Birth registration and access to health care: an assessment of Ghana’s campaign success
Sonja Fagernäs* & Joyce Odameb

Background
In many developing countries today, the births of a substantial share of children go unregistered. According to survey-based estimates, between 2005 and 2008, the share of children younger than 5 years whose births were registered was 7%, 41%, 60% and 88% in Ethiopia, India, Kenya and Vietnam, respectively.1 Registration of vital events is essential for accurately calculating birth and death rates and for assessing the level of infant mortality. It has other advantages. For example, when linked with medical records, birth registration systems can alert health-care providers to the presence of children needing vaccination.2 Accurate information on births and deaths has been stressed as important for tracking progress towards the health-related Millennium Development Goals.3,4 The importance of birth registration has also been emphasized from a child rights perspective.5,6

For slightly over a decade, children’s organizations, in particular the United Nations Children’s Fund (UNICEF) and Plan International, have been involved in campaigns promoting the registration of births in developing countries. In the context of sub-Saharan Africa, national action plans for registration were developed in 24 countries in central and western Africa in 2004.7 This article reports on the experience of Ghana in raising birth registration rates from 2004 to 2008. Survey data, namely from the Demographic and Health Surveys (DHS)7,8 and the Multiple Indicator Cluster Surveys (MICS),9 are combined with observations from the field.

According to DHS data, registration rates for children younger than 5 years in Ghana increased from 44 to 71% between 2003 and 2008.10 In 30 other sub-Saharan African countries with survey data for a similar period, progress in the registration of children younger than 5 years was slow. In these countries, the average registration rate was 53% in 1999–200311 and 49% in 2004–2010,12 with only a few countries making notable progress. Therefore, Ghana stands out as a success story. This article discusses the different approaches taken to increase registration rates and focuses on the role played by the health system.

Birth registration and campaign strategies
In Ghana, birth registration is compulsory under the Registration of Births and Deaths Act (1965). Ghana has 10 administrative regions and each of the country’s 170 registration districts has at least one registry office. However, the absence of registration offices in rural areas and a shortage of registration staff have hampered registration.12 The registration of births that occur in health facilities begins with the issuance of a medical certificate or a health card.13 Formally, parents are required to present the health card when they visit a registry to register a birth. Birth registration offices are often located within the premises or in the proximity of public health facilities, although not all health facilities have a registration office. There has also been an expectation that births take place in health facilities, but according to DHS data, only approximately half do.

Registering a child generally involves both direct costs (fees) and indirect costs (time off from work, travel expenses). The indirect costs in particular affect poorer areas disproportionately. According to the 2006 MICS, the most common

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reasons for not registering a child were the high cost of registration (31.9%), distance to registration locations (21%) and a lack of awareness that children should be registered (20%). Birth registration campaign activity in Ghana has focused on such factors.

To incentivize people to register a child, beginning in mid-2003 the legal period for free registration of infants was extended from 21 days to 1 year. Late registration carries a fee (equivalent to about 1.1 United States dollars). In 2004–2005 other campaign activities began, including intensive public education. The first annual Birth Registration Day was held in September 2004 and 10 000 children were registered across the country. Since 2004, the Births and Deaths Registry has participated in annual child health promotion weeks, organized by the Ghana Health Service in May and November of each year. Community health workers were trained to register births. These workers offer services in community health clinics and also on a mobile basis. Mobile community registration volunteers were introduced to register births, especially in remote areas. Community population registers, which in the long term are considered key to raising registration coverage and reducing the hidden costs of registration, were piloted in 21 remote communities in four regions.

Table 1 shows the trend in the rate of birth registration among children younger than 5 years in Ghana based on data from the DHS for 2003 and 2008 and from the MICS for 2006. These surveys show different registration rates for children born in the same year perhaps because of age differences and overlaps. Differences in the precise questions posed may also explain some of the differences. Nevertheless, it is clear that birth registration rates increased significantly for children born in, or after 2003–2004, in tandem with the intensification of the campaign activities. The figures also suggest that campaign activities became more effective from 2006 to 2008 and that delayed registration took place over that period.

Role of the health system

One campaign strategy has been to tie registration more closely to the provision of health care. For instance, midwives and health workers were instructed to register children during child health campaigns. According to UNICEF, “immunization efforts provide an opportunity for health-care workers to be alerted to the absence of a health card or birth certificate, leading vaccination to be viewed as a potential point of entry to registration for a child”. Another study suggests that in Ghana “the collaboration between the civil registration office and Ghana Health Service, where volunteers and registration officers accompany community health nurses to the maternal and child welfare clinics in the communities to register infants, has the most direct impact on birth registration coverage”. The fact that registration offices are often located within health facilities or close to them implies a direct connection between health care and registration.

As discussed by Addo, a functioning interface from registration offices to health-care providers was still a task for the future in Ghana in 2009. Therefore, the registration system may not have been used yet for the planning of health services between 2004 and 2008. Fig. 1 plots the association between different indicators of access to health-care and birth registration, as well as between registration and household wealth quintile and urban residence.

The analysis indicates that between 2003 and 2008, access to health care at birth (i.e. birth in a health facility) became less important as a determinant for registration. In 2003, the likelihood of having been registered was 12 percentage points lower for a child born at home than for one born in a health facility; in 2008, this likelihood was only 5 percentage points lower. In 2003, children who received polio vaccine at birth...
were 6 percentage points more likely to have been registered than those who did not, a difference that was statistically significant; in 2008, the difference was no longer significant. Regarding institutionalized care, in 2003 children whose mothers had visited a health facility within the last year were 7 percentage points more likely to have been registered than those whose mothers had not done so. This may be because of the ease of accessing registration facilities during health centre visits due to their proximity, or because the visit alerted health officials to the absence of a birth certificate. However, in 2008 those children whose mothers had accessed a health facility were no longer more likely to have been registered. On the other hand, having been vaccinated showed an association with registration in both years, and this association was even stronger in 2008. A significant positive association between registration and the receipt of all doses of the diphtheria, tetanus and pertussis (DPT) vaccine and vitamin A was present both in 2003 and 2008. The connection with vitamin A became stronger in 2008 and even stronger in 2008. A significant positive association between registration and the use of long-term solutions. In more remote areas, the promotion of community health workers and through mobile services and outreach health activities.

The key policy lessons are summarized in Box 1. The findings of this study show that the incorporation of birth registration into community health care and child health campaigns, together with mobile registration activities in remote areas, succeeded in raising registration rates. However, full registration coverage has not been reached and progress has slowed down, with an estimated 65% of births registered in 2011, a rate similar to the 2008 rate for children younger than one year. Hence, efforts should be made to target the poorest households, which are less likely than more prosperous households to have access to vaccination and health centres. It may not be possible to rely on mobile strategies and outreach activities as permanent, long-term solutions. In more remote areas, the promotion of community health workers and through mobile services and outreach health activities.

**Discussion**

This study shows that the birth registration campaign initiated in Ghana in 2004 substantially increased registration rates among children younger than 5 years. It reduced inequalities in registration as a function of socioeconomic status and place of residence (urban versus rural) and weakened the association between birth registration and access to health care at birth or subsequent access to health centres. However, vaccinated children were more likely to have been registered both before and during the campaign period. Vaccination in turn could take place not only during health centre visits, but also through community health workers and through mobile services and outreach health activities.
Lessons from the field
Birth registration in Ghana
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Abstract
Birth registration and care: Assessing the success of a campaign in Ghana
Problem
In many developing countries, birth registration is still not universal. This was also the case in Ghana before a major registration campaign was initiated in 2004-2005.
Approach
This study, based on survey data, assesses the results of the 2004-2005 registration campaign in Ghana. Key strategies included: extending the statutory registration period for newborns; integrating registration into children's health promotion weeks; training community health workers to register births; using community registration volunteers; registering children during events; and conducting a community registration pilot. This paper discusses the contribution of these strategies to increasing registration rates, and the association between birth registration and various health indicators and family characteristics.

Local situation
Ghana's registration and health facilities work with international organizations (mainly UNICEF and UNICEF) to implement registration campaigns.

Changes
Unlike many other countries in sub-Saharan Africa, Ghana saw a significant increase in registration rates during the campaign. Strategies to improve registration included shortening the distance to registration centers, and improving access to health care and birth registration. During the campaign, 5-year-old children's registration rates increased from 44% in 2003 to 71% in 2008.

Lessons learnt
Registering births in the community health care and health campaigns and mobile registration activities has increased birth registration in Ghana by reducing the indirect costs of birth registration, especially in poorer communities. The links between the health sector and birth registration should be strengthened further, ideally by locating registration facilities within all health facilities. In more remote areas, local community population registers should be actively encouraged to expand registration coverage.

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Box 1. Summary of main lessons learnt
• The incorporation of birth registration into community health care, health campaigns and mobile registration activities have increased birth registration in Ghana by reducing the indirect costs of birth registration, especially in poorer communities.
• The links between the health sector and birth registration should be strengthened further, ideally by locating registration facilities within all health facilities.
• In more remote areas, local community population registers should be actively encouraged to expand registration coverage.

Malaysia
Pendaftaran kelahiran dan pendaftaran keperawatan: Penilaian hasil campaing pendaftaran pada Melayu
Masalah
Pendaftaran kelahiran masih sangat jauh dari standar di banyak negara berkembang. Melayu adalah contohnya, sebelum pelancaran campaing pendaftaran utama.
Pendekatan


Sumber yang tidak diidentikkan
Salinan untuk pengesahan

Pendekatan
Enregistrement des naissances et accès aux soins de santé: une évaluation de la réussite de la campagne du Ghana
Problème
L’enregistrement des naissances est encore loin d’être systématique dans de nombreux pays en développement. C’était d’ailleurs le cas au Ghana, avant qu’une campagne d’enregistrement ne soit lancée.
Approche
Cette étude, basée sur les données d’une enquête, évalue les résultats d’une campagne d’enregistrement des naissances initiée en 2004-2005 au Ghana. Les stratégies clés suivantes incluent : le prolongement de la durée légale pour le service de santé établi par la loi ; l’intégration des services de santé pendant les semaines de santé des enfants ; l’entraînement des travailleurs de santé communautaires dans le registre de naissance ; l’organisation des activités de registre pendant les événements ; et l’organisation des registres de population communautaires. Cette étude discute des contributions de ces stratégies à l’augmentation des taux de registre et de l’association entre l’enregistrement de naissance et divers indicateurs de soins de santé et caractéristiques familiales.

Mention de conflits d’intérêts
Aucun déclaré.

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Mention de conflits d’intérêts
Aucun déclaré.
Registro de los nacimientos y acceso a la atención sanitaria: una evaluación del éxito de la campaña en Ghana

Situación El registro de los nacimientos sigue presentando carencias en muchos países en vías de desarrollo. Dicha afirmación era cierta en Ghana antes de acometer una importante campaña de registros.

Enfoque Este estudio, basado en datos de una encuesta, evalúa los resultados de una campaña de inscripciones iniciada en Ghana en 2004–2005. Las estrategias clave comprendieron: ampliar el período legal para el registro gratuito de los bebés; incorporar el registro en las semanas de promoción de la salud infantil; formar a los profesionales sanitarios locales sobre el registro de los nacimientos; utilizar voluntarios locales para el registro; registrar a los niños durante celebraciones y dirigir los registros de población locales. En este documento se discute sobre la contribución de dichas estrategias al incremento en las tasas de registro y se expone el grado de asociación entre el registro de los nacimientos y diversos indicadores del acceso a la atención sanitaria y las características familiares.

Marco regional El Registro de Nacimientos y Defunciones de Ghana trabajó junto con organizaciones internacionales, principalmente Plan International y UNICEF, para desplegar la campaña de registro de nacimientos.

Cambios importantes A diferencia de muchos otros países subsaharianos, Ghana experimentó un alza sustancial en las tasas de registro durante el período de la campaña. Las estrategias de la campaña mejoraron la accesibilidad y acortaron la distancia hasta los centros de registro. Los datos de la encuesta muestran que la tasa de registro de niños menores de 5 años aumentó del 44% en 2003 al 71% en 2008.

Lecciones aprendidas La incorporación del registro de los nacimientos en la atención sanitaria local, en campañas sanitarias y en actividades de registro ambulatorio puede reducir los costes indirectos del registro, especialmente en las comunidades más pobres, y redundar en incrementos sustanciales de las tasas de registro. El vínculo entre el sector sanitario y las actividades de registro debe fortalecerse en mayor medida y se ha de generalizar el uso de los registros de población locales.
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References


