67] Angola, Belize, Brazil, Cape Verde, Colombia, Ecuador, the Gambia, Myanmar, Namibia, Pacific Islands (Kiribati, Solomon Islands and Vanuatu), Papua New Guinea, South Africa, Swaziland, Timor-Leste, and Venezuela.

[68] United Nations Children's Fund, *State of the World's Children 2009*, UNICEF, New York, 2009, Table 3.

[69] Please note that rate of births attended by skilled health personnel (doctor, nurse or midwife) varies greatly, ranging from 18 per cent in Timor-Leste to 99 per cent in Ecuador as per UNICEF's State of the World's Children 2009. However, only 3 of these 15 countries have low rates of births attended by skilled health personnel – under 55 per cent, namely: Angola (47 per cent), Papua New Guinea (41 per cent) and Timor-Leste (18 per cent).

[70] Bangladesh, Botswana, Burkina Faso, Gabon, Ghana, Guyana, India, Suriname, Uganda and Yemen.

[71] Indonesia, Iran, Madagascar and Mozambique.

5. Case studies of good practices in integrating birth registration and health services

5.1. Bangladesh

Context and challenges

Prior to 2004, the Birth and Death Registration Act (1873) and the Births, Deaths and Marriages Registration Act (1886)[72] provided the main framework for birth registration in Bangladesh.

In 1996, UNICEF-supported a local pilot project in Holidhani Union Parishard, Jhenaidah District, to strengthen the birth registration system. This pilot proved to be a turning point in the history of the birth and death registration system in the country. It revealed gaps and challenges to be addressed, including the fact that the birth registration system then relied on the village police or *chawkidar* to collect data on the occurrence of births, a system that did not function efficiently. This was due to a number of factors: the *chawkidars* were poorly trained and often illiterate and local government officials did not understand their responsibilities. Local health workers were also simultaneously collecting information on births for their own planning purposes, but this information was not being used for birth registration.[73]

Subsequently, in 1996 UNICEF supported qualitative research on the status, causes and consequences of low birth registration in the country. The study indicated low levels of birth registration because of (i) lack of appropriate human resources, (ii) lack of standardized and adequate administrative materials and (iii) lack of social awareness of the importance of birth registration. It also indicated that people did not use birth certificates as proof of age, identity or to gain access to services. As a result, it was very difficult to undertake protection measures against issues such as child marriage, child labour, child trafficking, deprivation of liberty, commercial sexual exploitation, etc.[74] Furthermore, the recommendations made by the Committee on the Rights of the Child (CRC) in 2003, following a review of the 1997 Bangladesh State Party Report on CRC implementation, moved the Government to act on birth registration. The CRC Committee, in its concluding observations, expressed its concerns at the lack of a functional birth registration system, as well as the low public awareness of the obligation to register children after birth.[75]

In terms of data on birth registration, between 1996 and June 2008, the percentage of children under age 5 whose births were registered has increased from approximately 7 per cent in 1996[76] to 10 per cent in 2006[77] and 40 per cent as of June 2008.[78] However a rural-urban divide can be observed, with smaller numbers of children in rural areas being registered in comparison to their

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[72] Only for the Christian community.
[73] United Nations Children's Fund Bangladesh, *Birth Registration: A Vehicle for Child Rights Promotion*, 2002.
[74] Communication with Dr. Ataur Rahman, UNICEF Bangladesh, Health and Nutrition Programme Officer, April 2009.
[75] Concluding observations, Bangladesh, 2003.
[76] Communication with Dr. Rahman, UNICEF Bangladesh, Health and Nutrition Programme Officer, April 2009.
[77] MICS, 2006. Retrieved 17 December 2009 from <www.childinfo.org/birth_regstration_tables.php>.
[78] Communication with Dr. Rahman, UNICEF Bangladesh, Health and Nutrition Programme Officer, April 2009.

Figure 3. Percentage of children under 5 registered in Bangladesh

Percentage of children under 5 registered
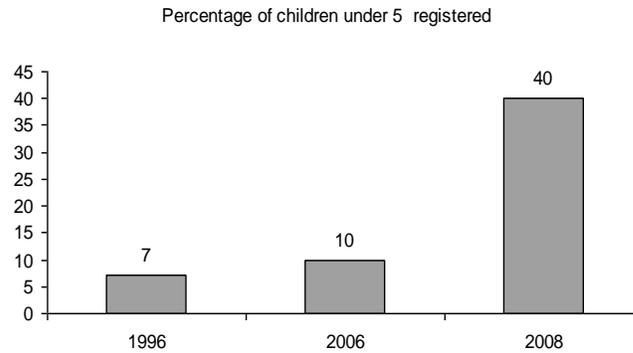
Source: UNICEF

urban counterparts. UNICEF's *State of the World's Children Report 2009* shows a 9 per cent birth registration rate for children under age 5 in rural Bangladesh and 13 per cent rate in urban areas. Although significant progress can be seen in the overall figures, concerns still remain about various factors: differential and weak capacities of relevant local government authorities, institutional constraints like the lack of coordination among ministries, and low levels of awareness, which has led to low demand for birth certificates.

Actions that made the difference

1. Legal reforms
One of the critical steps taken to streamline the birth registration system in Bangladesh has been legislative reform. This was achieved through a combination of policy-influencing efforts and promotional activities, campaigns and demonstrative pilots.

The Birth and Death Registration Act 1873 and the Births, Deaths and Marriages Registration Act 1886 were repealed and the Births and Deaths Registration Act was adopted in 2004 and entered into force in July 2006. The new Act requires a birth certificate as a proof of age for services that directly affect children, including school enrolment, marriage registration and transfer of property, as well as access other services. Following the Act, the Government adopted corresponding birth and death registration rules, or implementation guidelines, for different administrative levels, namely, Union Parishad (Council), Pourashava (Municipality), City Corporation, Cantonment Boards and Embassies/High Commissions of Bangladesh abroad.[79]

2. Identifying low-cost, feasible and sustainable approaches
Following enstatement of the new Act, the year 2005 witnessed the initiation of a whole new set of pilot interventions aimed at demonstrating and identifying low-cost, feasible and sustainable approaches to birth registration. The pilot initiatives were: (i) 100 percent birth registration at 64

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[79] *Third and Fourth Periodic Report of the Government of Bangladesh under the Convention on the Rights of the Child*, August 2007.

model Union Parishads (UPs), (ii) integrating birth registration with educational institutions and (iii) integrating birth registration with an immunization programme. The findings from these pilots indicated that local government institutions are capable of pursuing universal birth registration of primary- and secondary-level students, which can easily be accomplished through the educational institutions, and that newborn babies can be registered through the routine immunization programme. These pilot interventions also confirmed that only by adopting an inter-sectoral strategy the country would be able to register a significant number of children, ensure that they receive their birth certificates and that the certificate is used when accessing other services. Among the pilot interventions, the most significant was the integration of birth registration with the EPI. Integration of birth registration with EPI proved that governmental and non-governmental field workers at primary health care facilities could assist local registrars in registering children under age five during routine immunization and geographical reconnaissance (health survey) they perform. This pilot has been scaled up in the country since 2007.[80]

3. Integrating birth registration with the expanded programme on immunization
This strategy focuses primarily on consolidating and coordinating work at the field level so children are immunized and at the same time registered and issued birth certificates.

(a) Consolidation of work at field level
The approach places responsibility for collecting information on births with the EPI workers, who are designated outreach workers under the health system. Birth information is collected by EPI workers with the prescribed format at their respective EPI field sites. They certify the information and transmit it to the local registrar's office. After registration, certificates are issued and carried to the EPI sites by the village police. Certificates are then distributed to the parents/guardians who come to the EPI sites for immunization.

(b) Supportive administrative processes
In January 2008, the Health and Family Planning Directorate issued an administrative circular to all field workers, clarifying the process, roles and responsibilities of health and family planning staff with regard to birth registration.

(c) Training and capacity development
The importance and modalities of birth registration has also been included in the EPI field workers' training module, in the EPI regular training curricula, in the EPI daily tally form and child registration book and report form, etc. In 2008, 3,000 newly recruited health workers were oriented as to the processes and statutory requirements for the registration of births.

(d) Registration stationery
The newly developed forms and formats will be available in the field beginning in June 2009.

(e) Routine monitoring
An EPI monitoring form has been revised to incorporate birth registration responsibilities and promotional information for use by EPI workers.

(f) Information, education and communication

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[80] Communication with Dr. Rahman, UNICEF Bangladesh, Health and Nutrition Programme Officer, April 2009.

Birth registration information has also been incorporated in EPI's information, education and communication materials, including flip charts, folders, etc.

(g) Stopgap acceleration efforts
Adolescents have also been engaged to collect birth registration information within the framework of the National Immunization Day activities. In 2008, for instance, the 17th annual immunization day collected data on 50,000 births.

(h) Further integration
As of 2009, birth registration was incorporated into the training and orientation module on the new Hib pentavalent vaccine[81] that was introduced nationwide in 2009 and field workers have begun delivering birth registration services in outreach sites.

4. Strengthening the routine birth registration system

In order to establish a functional, nationwide registration system, steering away from an ad hoc system based on campaigns with external funding, measures are underway to institute standard systemic structures and administrative processes that:
(a) Maintain the supply side components.
- Replenish and distribute registration supplies (i.e., application forms, register books and birth certificates, as well as copies of the new act and government UBR strategy, etc.) at all levels, so that all local registration units have sufficient stationery.
- Build capacity and implement training programmes for duty-bearers at the national and sub-national levels on the technicalities of registration processes and procedures. Enhance access to detailed guidelines to help local registrars resolve registration problems at the field level.
- Incorporate birth registration and child rights issues into training curricula for registrars and support staff in government training institutes throughout the country.
- Develop and disseminate training manuals on registration processes and the role of duty bearers (registrars, local government officials, teachers and health workers).

(b) Ensure coordination.
Task forces at national, sub-national and all other administrative levels have been created. The task forces focus on (i) implementing time-bound planning for birth registration, (ii) carrying out advocacy, social mobilization and awareness raising activities, (iii) ensuring that registration stationery is adequately distributed and utilized and (iv) monitoring progress bi-monthly.

(c) Introduce the Birth Registration Information System.
In 2002, in order to introduce electronic birth registration in the country, the Government developed a software package called the Birth Registration Information System (BRIS). This software was used in different locations on a pilot basis, with the Rajshahi City Corporation and Gazipur Paurashava being the first two local government bodies to implement this information system. The aim of promoting an electronic system was to:

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[81] The Hib pentavalent vaccine is a combination vaccine that protects children against five diseases in one injection, including, for the first time, the deadly bacterium Haemophilus influenzae type b (Hib) that causes some severe forms of pneumonia and meningitis.

- Store all individual's birth information in a database, automatically issue birth certificates and retrieve information on the birth record as and when required.
- Generate periodical reports on the implementation progress of the registration system for monitoring purposes.
- Develop a central database that links with other services.

It may be noted here that to address the emerging issue of inter-operability raised by the Government of Bangladesh, the mentioned software is undergoing a thorough revision. A web-based user interface will be developed for birth registration. An inherent advantage of this interface is that it is very simple and easy to use. No special BRIS software will be installed in computers at the registrar level. This will also reduce possible support requests that otherwise might arise from the non-functioning of such software. Data will be safe on the central server, and restoration time will be short even if the computer is damaged due to unforeseen reasons.

5. Impact: costs and benefits[82]
BRIS has removed duplication and redundancy from birth/registration records through the centralized storage of data. It has automated searching, sorting, processing and reporting tasks (such as those associated with immunization) and has very significantly reduced the time needed for such tasks. Error rates have also been reduced, with a combined identity number and bar-coding system. A CD-ROM of BRIS data has been created; in addition to providing backup, this will also allow the transfer and reuse of registration data outside the LAN system. The direct costs of system development were less than US$20,000 and operational costs are around US$200 per month.

6. Expanding BRIS to include electronic immunization administration system
The Rajshahi City Corporation also introduced an electronic immunization administration system using the birth registration database, yielding the following benefits:
- Availability of more accurate and readily accessible information on birth and death registration
- Enhanced monitoring of individual child's immunization status, vitamin A supplementation and post-natal care, etc.

Both registration and immunization rates have increased since the system's introduction.

7. Special initiatives for the most vulnerable
In addition to the law and strategy for general national application, special initiatives are in place to register the most vulnerable and excluded children. These include children of landless families, children living in slums, sexually exploited children in brothels[83] and children of other marginalized groups, such as certain minorities. NGO partners working with these children and adolescents at risk have therefore been included in training and awareness-raising activities on

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[82] Retrieved 17 December 2009 from <http://unpan1.un.org/intradoc/groups/public/documents/unpan/unpan023588.pdf>. Moshtaq Ahmed, Government for Development,Success/Failure Case Study No.16, Electronic Birth Registration in Rajshahi, Bangladesh.

[83] UNICEF does not, by this action, condone the sexual exploitation of children, but attempts to ameliorate their living conditions and contribute to the establishment of their rights as it works towards a permanent solution to this problem.

birth registration to help reach all children. Steps have been taken to identify NGOs, build their capacities and establish their connections and networking with various government departments to facilitate a coordinated effort in registering the most vulnerable population. UNICEF is supporting the Government of Bangladesh to register births of Roingya refugee children born in Bangladesh. Another special initiative is underway to register Gypsy children in Bangladesh.

8. Communication strategy and awareness raising

Low levels of awareness amongst the general public were identified as one of the impediments to realising universal birth registration. The communication strategy focused on the development and dissemination of advocacy materials, such as posters, leaflets, and audiovisual resources through mass media outlets. One of the key messages conveyed to the public was the time-bound activity of free birth registration and certification of under-18 children until 30 June 2010.

Lessons learned

Engagement in birth registration since 1996 has resulted in updated legislation, streamlined service delivery and the implementation of an effective communication strategy targeting children, families and communities. The following results were achieved in partnership with the Government, bilateral partners and civil society organizations:

- Campaign-type initiatives can provide very good service because they can clear backlogs and quickly register large numbers of previously unregistered children. However, campaign initiatives need to be followed by ongoing, routine system strengthening. From 1996 to 2004, the initiatives carried out by the Government of Bangladesh, UNICEF and other partners resulted in the registration of approximately 5 million births. During a consolidated one-year campaign in 2006, 6 million births were registered. As of March 2009, 55.7 per cent of the country's 145 million people have been provided with birth certificates.
- Legal reform was essential to improving birth registration rates. The adoption and implementation of new legislation in 2004 benefited from field-testing and campaign-type activities carried out between 1996 and 2004.
- A national plan of action is necessary for the enforcement of laws and regulations on birth registration. In order to give the Act and rules the needed momentum, the Government of Bangladesh adopted the Universal Birth Registration strategy to register the entire population by 2008. It included a provision for cost-free registration and certification for the first two years. July 3 has been declared as Birth Registration Day in Bangladesh.
- The Government needs to partner with civil society to improve birth registration rates. A network comprising government and non-governmental partners was established to promote birth registration.
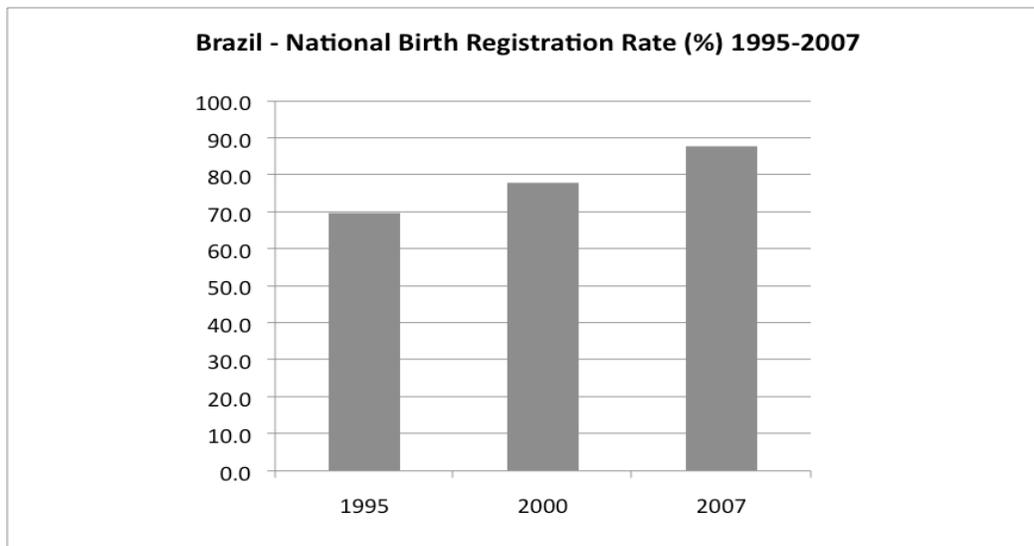
5.2. Brazil

Context and challenges

Brazil is a country of continental dimensions (8.5 million km^2), leading to the geographical isolation of many regions, especially in the Amazon River basin (northern Brazil) and in the northeastern part of the country. Politically, the country is a federation of 27 states. The socio-economic indicators in the northern and northeastern states are considerably below the national average, highlighting the social disparities and exclusion that these regions face.

As of 2007, the average national birth registration rate stood at 87.8 per cent,[84] due to significant strides made in the last decade. The national average had improved almost 20 percentage points from 69.7 per cent in 1995, as per chart below.

Figure 4. Brazil - National Birth Registration Rate (%) 1995-2007

Source: Brazilian Institute of Geography and Statistics (IBGE)

However, challenges persist at sub-national levels and the current situation of birth registration in Brazil is still worrisome, despite recent improvements. As in most of Latin America, national averages often mask sub-national pockets of poverty and exclusion, and Brazil is no exception. Birth registration rates in the northern and northeastern states of Brazil remain extremely low compared to the national average. Eight of the country's 27 states have birth registration rates below 80 per cent, including 3 below 70 per cent (Amapá, Alagoas and Piauí) and 1 below 60 per cent (Roraima).[85] Reasons for low birth registration rates in these states include difficult geographical access and the presence of indigenous populations.

Despite the fact that the states of the northern and northeastern regions Brazil still have the lowest birth registration rates in the country, they have also made the greatest improvements in these rates. As a result of UNICEF-supported activities, six states have improved their birth

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[84] Brazilian Institute of Geography and Statistics, 2007.
[85] Ibid.

registration rates by over 20 percentage points between 2000 and 2007, namely Amazonas, Pará, Tocantins, Maranhão, Ceará and Alagoas, as per the following table:

Brazil State-level Subnational Birth Registration Rate (%) 1995-2007

Source: Brazilian Institute of Geography and Statistics (IBGE)

Actions that made the difference
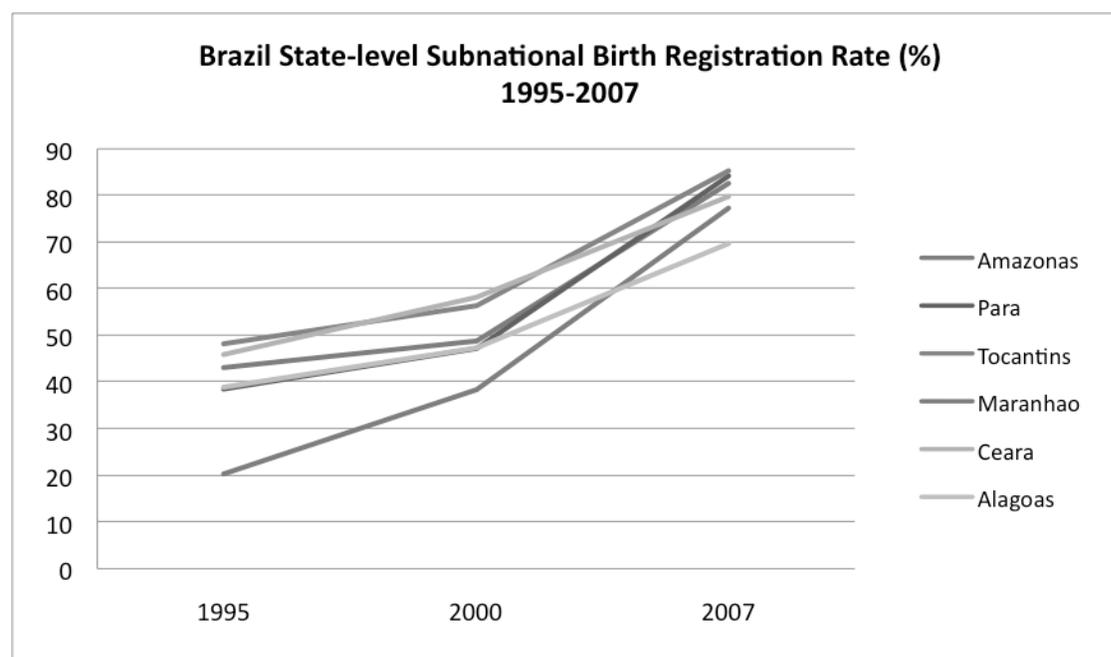
Birth registration rates have improved steadily in Brazil over the last 12 years partially due to UNICEF's advocacy efforts and technical assistance to the government at central and state levels. One of the first steps taken by the Government of Brazil towards this change was to amend existing laws, rendering the registration of births and the issuance of birth certificates free of charge (1997).[86]

1. Monetary incentives for birth registration

In 1999 the Ministry of Health, in partnership with the Association of Notaries and Registrars of Brazil, carried out an information campaign on children's rights to birth registration. This campaign was followed by the establishment of monetary incentives for birth registration granted to both civil registrars and to health facilities:

- Law No. 10.169 of 29 December 2000 established compensation for civil registrars in 2000. However, this law did not provide for direct compensation. Instead, it specified that states (sub-national entities) would be obliged to create mechanisms for the monetary compensation of civil registrars at state and local levels, to ensure that birth registration and the issuance of birth certificates[87] are provided without charge. Some states have created such mechanisms, creating a special fund for civil registration (pioneered by the state of Ceará in 2000). By 2005, similar funds were set up in most states, although with diverse levels of quality in their implementation. Regrettably, in some states with high numbers of

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[86] Law No. 9534, 10 December 1997.
[87] Law No. 10.169, 29 December 2000.

unregistered children, the creation of these funds is pending (Amapá, Goiás, Maranhão, Roraima and Sergipe).[88]

- In 2002, the Ministry of Health issued a resolution[89] establishing a monetary incentive for hospitals to register births. The resolution specifies that R$5 (US$1.72, at the 2000 exchange rate) be allocated to the hospital of the National Health Service for each child registered by the maternity ward. The conditions of this monetary incentive include the hospital's obligation to prove that the child received his/her birth certificate prior to being discharged from the health service.

2. Integrating civil registrars and maternity wards

In addition to the monetary incentives granted to hospitals per child registered, UNICEF supported the implementation of the 2001 National Programme for the Promotion of Birth Registration, consisting of placing outreach units of the notary public within maternity wards in the states with lowest birth registration rates.

Between 2006 and 2008 problems became evident after UNICEF-led assessments of the implementation of civil registration units in maternity wards since their inception in 2001, which performed in three states (Piauí, Ceará and Rio Grande do Norte). In a time span of five to seven years, the overwhelming majority of civil registration units in maternity wards ceased to function or became defunct:

- By 2006, registrar units were functioning in only 23 per cent of the State of Ceará's 184 municipalities (i.e., 48 units).[90]
- In Piauí, only 10 per cent of the units in the state's 91 municipalities' maternity wards were operating (i.e., 10 units) by 2008.[91]
- In 2008, in the State of Rio Grande do Norte, only 10.2 per cent of the municipalities had functioning registrar units within their maternity wards (i.e., 5 units).[92]

Several factors contributed to the low implementation rate. The high cost of maintaining a full functioning civil registration unit within a maternity ward, considering the low number of children born daily, is one of the main factors behind lack of sustainability of this approach.[93] In

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[88] United Nations Children's Fund Brazil, Civil Registration in Brazil, 'First Latin America Regional Conference on Right to Identity and Universal Birth Registration', Asunción, Paraguay, 28–30 August 2007.

[89] Ministry of Health of Brazil, Decree No. 938/GM of 20 May 2002.

[90] United Nations Children's Fund Brazil, Health Department of the State of Ceará (SESA) and Foundation of Ceará for Reproductive Health (FICSARE), *The Situation of Birth Registration in Maternity Wards in the State of Ceará: Access and Characteristics of the Services*, September 2006.

[91] United Nations Children's Fund Brazil, Health Department of the State of Piauí and Foundation of Ceará for Reproductive Health (FICSARE), *The Situation of Birth Registration in Maternity Wards in the State of Piauí: Access and Characteristics of the Services*, July 2008.

[92] United Nations Children's Fund Brazil and Foundation of Ceará for Reproductive Health (FICSARE), *The Situation of Birth Registration in Maternity Wards in the State of Rio Grande do Norte: Access and Characteristics of the Services*, March, 2008.

[93] Interview with Jane Santos, UNICEF Brazil staff, expert on birth registration, 19 June 2009.

addition, many maternity wards were unaware of existing legislation, incentives and their mandate to register children.[94]

Taking these results into account, UNICEF supported the revision of the strategy of integrating birth registration into the health sector, the definition of new strategies to be incorporated, including capacity building for civil registrars and health care staff, and exploring new mechanisms for linking maternity wards and civil registrars at a lower cost.

With the support of a UNICEF Zone Office in the State of Ceará, this state's leadership in research became instrumental for the diagnosis of the situation of birth registration in maternity wards both within the state and in neighbouring states in the northeastern region of Brazil. In addition, Ceará also developed training tools that have been used widely, such as a 10-step manual for civil registration in maternity wards in 2006. UNICEF's efforts in the State of Maranhão, where a campaign to clear the backlog of unregistered children was launched in 2001, led to a sharp increase in birth registration rates. However, this campaign was not complemented with more sustainable approaches and the progress stagnated.

Currently, the State of Pernambuco, can be considered the model for the creation of an online birth registration system linked to the health system, and UNICEF is providing assistance towards the nationwide roll out of this model. In order to arrive at the current model, several pilots were developed, tested and fine-tuned. In broad terms, field testing involved three stages:
- In the first stage, a health care professional would physically take birth registration data to the nearest civil registration office, where the birth registration and the subsequent issuance of birth certificate would occur. The health care professional would then take the document back to the parents (2001).
- The second stage consisted of installing an online system within a maternity ward. Birth registration was conducted online, although the health care professional would also have to physically go to the nearest civil registration office to render the document official and receive the birth certificate. In 2004, several Brazilian states started placing outreach units of the civil registration office within maternity wards, but this proved to be too costly.
- The third and current stage enables an online solution to birth registration without the need for the presence of the civil registration office on the premises of maternity wards/hospitals. Maternity wards/hospitals are now connected online with the civil registration offices (2008).

Thus, the initial strategy of placing civil registrars in maternity wards was replaced with a lower-cost solution of linking both institutions remotely with an online connection. In the State of Pernambuco, the initial cost of setting up the current online system linking 212 maternity wards throughout the state with 198 civil registration offices amounts to approximately US$1.5 million (at the 2008 exchange rate) for equipment.[95]

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[94] United Nations Children's Fund Brazil, Health Department of the State of Ceará (SESA) and Foundation of Ceará for Reproductive Health (FICSARE), *The Situation of Birth Registration in Maternity Wards in the State of Ceará: Access and Characteristics of the Services*, September, 2006.
[95] Interview with Paulo Roberto Moraes, Pernambuco, State Representative, Human Rights Secretariat, 26 June 2009.

3. Adopting a comprehensive strategy

In 2007 UNICEF supported a strategy adopted by the Government of Brazil, entitled National Commitment for the Eradication of Under-Registration of Births and Expansion of Access to Basic Documentation (2008-2011).[96] This strategy establishes a holistic approach that builds upon experience gained over the previous decade to improve birth registration rates throughout the country. It involves governmental partners (at central, state and municipal levels and inter-sectoral), civil society and other stakeholders, including the Association of Notaries and Registrars of Brazil. This national commitment set the ambitious target of increasing birth registration rates to 95 per cent in all 27 states by 2011. The priority beneficiary groups of this commitment are indigenous and rural communities and persons living in residential care institutions (children, persons with mental disabilities and the elderly). The geographical target areas are those with birth registration rates under 75 per cent and Amazon River basin states.

To implement this national commitment, the Government has allotted public funding within the framework of a national programme called the Social Plan for Birth Registration and Basic Documentation. This is a government plan led by the Human Rights Secretariat, within the Ministry of Justice, which outlines inter-ministerial collaboration and partnerships with the judiciary branch, civil society and international organizations, including UNICEF. In 2008, approximately US$50 million (at the 2008 exchange rate) were distributed among the ministries, of which approximately US$7 million were allotted to the promotion of birth registration.[97]

One of the central elements of this comprehensive strategy is reinforcing the integration at municipal and state levels of the health sector (hospitals, maternity wards and health departments) and civil registration authorities.

4. Civil society engagement

In 2003 a national movement for birth registration was launched, uniting a large number of stakeholders ranging from municipal, state and federal level actors in the three branches of power to civil society. At the federal (or central) level, for instance, 61 organizations were members of the National Working Group reinforcing this movement. Similarly, each state organized state-specific groups.

This movement was the driving force for the development of the National Civil Registration Plan in 2004. Subsequently, a series of actions were undertaken within the framework of the plan, including a national mobilization campaign consisting of a partnership between civil society and government stakeholders aimed at clearing the backlog of unregistered children.

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[96] Government of Brazil, 'National Commitment for the Eradication of Under-registration of Births and Expansion of Access to Basic Documentation', *Implementation of 'Social Agenda': The Total Budget for the Birth Registration Programme*, 2008.
[97] This amount was distributed as follows: US$500,000 for the computerization of the national civil registration system, $4 million for campaigns and $2.5 million for the social mobilization plan.

Lessons learned
- Legal reform to ensure that birth registration is free of charge should be the first step towards improving birth registration rates. Legislation in this regard was adopted in Brazil in 1997.

- Integrating birth registration into health services requires extensive field testing prior to creating a national model. Currently, the State of Pernambuco can be considered the model for the creation of an online birth registration system linked to the health system. However, in order to reach this current model, several pilots were developed, tested and fine-tuned.

- Monetary incentives offered to maternity wards per registered child did not suffice to encourage maternity wards to take on the challenge of registering children. These types of incentives must be set in a framework of a comprehensive national policy, long-term budget allocations, and joint collaboration at all levels (central, state and local) between civil registration authorities and the health sector.

5.3. The Gambia

Context and challenges
The Gambia has a total land area of 10,689 square kilometres. Despite its small land size it has one of the fastest growing populations in Africa. The population of the Gambia according to the 2003 Census is 1.4 million. In 2006, the average national birth registration rate was 55 per cent.[98] There is no national system in place for estimating birth registration coverage, hence, the country relies on data from the UNICEF-led Multiple Indicator Cluster Survey (MICS).

With UNICEF support, the integration of birth registration into maternal and child health clinics – known as reproductive and child health clinics – has been a success. Within just two years of the integration, birth registration rates increased 23 percentage points, from 32 per cent in 2000 to 55 per cent in 2006 as per the table below.

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[98] MICS, 2006.

Figure 5. The Gambia – National Birth Registration Rate (%) 2000–2006

The Gambia - National Birth Registration Rate (%) 2000-2006
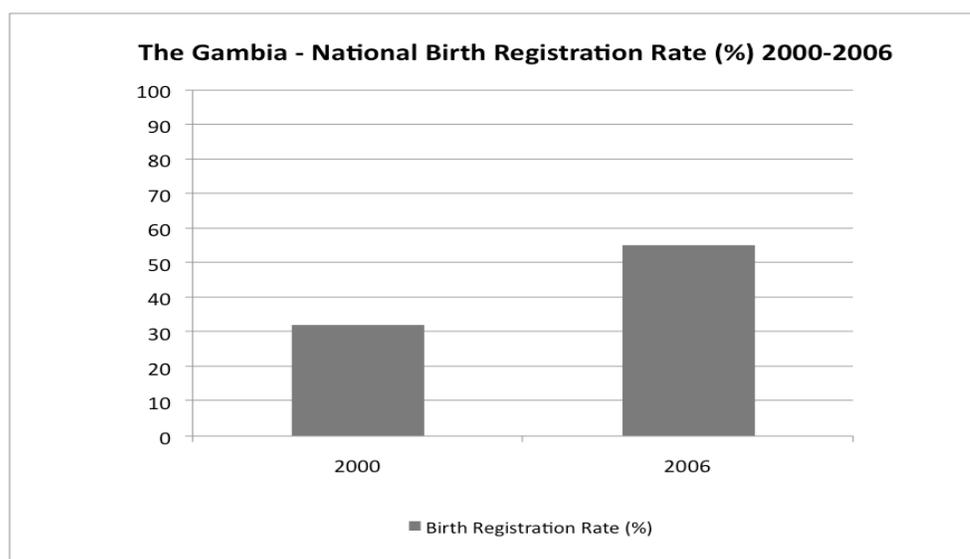
Source: Multiple Indicator Cluster Survey.

Unlike most countries where the urban areas present much higher birth registration rates than rural areas, in the Gambia the gap between urban and rural areas is not as dramatic. Birth registration rates for children under age five in rural areas stand at 54 per cent[99] whereas in urban areas it is 57 per cent.[100] One of the main reasons given for non-registration is that mothers see it as the fathers' responsibility. And, indeed, the 1968 Births, Deaths and Marriages Registration (BDMR) Act places the responsibility first and foremost on the father and only when the father is not on hand, or the child is born out of wedlock, does the responsibility fall to the mother. Further reasons for low birth registration rates include cost and long distance to birth registration centres, lack of awareness on the importance of birth registration, lack of knowledge on where to register their children and mothers' lack of information regarding their obligation to register children.[101]

As a result of the Anglophone Africa Workshop on Birth Registration held 21–24 October 2002 in Kampala, Uganda, a diagnostic study on the situation of birth registration was conducted in the Gambia. The study revealed extremely low birth registration rates and the obstacles to be overcome to change the situation. Based on these findings, the Government of the Gambia adopted the strategy of decentralizing and integrating birth registration into reproductive and child health services, demonstrating commitment at the highest level to sustain the current strategy on birth registration that is being supported by UNICEF. Nevertheless, there is a pressing need to heighten advocacy efforts to ensure government budget allocations to national birth registration initiatives led by the Ministry of Health (Department of State for Health and Social Welfare). These advocacy efforts strive to guarantee that the Government can maintain and increase birth registration rates, with or without financial support from UNICEF.[102] Public

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[99] MICS, 2005.
[100] Ibid.
[101] Communication from United Nations Children's Fund the Gambia, August 2009.
[102] United Nations Children's Fund, 'The Right at Birth: Towards Stocktaking and Agenda Setting for Africa', *African Union Report Card on Birth Registration*, UNICEF, June 2008, p. 22.

expenditure should increase to ensure an adequate supply of birth certificates and logistics for their distribution throughout the year.

Actions that made the difference

1. Ministry of Health's mandate to register children
The Ministry of Health (Department of State for Health and Social Welfare) is the only institution legally mandated to register births. The principal public health officer is designated to act as the registrar of births. Divisional- and district-level public health officers (PHO) stationed in all health centres and hospitals nationwide, as well as regional public health officers in each of the country's five health regions, act as deputy registrars. There are several principal public health officers, but only one of them is designated as registrar of births and deaths at any one particular time.

Moreover, the Gambia has also sought to integrate birth registration into health promotion activities. In 2003, for instance, a 10-day mobile birth registration campaign for children under age five, combined with mass treatment of mosquito nets, was conducted in the Lower River Division.

2. Decentralization of birth registration
Up until 1996 birth registration was conducted in the regional capitals of the Gambia, and the issuance of birth certificates was centralized in the capital city of Banjul. The PHOs in these major towns served as deputy registrars and would send all their returns to Banjul for final registration and the issuance of birth certificates upon approval by the registrar of births (principal health officer).[103]

In 1996 the Ministry of Health decentralized the registration of births and the issuance of birth certificates, reducing the role of the Ministry of Health. While the PHOs in health facilities remained as deputy registrars, divisional commissioners were converted into registrars for their respective divisions. The role of the registrar in the capital became limited to supplying divisions with necessary materials for registration and the issuance of birth certificates for residents of the capital only.

In April 2003, the central government reduced the powers of the divisional and municipal authorities, which were divested of their powers to register births and to issue birth certificates. Their new role entailed only the scrutiny and approval of the Medical and Health Services Statutory Declaration for Births forms.

The process of birth registration and certification also changed in 2003, when two separate procedures were established for the issuance of birth certificates, depending on whether or not the parent possesses a clinic card for his or her child. Without a clinic card the procedures are more cumbersome.

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[103] *Birth registration in the Gambia*, concept paper, 'Anglophone Africa Workshop on Birth Registration', Kampala, Uganda, 21–24 October 2002.

- In the case of children with clinic cards, the parent(s) of a child is/are interviewed by the PHO, who enters the relevant details into the register and the birth certificate forms. The forms are then sent to the Births and Deaths Registration Unit in Banjul for verification and signature by the registrar and then returned to the public health officer for distribution. It takes about a week for the birth certificate to be issued in this way.
- For children without clinic cards, prior to taking the steps mentioned above, parents are additionally required to obtain an attestation of birth from the *Alkalo* (village head). A Justice of the Peace, a Member of Parliament or District Chief must then endorse this. Subsequently a six-member committee[104] needs to scrutinize the request.

3. Integrating birth registration into maternal and child health clinics

Legislation in the Gambia empowers public health officers to act as deputy registrars, in accordance with the 1968 BDMR Act. However, enforcement of this legislation was only initiated in 2004, when the Ministry of Health issued an administrative order to all public health officers at district level health facilities to register children and issue birth certificates. UNICEF was instrumental in influencing the Ministry of Health to issue this policy.

As a result of this policy, in 2004 birth registration was integrated into reproductive and maternal and child health clinics, leading to an increase of birth registration rates of children under age five from 32 per cent[105] in 2000 to 55 per cent in 2005.[106]

With this strategy, birth registration ceased to be a stand-alone service, and has become integrated into highly decentralized child immunization services. To date, the strategy is still bearing fruit as thousands of children that would have gone unregistered to become registered and issued birth certificates.

UNICEF's support to these initiatives is ongoing, within the framework of the UNICEF Gambia Country Programme 2007–2010. The country is on track to reach the target established jointly by the Government of the Gambia and UNICEF: a 90 per cent national average birth registration rate for children under age five by 2011. However, the sustainability of the results achieved so far depends on clearing a backlog of unregistered children and allocating adequate public budget for birth registration initiatives beyond 2011.

4. Legal framework and enforcement

In the Gambia the 1968 BDMR Act, CAP 41.01 of the Laws of the Gambia and the 2005 Children's Act makes the registration of birth a legal entitlement of every child in the country, and the BDMR Registration Act mandates PHOs to act as deputy registrars. It also renders birth registration free of charge and makes the immediate registration of children compulsory for parents, stipulating harsh penalties in case of inaction, including imprisonment of parents. According to the Act, the father is the primary party responsible for registering the child within 14 days of birth and faces a fine or a month imprisonment in case of failure to do so. In the father's absence, the mother will be responsible for registration, facing similar penalties in case

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[104] Divisional commissioner or municipal mayor, two representatives from the law enforcement agencies, a public health officer, one councillor and a representative from the civil society.
[105] MICS, 2000.
[106] MICS, 2005.

of inaction. Furthermore, Article 29 (1) of the 1997 Constitution of the Gambia states "children shall have the right from birth to a name, the right to acquire a nationality [...]".[107]

Despite the above stipulations, there is a discrepancy between the provisions of the law and practice. Many public health officers are unaware of their obligations under the BDMR Act mentioned earlier and the public is often not informed and, hence, unable to claim its rights. The BDMR Act is included as part of a training module on public health regulations in School of Public Health courses. However, inclusion of a specific module on birth registration as a module in itself in the School's curriculum is not yet a reality.

Despite the cost-free nature of registration, as per the BDMR Act, there is a direct cost for obtaining the birth certificate itself, compounded by the indirect costs of travelling to the nearest health centre (i.e., time off from work, travel time and cost, etc.).

Existing legislation needs to be modified to facilitate the issuance of birth certificates, clarifying the link between birth registration and issuance of a birth certificate, and combining registration with the automatic issuance of a birth certificate without charge.

5. Computerizing the birth registration system
Efforts are underway at the Ministry of Health to computerize the birth registration system. Draft digitized birth certificates have been produced and are being analysed. Funding for this initial establishment of a computerized birth registration system and its subsequent maintenance remains a constraint. However, recent developments in 2009 include the delivery of computer software to the Ministry of Health that will facilitate the storage and retrieval of birth registration data by Gambian philanthropists.

6. Linking birth registration and growth monitoring cards
Growth monitoring cards, known in the Gambia as Under-5 Clinic Cards, are very popular with mothers throughout the country. According to some sources, about 90 per cent of babies have such cards, despite the fee attached to obtaining them. Building on the popularity and wide usage of clinic cards, one strategy that is currently being explored in the Gambia is to integrate birth registration into clinic cards. The rationale would be that the fee for the clinic card would incorporate the fee for the issuance of birth certificates. The card records the date of birth of the child or the date first seen at the health centre. The birth registration process then uses this as evidence of date of birth and transfers this to the birth register. However, the automatic registration of births following the issuance of a clinic card is pending.

Lessons learned
- Birth registration rates in the Gambia are still low (55 percent in 2005) despite the great strides made by the country in improving birth registration rates by 23 percentage points, from a base of 32 percent in 2000. The Gambia might look into strategies to complement the current successful approach of integrating birth registration into maternal and child

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[107] *Birth registration in the Gambia*, concept paper, 'Anglophone Africa Workshop on Birth Registration', Kampala, Uganda, 21–24 October 2002.

health clinics. For example, involving traditional birth attendants would be a possible means of registering children born at home.

- Although the birth registration process is cost-free in accordance with the BDMR Act, there is a need for legal reform to ensure that birth certificates are also issued without charge.
- Simplifying registration procedures, in partnership with village heads, should be explored as a strategy to complement the current approach in place in the Gambia.

5.4. Delhi, India

Context and challenges
Delhi has a population of approximately 16 million, with about one third of this population living in slums or slum-like conditions. The current level of birth registration is 100 per cent.[108] Three local bodies, namely the Municipal Corporation of Delhi (MCD), the New Delhi Municipal Council (NDMC), and the Delhi Cantonment Board (DCB), implement the registration of births and deaths through a network of centres spread throughout the city.

The MCD Health Department has computerized birth and death registrations since 2003. This computerization process is comprised of three components: digitization of vital records from previous years for better preservation; launching the Online Institutional Registration (OLIR) in 2004; and setting up computerized Citizen Service Bureaus (CSB) in each zone.

Actions that made the difference

1. Online registration of births and deaths[109]
One of the first computerized birth registration services in the municipality was the registration of births and deaths by the Health Department, beginning in February 2003 with the digitization of vital records for better preservation. This was followed by the launch of OLIR in January 2004 and the setting up of a computerized CSB in each zone.

Under the OLIR scheme all government and private hospitals/institutions have been provided with user IDs and passwords. Each vital event (birth or death) occurring in the hospitals/nursing homes is registered online by the institutions themselves. At present, nearly 400 hospitals have been integrated with the municipality for online institutional registration of births and deaths. Because the scheme primarily covers institutional births, the head of the family or the relative living nearest to the registration centre registers births or deaths that have taken place at home.

There are 191 centres in spread across 12 zones, with 137 centres in urban areas, 50 in rural areas and 4 in municipal hospitals. The online birth and death registration system manages nearly 1,200 entries and generates some 3,000 birth and death certificates every day.

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[108] Directorate of Economics and Statistics and Office of the Chief Registrar (births and deaths), Old Secretariat, *Annual Report on Registration of Births and Deaths in Delhi – 2007*, Delhi, India, 2007.
[109] Retrieved 17 December 2009 from <www.mcdonline.gov.in/healthindex.php>.

The CSB serves as a single-window port for the citizens to access different services, including the issuance of birth certificates. Any citizen who needs a certificate can go to the CSB and ask for a printed copy, or else use the online ordering facility, paying by credit card and receiving the certificate at the doorstep upon payment of courier charges.

Computerization has also facilitated the process of generating a unique reference number for each child. It has helped in improving data management, sped up the generation of reports and enhanced online monitoring. It has also helped in the monitoring of births by sex and zone.

2. Linking immunization to birth registration

A pilot project launched in 2006, Linking Immunization to Birth Registration (LIBRE), covered 32 maternity homes in the Delhi municipality area with the aim of integrating basic services for children. It was implemented within the framework of a tripartite partnership involving the Municipal Corporation of Delhi, the Office of Registrar General and UNICEF, which provided nominal monetary support (US$13,071).

Immunization and birth registration are two services provided for children by the MCD and handled by two separate sections within the Health Department. At the time the pilot was initiated, the birth registration system was already computerized. By contrast, the immunization programme functioned manually, which meant that the immunization database was also compiled manually. A feasibility study conducted by MCD to plan for the pilot project revealed that certain key information regarding children was being collected by both the registration system and the immunization programme (See Table 1.), although separately. The immunization programme was collecting the information manually whereas the registration system collected and compiled it electronically. These records were not matched, merged or consolidated at any level.

Table 1: Commonality in key information collected via the birth registration system and under the immunization programme

Sl. No.		Birth registration	Immunization
1		Child	Child
2	Name	Mother	Mother
3		Father	Father
4	Address	Parents' residence	Parents' residence
5		Permanent address	Permanent address
6	Sex	Yes	Yes
7	Date of birth	Yes	Yes
8	Place of birth	Yes	Yes
9	Birth weight	Yes	Yes

3. Advantages for the immunization programme

The health professionals implementing the immunization programme felt that connecting their records with the computerized birth and death registration system would be advantageous because:

- Integration would make it possible to track a child from the time of birth until he or she is fully immunized.
- In the process of integration, the immunization recording and data collection would also be computerized.
- A database on children would be compiled by combining online birth registration data with the home deliveries reported by frontline professionals.
- Duplication of work would be avoided. Data entered once while registering births would also be used for immunization.
- Compilation of a database on children by area would facilitate rational planning for both facility level planning and supervision.
- Computerization would make data retrieval easier and would facilitate generation of electronic registers at facility level.
- Work planning at facility and sub-facility level would improve as information on 'due for vaccine' dates would be available before the session.
- Vaccine management would improve.
- Information on coverage and dropouts would improve through generation of reports.

4. Incentive for the registration system

For the registration officers the following reasons were given for integrating birth registration with the immunization programme:

- Strengthening reporting of events (births/deaths) occurring in the community covered by immunization programme frontline workers (auxiliary nurse midwife/*Basti Sevikas)*
- *Process of verification of birth registration by a separate agency, in this case the immunization programme*

- Identification and registration of unregistered children born within the MCD area, through the immunization programme
- Identification and collection of information on unregistered children born outside MCD the area.[110] This information would be sent to the Office of the Registrar General of India for forwarding to respective states (provinces).
- Capturing the name of a child[111] from immunization records, especially in the case of children registered without a name
- Tracking changes of residence

The implementation phase can be broadly categorized into two phases: (i) the preparatory phase; and (ii) the implementation phase.

(i) Preparatory phase
The preparatory phase consists of the following activities:
- Conducting a feasibility study to see where the commonalities and complementary factors lie
- Preparation and finalization of scope documents
- Training of health professionals under the immunization programme (i.e., auxiliary nurse midwives, Lady Health Visitors, doctors, paramedical staff, statistical clerks and other related staff) on computer basics and data entry. The training programme covered two batches per day, three hours a day, for five days.
- Installation of hardware (hard disk and UPS) in all 32 pilot Maternity Homes
- Provision of broadband connectivity
- Identification and finalization of an external expert IT agency for software development

(ii) Implementation phase
- After the software was developed, it was first pilot tested in two maternity homes, after which further changes were incorporated.
- The script used is javascript with Windows as backend.
- The software was placed on the Internet in July 2007. User acceptance testing began in the second week of August 2007.
- User IDs and passwords were issued for uploading information.
- A MIS cell for data compilation, analysis and publication of reports was set up;.
- From September 2007 onwards, the software was used by all 32 maternity homes covered under the pilot project.
- To ensure participation and consultation amongst the different stakeholders, and to assist in designing and implementing the pilot, committees were constituted comprising members and representatives from the health department, IT, finance, engineering, the chief registrar (B&D) from the Delhi government, ORGI, Plan India and UNICEF.
- UNICEF supported two components of this pilot project, namely staff training and software development.

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[110] Births need to be registered at the place of occurrence.
[111] Children can be registered without a name. However, a name can be entered later by reporting to the registrar within 1 year of registration without fee, and after 1 year but within 15 years of registration by paying a nominal fee.

The initiative was finally scaled up to cover the entire MCD area from April 2008 onwards.

Lessons learned

- As a result of integrating birth registration and immunization in Delhi through the LIBRE project, universal birth registration of children born in the Delhi area has been achieved since the project's inception in 2006. However, the project identified a substantial number of children living in Delhi who go unregistered, because they were born outside the Delhi area. Most of the unregistered children belong to migrant families coming into Delhi from other Indian states, and they cannot be registered because of a legal framework that stipulates that vital events (births/deaths) must be registered at the place of occurrence.
- The impressive results obtained thus far will only be expanded to include all children living in Delhi if the Registration of Births and Deaths Act 1969 is amended to allow these children to be registered despite the fact that they were not born in Delhi.

6. Recommendations for a UNICEF birth registration policy/strategy

The underlying premises for of integrating birth registration into health services are that both birth registration and health services are rights and entitlements of children, and that the responsibility of providing these services and guaranteeing these rights lies with government.

The recommendations for improving birth registration rates outlined below are divided into two broad categories: (i) specific recommendations for integrating birth registration and health services and (ii) general recommendations for improving birth registration systems.

6.1. Specific recommendations for integrating birth registration and health services

The following recommendations pertain to integrating birth registration and health services, focusing especially on (1) delivery; (2) newborn care; and (3) immunization.

1. *Community health workers are best suited to undertake the dual responsibility of registering/certifying children and providing health care* since frontline community health workers provide pre- and post-natal services to mothers and children. Recommendations include, *inter alia*:
   - To attend children living in geographically inaccessible areas and those facing social exclusion, expand the outreach capacity of health professionals, covering children born in institutions and those born at home.
   - To keep children from missing out on services, build provisions for birth registration into the system of appointing registrars or sub-registrars, even in the smallest human settlements.
   - In communities where high proportions of deliveries take place at home, the system should institutionalize the role of traditional birth attendants in registering children.

2. *Include birth registration in health information systems and create demand for birth registration data within the Ministry of Health.* One of the main benefits for the health sector provided by the birth registration system is information/data on children.
   - In order to assess the need for vaccines and enhance the planning and management of health services like immunization programmes, collect data for the birth registration system at the local level.
   - In order to increase birth registration rates, civil registrars should be placed in health institutions (hospitals, maternity wards, primary health centres, etc.).
   - The civil registration system should also incorporate the registration of deaths as this is useful for tracking health programmes and impact. A sudden increase in child deaths in a particular area could be a useful indicator of a need for immediate action by the health workers.

3. *Conduct advocacy with the Ministry of Justice to reform national laws and regulations to facilitate birth registration*:
   - Advocate with the Ministry of Justice about the importance of birth registration, explaining current barriers faced by the population and why there is a need to reform laws and regulations.
   - Depending on reforms and provisions needed and the country situation, hold joint meetings with Ministry of Justice and Ministry of Health and explain benefits of an integrated approach and how a reform could facilitate it.

4. *Create mandates within the Ministry of Health for health workers and traditional birth attendants to register births and deaths.* In the Gambia, for instance, the Ministry of Health (Department of State for Health and Social Welfare) is the only institution legally mandated to register births in the country. Similarly, in Myanmar township medical offices are the backbone of the civil registration system, within the framework of the country's modified vital registration system. This can be achieved by existing amending legislation or regulatory framework as well as by highlighting the benefits of birth registration for the health system, in particular for the accurate measurement of infant mortality rates, immunization coverage rates, *inter alia*.

5. *Engage community health workers as outreach registrars.* Several countries recommend decentralizing the integrated approach and the link between civil registrars and health services to village or sub-district levels to ensure greater outreach. This approach is most suitable in countries or regions where a large proportion of births take place at home. TTBAs have a vital role at the village or community level to ensure that every birth is recorded in the village register.
   - *To protect children and ensure access to the services* **a**nd benefits of the overall health system, conduct awareness-raising and information campaigns on the benefits of birth registration.
   - Conduct training workshops for community health workers on registering children. Provide community health workers with necessary materials and tools to register children.
   - Provide incentives for health officers that become outreach registrars.

6. *Include birth registration in public health campaigns.* This has proven to be a cost-effective approach to reaching out to large populations.
   - Include a birth registration component in public health cam**p**aigns in particular child health weeks, immunization campaigns, early childhood development strategies, antenatal care and anti-malaria campaigns. Countries where this has been carried out with UNICEF support are: Bangladesh, Burkina Faso, Gabon, Ghana, Guyana, Panama, Uganda and Venezuela.

7. *Establish a monitoring system, led by the Ministry of Health and Civil Registration authority* to ensure the continuous operation and modernization of the registration system, for example, by ensuring timely replenishment of registration supplies and registrar books.

6.2. General recommendations for improving birth registration systems

1. *Use computer technology.* There is a need to develop and pilot online/computerized health and civil registration models that can be demonstrated, scaled up and institutionalized. Computerization can ensure quicker service, automated issuance of certificates and the generation of unique reference IDs for every child. This could also enable child tracking. In addition, this can ensure faster generation of data and promote better use thereof. It also can facilitate online monitoring to help increase accountability, accelerate the identification of poorly performing registration units/areas that require focused attention and improve the reliability of the data that is collected. Computerization facilitates the built-in function of validation and automated data checks, improves archiving and preservation of records and offers easier linkage with other services for children. However, computerization requires certain pre-requisites like the availability of electricity, Internet connectivity, trained personnel, etc., so it must be introduced in phases. Pilots could be tested in urban areas where infrastructure is available for computerization. An effective coordination mechanism among governmental institutions involved in birth registration must be established to guarantee adequate record keeping and privacy of the information.

2. *Make legal reforms:*
   - Update and simplify legislation to ensure that birth registration and issuance of birth certificates are performed free of charge, abolishing all indirect fees (procedural fees, late registration penalties) associated with birth registration.
   - To ensure that children born out of wedlock are not unduly discriminated, structure laws pertaining to birth registration
   - Place proof of paternity primarily with the mother, and the onus of contesting paternity with the father.
   - Ensure legal provisions that facilitate older children reporting by themselves and getting their births registered and certificates issued to them.

3. *Advocate for system strengthening:*
   - To achieve universal, free and timely birth registration for all children, with special emphasis on those belonging to excluded populations establish political commitment.
   - To make birth registration processes and procedures simpler and citizen-friendly, on time and hassle-free simplify implementation rules and regulations.
   - To achieve full inclusion (indigenous, afro descendents, migrants, displaced and rural community populations) and avoid obstacles in the delivery of social services, civil registries must work jointly with social programmes.[112]
   - To boost the commitment of authorities, inter-institutional coordination is essential and must involve all social stakeholders.[113]
   - To ensure the availability of stationery and equipment and on-going training and capacity building programmes for government staff at all levels, allocate adequate public funds for sustainable and effective registration systems.

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[112] This is a recommendation of the First Latin American Conference on Birth Registration, Paraguay, 2007.
[113] Ibid.

- To make sure there is work accountability and that data collected at the local level flow up to the national level, and vice versa, ensure clarity regarding roles, responsibilities and reporting lines.
- Because very often children are registered but do not receive birth certificates, ensure that certificates are issued.
- To ensure non-discrimination and improve registration processes, use the local language and accept indigenous names. In countries like India, bilingual options have been created, for language pairs like Hindi and English, so that birth certificates can also be understood by people/governments from other countries.
- To broaden the registration coverage support the decentralization of registration services and invest in new infrastructure if required.
- To share lessons learned and exchange innovative experiences and good practices promote regional cooperation.

4. *Enhance the focus on socially excluded children:* The strategy needs to prioritize sensitization and change in attitudes of the frontline registration officers in registering socially excluded children, such as indigenous, migrants, children living in remote areas and stateless children. Therefore, interventions for reaching out to socially excluded children, for example, children lacking support networks, need to focus on the issues of accessibility and non-discrimination.
- Eliminate racial, ethnic and any other kind of barriers that hinder birth registration.
- Set up cross-cultural dialogues to guarantee birth registration rights, with special attention to indigenous, peasant, migrant, displaced and rural community populations.

5. *Create awareness*: There is a need to focus on the State's responsibility as duty bearer, to create awareness and promote wide dissemination of information at all levels. Communication activities should therefore be part and parcel of the government-led and funded, health-based birth registration strategy. Communication activities should consider all local languages, including languages spoken by minorities and indigenous populations.
- Promote messages through mass media and civil society regarding the importance of birth registration as a child's right, registration laws in force and the steps for the registration process.
- Increase public demand for improved civil registration systems.
- Raise awareness among parents and children of the importance of registering the births of those children and adolescents who are still unregistered.
- Data harmonization among countries on birth registration.

6. *Implement campaign-type initiatives to clear the backlog of unregistered children.*
Birth registration campaigns can provide a very good service in that they can alleviate the backlog and quickly register large numbers of previously unregistered children. This approach should be followed up with ongoing, routine birth registration systems led and funded by the government.

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