EQUITY, LEGAL IDENTITY AND DEVELOPMENT

STRATEGY FOR ACCELERATING BIRTH REGISTRATION IN EASTERN AND SOUTHERN AFRICA

UNICEF EASTERN AND SOUTHERN AFRICA

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CIVIL REGISTRATION CENTRE FOR DEVELOPMENT—CRC4D

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Cover photo courtesy Erica Masiero

Abbreviations

ACRWC	African Charter on the Rights and Welfare of the Child (1990)
ACS	African Centre for Statistics
ACT	Artemisinin-based combination therapy
AfDB	African Development Bank
AIDS	Acquired immune deficiency syndrome
Antenatal	Before birth; during or relating to pregnancy; prenatal
AU	African Union
App	Application; computing a program or piece of software designed and written to fulfill a particular purpose of the user
CfA	Commission for Africa (or: "Blair Commission")
CHD	Child health day
CRC	Convention on the Rights of the Child (1989)
CRVS	Civil registration and vital statistics
DHS	Demographic Health Survey
EPI	Expanded program of immunization
ESAR	(UNICEF) Eastern and Southern Africa region
ESARO	(UNICEF) Eastern and Southern Africa Regional Office
(UN) ECA	(United Nations) Economic Commission for Africa
(UN) ESCAP	(United Nations) Economic and Social Commission for Asia and the Pacific
HIV	Human immunodeficiency virus, a retrovirus that causes AIDS
HMN	Health Metrics Network
(UN) ICCPR	(United Nations International Covenant on Civil and Political Rights (1966)
ICT	Information and Communication Technology
ID	Identification document
IDLO	International Development Law Organization
IIVRS	International Institute for Vital registration and Statistics (no longer existing)
ITU Africa	International Telecommunications Union, Africa office
J-PAL	Jameel Abdul Lateef Poverty Action Lab, Massachusetss Institute of Technology
MDG	Millennium Development Goal
mHealth	Health care using mobile phone technology
MICS	Multiple Indicator Cluster Surveys
Neonatal	Of, or relating to, newborn children
OVC	Orphans and vulnerable children
PHC	Primary healthcare clinic
PICTA	Partnership for ICTs Africa
Prenatal	Before birth; during or relating to pregnancy
SIM	Subscriber Identification Module
SMS	Short Message Service on mobile phone
TBA	Traditional birth attendant
UDHR	(United Nations) Universal Declaration of Human Rights (1948)
UN	United Nations
UNDP	United Nations Development Program
UNFPA	United Nations Fund for Population
UNICEF	United Nations Fund for Children
UNHCR	United Nations High Commissioner for Refugees
UNSD	United Nations Statistical Division
USSD	Unstructured Supplementary Service Data
WHO	World Health Organization
WB	World Bank

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Eastern and Southern Africa

Eastern and Southern Africa is a vast, geographically diverse region that stretches from the Red Sea in the north to the Cape of Good Hope in the south.

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Birth registration rates 2009

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Convention on the Rights of the Child (1989), Article 7: "The child shall be registered immediately after birth and has the right to a name and nationality and to know and be cared for by his or her parents. The State shall ensure the implementation of these rights in accordance with national law and its obligations under the relevant international instruments in this field, in particular where the child would otherwise be stateless)."

African Charter on the Rights and Welfare of the Child (1990, Article 6: "Every child shall have the right from his birth to a name ... shall be registered immediately after birth ... has the right to acquire a nationality."

Executive summary

1.   The right to identity is central to human rights and development. Civil registration establishes the link between state and *all* citizens without which the rule of law and good governance remain hollow phrases. Though most countries in Eastern and Southern Africa—as signatories to the Convention of the Rights of the Child and the African Charter on the Rights and Welfare of the Child—have committed to register all newborns, only for 36% of children under five a birth registration record exists. No other region in the world has a lower registration rate.

2.   It is sometimes argued that developing countries cannot afford the investment in a comprehensive civil registration system—or do not need it in the first place. But England, poorer than many of the developing countries today, with a population more illiterate, registered its population, initially through the Anglican Church, as early as the 18th century. Coupled with the safety net offered through its Poor Laws people could move to cities and the Industrial Revolution was a fact. Making the same point more recently, the UNDP Commission on the Legal Empowerment of the Poor stated that everyone has the fundamental right to a legal identity and should be registered at birth. The commission asserts that identity is a key condition for legal empowerment of the poor, and legal empowerment a key condition for development. "Unaffordable" civil registration would be credible if not at the same time countries were investing in expensive national ID- or voter registration systems. These reach near complete coverage of adults although the assessment of a person's identity at advanced aged isn't as straightforward as it is for a newborn. There is no better foundation for a reliable and affordable ID system than civil registration.

3.   Vital registration completeness is the basis for reliable vital statistics, which in turn are the basis for efficient government and effective use of international aid. Measuring progress towards achieving the Millennium Development Goals has been greatly hampered by failing systems in many developing countries. Managing for development results, as per the Paris Declaration for Aid Effectiveness, is not conceivable without adequate statistics to measure such results.

4.   Proof of age and identity is essential for protection of children in many circumstances – when they are accused of breaking the law, to determine whether they are old enough to work, or marry or be enlisted in the armed forces. Research shows that children whose birth has not been registered are in most cases poor, they live in slums or remote rural areas and are out of school or work in hazardous situations. They are often unable to get medical help or go to school. Registration and a legal identity provide children with an equal opportunity in life in at least one important attribute of equity. While registration can and will have demonstrable advantages for children and youth, there is still a dearth of scientific evidence of *causal* relationships in the areas of health, education and child protection. Birth registration, however, is without a doubt a powerful

avenue to furthering equity as it acts as a safeguard for inclusion and non-discrimination. Only when registration is universal can health, immunization, education and social protection reach all in society. Birth registration is the most fundamental way of giving children equal opportunity and the equal "rights start to life".

5.   The case for registration lies also in the evidence that highly-developed countries do not and could not function without complete civil registration, that the poor can only escape poverty through legal empowerment and a legal identity, that civil registration makes very good economic sense and provides a more reliable and affordable way to security than IDs not based on civil registration systems, or in the fact that many countries leave to the courts the decision of registration when registration law was not followed. The case for registration also lies in the obligation adults have to provide their children with that "passport" to life, in a rapidly globalizing world.

6.   Thus far improvements in civil registration on the African continent have been few and far between. This report sees **four windows of opportunity for a radical change now in civil registration development on the continent**. First there are the spectacular possibilities offered by affordable mobile phone technology and extensive cellular network coverage, coupled with the equally affordable digitization of civil registration and use of the Internet. Secondly there is the fascinating outreach of the health sector, witness immunization rates of close to 100% in most African countries. Efficient (e-) government requires interoperability between sectors of government, hence the twinning here proposed between health and civil registration. Thirdly this report brings up the "silent revolution" in social transfer programs, a deliverable of which should be the legal identity for program clients—for the simple reason that a legal identity is a logical step in people's graduation from social safety nets. A fourth and very important window of opportunity is the political commitment African ministers responsible for civil registration have shown last year in their meeting in Ethiopia.

7.   A set of obstacles to rapid scaling up birth registration lies in the conventional, manual and paper-based processes still in use in much of the region. Errors, losses and delays are endemic in such systems, whether it is in record entry, transmission or storage of records and overall service delivery. Often, families have to incur considerable costs—sometimes in terms of fees, but more often in repeated, time-consuming visits to registration offices and expensive outlays for travel. Alternatively, there are governments (and donors), which have spent large amounts of money in mobile campaigns to reach the unregistered. In Africa, where population densities are generally low and people live dispersed, supply and demand do not meet because they are literally miles apart and neither government nor citizens have the resources to bridge the gap in the conventional, physical way. **De-materialization of civil registration through digitization and the use of mobile technology** will radically solve this. Where in many developed countries government services (e.g. post offices) are pulled out of thinly populated areas, Africa can leap towards extensive government service delivery coverage without a hefty physical presence—through the use of mobile technology and the Internet. Cell phone coverage is extensive in many countries and examples are already available in on-going work in Africa, especially in the use of

cell phones to track nutritional and health interventions. Inter-operability of government services and systems prescribes that data be collected only once and then used and shared across government.

8.   Across the region immunization rates are close to 100%, implying that there is actual contact between government and families with newborns. The health infrastructure is much closer to families than civil registration offices are, and ever will be. Community health workers and health posts can and should play a role in the registration of vital events. There are functioning models in the region with hospitals registering births, nurses motivating mothers to register births, traditional birth assistants and immunization outposts registering births of children born at home. The health sector for its own good is—and needs to be—using the same technology in order to save lives. The health sector stands to gain from more accurate statistics and disaggregated population figures that allow better targeting and allocation of heath resources. **The twinning of civil registration and health makes all the sense in the world.** No longer should governments departments be allowed to quibble over turf, where collaboration and interoperability is possible. Governments should stop asking the citizenry for information multiple times—creating data inconsistency in the process. Thus, when the health department already records time and date of birth, name of the mother, address of the mother, name and gender of the child—these data become government data, not just health department data, and they should be shared across government, with due attention given to data security and privacy. De-materialization of civil registration and interoperability do require law development, though.

9.   Social transfers have been called a silent revolution: it is estimated that 500m people now benefit in developing and transition countries. The Commission for Africa and the World Bank have both recommended the large-scale implementation of these programs across Africa. In 2006 13 countries in the region committed themselves to developing national strategies for social protection in the Livingstone Accord. **National strategies for social protection should give a central place to people's legal identity in social transfer programs**. Since social transfer programs target the hard-to-reach they target the people who are most likely to be not registered.

10.   Africa has woken up to the reality of its sad state of civil registration. In 2010 African ministers responsible for civil registration, assembled in Addis Ababa, stated: *"the challenge before us now is to continue mobilizing and rallying political commitment and leadership for the improvement of CRVS systems in Africa. In this regard, we fully endorse the recommendations of our experts on strategies for strengthening CRVS systems."* **There is now unprecedented, high-level African political commitment for civil registration improvement.**

Acceleration strategy summary

I.   Apply digitization and mobile technology

Mobile technology coverage and the sharp reduction in costs of mobile phone application software, ICT hardware and cost of usage open the perspective of a radical leap in government service delivery in Africa. UNICEF should be in the vanguard of this development, if only because it will save the lives of many children.

II.   Twin civil registration and health

UNICEF to undertake multiple approaches to bringing civil registration and health authorities to intensify their interoperability.

III.   Leverage social transfer programs

UNICEF to promote that social transfer programs will include a component, which ensures that the beneficiaries will have acquired a legal identity of such programs prior to graduation from such a program. These programs will need to be weaned of extralegal IDs.

IV.   Harness political will

UNECA, other regional and country partners

UNICEF country offices are well placed, along with other partners working on birth registration at the country level, to add value to feed into the country civil registration assessments now ongoing, given their extensive experience on the ground. The UNICEF Regional Office in Nairobi, on behalf of the three regions, to provide the working level, technical links with ECA regarding civil registration. It is important for timely consultation to take place between the three regional offices and the country offices for identification of critical issues in the regions that need to be brought to attention of the 2nd meeting of ministers responsible for civil registration to be held in South Africa in 2012. There is an opportunity for UNICEF to assist UNECA in the updating of the civil registration handbooks through appropriate support.

The UN System

It is recommended for ESARO to flag the topic of strengthening of civil registration for attention at the regional directors team meetings and guide country offices in the engagement of the UN country teams in this area. A strategic partnership should be developed for this with UNFPA.

African Parliamentarians

UNICEF and the UN Statistical Division could collaborate to produce a handbook on civil registration for parliamentarians.

African Registrars

UNICEF could be instrumental in establishing an African Civil Registrar Network for the facilitation of exchange visits and other forms of cross-country learning.

V.   Crosscutting strategy: Randomized trial

It is strongly suggested that UNICEF will only support civil registration demonstration projects when conducted as randomized trial. The regional office of J-PAL for Africa, launched at the University of Cape Town in January 2011, might be ideally suited and located for supporting randomized trial in the region.

VI.   Crosscutting strategy: Exchange of best practice

There is an urgent need to share experiences and knowledge between countries, especially in the field of use of ICT (including mobile technology), health-civil registration collaboration, legal reform and evaluation (randomized trial), which UNICEF—in partnership, for example with WHO/HMN, PICTA and ITU Africa—can help to meet. UNICEF ESAR to partner with PICTA (Partnership for ICTs in Africa) and engage other partners in ICT for development.

VII.   Crosscutting strategy: Legal reform

For support to legal reform for the de-materialization of civil registration, interoperability with health and social protection (social transfers) UNICEF to identify relevant expertise that it can partner with, e.g. the International Development Law Organization (IDLO, which has a partnership with UNDP and the African Union) and Microjustice4all.

Rallying to 2015: strategic result areas

11.   At the 2010 MDG Summit overall progress to achieving the Millennium Development Goals was reported in several areas, but at the same time progress has been uneven (Cf. text boxes "Keeping the promise", next pages). The poor and the marginalized are being left behind. UNICEF, together with other partners, emphasized the need for progress with equity. Internally, in its work UNICEF will put a greater focus on the poorest and most disadvantaged children. It is hoped that with a global push towards more equitable human development by UNICEF and others (cf. text box, p. 12, pt. 58) progress will be less skewed in the future - with a narrowing of the gaps between the "haves" and "have-nots".

12.   Narrowing the gaps will take focused strategies, progress for which will require regular tracking. Monitoring and managing for results becomes a centerpiece of UNICEF efforts. The next main milestone for assessing progress towards the MDGs will be 2015. UNICEF has selected key issues related to the status of the poorest and most disadvantaged children—so-called "strategic result areas" to focus its efforts on. Strategic Result Areas are those areas which: 1) reflect action on the most critical deprivations faced by poor/disadvantaged children, 2) have the potential to show significant improvements in 3 years, and 3) feature results that can be measured in quantitative or qualitative terms, with clear baselines, targets, and reliable and objective means of verification.

Birth registration has been selected as one of the corporate strategic result areas. ESAR management has identified birth registration as a priority in the region.

13.   SRAs are work areas, which (a) allow for more deliberate management for results, (b) can be half-yearly monitored for progress and results, (c) will demonstrate UNICEF's refocus on equity is translating to results on the ground for the most disadvantaged children. Mechanisms are required to (a) have more timely and proximate data that will monitor trends and assess level of progress (b) drive management to best support achievement of desired outcomes and (c) provide a read of the situation as close to 2015 as possible. More details are given in an attachment to this report.

Keeping the promise
[1]

20. We acknowledge that much more needs to be done in achieving the Millennium Development Goals as progress has been uneven among regions and between and within countries. Hunger and malnutrition rose again from 2007 through 2009, partially reversing prior gains. There has been slow progress in reaching full and productive employment and decent work for all, advancing gender equality and the empowerment of women, achieving environmental sustainability and providing basic sanitation, and new HIV infections still outpace the number of people starting treatment. In particular, we express grave concern over the slow progress being made on reducing maternal mortality and improving maternal and reproductive health. Progress on other Millennium Development Goals is fragile and must be sustained to avoid reversal.

27. We recognize that attention must be focused on the particular needs of developing countries and on the large and increasing economic and social inequalities. Disparities between developed and developing countries and inequalities between the rich and the poor, and between rural and urban populations, inter alia, remain persistent and significant and need to be addressed.

28. We also recognize that policies and actions must focus on the poor and those living in the most vulnerable situations, including persons with disabilities, so that they benefit from progress towards achieving the Millennium Development Goals. In this respect there is a particular need to provide more equitable access to economic opportunities and social services.

33. We recognize that more attention should be given to Africa, especially those countries most off track to achieve the Millennium Development Goals by 2015. Progress has been made in some African countries, but the situation in others remains a grave concern, not least because the continent is among the hardest hit by the financial and economic crisis. We note that aid to Africa has increased in recent years; however, it still lags behind the commitments that have been made. We therefore strongly call for the delivery of those commitments.

44. We commit to redoubling our efforts to reduce maternal and child mortality and improve the health of women and children, including through strengthened national health systems, efforts to combat HIV/AIDS, improved nutrition, and access to safe drinking water and basic sanitation, making use of enhanced global partnerships. We stress that accelerating progress on the Millennium Development Goals related to health is essential for making headway also on the other Goals.

Source: UN, 2010

Keeping the promise
[2]

47. We recognize the importance of developing economic and social infrastructure and productive capacities for sustained, inclusive and equitable economic growth and sustainable development, particularly in developing countries, bearing in mind the need to enhance employment and income opportunities for all, with a special focus on the poor.

51. We consider that promoting universal access to social services and providing social protection floors can make an important contribution to consolidating and achieving further development gains. Social protection systems that address and reduce inequality and social exclusion are essential for protecting the gains towards the achievement of the Millennium Development Goals.

53. We recognize that the respect for and promotion and protection of human rights is an integral part of effective work towards achieving the Millennium Development Goals.

58. We reaffirm that the United Nations funds, programmes and regional commissions, and the specialized agencies of the United Nations system, in accordance with their respective mandates, have an important role to play in advancing development and in protecting development gains, in accordance with national strategies and priorities, including progress towards achieving the Millennium Development Goals. We will continue to take steps for a strong, well-coordinated, coherent and effective United Nations system in support of the Millennium Development Goals. We emphasize the principle of national ownership and leadership, support the initiative of some countries to use, on a voluntary basis, common country programme documents, and emphasize our support for all countries that wish to continue using the existing frameworks and processes for country-level programming.

68. We recognize that all countries require adequate, timely, reliable and disaggregated data, including demographic data, in order to design better programmes and policies for sustainable development. We commit to strengthening our national statistical systems, including for effectively monitoring progress reiterate the need to increase efforts in support of statistical capacity building in developing countries.

69. We take note of the Global Pulse Initiative to develop more up-to-date and actionable data as a joint effort among all relevant stakeholders for rapid impact and vulnerability analysis.

Source: United Nations General Assembly, Keeping the promise: united to achieve the Millennium Development Goals, New York, 2010

I. Equity, legal identity and development

14.   Since the adoption of the *United Nations Universal Declaration of Human Rights* in 1948, human rights and development, and their interaction, have been widely discussed and debated. The founding principles of the United Nations incorporate both human rights and development, and several countries that became independent in the last sixty years have incorporated these principles into their national constitutions. However, there is a key factor that affects both human rights and development that has not received the attention that it deserves: the right to identity. In the absence of this right, an individual does not exist before the law and is unable to claim the protection that the law and the human rights framework guarantee. Legal identity and citizenship establish the relationship between individuals and the state. Without legal identity for people, national and international law lack the essential link and 'teeth' that would separate rhetoric from practical usefulness, whether it is for people's rights or for legal obligations of people and state. The absence of a comprehensive civil registration system to "count"—and be accountable for— every person, also is a critical obstacle to the ability of governments to plan and monitor development strategies.

15.   The right to identity is enshrined in the *UN International Covenant on Civil and Political Rights* (ICCPR, 1966). Article 24, Clause 2 states that "Every child shall be registered immediately after birth and shall have a name". Article 7 of the *UN Convention on the Rights of the Child* (CRC, 1989), ratified by practically every country in the world, states in Article 7: "the child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and as far as possible, the right to know and be cared for by his or her parents". All countries in the Eastern and Southern Africa region[1] signed and ratified the *African Charter on the Rights and Welfare of the Child (1990)*[2], which confirms their allegiance to Article 7 of the CRC (only Somalia, Swaziland and Zambia in the region have signed but not yet ratified this regional law).

16.   However in many countries in Africa (as well as, especially, in Asia and some other parts of the world) there are no fully functioning civil registration systems that ensure that the births of all children are registered.[3] In Africa, only 5-7% of the population lives in a country where birth- and death registration is complete (defined as more than 90% of the events registered).[4] Of the births of the under-five in the region just 36% is registered (see also the table at page 27).[5] Strengthening of civil registration systems for the registration of all births, deaths and marriages[6] have not been a priority area of attention in most countries of the developing world—quite unlike the situation in developed countries none of which has less than complete registration of birth registration and all other vital events. A whole chapter of one of the UN handbooks for civil registration is devoted to explaining that civil registration is essential for the "normal functioning of society".[7]

17.   It is often claimed that developing countries cannot afford the costs of a comprehensive system, and large segments of their populations still don't need—or do not have an incentive—to be included in a civil registration system.[8] *The Lancet* wrote that "years of disorganized, underfunded, and poorly coordinated international support; absence of national political commitment and public awareness; disorganized or weak registration infrastructures with unclear roles and responsibilities; inadequate financial and human resources; and geographic or socioeconomic isolation combined to keep complete coverage of civil registration a distant goal for many developing countries."[9]

18.   The contrast with developed countries—many of which are now in the process of adjusting their systems to the digital age and e-government (for which the civil registration system is the corner stone), the issuance of biometric IDs for tightening domestic and international security, and "e-IDs" for government services over the Internet—could not be starker.

Birth Registration:
Whose job is it in the UNICEF office?

Organizationally the responsibilities for birth registration rest with Child Protection. However, this is now challenged in some of the countries in the Eastern and Southern Africa region.

It is argued that the linkages and relevance of birth and civil registration go much beyond protection of children. Senior UNICEF staff members have stated that the subject of registration has closer links with governance and social and public policy areas.

In some countries the responsibility for birth registration is located in units that are responsible for a broader remit than Child Protection. These include the Policy, Legislation and Social Protection unit in Lesotho, the Strategic Planning, Research and Evaluation unit jointly with Child Protection in Rwanda, the Social Policy, Advocacy and Communication unit in the Comoros, the Adolescent Development, Protection and HIV/AIDS unit in Ethiopia and the Special Protection for Vulnerable Children unit in Namibia.

While this is a call for UNICEF management for a decision, it is the suggested that registration is a crosscutting issue relevant to a number of areas in which UNICEF is programmatically active. This ranges from planning and evaluation to policy and governance while there is also a direct relationship with health and education. It is understandable that there is a need for a focal responsibility at the country, regional and global levels for this activity. But wherever it is located it should be undertaken in close consultation and with the involvement of the units that are responsible for these related areas of UNICEF work.

19.   A recent reaffirmation of the importance of establishing identity has come through the work of the (UNDP) *Commission on the Legal Empowerment of the Poor.* The Commission was the "first global initiative to focus on the link between exclusion, poverty, and the law."[10] The Commission proposes strategies for creating inclusive development initiatives that will empower those living in poverty through increased protection and rights. In its 2008 report is stated that "everyone has the fundamental right to legal identity and is registered at birth" while delineating the 'first pillar' of its recommendations relating to access to justice and the rule of law. *Identity, according to the Commission, is a key condition for legal empowerment of the poor.*

LESSONS FROM HISTORY
[1]

EQUITY (SOCIAL TRANSFERS), LEGAL IDENTITY (CIVIL REGISTRATION) AND DEVELOPMENT

SOUNDS FAMILIAR?

"Identity registration at birth is a UN proclaimed human right. However, it is not available in many of the world's poorer countries today. A national system of identity registration dates from 1538 in England and was used by individual citizens to verify their property and inheritance rights and by local communities to verify social security claims. This facilitated the effective functioning of a nationwide social security system and a mobile market in both labor and capital, contributing to Britain's pioneering process of economic development. Today identity and vital registration systems should also be a high priority for development policy as a democratic institution vital for turning the liberal rhetoric of rights into a reality of empowered individuals."

Summary of Simon Szreter, *The Right of Registration: Development, Identity Registration, and Social Security–A Historical Perspective,* **World Development,** Vol. 35, No. 1, pp. 67-86, 2007

20.   A prime domain in which legal identity will have the most powerful effect of unleashing the development potential of the poor is the area of property rights. One of the lead persons of the Commission is Hernando de Soto, the President of *the Institute for Liberty and Democracy*, whose book "The Mystery of Capital" according to The Times (London) is a "blueprint for a new industrial revolution".[11] De Soto convincingly shows that the legal framework in developing countries has not kept up with realities, and stifles growth and development. The extralegal economy to which the poor are confined is waiting to be unshackled through legal development, which needs to include the legal identity for individuals operating in the extralegal sphere.

21.   The *Millennium Development Goals* ("MDGs")[12] with their fast approaching deadline by 2015 also underline the urgency for establishing adequate civil registration systems. Six of the eight MDGs rely on accurate estimates of fertility, mortality and causes of death data to track progress towards the millennium goals. Since civil registration and vital statistics systems in the countries are not in place to generate the data needed, countries and development agencies rely on sample surveys like *the Demographic Health Surveys* ("DHS")[13] and the *Multiple Indicator Cluster Surveys* (MICS) [14] in order to obtain at least part of the data that is needed to monitor progress. Civil registration completeness would enhance the quality and reliability of surveys and censuses to generate demographic and other data.[15]

22.   In the *Paris Declaration on Aid Effectiveness (2005)* and *Accra Agenda for Action (2008)[16]* it is acknowledged that better statistics are needed for more aid effectiveness. Reliable statistics help donors to take better decisions on aid allocation through more effective monitoring of development outcomes. There is no alternative to a robust civil registration and vital statistics system for providing high quality demographic data and vital statistics on a continuous and geographically disaggregated basis.[17] Sadly, the statistics case was made also at the start of the Second Development Decade—which covered the 1970s—more than forty years ago.

23.   The ability to establish legal proof of age contributes to protection of children in several circumstances. Laws that provide alternate recourse (juvenile justice) to underage persons charged with criminal liability, those that determine the minimum age for work or recruitment into armed forces, or protect children from early marriage cannot be enforced in the absence of proof of age. These are all child protection issues addressed in the Convention on the Rights of the Child, the very enforcement of which assumes that state parties know their children, and know who is a child and who is a major. Civil registration provides information superior in reliability to age data from any other source, at a fraction of the cost.

Birth registration? Civil registration?

Among UNICEF staff and offices some can see a dilemma in engaging institutions such as ECA because their scope is civil registration, focusing equally on birth, death and marriage registration. UNICEF has traditionally worked to promote the registration of births, with the right to birth registration (CRC, Article 7) in mind. There are understandable reservations about a broader scope for UNICEF intervention. However, registration of deaths and marriage is very relevant to the work that UNICEF does as is birth registration, though, and the Convention on the Rights of the Child is one of the source documents justifying that widening of UNICEF's scope. The Millennium Development Goals regarding child- and maternal mortality are of critical relevance to UNICEF's work at the country level. UNICEF also has a serious stake in women's rights and their legal protection through the registration of marriage. There is no difference of opinion about these issues and hence UNICEF would have no hesitation in strongly advocating for strengthening of all aspects of civil registration. With regards to death registration, the World Health Organization has taken several initiatives (for example, the important article series in The Lancet in 2007 on civil registration and vital statistics, Who counts?), and UNICEF has joined WHO in several partnerships that advocate strengthening the measurement of mortality including through a robust civil registration system. UNICEF is programmatically involved in the protection of women's rights in many countries where registration of marriage plays an important role. Finally, UNICEF's growing attention for system-based interventions logically requires a more holistic approach and effective promotion of birth registration.

24.   Many developing countries have procured—or are in the process of putting in place—a sophisticated national ID system, because even in the least developed country citizens need IDs to participate in normal daily life. A national ID system typically costs a multiple of the costs of a civil registration system. But often there is no well-functioning civil registration system or population register[18] to support the ID system for verification of the identity particulars of an applicant. The establishment of the identity of a person of advanced age for the provision of an ID, when civil

registration is poor, cannot but be unreliable. That applies to age assessment (a well-known and intricate problem for late registration) as well as to eligibility for social transfer programs for which age is a condition. There is no more reliable method of establishing identity including kinship and age assessment than at birth, while the issuance of burial permits only on showing a death certificate obtained from a civil registrar can be used to ensure that IDs will be surrendered and taken out of circulation when a person passes away. However, the civil registration advocates can—and should—learn from the relatively astounding successes in terms of coverage of national ID systems in African countries, in comparison to their generally ailing civil registration systems. Given UNICEF's mandate the reality that most ID systems only cover adults is of special significance.

25.   In many developing countries local government structures exist which are built on traditional, sometimes tribal governance. These traditional structures are eroding and are gradually being replaced by the outreach of "modern" government. Within the local government structures there still is relatively good and reliable information on people's identities. This is a valuable asset. For civil registration to get started and catch up such identity information is of vital importance. The time for "import" of this information in modern civil registration systems is now.

26.   UNICEF has focused on "Achieving the MDGs with Equity" in the *Progress for Children Report (2010)*.[19] UNICEF sees equity reflected in *"the principles of universality, non-discrimination, indivisibility and participation that underpin the Convention on the Rights of the Child"*. UNICEF considers that this focus is imperative due to the widening disparities both between and within countries following rapid economic growth in the last two decades. These disparities are exacerbated in the global context of food and financial crises, climate change, urbanization and the growing number of humanitarian crises around the world.

27.   The difference between equality and equity is of importance. *Equality* assumes that everyone *has* the same resources. *Equity,* rather, means that everyone *has equal opportunity* to access the same resources. This argument has been eloquently articulated by Amartya Sen in his theory of "entitlements",[20] in which he demonstrated through an analysis of the Bengal famine that it was not the absence of food that led to the famine, but the inability of part of the people to have access to that food. Therefore the   focus on equity is aimed at eliminating all unfair or avoidable circumstances that early in life deprive people in their childhood—and later in life in adulthood—of access to their rights.

28.   Birth registration is a powerful means to furthering equity as it acts as a safeguard for inclusion of and non-discrimination against children. Children of stateless people, refugees and migrants (whose numbers are growing through the global phenomena mentioned under 14), as well as those born out of wedlock, are often left out unless they are registered. Invariably, these are children who are afflicted with multiple risks. The child from one these marginalized groups is often an unregistered child, forced to change school for work for survival, at risk of being sexually abused, exploited or trafficked.

29.   Through the scale-up of registration the marginalized groups mentioned above gain legal identity, which is a first and necessary step to claiming protection. A comprehensive registration system will generate granular demographic data, available for small geographical units for adequate planning and targeting of government services. Only then the outreach of health, immunization, education and social protection can be provided to all, including the most vulnerable and hardest to reach in society that it seeks to serve. Birth registration is the most fundamental way of giving children equal opportunity and the equal "rights start to life" at birth.

30.   The case for strengthening civil registration—with birth registration as a key element—is thus manifold and convincing. However, the state of national plans and priorities has not as yet reflected the urgency for strengthening civil registration systems in most countries in Africa. However, a very acute turn-around may well be near, witness the *Conference for African Ministers responsible for civil registration*, which took place in Addis Ababa in August 2010.[21]

2 Windows of opportunity for accelerating birth registration

2.1 Digitization and mobile technology

31.   Most African countries still use conventional paper-based, hand-signed and analogue procedures for civil registration—which has served developed countries relatively well for a long time and by and large has been the way registration was done for as long as three millennia, starting in China. Key processes for the registration of births, for example, are illustrated in the following figure.

```
┌──────────────┐
│    Birth     │
└──────┬───────┘
       ▼
┌──────────────┐
│ Notification │
└──────┬───────┘
       ▼
┌──────────────┐
│ Verification │
└──────┬───────┘
       ▼
┌──────────────┐
│ Registration │
└──────┬───────┘
       ▼
┌──────────────┐
│ Certification│
└──────────────┘
```

Figure 1 Birth registration key processes

A birth, like any vital event, generally is registered in the place of occurrence. Notification by legally defined informants usually should take place soon after birth. This may be through a personal appearance before an authorized civil registrar or through a document on a prescribed format that is initiated immediately after the birth takes place. Basic information relating to the date of birth of the child, the name of the child if available, the place of birth and the name of the parents are obtained through this notification. In some hospitals and health facilities, the health authorities issue such notifications. If the birth takes place at homes or in another place outside a health facility, the parents of the child, or designated local authorities like chiefs of villages, initiate the notification that goes to the designated registration authority. In most countries the civil registration authority is decentralized and present at sub-national level and, in urbanized areas, has a presence at municipal and at sub-municipal level. Upon receipt of the notification the registration authority transfers the information onto the birth register. In some countries this takes place after a process of validation of the information is completed. Once the registration authority accepts the information regarding the birth, the process of registration of the birth is completed. The authority to issue birth certificates is vested under the law governing civil registration either with the authority authorized to register births or in other cases to a central authority. In most countries, the procedure for obtaining a birth certificate involves a formal application with payment of prescribed fees. In many countries, the application needs to be accompanied by a copy of the notification obtained in the health facility, or issued and signed by medical doctor or midwife. After matching the information from the copy provided by the family with the records available in the civil register,[22] the birth certificate, which is technically a certified extract of the information in the register, is provided to the family.

32. A registration process as described here is fraud with errors and delays. Each transcription of data holds the risk of errors. The verification process, when a document provided by the health facility needs to be matched with a copy provided by the informant, may be unsuccessful when the health facility fails to send the notification, or does so late, or when the health facility forgets to provide, or the informant forgets to obtain[23], the required document which can lead to delays or a failure to complete the registration within the legal time limit, or at all. Field observations have confirmed that these processes are highly prone to error. When informants do not possess civil status documents such a marriage certificate, or their own birth certificates, then conventional record keeping in the place where the vital event took place may require so much effort on the part of citizens that they give up.[24]

33. One of the principles of efficient government, and e-government in particular, is that the government will attempt to ask its citizens only once for a particular piece of information and share this information across government services that require the data. This principle is associated with the concept of *interoperability* between sectors of government. The implication of this is that, when the health department already records data regarding the mother, the day and place of birth, name and gender of the child, these data should be shared across—in the digital age in an electronic format—implying that the record made for a birth by a health facility will at the same time appear in a civil registration record. Personal identifiers, unique numbers assigned to individuals, are used to share information across government services.

34. Another reason why conventional recording is especially problematic is because—for citizens and government alike—the recording of vital events *at the place where they occur* will not provide a database that is of much use for decision-making at administrative levels where population-based decisions are made, or for service provision to citizens that require access to their civil registration information. Government and citizens need the data at the place *where people live, hence the need for a population register.* Civil registration offices within a country need to exchange their civil registration data so as to create the population register, which requires, when held in conventional paper record form, elaborate and error-prone batch- and matching processes. And, obviously, if citizens could only obtain certificates of vital events in the place where they occurred that would often be very costly if not impossible. This has probably been the single-most important impetus for digitization of civil registration. In fully developed civil registration environment, services providing extracts from the register typically constitute a multiple of the "business" of first registration of vital events.

35. A third area of inefficiency, data loss and errors is in data storage. A range of practices have been observed in Eastern- and Southern Africa, ranging from state-of-the-art, fire- and insect-proof arrangements for storage of paper records (Kenya) to storage of records in containers in court-yards which are practically impossible to access (Uganda). It is common for

civil registration laws or more generic public record laws to require that civil registration (or medical) records be kept for periods as long as a hundred years. In many countries a process of scanning copies of birth information onto digital databases has now been initiated or is being planned (see, however, also paragraph 27, for the durability of electronic records).[25]

The "Early February case"
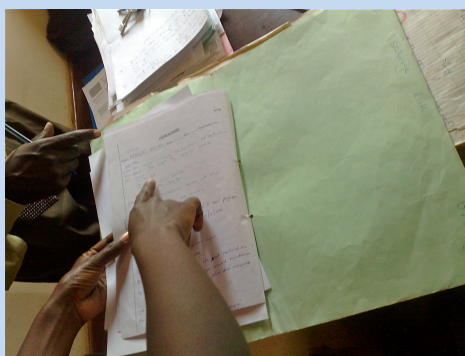
There was commotion in the Records Office of a major National Referral Hospital in East Africa. A family had come with a request for a birth certificate of their baby— born in early February of 2010. The family brought the discharge papers for the baby's mother, given to her when she left the hospital soon after the baby was born.

A search was on in the hospital. The Records Office staff was worried. They could quickly get hold of the medical file of the mother. The papers in the file proved that she had indeed given birth to a baby. But sadly, the date of birth of the child was not recorded in any of the papers that were in the file.

It was a genuine mistake that the hospital staff made. But there was nothing they could suggest to the family that would help them to obtain the birth certificate that was needed. All records in the hospital are maintained manually. The Records Office has more than 70 staff. The way they capture information on the births of children is to wait at a desk outside the maternity ward and when mothers come out with their newly born babies, mother and child are intercepted and are asked for the registration information.

This "data capture by interception" did not work for the baby born in early February.

Source: Consultants' visit and observation

36.   A fourth area associated with manual registration processes can be the prohibitive costs for individuals that seek registration of vital events and birth- or death certificates for their children. This starts with the costs of ensuring the notification of births takes place. In cases where the health facilities do not automatically issue a notification, the parents of the child will have to find the time and resources necessary to go to the place where the birth notification can be initiated. Another significant cost element can be in travel costs to visit the office authorized to issue certificates, which can be different—and usually more remote—than the office where notification and registration takes place. Such cost can include significant opportunity costs of income or wages lost, the transportation costs and the costs of lodging since in many countries the process of obtaining a certificate would require overnight stays in a different city, or even repeated visits.

37.   Digitization of civil registration records offers a solution that addresses much of the problems of data loss and errors, costs and delays. Use of computers, the Internet and mobile phone networks for input, storage and transmission of data is not new in Africa. Especially mobile phones have become ubiquitous and cellular networks cover much of Africa.[26] The private sector, and especially the financial sector, has been quick to jump on the possibilities created for business such as mobile money. In government, the health and nutrition sector has been using these technologies for some time now. A number of mobile health (mHealth) projects are now using Short Message Services (SMS) to collect surveillance data at the community level, smart phones to track malaria admissions and geo-spatial software to map Artemisinin-based combination therapy (ACT) stock outages. A simple format for entering the required information is developed and incorporated into cell phones as an "app" that then can be used to input and forward this information onto a computer database.

38.   Although the abovementioned digital developments have experienced a number of start-up glitches, they have demonstrated the potential of the technology to bridge the distance and cost barriers that hold up civil registration. *In fact, information and communication technology (ICT) may resolve what governments and citizens in Africa have not been able to achieve thus far: to reach one another at affordable costs.*

39.   In many countries in Africa application of digital technology is in progress at present. Interesting solutions pursued include the use of USSD as a platform for communication in Uganda. This platform is the one used by cell- phone companies to top up SIM cards, and for emergency communications. USSD is operational only when the cell phone is directly linked with the server and hence there is no risk in loss of data during transmission as happens occasionally with SMS. In Uganda the civil registration authority (URSB), UNICEF and Uganda Telecom work together in a project using mobile phone technology. The project is a good example of a public-private partnership for technological development. The emphasis is on use of locally available technology including locally available cell phones and open source software. All data, after their initial input using mobile phones, reside on a computer database, where it is

verified and the registration of birth will be confirmed on-line. Uganda is also working on the possibilities of printing out birth certificates in remote locations, using power generated by a motorcycle engine in places where other sources of power are not available.

The state of manual records

Creating, transmitting, storing and retrieving paper records in a good way are a huge challenge in Africa. Mistakes and loss of data are likely at all stages, whether it is when information is first recorded, when it is transferred from one format to another or when information needs to be retrieved or verified. Records are likely to be lost when physically moved from one location to another. Retrieving and accessing records from among the huge piles of paper is nearly impossible. The costs of printing registers and forms and distributing them over large areas to many offices are significant. For all these reasons it makes sense to move to electronic data generation, transmission and storage.

When electronic formats are chosen in stead it is important that records can be maintained in a way allowing easy access, even when software changes over time, and that the records retain their authenticity over decades as documents that have probative value.

Source: Consultants' visit

40.   There are risks associated with the de-materialization of civil registration, and safeguards are necessary for data storage, data access and validation. While moving from paper-based data storage to electronic databases, there is a very real risk that the data stored may not be able to be retrieved when the application on which it is stored becomes outdated or obsolete as is inherent to modern electronic formats. For information with legal, probative value for a long period, like a birth

Birth Registration Leap in Bangladesh

One of the first countries in which UNICEF took on the birth registration challenge, Bangladesh is not your ordinary country. It has one of the highest population densities in the world. It allows government to have a presence within easy reach of citizens. This is an important fact to take into account.

UNICEF support to birth registration work in Bangladesh, while going back to as early as 1996, ultimately really started to show results after a new law was passed in 2004.   As many as 140 million people—in a country with a total population of 162 million— have been registered, since then.

Whether anyone has been aware or not, but for this huge number of birth registrations to occur, partners involved took a leaf from the book "How to get every adult to have an ID". What national IDs across the world have in common is that they are being introduced with the very explicit purpose in mind *that ID-holders will need them.* The new Bangladeshi law did precisely that: it makes the production of a birth certificate mandatory for getting 16 basic services ranging from admission to schools, registration of marriages, issuance of passports, driving licenses, inclusion one's name in the voter register, registration of land and for all recruitment procedures. This resulted in an immediate and dramatic increase in the demand for registration.

National IDs are not normally introduced without those IDs to be actually available for issuance. In a similar vein, UNICEF worked with the government in putting capacity in place to accommodate the demand for millions of birth registration by supporting the training of over 5,000 newly appointed registrars, as well as of health workers, school teachers, NGOs and volunteers. A strong linkage was established with the education and health sectors in particular. Special efforts were made to reach the marginalized communities, hill tribes, street-children, children of sex workers and other vulnerable children and groups.

Currently it is possible from anywhere in Bangladesh to view data down to the level of the lowest level local register anywhere. A "registration clock" displays registration when and where it occurs.

In a next phase data from the local registers will be moved onto a national electronic database. Over 12 million records are already transferred to this database that is on a central server hosted by the government-owned Bangladesh Computer Council. The remaining data are due to be transferred to the central database by September 2011.
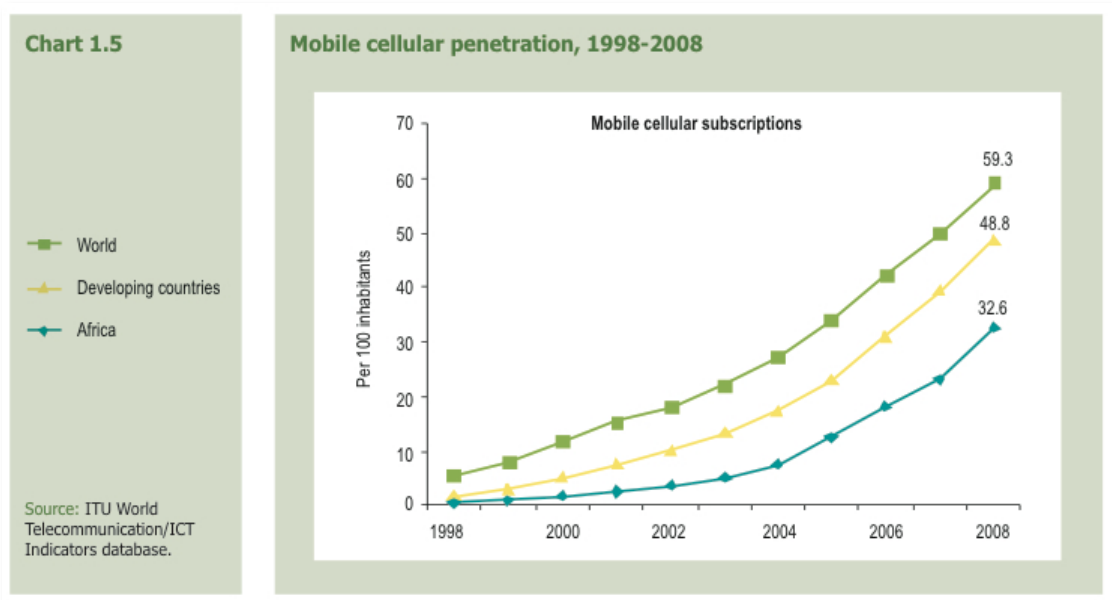
The civil registration database can link with other national databases like the Education MIS and the Health MIS, without compromising data security.

Challenges—the biggest one is the parallel existence of a database created for the National ID system, reportedly holding about 85 million records of adult citizens. The need for reconciliation between these two data bases is recognized by the government. It requires enforcing the 2004 act for the use of the birth certificate to be entered onto the voter list, and the enforcement of the 2006 birth and death registration rule for use of the birth certificate to qualify for the national ID. and it is hoped that this will result in one population register for "cradle-to-grave" registration of vital events, unique identity numbers for each individual in the country, and a foundation to build the e-governance on that is the goal of "Digital Bangladesh".

or death record, this is an unacceptable risk. Hence the system in use has to ensure that the "content" has to be delinked from the "application" and can be stored for an indefinite time with no risk of loss or accessibility.[27]

41.   Another important concern for the choice of digital technology used is the compatibility of the selected system. In the fast approaching era of e-governance, common databases will need to be accessed for different purposes. The data from the civil registration database will be used for several purposes by other sectors of government and whatever system is used should be equally accessible to all the potential users—with necessary safeguards. As regards software it is important to choose open standard and open source software rather than proprietary software, so that there is no "lock-in" by any software provider.[28] Data security may imply that in not too distant a future data will be stored "in the cloud" rather than onto servers owned by government.[29]

42.   Finally, another important aspect regards securing the privacy of the information. Civil registration data is sensitive[30] and could threaten groups and individuals if used for the wrong purpose. There is thus an urgent need for exchange of experience between countries and a broad agreement on developing common standards, policies and guidelines for use of digital technology for civil registration. More advanced countries have passed laws for electronic record keeping and data privacy.

Chart 1.5

Mobile cellular penetration, 1998-2008

Mobile cellular subscriptions

World
Developing countries
Africa

Source: ITU World Telecommunication/ICT Indicators database.

The Telegraph

Africa is saving lives by turning mobile phones into hospitals

Mobile phone manufacturers, networks and software developers have joined force United Nations to place the mobiles at the heart of a multi-million pound drive to HIV/AIDS, malaria and deaths during childbirth.

TECHNOLOGY AND SOCIETY

A Way to End Poverty?

I chose Africa because it's the continent with the lowest cell-phone penetration but the fastest sales growth. By yearend, Africa will have 261 million cellular subscriptions, more than 10 times the number in 2001. The penetration rate is approaching 28%, according to market watcher Informa Telecoms & Media in London. Everyone knows Africa's legion of problems: overpopulation, tribal conflict, AIDS, malaria, dreadful infrastructure, corruption--and much more. Yet growth for the continent as a whole may well hit a 25-year high of 7% this year. Could cell phones help Africa to finally emerge from poverty?

JACK EWING

Bloomberg Businessweek

SEPTEMBER 24, 2007
SPECIAL
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Upwardly Mobile In Africa

How basic cell phones are sparking economic hope and growth in emerging—and even non-emerging—nations

Precious little would seem to connect the Kenyan village of Muruguru to the 21st century. The red dirt roads become impassable in the rainy

Digitization, mobile technology and the law
(Birth registration rates between brackets)

Angola (29%) updated legislation in 2007 (Decree 31-07): The new legislation provides for free birth registration for children below 5 years and free ID documentation for children aged between 8 and 11 years. In **Botswana** (72%) the civil registration system is fully automated. Mobile phones are not used for government services. There is 99% network coverage. The government is momentarily in the process of legalizing electronic signatures. In Burundi (60%) mobile phone use widespread, but only for private purposes. **Burundi**-law does not provide for electronic formats or signatures. In **Eritrea** (no registration information) mobile phones and computerization are confined to the capital Asmara. Although UNICEF supports strengthening of ICT the functionality and sustainability are questionable. Under the Transitional Civil Code birth registration is still optional, not compulsory. Mobile phone coverage in **Ethiopia** (7%) is limited to major urban areas; 85% of population in rural areas is not yet using mobile phones. There is only one mobile phone provider in the country, but work is underway to open up the mobile phone market. **Lesotho's** (26%) government is not using mobile technology but the use of cell phones for data gathering for the Child Grants project is explored. There is no reference to electronic formats in Lesotho's law. **Malawi** (no registration) has an award-winning Rapid SMS project for nutrition surveillance and early infant diagnosis already in use. There is national coverage for cell phones, barring small rural pockets. **Namibia's** (67%) Ministry of Home Affairs and Integration (MHAI),with support from the Premier Minister Offices, is introducing a new web-based National Population Register and new birth and death certificates in 2011.The plan is to roll out the new birth certificates to the 13 regional offices and the hospitals with the highest birth registration rates in 2011. Additionally, the MHAI currently is in the process of scanning all birth and death certificates into a database, which will be linked to the National Population Register. Mobile phone networks reach 95% of the country. MHAI's use of mobile technology is very limited, though. The law of Namibia is outdated and does not provide for electronic formats. This may change following planned organizational review. In **Mozambique** (31%) an electronic birth registration system is being piloted in three provinces during 2011. The new registration card is biometric and will be linked to other government data systems. Mozambique's law of 2005 does not speak about electronic formats. In **Rwanda** (82%) processes for birth registration are still manual. Capacity-building to transfer data into computers with support of UNICEF and UNFPA under way. Mobile phones are used for various government programmes. There is an e-Health program with various services including tracking of pregnant women until delivery in liaison with 60,000 village-based community health workers, health centres, hospitals and ambulances. All health workers at community/village levels provided with mobile phones are hooked up with the central e-Health system, which automatically generates SMS responses and referral messages to the appropriate service provider. In **Swaziland** (30%), for all registrations there is a manual record of the information that is then captured electronically. The computers are connected to one network. The captured data from all hospitals and registration points is then transmitted to the centre. The law does not provide for the use of electronic signatures, but it does not expressly prohibit it either. In **Tanzania** (22%) a pilot of the use of an electronic database in five districts is in progress to enable single data capture and issuance of birth certificate. Once evaluated scaling up will be taken up. Mobile phone coverage is almost 100%. The law currently does not provide for electronic formats, but a major project for scanning of civil registration documents is under way. In **Uganda** a major pilot project for the use of mobile phones for civil registration is under way, in a public-private partnership between the Uganda civil registration bureau, Uganda Telecom and UNICEF. The National Information and Communication Technology Policy Framework makes use of ICT and electronic formats possible.

Source: ESARO Survey 2011

2.2 Twinning civil registration and health

43.   Before moving to the collaboration between civil registration and the health sector let us look at the institutional arrangements that are most common.[31] Civil registration is often domiciled in the home affairs (or "interior") department.[32] This department often has an outreach through local government, usually partly built on gradually eroding, traditional governance structures with poorly trained officials (see, however, paragraph 25). In a second group of countries the justice ministry is responsible, and for that the link with the legal aspect of civil registration provides some logic too. In a third group of countries the ministry of economic affairs (or finance) is in charge of civil registration, usually because the national statistics office (in charge of the population census) is another responsibility of the same department. But both the ministry of economic affairs and the justice ministry have little or no office footprint in the country. In developing countries, where both governments and citizens are resource-stricken, none of the three normal organizational options for civil registration offer a good infrastructure for adequate service provision. This is especially so in most African countries where dispersed populations live in vast land areas. The population density of a country like Bangladesh in Asia is twenty-five times the population per sq. km. in Tanzania. It should not be a surprise that supply and demand not meet in the African civil registration arena: they are just too many miles apart.

44.   In virtually every country in the world health services achieve coverage far superior to civil registration, through their outreach including ante-natal clinics, expanded programs of immunization (EPI), primary health care clinics (PHC)s and child health programs. While only 36% of births in Eastern- and Southern Africa are registered, 86% of children have contact with the immunization outreach of the government before they turn one year old (see table, next page). In many countries in the region immunization rates are even close to 100%. This, naturally, makes one wonder whether the civil registration function could "piggy-back" on this relatively excellent infrastructure. The following paragraphs draw extensively on a 2010 UNICEF working paper, in which experience across the world with collaboration between civil registration and the health sector is reported.[33]

45.   The health sector already maintains the records of births at the facilities where births happen. When births take place at homes, information is not much later collected, when the child comes in contact with the immunization services. Families often carefully preserve immunization cards on which information about the child's birth is recorded.

46.   Health ministries are in an unrivalled position to encourage mothers to register births and monitor birth registration through their health facilities and programs such as prenatal care, immunization campaigns and vitamin A supplementation programs.

Birth registration and immunization rates
Eastern- and Southern Africa and other (UNICEF) regions in the world
2000-2009 (birth registration), 2009 (immunization)

	U5 birth registration rate 2000-2009	Immunization 2009 1-year-old children - Highest rate of all vaccinations	Immunization 2009 - 1-year-old children. Highest vaccination rate against:
Angola	29	93	DPT1
Botswana	72	99	BCG, DPT1
Burundi	60	98	DPT1
Comoros	83	94	DPT1
Eritrea	-	99	DPT1
Ethiopia	7	94	DPT1
Kenya 1)	60	80	DPT1
Lesotho	26	96	BCG, DPT1
Madagascar	75	80	DPT1
Malawi	-	95	DPT1
Mauritius	-	99	DPT1
Mozambique	31	88	DPT1
Namibia	67	87	DPT1
Rwanda	82	98	DPT1
Seychelles	-	99	DPT3
Somalia	3	64	DPT1
South Africa 1)	92	81	BCG, DPT1
Swaziland	30	99	BCG, DPT1
Uganda	21	90	DPT1, BCG
United Republic of Tanzania 1)	22	91	BCG
Zambia	14	90	DPT1, BCG
Zimbabwe	74	91	BCG, DPT1
Africa	45	82	DPT1
Eastern and Southern Africa	36	86	DPT1
Sub-Saharan Africa	38	81	DPT1
West and Central Africa	41	79	DPT1
Middle East and North Africa	77	93	DPT1
Asia	44	92	BCG, DPT1
South Asia	36	96	DPT1
East Asia and the Pacific	71	96	DPT1
Latin America and the Caribbean	90	96	DPT1
CEE/CIS	96	97	DPT1
Developing countries	51	89	DPT1
Least developed countries	30	89	DPT1

Definitions:

Birth registration – Percentage of children less than five years old who were registered at the moment of the survey. The numerator of this indicator includes children whose birth certificate was seen by the interviewer or whose mother or caretaker says the birth has been registered.

BCG – Percentage of infants who received bacille Calmette-Guérin (vaccine against tuberculosis).

DPT1 – Percentage of infants who received their first dose of diphtheria, pertussis and tetanus vaccine.

DPT3 – Percentage of infants who received three doses of diphtheria, pertussis and tetanus vaccine.

Source: UNICEF (2011)

47.   The community-based structures of the health ministries, health posts, community health workers and trained traditional birth attendants (TBAs) deliver services much closer to where people reside than civil registration offices in most countries could ever afford.[34] In some of the countries in the region programs are in place to have one health worker per 500 individuals.[35] Vital events (births and deaths) per year in such a group would be about 20 to 25 per year, i.e. one reportable event on average each two weeks. Incremental workload thus can hardly be a factor in deciding to assign a civil registration role to health workers. However, there is a need to make the registration task follow programmed instruction, with the use of new technological equipment, software applications making the task self-explanatory, and interconnectivity ensuring that registration data flow to registration offices instantaneously. It is completely feasible that verification procedures, for example for parental registration data, are done immediately, on-line.

48.   The benefits of partnering with the health sector are not one-sided. First and foremost, the use of mobile technology for civil registration put in the hands of health workers should be seen against the light that the health sector itself already uses of will use mobile technology to its own immediate advantage (as discussed in paragraph 25). Each of these handset applications is so straightforward that they hardly take any memory and many of them, even beyond health and civil registration, can be combined in one handset. *A revolution for government service delivery is possible using the coverage of the mobile phone network, the relative affordability of handsets and the familiarity with mobile technology in much of Africa. The health sector and the civil registration function can spearhead a radically different way of conducting government business and use of government services by the public.*

49.   Advantages to the health sector arise from the improvements in vital statistics, such as infant and maternal mortality rates. Completeness and sophistication of civil registration will generate highly reliable, disaggregated population numbers which allow better targeting and allocation of health programs, and provision of adequate quantities of medicines and vaccines. "Interoperability" between the health sector and the civil registration function, leading to a fully functioning civil registration system, will result in a valuable resource base for the health sector.

50.   There is a great deal of attention now paid to the issue of neonatal mortality. Much effort is targeted to improve the efficiency of interventions to reduce neonatal mortality. However, accurate estimations of neonatal mortality are difficult to obtain in most countries. A comprehensive civil registration system will improve the flow of information on the survival rates of children in the early days after birth, or at least provide data that may be used to spot under-reporting of neonatal mortality.[36]

Charting new waters:
Exercises in twinning civil registration and health
(Birth registration rates between brackets)

Angola (29%) updated its legislation in 2007 (Decree 31-07). The new legislation has extended legally recognized birth registration facilities to include maternity clinics and health-posts. However, birth registration was tested at the maternities, but the pilot was unsuccessful due to reasons like non-qualified personnel at the maternities and lack of capacity building sessions for health staff as well as lack of material. For 57% of children there is a vaccination card (containing birth registration relevant data). In **Botswana** (72%) the health sector plays an important role. All hospitals register newborns. **Eritrean** (no registration rate information) immunization cards (or baptismal certificates) serve as basis for birth registration. In **Ethiopia** (7%) the Every One Campaign, led by Save the Children, covers health and includes registration of births. In **Lesotho** (26%) there is no linkage of civil registration with health. In **Mozambique** (31%) health is not a normal partner. However, the immunization card retained by at least 80% of parents has the birth certificate number, and the immunization card is being used to obtain the birth certificate. This link will continue with the new extensive health card. In **Namibia** (67%) the health department has assumed a major role. The Ministry of Home Affairs and Immigration (MHAI) has, with UNICEF-support, opened eighteen hospital-based registration facilities between 2008-2010. Three more are planned for 2011. In smaller towns with low birth rates closer cooperation between maternity wards and local sub-registrar's offices is pursued. MHAI trained antenatal and post-natal staff in birth registration procedures. There are problems: parents fail to bring the documents necessary for registration to hospital. MHAI is also linking birth registration to Immunization and Child Health Days. In **Rwanda** (82%) a birth notification from the hospital/health centre where the birth took place is needed for registration. All parents are expected to have the immunization cards for their children. In **Swaziland** (30%), during 2010 the birth registration rate in the 8 out of the 11 major hospitals jumped from 44% to 56%. The target for 2011 is to reach 65%. There are plans to also ensure that nurses advocate for birth registration and encourage the mothers to prepare all necessary documents before they come for delivery. Birth registration is integrated in campaigns during countrywide Day of the African Child commemoration. However one of the strategies for birth registration in 2011 is a stronger partnership with the ministry of health—especially using Child Health Days as a means of reaching out to the most vulnerable with registration services as the ministry of health conducts high-impact interventions to hard to reach areas. In **Tanzania** (22%) approximately 50% of all births take place in facilities and almost all of these births are registered. For the remaining births that take place at homes attempts are made to register them in partnership with the immunization outreach of the health sector. In **Uganda** (21%) there are proposals in the legal amendment process to include health centres at county and sub-county levels to register births.

Source: ESARO Survey 2011

51.   With the emphasis in all countries on the acceleration of efforts to achieve the Millennium Development Goals (MDGs), the demand for more accurate data on births and deaths is increasingly urgent. Currently in most developing countries the data needed for monitoring MDGs comes from sources like the Demographic Health Surveys or the UNICEF Multiple Indicator Cluster Surveys (cf. paragraph 9 above). These sample surveys are expensive to conduct. Even though the sampling process is scientific, the   fact remains that the data available is only indicative of the situation prevalent at a particular time and, although nationally representative, is not of sufficient sample size to provide sub-national or sub-provincial data—the data that is necessary to uncover the inequities which national MDGs will not. With accurate demographic data some health statistics will no longer require special surveys, while others can be obtained more frequently, more timely, and be of greater detail, higher quality and better reliability.

52.   These data improvements will extend to health statistics for high-risk population groups, e.g. indigenous populations and populations in hard to reach areas including urban slums. In such groups and areas the possibility of underestimation of indicators like child mortality is high. By extending the reach of civil registration to such high-risk populations, the health sector will acquire a more accurate estimation of key indicators necessary to measure progress with the interventions to address child mortality.[37]

53.   The ways in which the civil registration—health partnership works can take several forms. *Placement of civil registrars within the health system* is a possibility in countries where a large proportion of the births take place in hospitals. The Online Birth Registration project that was started at the *Prince Mshiyeni Memorial Hospital* in South Africa in 2004 was followed by similar initiatives in other countries, including in Namibia, which itself was a host to a government-UNICEF delegation from Malawi. Measurable improvements in registration rates have been reported from African countries like Algeria, Angola or Ghana. Secondly, *health professionals can be mandated to act as civil registrars*. In some countries health professionals themselves are authorized to act as the registration authorities. For instance in the Gambia, the health ministry is the only institution legally authorized to register births in the country.[38] In some countries it is the community health worker who is authorized to act as registrar. In countries where a large number of births take place at home, traditional birth attendants have been authorized to notify or register birth, as is the case in Madagascar. Ghana recruited and trained "community registration volunteers" to overcome shortage of staff in registration offices. Such volunteers accompany community health nurses to the maternal and child welfare clinics to register infants, who UNICEF Ghana claims has had the "most direct impact on registration coverage"[39]. A third possibility is the *inclusion of registration in public health campaigns*. A number of countries have done this, particularly integrating registration into routine EPI campaigns, Child Health Days (Uganda), distribution of malaria treated bed nets (the Gambia) and Vitamin A Supplementation (Ghana). The campaign mode is particularly useful when tackling birth registration backlogs.[40]

LESSONS FROM HISTORY
[2]

VITAL STATISTICS—SURELY, THEY MUST HAVE BEEN THE REASON WHY THE GENERAL REGISTRATION OFFICE IN ENGLAND TOOK OVER FROM THE ANGLICAN CHURCH, RIGHT?

NO, WRONG

"The history of the establishment of civil registration and of the General Register Office (GRO) in England and Wales under the 1836 Registration Act has tended to be written in terms of religion and medical science.1 Civil registration is seen as having been instituted as a means of liberating Nonconformists from dependence on the clergy of the Church of England for the recording of births, marriages and deaths, whilst the GRO, which administered this system, is perceived as the statistical wing of the public health movement. It will be argued here, however, that it is more helpful to see these developments primarily in terms of the registering of property rights, and that early-nineteenth century debates with respect to welfare provision for the poor also played a crucial role.

This revision to the current historiography is of interest in several respects. First, it helps to explain some of the apparent deficiencies of early Victorian vital registration, and thus deepens our understanding of the limitations of the data generated from this system by the GRO and published in the various Annual reports of the Registrar General. Secondly, an exploration of the role of the registration system in helping to underpin property rights and social welfare throws interesting light on neglected aspects of institutional formation in a developing capitalist society. Lastly, the history of the genesis of civil registration gives a further insight into the growth of the state in early Victorian England, qualifying the model of administrative development put forward by Oliver MacDonagh, in which the state is drawn to intervene in civil society by the desire to remove 'intolerable' nuisances.2 Given that the GRO figures prominently, both as model and innovator, in the history of nineteenth-century international statistics, these issues have wider significance."

Summary of: Edward Higgs, *A cuckoo in the nest? The origins of civil registration and state medical statistics in England and Wales,* **Continuity and Change 11,** (/), 1996, 115-134

54.   Despite the promises of these examples of "twinning" health and civil registration work, some of their problems and limitations should also be recognized. As regards to the placement of registrars in hospitals there have been complaints in some countries that birth certificates are not always issued on discharge of mothers and mothers have to come back later, resulting in additional cost and effort. Another problem reported is the difficulty with parents unable to produce proof of identity as the on-line registration processes in some hospitals with registration facilities require such proof before the registration can be completed (although, obviously, such a problem would not be different in the "normal" civil registration office!). Health professionals, also, usually are over-burdened with their own tasks and can resent additional workload, which comes with the civil registration functions. In countries where volunteers are extensively used for registration purposes, like Ghana, common "volunteer fatigue" reportedly leads to the problem of ensuring sustainability. Inadequate interdepartmental coordination and the absence of clear Memoranda of Understanding between the health ministry and the ministry in charge of civil registration, spelling out tasks and responsibilities, are other risk factors that have hampered the partnership in some countries.

55.   Because of the obstacles mentioned above some countries may refrain from pursuing the "twinning" of health and civil registration here propagated. However, professional demands for efficient government require that departments can and learn to work together and share responsibilities—in modern terms: that they act in an "interoperable" way. Where workloads, burnout or "turf" are obstacles the solution is not to part ways but to resolve resource issues where and when they arise and address work attitudes ultimately coming at the cost of citizenry and country.

2.3 Social transfer programs

Everyone, as a member of society, has a right to social security and is entitled to realization of the economic, social and cultural rights indispensible for his dignity and the free development of his personality.

(Article 22, Universal Declaration on Human Rights, 1948)

56.   The 2010 Report of the *Commission for Africa "Still our Common Interest"*, launched at the MDG Summit in New York, reports the extraordinary progress made in Africa in the last five year: *"From 2003 to 2008, the continent sustained average annual growth rates of 6%. Foreign investment and exports quadrupled. This was largely driven by African governments' efforts to*

make it easier to do business in their countries supported by increased African and international investment in infrastructure—as well as record levels of demand for African goods.[41]"

57.   The report also brings attention to areas where progress has been less satisfactory. These relate to the continuing concern that the Millennium Development Goals for child and maternity mortality[42] will not be met, to concerns with school completion rates and enrolment in post primary education and that the majority of new HIV infections happen in Africa.

58.   Recognizing that significant numbers of very poor people—including women, children, disabled and older people—are disproportionately represented in this group, the Commission for Africa recommended the large scale implementation of social transfer programs across Africa[43]. This was endorsed by major aid agencies, including the World Bank in its 2006 World Development Report, entitled "Development and Equity".[44]

59.   Social transfers have been proven as an effective means to ensure that the benefits of growth reach people living in chronic poverty and inter-generational poverty cycles are broken. They are regular and predictable grants, usually in cash, provided to vulnerable households or individuals. Evidence from existing social transfers in developing countries suggests that they can help tackle hunger, increase incomes, improve the education and health of the poorest families, promote gender equality and contribute to empowering poor people. In addition there is evidence that social transfers can contribute to growth and development of local markets.[45]

60.   There are risks and challenges in the implementation of social transfer programs—particularly relating to ensuring that the benefits do reach the intended beneficiaries. They are most effective when integrated within a social protection strategic framework, which in turn is part of the national poverty reduction strategy. The best results are achieved when they are complemented by other actions: accessible and well-functioning health and education services, local development and employment opportunities.

61.   Social protection has for long been recognized as a fundamental human right and is incorporated in Articles 22, 23.3 and 25 of the *Universal Declaration of Human Rights*. While there are many definitions of social protection, it is generally considered to be a sub-set of public actions that address risk, vulnerability and chronic poverty[46].

62.   A publication in which the total magnitude of social transfer programs is mapped, the title of which speaks of a "quiet revolution", comes to an estimated *500 million beneficiaries* of these programs.[47] The authors state:[48]

"Current interest in social protection among policy makers developed in the aftermath of the structural adjustment policies of the 1980s and 1990s, and especially their failure to promote growth and reduce poverty. This led to a realization that a globalised economy could produce dramatic downturns in human wellbeing, and to a better understanding of the human and developmental costs associated with not having adequate social protection policies and programs in developing countries. More recently, the Millennium Development Goals (MDGs) have focused attention on poverty and vulnerability reduction."

About the World Bank they write:[49]

"The World Bank developed a social protection strategy in the mid-1990s as a response to the impact of structural adjustment on developing countries and the failure of its 'social dimensions' initiatives. The Bank's Social Protection Group, initially focused on labor market and pension reform, and safety nets, but more recently it has supported a wider range of instruments including cash transfers. The Bank is now a major player in social protection, leveraging change through technical assistance and financial support. Its role as a Bank restricts its social protection work in countries with high debt levels. Partnerships with bilaterals, such as the Social Protection Trust Fund established by DFID to support joint initiatives, provide a facility with which to influence policy developments in these countries."

63.   In the region, following the *Livingstone Accord* of March 2006, when thirteen countries in Eastern- and Southern Africa, under the auspices of the African Union, committed themselves to developing national strategies for social protection, the UNICEF regional office drafted a social protection policy paper[50]. The strategy calls for four broad sets of interventions that are aimed at reducing social and economic risk and vulnerability, and address extreme poverty and deprivation affecting women and children disproportionately: 1) *Protective interventions* that offer relief from economic and social deprivation and include humanitarian relief in emergencies and targeted cash transfer schemes; 2) *Preventive interventions* that include mechanisms such as health and unemployment insurance as well as non-contributory pension schemes; 3) *'Promotive' interventions* that enhance assets, human capital and income earning capacity among the poor and marginalized, including skills training and employment guarantee programs, and 4) *Transformative interventions* aimed at addressing power imbalances that create or sustain economic inequalities and social exclusion. These include legal and judicial reform, legislative processes, policy review and monitoring, budgetary analysis and reform and social and behavioral change.

64. What the many present-day social transfer programs do have in common is that for their delivery they depend on a reliable delivery mechanism and targeting. Beneficiary identities have been "discovered" as essential information for such programs. It is disappointing that the World Bank tools[51] suggested for beneficiary identification appear to take the sorry state of civil registration in developing countries as a given, rather than help bringing civil registration in developing countries up to the standard. *In fact the bank suggests the use of extralegal IDs, a rather intrinsically flawed recommendation.*

65. Accuracy and efficiency in "targeting" are, in economically advanced countries, achieved through reliable and complete civil registration and identification systems. Civil registration and population registers provide information relevant to the qualification of recipients for social programs such as age, gender, number of dependents and addresses. The use of IDs helps to allocate transfers accurately and avoid fraud.

66. Targeting depends on the nature of the social transfer program. "Means-testing" can be used to determine the economic status of potential beneficiaries, though it is complicated to implement in practice. Targeting, alternatively, can be on a particular area where there is a high incidence of poverty, such as in an urban slum. "Community-based targeting" is used when community members identify the poorest or most vulnerable themselves. "Self-targeting" is when a below-market wage is set for a program, for which needy individuals can opt to join.

68. *Most important, though, it is to see (improved) civil registration as a result of rather than as a tool for social transfer programs. Above (see paragraph 19 and 20) it was set out that a key condition for legal empowerment of the poor, the target group of these social safety net programs, is their legal identity. Legal empowerment is what will wean the poor off social transfer programs, and if identity is a key condition to achieve that then beneficiaries obtaining a legal identity, i.e. civil registration, should be as much a deliverable of a social transfer program as are the social transfers reaching the right people*

Social transfers and IDs
(Between brackets the U-5 birth registration rate)

In **Burundi** (60% birth registration U-5) a locally funded social safety net is available. Beneficiaries need to show a birth certificate. **Botswana** (72%) implements a Program of Food Baskets for OVCs, which can be accessed by caregivers on behalf of OVCs. Caregivers need IDs. **Ethiopia** (7%) covers over 8 million people with a social transfer program. Clients do not need to show a birth certificate. In **Lesotho** (26%) an EU-supported Child Grants Programme is on going. Also there is an OVC Bursary Programme supported by the Global Fund. Beneficiary identification is through a Proxy Means Test, validated through community structures. ID is necessary, but would be provided through project if not available. **Malawi** (no registration) has a Social Cash Transfer scheme being implemented in 7 districts (out of 28). The beneficiaries are the ultra-poor and labour-constrained and include the elderly. In **Mozambique** (31%), at present, the government runs five social protection programmes, of which the Food Subsidy Program (PSA) has by far the largest outreach. In principle a beneficiary needs an ID card to be able to apply but if an applicant does not have such a card the National Institute for Social Action facilitates in the application of such a card and uses the application slip as a temporary identification document. A significant number of dependants are known to not receive their entitlement due to a lack of a birth registration document. This constraint has been addressed by the national birth registration campaign and in 2011 efforts will be intensified to strengthen the collaboration between INAS and the Registry Services to make sure all children in vulnerable households are registered and access to their entitlement is facilitated. (The government of Mozambique is interested in outsourcing the payment mechanism to the private sector and mobile technology is one of the possible alternatives to the current payment system. This initiative is expected to go forward in 2011. Low coverage of the network and illiteracy of a large part of the current target group are complicating factors in this matter). The government of **Namibia** (67%) provides child welfare grants to children in need. Four type of welfare grants exist: maintenance grants (parent lost, unemployed, imprisoned or disabled), special maintenance grants (children under 16 with disability), foster care grants and place of safety allowance—all administered by the Ministry of Gender Equality and Child Welfare. ID and birth certificate are required. There is a special focus on reaching OVCs. **Swaziland** (30%) runs a cash transfer program for the elderly and an OVC education grant. The birth certificate of the child and the death certificates of the parents are used to qualify for OVC education grant. To benefit from the elderly grant an ID card is used as a prerequisite. In **Tanzania** (22%) social transfer programs are still in their infancy. Uganda (21%) the SAGE project is targeted to start up in May/June 2011. Beneficiaries are required to have birth certificates—UNICEF is involved in a project to provide the target group with birth certificates.

Source: ESARO Survey 2011

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2.4 Harnessing political will

69.   Breaking with a past of general neglect of civil registration, an extremely important event took place in August 2010 in the hometown of the African Union, Addis Ababa, Ethiopia. Over 40 African ministers responsible for civil registration met, for the first time in history, taking civil registration and vital statistics as their sole focus for meeting. In the Ministerial Declaration the ministers resolved to improve their systems for civil registration and vital statistics (see attachment A).[52]The gathering followed on from an expert meeting for civil registration and vital statistics systems held in Tanzania a year earlier, in which it was recognized that strengthening of civil registration had been critically hampered due to the absence of high-level political support.[53]

13-14 August 2010, United Nations Conference Centre, Addis Ababa, Ethiopia

Declaration

:: Declaration of African Ministers Responsible for Civil Registration [English] [Français]

70.   The ministers discussed a medium-term plan for civil registration and vital statistics, drafted by experts. The plan contains quantitative targets for improving "coverage and completeness" of civil registration and vital statistics in the period 2010-2012, strategies how to achieve the targets and activities to carry out the strategies.

71.   A major decision taken was to institutionalize the ministerial meeting as *Standing All-Africa Platform for Civil Registration and Vital Statistics*, to meet once every two years.

72.   At the occasion innovative approaches and best practices in various countries across the continent were shared and discussed. Among these were birth registration in health facilities (Namibia), the allocation of a unique personal identity number to newborns and the integration civil registration and national ID system (Egypt), a campaign to achieve complete registration of births

(South Africa), an interface between civil registration and national statistics office (Zimbabwe), the use of mobile phones for notification of births of children (Uganda, UNICEF-supported, see paragraph 27) and the provision of small cash grants to families upon registration of births (Mauritius).

73.　　Experts from across Africa and international agencies (UNFPA, UNICEF, UNHCR, the Health Matrix Network/WHO and Plan) attended an expert meeting in January 2011 to develop a detailed plan for follow up on the Addis Ababa meeting and Ministerial Declaration[54]. Selected key recommendations out of this expert meeting were: every country to set up a national level coordination mechanism chaired by the minister responsible for civil registration and including the line ministries such as health (depending on the country situation), education and other stakeholders; the countries to try and seek integration between civil registration and health services and national ID systems; the attendance of ministers of health and those in charge of national statistics offices in the next Ministerial Conference to be hosted in 2012 by South Africa; UNICEF and other agencies to intensify advocacy efforts to bring CRVS onto national agendas; to provide registration services free of charge as high costs of registration and obtaining certificates are an impediment, and the countries to make registration inclusive for vulnerable groups and minorities, e.g. refugees, internally displaced persons and other marginalized groups.

74.　　The timeframe for the medium-term plan was changed to 2010-2015 to end by the MDG end-year. The Call to Action will address policy issues, while the medium-term plan will address technical matters. Key action points were formulated during the January 2011 expert meeting for both.

75.　　The history of political support for civil registration, globally and in the regions, is one showing a cyclical pattern. With the creation of the United Nations after WWII, the United Nations Statistics Division (UNSD) and the United Nations Fund for Population (UNFPA), initially civil registration and vital statistics were riding the wind. Until the mid-1990s resources were available, training and workshops were conducted globally and in the regions—the latter with the involvement of the Economic Commissions of the regions (e.g. ESCAP in Asia and the Pacific, ECA in Africa) and their statistics branches. Manuals were produced. There was an international journal for civil registration. The *International Institute for Registration and Vital Statistics* stimulated research and publications. But, ironically, only a few years into the 1991 strategic plan of UNSD resources for civil registration dwindled, training was no longer provided, the IIVRS folded and UNSD/UNFPA did an evaluation of projects which showed that very little impact had been achieved, upon which UNFPA largely withdrew from civil registration improvement projects.[55] While this did not mean a complete halt to all civil registration support work—regional meetings continued—there was definitely a taw in support for achieving civil registration completeness, and budgets of UNSD and UNFPA for civil registration declined. In

the industrialized countries, which had been self-reliant anyhow, digitization started and law reform took place to accommodate digitization and de-materialization of civil registration. European and US civil registrars had their own forums for exchange.[56]

76.   At the end of the 1990s both UNICEF and Plan took up civil registration work in the developing world where others, including the donor community, had virtually abandoned it. One of the reasons for UNICEF's and Plan's interest originates in the 1989 Convention on the Rights of the Child, adopted by almost all countries. Reports on the implementation of the CRC to the Committee on the Rights of the Child in Geneva showed many a country's failure to comply with Article 7 of the convention. UNICEF produced a seminal publication on birth registration in 1998 and had started work on birth registration in Bangladesh.[57] Plan organized the Asian Civil Registrars General Convention in Bangkok in 1999 on the occasion of the 10th anniversary of the CRC and had started its Unregistered Children Project in 1998 in Asia. Both organizations joined their efforts in following years. UNHCR and HMN (WHO) made their contributions some years later and a degree of revived attention is noticeable in UNFPA. The UNICEF and Plan efforts have had a positive impact on awareness of the civil registration deficit in the academia, the donor and NGO/INGO community. The civil registration community has been made more aware of the civil and child rights aspects of civil registration.

77.   *The African ministerial commitment combined with the intensification of constructive collaboration between the African Union, UNECA, African Development Bank, African Statistics Centre, UNICEF, UNHCR, UNFPA, HMN (WHO) and Plan and other NGOs should now open a new and positive chapter in African civil registration history.*

Registration, refugees and asylum seekers

Africa has and has had its share of conflicts and consequent refugee flows. While Africa accounts for 15% of the world's population, the continent accounts for 20% of the world's refugees. Among the fifteen countries with the least financial resources per refugee, eight are African countries, among which Zimbabwe, Kenya, Ethiopia, Uganda and Tanzania in ESAR.

Significant numbers of refugees and asylum seekers in Africa do not have access to documents such as a birth certificate, marriage registration, death certificates of family members or ID cards. This prevents them from securing their basic human rights such as access to basic health services, education, employment and acquiring property in their countries of asylum. In addition, they may be unable to prove their nationality, and upon return, may face detention, deportation and discrimination.

The situation of refugee children is more precarious as in some countries they are denied birth registration in spite of guarantees in the Convention on the Rights of the Child, the International Covenant on Civil and Political Rights and the African Charter on the Rights and Welfare of the Child. As a consequence, they may lack access to education, are not protected against child labour, risk recruitment into armed groups or exploitation by traffickers and are vulnerable to sexual exploitation.

International Law relevant to Africa that provides and calls for the inclusion of refugees in civil registration systems through the 1951 Refugee Convention, the 1969 OAU Convention and the 2009 AU Convention on IDPs.

UNHCR's global baseline data from early 2009 reveal that the level of birth registration among the forcibly displaced children is unacceptably low. In Africa, only one third of all refugee camps issue birth certificates to all newborns. While many governments acknowledge their obligations under the above mentioned Conventions to register all children born on their territory, in practice they hesitate to register them because of the, unfounded, concerns that issuance of birth certificates will confer nationality.

As at March 2011 UNHCR had obtained a commitment by a majority of States at an August 2010 Ministerial meeting on Civil Registration and Vital Statistics to include refugees in civil registration, in particular in birth registration and in vital statistics, albeit with a proviso for further consultations about potential correlation between the issuance of a birth certificate and the conferral of nationality. There was also a commitment to set up mobile registration teams near refugee camps.

Source: UNHCR (2009), **Global Trends. Refugees, Asylum-seekers, Returnees, Internally Displace and Stateless Persons**, Geneva; UNHCR AU Liaison Office

3 Acceleration strategy

• Apply digitization and mobile technology

78. While "mobile money" is reaching African villages and dramatic political changes in Africa are driven by the unstoppable march of ICT and new media, especially among young Africans, a serious business as is development cannot afford to remain on the sidelines. *Mobile technology coverage and the sharp reduction in costs of mobile phone application software, ICT hardware and cost of usage open the perspective of a radical leap in government service delivery in Africa. UNICEF should be in the vanguard of this development, if only because it will save the lives of many children.*[58] A dynamic environment is unfolding in Africa for the use of information and communication technology and for new partnerships, including public-private partnerships for accelerating birth registration such the one in Uganda between URSB, Uganda Telecom and UNICEF.

• Crosscutting strategies: Exchange best practice and support legal reform

79. These developments also require law reform to accommodate the de-materialization of civil registration, the sharing and storage of sensitive information (e.g. cloud computing), biometric- and e-IDs and rapid soft- and hardware changes. There is an *urgent need to share experiences and knowledge between countries, which UNICEF—in partnership, for example with WHO/HMN, PICTA (Partnership for ICTs in Africa) and ITU (the International Telecommunication Union regional office in Addis Ababa)—can help to meet.*[59] Best practices in the use of ICT for development, management and organization of civil registration or law reform—whether from the continent or from other parts of the world—need that learning platforms be offered and created for practitioners in Africa. Governments need advice on standards and protocols to guide their work and to ensure the optimal utilization of scarce resources. UNICEF ESAR is in the position of acting as a knowledgeable and trusted partner for the work in strengthening birth and civil registration in Eastern and Southern Africa, as is UNICEF globally given the work the organization has done since the mid-1990s and the investments within in the organization in birth- and civil registration know-how. *Exchange of best practice in de-materialization of civil registration and the twinning with health (see 68 below) are suggested as a crosscutting strategy. For legal reform UNICEF could identify expertise with which it can partner, e.g. the International Development Law Organization (IDLO, which has a partnership with UNDP and the African Union), as well as with Microjustice4All. This is proposed as a crosscutting strategy as well.*

- ## Twinning civil registration and health

80.   *It is proposed that UNICEF undertakes multiple approaches to bringing civil registration and health authorities to intensify their interoperability*. UNICEF can harness its intensive collaboration with health departments across the region, build on already ongoing interventions using mobile technology for health purposes, intensify exchange visits across Africa, co-organize or participate in learning events for ICT for development in Africa. It is recommended for *UNICEF ESAR to partner with PICTA (Partnership for ICTs in Africa) and engage other partners in ICT for development.* It is not only in ICT though that exchange is recommended, but rather in all aspects that are important in the collaboration between the health and civil registration function, whether organizationally, legally or otherwise.

- ## Social transfer programs

81.   Before (see paragraph 56) it has been strongly recommended that *UNICEF will advocate that social transfer programs include a component ensuring that the beneficiaries will acquire a legal identity as an integral part of such programs*. A legal identity is a vital element for the legal empowerment of the poor, including children (cf. paragraphs 7 and 8). *These programs will need to be weaned of extralegal IDs.*

- ## Harnessing political will: Partnerships and Advocacy

UNECA, other regional and country partners

83.   The ministerial meeting has given momentum to the strengthening of civil registration and vital statistics systems in many of the countries in Africa. Several countries are engaged in drafting policies for this purpose and UNICEF offices have been requested for assistance in this regard. The medium-term plan is the core document that will guide the work on civil registration in Africa. It is essential that UNICEF offices participate at the country level assessments that are being planned as the first step in this process. This would help UNICEF offices to align their programs in birth registration with the broader objectives of the regional medium-term plan and also help country plans to benefit from UNICEF's long experience in birth registration at country level. *UNICEF country offices are well placed, along with other partners working on birth registration at the country level, to add value to feed into the country civil registration assessments, given their extensive experience and "boots" on the ground*.

84.   The three UNICEF regional offices covering Eastern and Southern Africa, Western and Central Africa and the Middle East and North Africa that cover the geographical area of ECA, AU and AfDB. UNICEF has a Liaison Office in Addis Ababa for the purpose of maintaining links with the ECA and ACU, but it is not certain that there is capacity in that office to maintain the strategic partnership at the technical necessary. *It is recommended for the UNICEF Regional Office in Nairobi, on behalf of the three regions, to provide the working level, technical links with ECA regarding civil registration.*

85.   The ECA member countries appear to have agreed to hold the proposed biennial meeting of ministers in charge of civil registration. This provides a major opportunity to influence policies and programs at a high level. *It is important for consultation to timely take place between UNICEF's three regional offices and the country offices for the identification of critical issues in the regions that need to be brought to attention of the ministerial meeting.*

86.   The UN Statistical Division (UNSD) in New York has been providing valuable technical guidance to the strengthening of civil registration systems in Africa and other parts of the world. With the heavy load of work and severe funding constraints, UNSD is over-stretched. UNSD has published a series of "Handbooks" for Training, Computerization, Management, Operations and Maintenance, the Legal Framework and Archiving in the 1980s and 1990s. The handbooks were popular in many countries, were used for training and were considered valuable reference material. These handbooks now need urgent updates. At the expert group meeting in January 2011, it was understood that ECA plans to adapt the handbooks to the African context. *This presents an opportunity for UNICEF to assist UNECA in the updating of the handbooks through appropriate support.*

The UN System

87.   Civil registration does not figure prominently in key documents that guide UN action at the country level – the UN Common Country Assessment or the United Nations Development Action Framework. This subject should form part of a UN Data Theme Group existing in some of the countries. UNFPA has traditionally been the lead agency in data-related UN initiatives and has indeed done pioneering work in promotion of civil registration in African countries. *It is recommended for ESARO to flag the topic of strengthening of civil registration for attention at the regional directors team meetings and guide country offices in the engagement of the UN country teams in this area. A strategic partnership should be developed for this with UNFPA.*

African Parliamentarians

88.   UNICEF has experience in working with parliamentarians in different parts of the world, including Africa. UNICEF and the Inter Parliamentary Union (IPU) have worked together to produce a number of handbooks on issues that are important for children. These include the handbooks on Child Protection (2004), Combating Child Trafficking (2005), Improving the Protection of Children in Conflict with the Law in South Asia (2007) and Eliminating Violence Against Children (2007). Usually the launch of a new handbook is done by the Regional Chapter of the IPU with

considerable publicity and attention from the media. *UNICEF and the UN Statistical Division could collaborate to produce a handbook on civil registration for parliamentarians.* Clearer understanding and championing of the case for civil registration among parliamentarians will further improve the momentum generated by the Ministerial Conference.

African Registrars

89. The opportunities for exchanging experiences and learning from each other for senior officials in charge of the civil registration systems are limited. It is understood that ECA is already considering establishing a network along these lines and have taken the first steps by establishing a "Post Ministerial Conference" website under the African Centre for Statistics. *UNICEF could be a valuable partner in establishing an African Civil Registrar Network for the facilitation of exchange visits and other forms of cross-country learning and exchange for the members of such a network of civil registrars.*

- ## Crosscutting strategy: Randomized trial

90. Two major windows of opportunity this report has identified are 'digitization and mobile technology' and 'twinning civil registration and health'. But governments, UN organizations and major donors need to have good evidence to not jump through these windows eyes closed. A relatively new and effective approach to test hypotheses of this nature in international development and social science is the randomized (control) trial. It is strongly suggested that UNICEF will only support civil registration demonstration projects when conducted as randomized trial. One of the most reputable institutions globally that assists such randomized trials is the Abdul Latif Jameel Poverty Action Lab (J-PAL), which is part of the Economics Department of the Massachusetts Institute of Technology. J-PAL functions through a network of over 50 Associated Professors connected with major universities around the world. The regional office of J-PAL for Africa, launched at the University of Cape Town in January 2011, might be ideally suited and located for supporting randomized trial in the region.

91. Randomized trial applied to pilot projects, many of which are supported by UNICEF and other donor agencies, does not address another aspect that needs to be stressed here. Pilots should not be undertaken, in civil registration or health, or in the combination of both, unless the government line ministry or ministries is/are committed in the process partnership, the pilot is designed to demonstrate feasibility of an approach which is scalable to national level, and unless, when pilots are found to be successful, resources are available for nationwide scale-up. In that respect a randomized trial should not be any different from a test market for a consumer product developed and intended for nationwide distribution. UNICEF does not have the resources to get civil registration fixed in dozens of countries in Africa, but what it can do is in most countries get a partnership together, bringing parties to the table, lead a collective in problem analysis and putting a plan together and get good reassurance of scale-up follow-through (government and donor commitment). The plan needs to be tested before one can launch into a countrywide

project. Randomized trial, when applied across many countries, will greatly benefit from economies of scale. It provides the best possible monitoring and evaluation tool for the first test phase of a scalable project. This phase should not last longer than six months. UNICEF can muster the resources to contribute to these test stages wherever they are conducted. It will only in some countries be able to make significant contributions to the scale-up stage.

Attachments

African Development Bank   United Nations   African Union Commission   Federal Democratic Republic of Ethiopia

First Conference of African Ministers Responsible for
  Civil Registration

UN Conference Centre
Addis Ababa, Ethiopia

13 – 14 August 2010

Declaration of African Ministers Responsible for Civil Registration

Improving Civil Registration and Vital Statistics in Africa

HMN   unicef   UNFPA

1.   We, African Ministers responsible for Civil Registration, meeting in Addis Ababa, Ethiopia from 13 to 14 August 2010, for the first ever conference organized on this subject, being convened by the United Nations Economic Commission for Africa (ECA), the African Development Bank (AfDB) and the African Union Commission (AUC);

2.   Acknowledge that the theme of our first conference: "*Improved Civil Status Information for Efficient* Public *Administration and Generation of Vital Statistics for National Development and MDGs Monitoring in Africa*" is both timely and relevant for the achievement of Africa's development and improvement of public service delivery to our people;

3.   Are convinced of the importance of civil registration for public policy, good governance, human rights, rights of children, and as a basis for reliable vital statistics;

4.   Further acknowledge the importance and contribution of civil registration and vital statistics information for the implementation of the Reference Regional Strategic Framework for Statistical Capacity Building in Africa and the Marrakech Action Plan for Statistics and promoting the African Charter on Statistics;

5.   However note with concern that despite the importance of civil registration and vital statistics (CRVS) systems and ongoing efforts to improve them, the majority of our countries still lack adequate, viable and complete systems;

6.   Affirm the need for strong policy responses, including those aimed at improving CRVS systems as part of the ongoing reforms in our countries;

7.   Take note of the recommendations of the 2009 Tanzania Regional Workshop on Strengthening CRVS Systems in Africa, the second session of the Statistical Commission for Africa, and the Addis Ababa Expert Group Meeting on Civil Registration, preceding this conference, to strengthen CRVS systems in Africa;

8.   Note that the challenge before us now is to continue mobilizing and rallying political commitment and leadership for the improvement of CRVS systems in Africa. In this regard, we fully endorse the recommendations of our experts on strategies for strengthening CRVS systems. In the light of these recommendations, we hereby resolve to:

   8.1   Take appropriate policy measures to facilitate the implementation of plans, programmes and initiatives for the reform and improvement of CRVS systems to achieve universal coverage and completeness, taking into consideration the specific circumstances of our countries. In this regard, we resolve to mainstream CRVS processes into national statistical development strategies and other national plans and programmes, including strengthening coordination of activities among various players at national, subregional and regional levels;

8.2 Formulate laws and policies that ensure timely and compulsory registration of vital events occurring within our countries, with guarantees for equal access to the system for all persons. In this regard, we commit to revise and update our CRVS laws and statistical legislation in line with international and regional guidelines and recommendations, and to allocate adequate human and financial resources for this purpose;

8.3 Intensify awareness-raising campaigns on the procedures and importance of CRVS systems, to ensure their effective functioning.

9. We recognize the importance of partnerships and capacity-building to support national efforts to strengthen CRVS. In this regard, we call upon:

9.1 ECA, AfDB and AUC, as well as other development partners, to continue to support our efforts in capacity-building and mobilizing resources;

9.2 ECA, AfDB and AUC to undertake an evaluation of national CRVS systems and finalize the draft medium-term regional plan and guidelines and report to the next session of the Conference of Ministers;

9.3 The Africa Symposium on Statistical Development (ASSD), which has hitherto focused on mobilizing Africa to fully participate in the 2010 round of population and housing census, to give priority to mobilizing Africa to improve CRVS systems;

9.4 ECA to consider establishing a substantive post on civil registration and vital statistics with appropriate support staff at the African Centre for Statistics to ensure the sustainability of ongoing efforts to improve CRVS systems in Africa;

9.5 Universities, national and regional statistical and demographic training institutions to develop or enhance appropriate curricula aimed at building capacity on CRVS systems in Africa;

9.6 The health sector to align the health system with CRVS systems to improve coordination and sharing of data on births and deaths with assigned causes for all deaths, with national statistical offices and CRVS authorities;

9.7 The United Nations Statistics Division (UNSD), the Health Metrics Network (HMN) and other development partners to strengthen their support to regional and national CRVS initiatives and programmes, including aligning their assistance accordingly.

10. Lastly, we request the AUC to consider institutionalizing the Conference of African Ministers Responsible for Civil Registration and Vital Statistics as a standing regional platform to meet biannually, for discussion and evaluation of political and policy issues related to civil registration and vital statistics in Africa.

11.   We thank the Government and people of the Federal Democratic Republic of Ethiopia for hosting this successful Conference. We especially thank the Honourable Minister of Justice, His Excellency Mr. Berhan Hailu for his leadership in this endeavour to improve CRVS systems in Africa. We are particularly grateful to ECA, AfDB, AUC, the Central Statistics Agency of Ethiopia (CSA), UNSD, the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), HMN, and the United Nations High Commission for Refugees (UNHCR) for successfully organizing this important Conference.

Done in Addis Ababa, Ethiopia, on the 14th day of August 2010.

Country strategic plans for the birth registration strategic result area

1.   ESAR SRA approach for birth registration

All country programs, through an enhanced situation analysis, are re-focusing their work on equity. For each of the Strategic Result Areas there will be selected groups of countries where the particular issue/s is/are dominant and where it is possible to purposefully program to achieve concrete results that can be measured. It is expected (suggested) that in ESAR there will be three categories of countries with regards to their birth registration intervention model:

1) Countries starting from a low base (U-5 registration rate < e.g. 60%), aiming to move birth registration to over e.g. 80% (with secondary targets for death registration) within three years

2) Countries starting from a high base (e.g. >60%), aiming for birth registration "completeness" (e.g. >98%, with secondary targets for death registration) within three years

3) Countries without a BRSRA

2.   Model strategic plan for BRSRA

The BRSRA Strategic Plan will need to have the following elements

- Objectives—the overall outcome of the program
- Goals—quantifiable goals, with indicators, within set time frame that will help us reach the objective
- Indicators to track progress—note both process milestones and quantifiable measures
- Strategy via a "bottleneck/barriers approach" – how will the goals be reached? The "how" is to be determined by careful analysis of the issue – looking at WHY civil registration services are not reaching children; identification of the main constraints to reaching the goals and then prioritizing which constraints the program will first work on with partners
- Key areas and groups—areas and groups for which non-registration is especially prevalent among children
- Include main partnership with government line ministry/line ministries at central and local level. Generally this will be the ministries responsible for civil registration, health, social transfers, vital statistics, national IDs, voter registration, social transfers and legal reform
- Include partners and their contributions—undertake a partnership mapping to identify who is or can be doing what within the strategies, the resources they contribute, the capacities they have, the coverage they can reach, etc.
- Costing out what it will take to reach the goals—this will be a sum of what it will take to implement the different strategies needed to reach the goal
- Identify resource gaps – based on strategies, costs, partnerships look at sum of what there presently is and what additional resources may be needed to reach the goals
- Mechanism to track progress – note what mechanisms exist and can be adapted; articulate roles of CO/RO/HQ

- Define political leadership/leveraging aims and agenda – articulate the 2-3 high level issues that need to be taken up by the Country Representative, Deputy RD, ED; these will evolve over time

The plan will be implemented at CO level by the section head(s)/relevant technical officers/Deputy Rep., with support from joint technical teams of HQ/RO/CO colleagues. In HQ this involves the relevant technical section; at the regional office the regional advisor/s/Deputy RD.

These technical teams are supported through existing management bodies such as the Country Management Team, Regional Office Management Team and linked to a management forum at HQ level. Critical constraints to progress and support needed are actioned through these fora. Higher level updates / issues are brought to the attention of the ED.

ESAR management will provide expert consultancy support especially for situation analysis ("bottleneck/barriers approach"), formulation and adjustment of strategic plans and monitoring of plan progress for the 2011-2014 period.

3.   Tracking, monitoring and reporting on results[60]

For the Birth Registration Strategic Result Area identify indicators to track gaps in, for example, coverage with services, access to civil registration as well as indicators that tell measure progress. The change in "coverage gaps" is the set of results, which needs to be reported on. Indicators on "progress" towards those coverage/ access gaps are the ones used for management decisions and actions at different levels.

This report has made a strong case for the use of randomized trial (evaluation), which implies that the program not only is monitored as an intrinsic part of program implementation, but also is compared to a "control program" where there are no program interventions. This approach allows continuous monitoring which is especially apt for the strategic result area approach, while conventional measurement of program progress through MICS is limited to preset scheduling of this survey.

For the BRSRA answer:

(a) Are we doing it right? Tracking of *strategy choices*. BRSRA needs implementation of sound program strategies to get results. The choice of strategies should be based on a bottlenecks/barriers analysis.
(b) Is program implementation adequate? Tracking of program inputs needed to contribute to set intermediate results.
(c) Are we going in the right direction? Monitoring of the results of program implementation: the inputs and interventions implemented/supported helping to remove the bottlenecks and gauge if there is progress towards the results. This will help identify whether the program is "on track" or "off track" towards meeting objectives. This will be the source of important data for management decisions for support or adjustment of strategy.
(d) Are we making a difference? These are the results in terms of increases in coverage of key services, changes in behaviors/ practices etc.

Notes

[1] The countries of the region are: Angola, Botswana, Burundi, Comoros, Eritrea, Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Rwanda, Seychelles, Somalia, South Africa, Swaziland, Tanzania, Uganda, Zambia and Zimbabwe.
[2] See: http://www.africa-union.org/Official_documents/ Treaties_%20Conventions_%20Protocols/A.%20C.%20 ON%20THE%20RIGHT%20AND%20WELF%20OF%2 0CHILD.pdf (link 29 March 2011)
[3] Cf. Mahapatra, P. et al (2007), Who counts? 2, **The Lancet**, Vol. 370, Nov 10, p. 1655. In the 1995-2004 period only 5-7% of the population of Africa lived in countries with complete registration; in Asia only 1%.
[4] Ibid.
[5] Cf., UNICEF (2011-1), **The State of the World's Children 2011**, New York
[6] Advanced civil registration systems cover more vital events, for example divorces, adoptions and other.
[7] A whole chapter of the UNSD handbook for the preparation of the legal framework for civil registration is devoted to "contributions of civil registration to the normal functioning of societies". Cf. United Nations, Department of Economic and Social Affairs, Statistics Division (1998), **Handbook on Civil registration and Vital Statistics Systems. Preparation of a Legal Framework,** New York.
[8] See for example, Cleland, John (1996), Demographic data collection in less-developed countries 1946-1996, **Population Studies**, 50, p. 434, for the claim regarding the lack of incentives (to which the consultants do not concur) and the costs. It simply is not true that many people can "still do without a birth certificate"—implying that they don't need a (legal) identity—while at the same time most could not afford not to have an ID, however simple, or a voter card when an election takes place. The Lancet (Setel, Philip W. (2007), Who counts? 1, **The Lancet**, Vol. 370, Nov 3, p. 1575) wrote
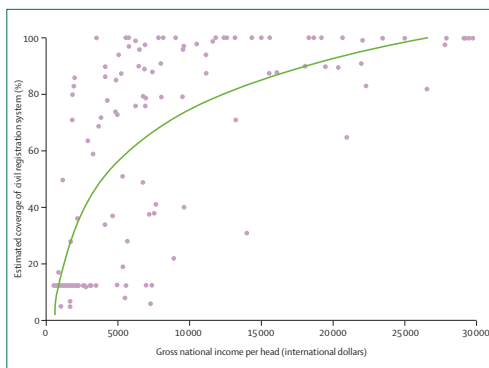

Figure 3: Association between estimated coverage of civil registration and gross national income per head, 1998–2004

on affordability: "The easiest option is to cite lack of resources as the main reason for not moving forward with registration. Although costs are certainly an important consideration, they are not the crucial barriers to improvement. Gross national income per head correlates somewhat with estimated completeness of registration, but some low-income countries do have good coverage (see figure), showing that much can be achieved, even in low-income countries. Consideration of the costs of little investment for the past thirty years, and what the costs of not investing now will be in the future is important. A small but growing body of research about the costs of obtaining information suggests that civil registration and complementary systems are quite affordable."
[9] Setel, P.W. (2007), p. 1575
[10] Cf. Commission on the Legal Empowerment of the Poor and UNDP (2008), **Making the Law Work for Everyone**, New York
[11] De Soto, H. (2000), **The Mystery of Capital**, New York
[12] Cf. http://www.un.org/millenniumgoals/
[13] Cf. http://measuredhs.com/. The Demographic and Health Surveys project, implemented by Macro International and funded by the United States Agency for International Development (USAID), is responsible for collecting and disseminating data on health and population in developing countries.
[14] Cf. http://www.unicef.org/statistics/index_24302.html
[15] The consultants do not see that civil registration completeness will lead to the "exit of sample surveys" as advocated in African Statistics Centre and Statistics Department of the African Development Bank (2010), **When will Africa Exit from Indirect Techniques and Unconventional Data Collection Methods? Highlights on Critical CRVS Technical and Operational Issues—2,** Addis Ababa.
[16] http://www.oecd.org/document/18/ 0%2C2340_%2 Cen_2649_3236398_35401554_1_1_1_1%2C00.html
[17] The Sample Registration System of India is the largest application in the world of sampling to obtain demographic data. Well-advanced as it is, it was not granular enough to pinpoint the incidence of female foeticide in smaller geographical areas. See: http://www.censusindia.gov.in/Vital_Statistics/SRS/Sam ple_Registration_System.aspx
[18] Civil registration systems *generally* record the vital events where they occur. A population register provides the information for the population, citizen or foreign, where people live.
[19] See UNICEF (2010), **UNICEF Good practices in integrating birth registration into health systems (2000-2009)**, Working paper, New York
[20] See Sen, A. (1981), **Poverty and Famines: An Essay on Entitlements and Deprivation**, Oxford, 1981
[21] See http://www.uneca.org/crmc/
[22] Sometimes this verification includes matching a copy sent by the medical facility to the civil registration office with the copy brought by the birth informant, e.g. in Tanzania.

[23] The consultants have found that among the population there may be the misconception that the registration is already done in the hospital and does not require a follow-up. At other occasions a family unable to pay the hospital bill may avoid the registration procedure.

[24] That has even been one of the problems with the introduction of the real ID in the US, although NAPHSIS, which is responsible for civil registration in the USA, has put in place an electronic verification system for civil registration certificates.

[25] Costs of scanning can be vast. In Switzerland a decision was made not to scan the paper records. Contrary to that the state of Victoria in Australia did scan all paper records. In England the House of Commons halted a scanning process, the tender of which was won by an Indian company. This raised eyebrows of parliamentarians about data security (while, ironically, at the time one after the other batch of sensitive government data stored in electronic format were lost in England).

[26] See, for example, International Telecommunication Union (2009), **Information Society Statistical profiles 2009 Africa**, Geneva, 2009: "The increase in the number of mobile cellular subscriptions over the last five years has defied all predictions and Africa remains the region with the highest mobile growth rate. By the end of 2008, Africa has 246 million mobile subscriptions and mobile penetration has risen from just five per cent in 2003 to well over 30 per cent today. The high ratio of mobile cellular subscriptions to fixed telephone lines and the high mobile cellular growth rate suggest that Africa has taken the lead in the shift from fixed to mobile phone technology, a tend that can be observed worldwide. The number of internet issuers has also grown faster than in other regions."; ITNews Africa (2009), *internet revolution*: ""Africa Connected: A telecommunications growth story" study from Ernst & Young that found that market penetration of cell phones in Africa is sitting at 37%. From 2002 until now, Africa has seen its number of cell phone subscribers climb by a compound annual growth rate (CAGR) of 49.3% compared to a CAGR of about 27.5% in Brazil and Asia, according to Ernst & Young. By 2012, market penetration in Africa can be expected to climb to more than 60%." See also: Neale. R. (2010), *Africa is saving lives by turning mobile phones into hospitals*, **The Telegraph**; Scott, N. et al (2004), **The Impact of Mobile Phones in Africa,** Prepared for the Commission for Africa, Reading; Ewing, J. (2007),*Upwardly mobile in Africa*, **Business Week**, 2007; Aker J.C. et al (2010), Aker, J.C. et al., **Mobile phones and economic development in Africa**, Working Paper 211, Center for Global Development, Washington.

[27] For different viewpoints on this see: Victoria Public Records Office (1996),Victoria Public records Office, **Victorian Electronic Records Strategy**, Melbourne, (See on-line: http://www.prov.vic.gov.au/ vers/pdf/kerf.pdf) and Jansen, Dr. Bob et al. (1996), *"Preserving readership of electronic works*," in **Multimedia Preservation. Capturing the rainbow**, Proceedings of the Second National Conference of the National Preservation Office, Brisbane, 28-30 November 1995, Canberra. (see on-line: http://www.turtlelane.com.au/TLS/Publications/Papers/ MMPreservation.pdf) versus Banat-Berger, Francoise

(2009), **Permanence and conservation of civil registration records**, Strasbourg, 2009

[28] A convincing argument is being made for open source/open standard in a seminal study done by R. Ghosh for the EU: UNU-Merit (2006), **Economic impact of open source software on innovation and the competitiveness of the Information and Communication Technologies (ICT) sector in the EU**, Maastricht, but the debate "FLOSS" or proprietary software is still ongoing.

[29] For the URSB-Uganda Telecom-UNICEF pilot of mobile registration birth registration data are kept "in the cloud", which is the same place where emails of Yahoo- or Google-customers are being kept. While this implies that no back-ups are needed there is still some doubt about the security of "cloud computing". For example, the EU has not yet cleared cloud computing as failsafe and secure. Cf. for example, Kroes, Neelie, (2010), *Cloud computing and data protection*, Les Assises du Numérique conference, Université Paris-Dauphine, 25 November 2010.

[30] In civil registration history there have been instances in which the data have been used for racial profiling, e.g. during WWII in the Netherlands civil registers were used to locate the Jewish population. Governments need to be aware that such risks exist and reduce them as much as possible. Indonesia scrapped its registration of the race of its Chinese citizens a few years ago. Overzealous registration of attributes, e.g. whether a child is born out of wedlock, needs to be avoided as it will be in conflict of international law most countries have signed up to.

[31] The International Institute for Vital Registration and Statistics (IIVRS), an institute unfortunately no longer existing, published in 1995 a study on the organizational aspects, cf. IIVRS (1995), **Organization of national civil registration and vitals statistics systems: An update,** Bethesda. The study gives a breakdown of where the civil registration function sat in government. In Africa, 51.1% sat in "planning", 22.2% in "finance and economics", 6.7% in "interior", 6.7% "health" and 13.3% was located under "other". The response came from 45 countries. When these percentages are compared to the split applicable for Europe or North America the major difference is from "planning" to "finance and economics", the latter applying in over 50% of the developed countries. This may indicate a trend when a country moves to higher development levels. In Africa, according to the latest data of the consultants, only two countries (Guinea and Liberia) have the health ministry in the driving seat. In the African continent major changes in departmental responsibility have taken place (see next note).

[32] The planning department has gone completely out of vogue in Africa; at present only Gabon still has civil registration in their planning ministry. In Africa the ministry of home affairs/interior is favored with 30% (11, n=37), followed by "other" (not justice, home/interior, local government or health) at 24% (9 countries) and justice at 22% (8), while 4 countries (11%) have civil registration sit in health and the same number sits in local government.

[33] Cf. UNICEF (2010)

[34] An unlikely example of interoperability between the public health sector and civil registration is found in the US—but only since World War II, when potential workers for the war industry were not hired because they were not able to prove their citizenship with a birth

certificate. This situation came to be known as the "birth certificate crisis". The budget bureau was asked to come up with a solution, which was to take civil registration away from the census bureau, which had no outreach in the states, and to give the responsibility to the public health department, which did have this outreach.

[35] Admittedly the outreach of the health sector is in many countries supported by external funding. We do believe, however, that immunization rates will remain where they were after donors have left.

[36] Underreporting also occurs when the law is not sensitive to cultural practices. E.g., in some cultures it is not uncommon for families to report or register the birth of a child only after a certain period has passed. Interoperability with health will help capture these births.

[37] A qualification is in order. Barriers to reaching the marginalized and hard to reach groups need to be identified and overcome before they can be included in service provision. For instance a special effort working through organizations that try to reach them may be necessary before individuals in these groups feel comfortable to enroll in registration. But it is only when civil registration is complete and capable to deal comfortably and efficiently with standard civil registration cases that opportunities arise to shift resources to the hard-to-reach and hard-to-register.

[38] Ibid.

[39] UNICEF (2008), **Social Protection in Eastern and Southern Africa: A Framework and Strategy for UNICEF,** Nairobi quoted in UNICEF (2010)

[40] The complexity of late registration (back-log registration) should not be underestimated. Civil registration records require accuracy of kinship, age and date of birth, place of birth. These data are usually hard to obtain, especially when it comes to age. However, when the under-five are targeted, age estimates can be relatively reliable in comparison to age estimation at a later date, for example when an "18-year old" applies for a national ID.

[41] Commission for Africa (2010), **Still our Common Interest**.

[42] The problem with the maternity mortality rates goal is unique, based on the fact that the measures made in 1990 (and even in 2000) were so inaccurate and had such wide ranges of insecurity that it will be virtually impossible to tell if the goal has been achieved since the 'new' 2015 measure may fall within the range of uncertainty of the 1990 measure. MMR is a perfect example of the foibles of trying to measure something through surveys that can only really be measured through a vital registration system. Cf. also Hill, K**.** et al. (2007), *Estimates of maternal mortality worldwide between 1990 and 2005: an assessment of available data***, the Lancet**, Vol. 370, pp. 1311-1319

[43] Commission for Africa (2005), **Our Common Interest**, 2005

[44] Cf. World Bank (2005), **The World Development Report 2006***,* New York

[45] Cf. Department for International Development (DfID, 2005)*,* **Social transfers and chronic poverty: emerging evidence and the challenge ahead***,* practice paper, London.

[46] Ibid.

[47] Barrientos et al. (2008), **Social Protection for the Poor and Poorest in Developing Countries: reflections on a Quiet Revolution**, BWPI Working

Paper 30, School of Environment and Development, University of Manchester, Manchester, p. 3.

[48] Op. cit., p. 7

[49] Op. cit., p. 11. Within the Bank there is interest now in social programs (beyond those that are economic only) that improve nutrition, education, and individual as well as societal development. Thus social transfers will be used to go beyond promotion of improved economic wellbeing of individuals? This conforms with Amartya Sen's (cf. Sen, A. (1990), **Poverty as Freedom,** New York) writing that health, education and economic development are interrelated. Hence this reiterates the relationship between health, individual and social development, and (birth) registration using social transfers as a mechanism.

[50] Cf. UNICEF (2008)

[51] The DfID-funded SAGE social transfer project in Uganda is supported by an initiative of UNICEF and the Uganda Registration Authority to improve civil registration. For World Bank tools see http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS /EXTSOCIALPROTECTION/EXTSAFETYNETSANDTR ANSFERS/0,,contentMDK:22431141~menuPK:749822 4~pagePK:210058~piPK:210062~theSitePK:282761,00 .html

[52] http://www.uneca.org/cr-ministerial-conference/documents/FinalMinisterialDeclaration.pdf (link 29 March 2011)

[53] See http://www.uneca.org/crmc/

[54] See: http://www.uneca.org/cr-ministerial-conference/documents/FinalMinisterialDeclaration.pdf

[55] Cf. Padmanabha, P. (1993), **Review and evaluation of UNFPA supported projects on civil registration and vital statistics**.

[56] In Europe eleven countries are associated in the EVS (http://www.evs-eu.eu/), in the United States NAPHSIS (http://www.naphsis.org/) plays a similar role, while In Latin America and the Caribbean CLARCIEV, the Latin American and Caribbean Council for Civil registration, Identity and Vital Statistics (http://www.clarciev.org/cmse/) was founded in 2005. Many countries in Europe do have their own registrar associations as well.

[57] UNICEF (1998), **The Progress of Nations,** New York

[58] This is literally what an article in **The Telegraph** (11 Oct 2010) says ("Africa is saving lives by turning mobile phones into hospitals.")

[59] The consultants have developed and submitted a proposal to ESARO to address this strategic need, called "Big Change through Small Screens".

[60] Cf. UNICEF (2011-2), UNICEF, **Draft for discussion: Monitoring Progress towards Equity Focused Strategic Result Areas**, (internal paper), New York 2011-2