Anthrologica

Barriers and enablers to timely
birth registration and their impact
on accessing basic social services
in four regions of Namibia

Formative research

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Acknowledgements

Contents

Acronyms

C4D	Communication for Development
CDC	Community Development Committee
CRVS	Civil Registration and Vital Statistics
HEWs	Health Extension Workers
IPA	Interpretive analysis approach
MHAISS	Ministry of Home Affairs, Immigration Safety and Security
MHSS	Ministry of Health and Social Services
MGEPESW	Ministry of Gender Equality, Poverty Eradication and Social Welfare
e-NPRS	e-National Population Registration System
VDC	Village Development Committee

Introduction

Background

Birth registration is the continuous, permanent and universal recording of the occurrence and characteristics of birth within national civil registries.[1] It is more than an administrative requirement; it is a "permanent and official record of a child's existence, and provides legal recognition of that child's identity".[2] As outlined in the Convention on the Rights of the Child,[3] a name and a nationality at birth is every child's right; this is recognised in Article 15 of the Constitution of Namibia[4] and there is an obligation to ensure that every child is registered immediately after birth.

Reforms of the Civil Registration and Vital Statistics System (CRVS) have produced a well-functioning system in Namibia. National data indicate, however, that while the number of Namibian children under five years with birth certificates is 77.6%, regionally the rate is variable, as in Kavango West (44.9%), Ohangwena (71.5%), Zambezi (65.5%), Oshikoto (71.6%).[5]

Administrative reforms resulted in the introduction of hospital-based birth registration facilities between 2008 and 2011.[6] This was complemented by a digitised record registration system introduced by the Ministry of Home Affairs, Immigration, Safety and Security (MHAISS). In 2016, an e-birth notification system was also launched, linking maternity wards to the e-National Population Registration System (e-NPRS).

UNICEF and MHAISS identified a need for research to further illuminate the socio-cultural, administrative and legal barriers to and enablers of timely birth registration and their impact on access to basic social services, including maternal, neonatal and child health, in Namibia.

Study approach

This formative research provided insight into the barriers to and enablers of timely birth registration and endeavoured to identify what is working well, to allow for a better understanding of the type of reforms that will be required. The findings from the formative research served as a guide to inform the design and development of a Communication for Development (C4D) strategy to address barriers from community to policy levels and to strengthen the CRVS system in Namibia. The formative research was led by Anthrologica, with input from Common Thread, UNICEF and MHAISS. The development of the C4D strategy was led by Common Thread, with input from Anthrologica, UNICEF and MHAISS.

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[1] UN Commission on Human Rights, 'UN Convention on the Rights of the Child (UNCRC)' (UN Commission on Human Rights, 7 March 1990), https://www.unicef.org.uk/what-we-do/un-convention-child-rights/.
[2] Leah Selim, 'What Is Birth Registration and Why Does It Matter?', UNICEF, 10 December 2019, https://www.unicef.org/stories/what-birth-registration-and-why-does-it-matter.
[3] UN Commission on Human Rights, 'UN Convention on the Rights of the Child (UNCRC)'.
[4] 'Constitution of the Republic of Namibia, Article 15 [Children's Rights]', 1989, https://www.un.int/namibia/namibia/chapter-3-fundamental-human-rights-and-freedoms.
[5] Namibia Statistics Agency, 'Namibia Inter-Censal Demographic Survey', 2016.
[6] Centre of Excellence for Civil Registration and Vital Statistics Systems, 'The Nexus Between Civil Registration and Social Protection Systems: Five Country Practices', 2020, CRVSsystems.ca/SocialProtection.

Primary research objectives

The objectives of the project were to:

- Gather information on key barriers and enablers and other contextual factors relevant to timely birth registration amongst parents/other caregivers, community-level influencers, adolescents and other at-risk groups, and service providers.

- Document how birth registration affects wider access to social services, including maternal, neonatal and child health services.

- Establish how birth registration messages, services and campaigns are received and understood in communities, and evaluate the quality and impact of these interventions on birth registration.

- Develop a multi-year C4D strategy based on the validated findings of the formative research.

Report structure and outputs

This formative research provides important new empirical data that contributes to our understanding of current birth registration practises in Namibia and the related barriers and enabling factors that influence uptake. The report is structured to be of operational use to UNICEF, MHAISS and partners at local, regional and national levels. The findings presented in this report were used as the evidence base for the development of a C4D strategy aimed at strengthening the CRVS system in Namibia.

Following the introduction, the report outlines the methodology used in the study including the approach taken, participant and recruitment strategy, data collection process and data analysis framework. The three subsequent chapters focus on the research findings that have been mapped across an adapted version of the Three Delays Model behavioural framework. The final chapter outlines how the formative research was used to develop a social and behaviour change strategy to increase birth registration in Kavango West, Ohangwena, Oshikoto and Zambezi (2021-2024).

Prior to submission of the final version of this report, colleagues from the UNICEF Namibia Country Office, representatives from MHAISS and local research assistants had the opportunity to provide written and verbal feedback, which was incorporated as appropriate.

People don't have the information about the documents they need. The home affairs came before and they gave information. I kept this paper so that I can give information to the community but maybe it's changed since then.

Registration of Birth Information – Traditional Leader, Zambezi region

Research methodology

A rapid, qualitative research design using open, inductive and participatory methods was used to collect primary data from selected locations and target populations in four regions in Namibia. Adopting a range of qualitative methods, including innovative and participatory visual approaches, allowed for triangulation of material and increased the validity of findings. The study provided insight at community, regional, institutional and policy levels and produced an evidence base that will be transformed into practical actions to promote behaviour and social change on the ground.

Research team

The overall project was managed by Olivia Tulloch, CEO of Anthrologica, who contributed to each stage of the research and provided technical oversight. The research was conducted and coordinated by Katie Moore (KM), Senior Research Associate with Anthrologica, in collaboration with Mike Coleman (Common Thread) and with support from Leslie Jones (Anthrologica) and Pauline Kabitsis (Common Thread).

In-country fieldwork was conducted by KM, who was supported by a local research assistant in each fieldsite: Lilian Muleya (Zambezi), Elizabeth Hausiku (Kavango West) and Dr Penehafo Angula (Ohangwena and Oshikoto). The local teams were recruited to ensure national-level expertise and support throughout the research process (including supporting logistics, conducting preparatory work, organising participants, conducting real time translation during data collection activities, and transcribing and translating a sub-set of transcripts). The research was supported by the UNICEF and MHAISS, with particular support from Deputy Directors of MHAISS in each of the regions.

Study sites

This formative research on the barriers and enablers to timely birth registration and their impact on accessing basic social services including maternal and child health has broad relevance, but four priority regions were selected for inclusion in the research due to their low registration rates: Kavango West, Ohangwena, Oshikoto, Zambezi. In each, the proportion of children under five years with no birth certificate is lower than the national average: Kavango West (44.9%), Ohangwena (71.5%), Zambezi (65.5%), Oshikoto (71.6%).[7]

A national picture of birth registration practices was gathered through data collection with key government ministries and agencies including MHAISS, the Ministry of Health and Social Services (MHSS), the Ministry of Gender Equality, Poverty Eradication and Social Welfare (MGEPESW) and UNICEF. At the regional level, an understanding of birth registration was gained through in-depth interviews with key stakeholders. Three sites per region were selected in collaboration with MHAISS and the UNICEF country office: one regional capital, one urban constituency, and one rural constituency.

Participants and recruitment

A comprehensive mapping of stakeholders was conducted, and three main participant groups were defined for inclusion in the research: national-level stakeholders, service users, and service providers.

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[7] Namibia Statistics Agency, 'Namibia Inter-Censal Demographic Survey', 2016.

National-level stakeholders

These stakeholders included those who play a role at a policy and/or advocacy level. Participants were recruited in consultation with MHAISS and UNICEF. Key organisations at the national level were identified and representative stakeholders contacted.

Service users: community-level stakeholders

- *Parents and caregivers*: People caring for children under five who had / had not been registered. Caregivers included mothers, fathers, non-parent caregivers (other family), and male/female headed single-parent families. Whenever possible, caregivers with disabilities and caregivers of children with disabilities were included.

- *Community leaders*: People in positions of authority and/or individuals who are able to influence perceptions and practices within their communities. Leaders included headmen and traditional leaders, representatives of the traditional court, members of local Community Development Committees (CDCs) and Village Development Committees (VDCs) and representatives from other community and church groups.

- *Adolescents and young adults*: Young people who may influence registration within their own families and have opinions linked to future parenthood. This group comprised young men and women between 16 and 25 years old.

Demand-side stakeholders were purposively selected to ensure a diverse range of perspectives and the inclusion of key interlocutors who might otherwise be marginalised (for example vulnerable households and parents with disabilities). Different 'gatekeepers' supported recruitment of participants at the local level. MHAISS colleagues at the regional offices made contact directly with all constituency-level administrations. Appropriate gatekeepers were then identified to recruit specific groups and/or individuals. Parents and caregivers were identified by churches and civil society organisations; traditional and other community leaders were usually identified directly through the local administration; and child and adolescent participants were recruited through schools or local groups.

Service providers: regional-level stakeholders

- Civil Registration staff: Staff working in MHAISS civil registration offices at regional or sub-regional levels

- Health staff: Health professionals (maternity ward staff, nurses and midwives, community health workers) working in or linked to maternity wards or health centres, including both those with and those without operational hospital-based registration services.

Supply-side stakeholders were recruited through contact with MHAISS regional representatives and local MHSS administrations. Institutional heads, including hospital directors, also suggested appropriate participants based on the sampling requirements.

Study sample

The sampling of participants was coordinated by MHAISS with support from Constituency Councillors in each of the sites identified for inclusion in the study. Anthrologica provided guidance on the criteria for each participant group. The sampling strategy was purposive and non-probable, and designed to reflect various ethnic, geographical, socio-economic and gender configurations that best reflect this group of informants within the limits of the current study.

Participants for focus group discussions and in-depth interviews at the community level were purposively selected to ensure maximum variation (a variety of ages, genders and professions) and to ensure the incorporation of specific marginalised groups (e.g. caregivers of children with disability, single parent

families etc.) to the extent possible. Snowball sampling techniques (interviewee referral sampling) were used for identifying additional participants.

Participants from the supply side were purposely selected for in-depth interviews, based on maximum variation (i.e. in terms of position, location, length of service etc.). Those respondents in a position to provide a rich and comprehensive narrative were prioritised. Snowball sampling techniques were used for identifying additional participants.

A number of key stakeholders at the national level were selected by MHAISS and the UNICEF Country Office for in-depth interviews, based on their individual/institutional position related to birth registration.

Table 1 indicates the number and type of participants included in each site. In total, 307 individuals were engaged across participant groups in four regions.

Table 1. Participant sample

		Kavango West	Oshikoto	Ohangwena	Zambezi	Windhoek
Service users: Community level	In-depth interviews with caregivers	4	4	3	12	
	In-depth interviews with community leaders	0[8]	3	5	9	
	Total no. of service users	4	7	8	21	
	FDGs with caregivers	17	20	35	29	
	FDGs with community leaders	36	8	18	0	
	Total no. of FDGs	5	3	3	2	
	Total no. of service users	53	28	53	29	
	Workshops with 15-25-year-olds	2	2	2	2	
	Total no. of child and youth participants	21	23	14	11	
Service providers: Regional level	In-depth interviews with registration staff	5	5	7	5	
	In-depth interviews with health staff	0	3	3	0	
	Total no. of supply-side in-depth interviews	5	8	10	5	
National level	Total no. of in-depth interviews with national stakeholders					7
Total no. of demand-side participants		**78**	**58**	**75**	**61**	-
Total no. of supply-side participants		**5**	**8**	**10**	**5**	**7**
Total no. of research participants		**83**	**66**	**85**	**66**	**7**

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[8] Due to competing demands, it was not possible to conduct in-depth interviews with all stakeholders identified. Specific efforts were made to follow up with participants via telephone, but this was not possible in all cases.

Data collection

Data were gathered through a combination of the following methods:

• Desk review of data and literature, both qualitative and quantitative;
• In-depth interviews with key informants and stakeholders (both service users and service providers, and national-level stakeholders);
• Focus group discussions with key informants and stakeholders;
• PhotoWalk and participatory workshops with adolescents and young adults;
• Feedback workshop with UNICEF and MHAISS.

Development of tools

Following the thorough review of literature and programme documentation, a topic guide was developed highlighting key themes. This formed the basis for the series of research tools: in-depth interview and focus group frameworks for each stakeholder group and a PhotoWalk workshop guide for adolescent groups. The tools included a range of research questions linked to birth registration, including knowledge and information; influencers and motivators; social, cultural and gender factors; and point of service considerations and suggestions for service improvements. The tools were tailored to the context of the research sites and the target groups being engaged. Colleagues from UNICEF Namibia Country Office and MHAISS provided feedback on the draft tools.

Training and testing of tools

Before beginning data collection, Katie Moore conducted a two-day training with the national research team in Windhoek. The training detailed the background and aim of the formative research on birth registration, built skills and capacity about the research methodologies (including qualitative and participatory methods, consent and confidentiality), and provided an overview of relevant UNICEF and birth registration programmes in Namibia. The team then conducted a line-by-line read-through of the tools in local languages (Oshiwambo, Rukwangali and Silozi) to ensure the translations captured the nuances of each question. This form of review provided a valuable opportunity for the team to trial the tools and ensure they were familiar with the frameworks and methods employed. Following the read-through, the tools were refined, and methodological concerns were addressed to ensure high quality and consistent data collection by all team members.

In-depth interviews (IDIs)

IDIs were held with a range of stakeholders at national, regional and community levels, including service users and service providers. Participants included male and female caregivers, single parents, grandparents, health workers, registrars, community and traditional leaders, policy makers and coordinators. The interviews focused on individual and community understandings, behaviours, perceptions and experiences of the contextual and social factors that challenge and drive the demand for registration services.

Interviews followed a semi-structured interview guide that was refined during fieldwork in response to themes arising during the interviews (see Annex 1). The research team ensured all key themes were covered in order to facilitate across-group analysis, but participants led the direction of discussions. This allowed for the co-production of knowledge, whereby researchers and participants work together in the shared exploration of questions in order to obtain deeper and more collaborative understandings of experiences and context. Follow-up prompts and probes were used to obtain greater detail and clarity when necessary. Each interview lasted between 45 and 60 minutes.

Participatory focus group discussions (FGDs)

FGDs were held with selected community stakeholders: parents and caregivers, traditional leaders and CDC and VDC representatives. The discussions used participatory methods in line with ethical good practices and were semi-structured according to the prepared framework (see Annex 1). Each FGD lasted between 60 and 90 minutes.

PhotoWalk Workshops

The workshops were conducted with young adults, school leavers, and newly engaged, newly married and newly pregnant young people (15-25 year olds). This exercise used instant Polaroid cameras to elicit this group's unique perspectives on birth registration, including benefits and drawbacks, their intentions to register their own children, and motivations and drivers. The groups were divided into smaller groups, each of which was given a camera and sent into their community. They were given specific guidance about what images to capture, using a set of questions aimed at eliciting their experiences with birth registration in their communities. The group reconvened after 1-2 hours for a group discussion about the photographs, and each participant was invited to share their stories behind each photo. Particular efforts were made to create an open and informal dynamic. Workshops lasted for approximately two hours.

Data analysis

The qualitative data were analysed using an interpretive approach, and data were mapped thematically onto a behavioural framework adapted from the Three Delays Model and UNICEF's Caregiver Journey to Health Services. Interpretive phenomenological analysis (IPA) is a methodology that supports rapid review and analysis of data and allows the researcher to focus on detailed examinations of participants' personal lived experiences as expressed in their own terms.[9]

The Three Delays Model highlights three key moments in an individual's experience with CRVS.

Step one: Decision to register a birth

- Highlighted emerging themes which impact the decision to register including awareness and knowledge, sociocultural considerations, contextual realities and access to other sectors.
- Outlined the identified barriers and challenges related to emerging themes.
- Presented facilitators, enablers and suggested areas for improvement relative to each theme.

Step two: Identifying and reaching a birth registration centre

- Highlighted emergent themes which impact follow through on the decision to register, including distance and ability to travel, decision making and gender roles and the infrastructural capacity of CRVS.
- Outlined the identified barriers and challenges related to emerging themes.
- Presented facilitators, enablers and suggested areas for improvement relative to each theme.

Step three: At the registration centre

- Highlighted emergent themes which impact the point-of-services experience; interactions with service providers.
- Outlined the identified barriers and challenges related to emerging themes.
- Presented facilitators, enablers and suggested areas for improvement relative to each theme.

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[9] Smith and Osbourne, Interpretative phenomenological analysis as a useful methodology for research on the lived experience of pain
Br J Pain. 2015 Feb; 9(1): 41–42.https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4616994/

Full IPA of the qualitative data was conducted in two phases. In the first phase, conducted while in the field, KM and the research associates undertook a daily detailed iterative analysis of the findings using the adapted Three Delays Model analysis tool to identify barriers, enablers and suggestions for improvements at each key step (see Annex 2). The team continuously shared observations and explored emerging themes together; specific moments for reflection were built into the research process at the end of data collection in each region.

In a second phase of analysis, KM reviewed the daily findings, coded fieldnotes by hand and conducted a thematic analysis to feed into the Three Delays Model. The daily findings were shared with Common Thread for thorough review. Any questions, points of clarification or inconsistencies were resolved collaboratively. A subset of transcripts was translated from local languages, and particular sections of narratives were highlighted for verbatim use in the report to ensure that participants' voices were represented. These participant perspectives are included throughout the report as illustrative quotations. Case studies to illustrate typical narratives from a range of stakeholders are also included and presented in a manner that respects confidentiality.

Ethical considerations

This study received ethical approval from MHSS. Informed consent was obtained before each interview or focus group discussion. Each participant was given an information sheet covering the aims of the research, what participation entailed, the voluntary nature of participation, confidentiality and contact information (see Annex 3). Prior to commencing each activity, a full oral explanation of the study was provided, emphasising the voluntary, confidential and anonymous nature of participation. All participants were given the opportunity to ask questions and request further explanations before decided to take part. A signed consent form was obtained from each participant. Explicit consent was obtained for audio recording and photographs. Each activity was undertaken with sensitivity and with consideration for ensuring confidentiality. In-depth interviews lasted no more than 60 minutes and focus group discussions lasted no more than 90 minutes.

At the start of each adolescent workshop, particular attention was given to the consent procedures to ensure that the study and individuals' participation was explained in the most appropriate and accessible manner. Participants who were over 18 provided written consent. Participants under 18 who were willing to take part signed assent forms, and written consent was also obtained from the participants' parents or guardians in line with accepted ethical standards. Participants received no remuneration or other benefits for taking part in this study. Anthrologica will securely retain the original hard copies of all consent forms for five years, after which they will be destroyed.

Data collection activities complied with MHSS COVID-19 guidelines at the time. The activities took place in well-ventilated areas and seating arrangements allowed for adequate distance between individuals, as stipulated for group meetings. Participants were asked to wash their hands and sanitise prior to entering the meeting. Participants were also required to wear face masks. All equipment and supplies were disposed of or thoroughly sanitised, as appropriate, after each use.

Methodological limitations

This formative research contributes findings at multiple levels to understandings about the context, barriers and opportunities impacting birth registration in Namibia; however, there are some limitations to the study.
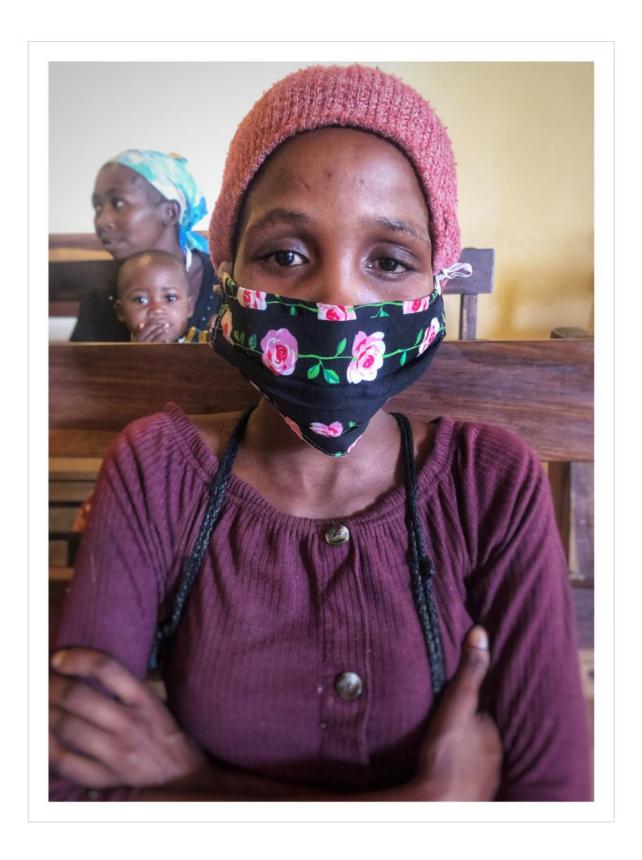
The broad geographic scope of the study combined with its limited timeframe posed challenges in terms of sampling and recruitment. Remote rural areas are difficult to access and it was not possible to include the most remote and potentially vulnerable communities or individuals (those who lived far from main roads or

at the far reaches of the districts). Whilst the study met its target criteria, study sites and participants had to be purposively selected in order to minimise travel time and ensure adequate sample sizes.   To address this, the study purposely included, as far as possible, more remote villages where difficulties in terrain and transportation meant that the majority of residents rarely accessed centralised services. In general, these villages were 30 to 60 minutes travel in a four-wheel drive from the regional capital.

It is possible that participants provided answers that they perceived to be appropriate or socially desirable. For example, the research teams noted that participants sometimes attributed value judgments to birth registration (to register is 'good' and that parents of unregistered children were perceived as ignorant or lazy). The issue of socially desirable answers was raised during the introduction to each activity and the candour with which the majority of participants discussed their individual and collective experiences and perceptions suggested such bias was minimal.

Regional- and national-level data collection sessions were conducted in English. In community-level activities, local languages Rukwangali (Kavango West region), Silozi (Zambezi region) and Oshiwambo (Ohangwena and Oshikoto regions) were used. The local research assistants performed the translations in each of the regions and the risks associated with miscommunication or mistranslation were minimised by providing in-depth training to the research assistants, ensuring they were fully briefed prior to each activity, and by repeating and cross-checking key elements of the dialogue for approval of the participants. Each research assistant was responsible for maintaining quality control of all data entry and transcription, and a sub-set of data were checked through an additional review of the original audio file.

In all four regions it was challenging to limit the number of participants to one per interview and ten per focus group discussion as planned because gatekeepers tended to mobilise more people than anticipated or requested. In order to manage this, a number of intended interviews became small focus group discussions (with 3-5 participants) and, when possible, larger focus groups were conducted. In these cases, the research teams made specific efforts to optimise contributions and facilitate discussion with all participants.

I had an experience, when I got my second kid. I went there alone so that I could get a birth certificate; the one who is 3 months. Home affairs then told me that I could not register unless the father comes. Because at the form there is two parts; for the father to sign and for the mother also to also sign. Then home affairs say that both parents must be present at a time so that they can sign the form. It is where the difficult now.

Absent fathers – Service user, Kavango West region

Step 1: The decision to register

1. Knowledge and awareness in the community

Previous studies have suggested 'lack of knowledge' to be a key factor leading to low birth registration rates in Namibia.[10] While lack of information was the most commonly cited barrier to birth registration, the formative research revealed an almost universal knowledge of birth registration and its value amongst participants across all study sites. This was consistent in individual narratives about registration knowledge and experiences. Participants most frequently reported lack of knowledge in 'other' groups in society and cited gaps in knowledge that included a lack of awareness about the process, the importance and the overall relevance of registration.

Although participants reported a lack of public advocacy activities to raise knowledge and awareness, where those activities had taken place they were perceived to be successful in facilitating registration uptake. Awareness of both the process and the requirements for successful registration was found to be essential to motivate parents to prioritise birth registration and take the necessary actions to follow through the process.

Barriers and challenges

<u>Birth Registration awareness and understanding</u>

Although participants were universally aware of birth registration themselves, a number of participants (both service users and service providers) highlighted low or non-existent knowledge about registration amongst certain 'other' groups, particularly those living in poor rural areas. These participants often perceived that the high rate of unregistered people in remote areas was due to lack of community awareness of the value and benefits of registration or individuals' negligence in registering themselves and /or their children.

As noted, this research was not able to reach the most remote communities, and it therefore did not engage those perceived to have the lowest degree of knowledge about birth registration. Participants from more accessible poor and rural constituencies were included, however, and they emphasised their knowledge about registration and its importance. They most often attributed non-registration in remote and hard-to-reach areas to practical challenges, including limited access to transport and financial constraints.

<u>The registration processes</u>

Even amongst those who were aware of registration, knowledge about the specific process for registering was perceived as a barrier to uptake and provision of registration services. Although community members and community leaders expressed knowledge of the process, their understanding of the procedures was not always correct and reflected a level of confusion and misinformation.

The steps to successful registration were not always clear to participants. There was a widespread lack of understanding of the different elements of the process and confusion about what constituted timely registration. Almost none of the community members engaged were aware of 'eNotification' for births, or

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[10]Legal Assistance Centre, 'Alternative report to Namibia's first, second and third periodic reports on the implementation of the United Nations Convention on the Rights of the Child and two optional protocols (1997-2008)', 2012, https://tbinternet.ohchr.org/Treaties/CRC/Shared%20Documents/NAM/INT_CRC_NGO_NAM_61_9723_E.pdf

at the very least, they lacked the language and terminology around what eNotification was. Participants did recognise, however, that through the eNotification process a number would be generated that linked a child to its mother and that this number would be written in the child's health passport and taken to MHAISS site for registration, at the hospital or at the regional office. One regional-level stakeholder outlined the standard process for timely registration following a hospital birth:

> *The child is born and that information is put into the eNotification system. The unique number is then written into the baby's health passport and the mother and child are discharged. Even before leaving the hospital, the mother can go straight to the sub-office and have her child registered and the birth certificate will be issued. She will need her ID and if she's married she'll need the ID of the husband. If the parents are unmarried both will need to be physically present.*

The generation of an eNotification number, however, does not guarantee timely registration. Most participants recognised that if a mother leaves the hospital before registering the child, the potential for a delayed registration increases and the likelihood of 'timely' registration declines. Service providers noted that not all eNotified births would result in successful timely registration. One nurse in Ohangwena explained, '*all of the births are notified, and we give the mothers information. They are educated about the need to register the child within a year but if the name isn't given at the hospital and she lives far away, if she goes that side she might not come back'.*

For home births or births outside the hospital setting, the process for birth notification was not straightforward and steps in the process were recorded differently by different stakeholders in different regions. One registrar suggested that *'if the child is born at home mothers have been sensitised to take the child for vaccinations. When she goes to get the BCG [tuberculosis vaccine] she gets a form which she can take for eNotification with the health passport and then she can register the child'.* A nurse in Oshikoto explained the process differently:

> *If the woman does not deliver at the hospital she will be given the health passport at her first contact with the health services, which will be for vaccination. The baby will be registered in the* EPI [Expanded Programme on Immunisation] *vaccination register and she will need a proof of birth form for Home Affairs with a stamp from the facility. This is considered best practise in this district. She might be escorted by the traditional midwife or the traditional leader when she comes to register the birth.*

It was clear to the research team that processes for successful eNotification and registration of births outside of the hospital or those that were not considered 'timely' were not consistent across the regions. This observation was validated by national stakeholders who acknowledged the lack of standardised practise at regional levels. One MHAISS representative concluded, *'it seems that every region has its own way of doing things'.*

Requirements for birth registration application

Across all regions, there was a lack of clarity around the documentation required for successful birth registration. All community participants articulated an awareness of the need to present in person at the registration site with their own national documents. The differing requirements – based on a variety of individual circumstances – had, however, led to widespread confusion and misunderstanding. The following excerpt from a focus group discussion with community leaders in Kavango West highlights the complexity of registration requirements:

> *Speaker 1:*   *Usually when one goes for birth registration, the process is ... you leave the house with the parents' required documents and your documents. If it is a young child, you will need the health passport. When births are registered later, if the child is older, you're required to have a baptism card as one of the requirements. You go to Home Affairs, once you get*

> *there, you will be given a form to fill. Once you have fulfilled all the requirements, you will be helped.*
>
> *Speaker 2:*   *I am just going to add on that point…when a person leaves the house, especially for children that are born at home. First you must get a witness letter from the headman. Once you obtain that, you get the parents' documents and then you go to the office to get the letter translated into English. Then you head to Home Affairs and you provide the witness letter…*
>
> *Speaker 3:*   *I am just going to add on. When you have got the baptism card, you take the card along with your biological parents' documents. You take them to the headman to get a witness letter. Once that is done, you go to the Ministry of Gender to get another witness letter, then you go to Home Affairs. If both your parents are there at Home Affairs you will not encounter any issues because all the requirements are met.*

Service providers themselves also expressed confusion or shared conflicting information about registration requirements. Again, there was a demonstrated lack of uniformity in what was required in different regions. One national-level stakeholder acknowledged that this posed significant challenges for service users.

Sources of accurate information

Representatives from CDC and VDCs, traditional leaders, health workers and teachers were identified across all levels as key disseminators of information about registration of vital events. While these actors were generally noted to be *'well regarded'* and *'trusted'* by communities, representatives from these groups expressed reservations about the accuracy of the messages they disseminated. Traditional and community leaders voiced concerns about their level of knowledge on the topic and a number suggested that they were fearful of spreading incorrect information.

It was suggested that information about registration was disseminated by MHAISS at the registration sites through printed information posters or, in some cases, directly from administrative officers at the counters. However, community participants agreed that there was limited social mobilisation or engagement between MHAISS and the wider community on the subject of birth registration. Amongst regional- and national-level participants it was acknowledged that public advocacy was not prioritised. While all participants were aware of public engagement activities in the past, they agreed that there had been limited interaction in recent years.

Some community members expressed frustration at the perceived 'lack of effort' displayed by regional MHAISS representatives to disseminate information to community members. Public advocacy is included as part of MHAISS performance agreements and as such, routine activities should be conducted on a quarterly basis. Multiple regional representatives whose responsibilities included awareness raising stated that they had not performed any promotional or mobilisation activities in their role.

Facilitators and enablers

Positive impact of increased uptake

Increased levels of awareness and information were perceived to have a positive impact on birth registration rates. Participants in all groups highlighted the need for more communication and clearer messaging at the community level and for targeted sensitisation with key messages (with details on the process and the documentation required).

Traditional and religious authorities were perceived as the most effective communication channel to reach community members and need to be effectively engaged. Both service providers and service users emphasised the role of the traditional leaders as influential and trusted sources of information. In Ohangwena and Oshikoto, the established structure that linked these leaders to local administrations was well recognised, and Constituency Councillors were also identified as important gatekeepers for disseminating messages across the catchment area. Through their local networks, traditional leaders and Councillors were identified as being able to effectively convey information and messages in more remote areas of the regions.

It was suggested that greater levels of continuous engagement with the CDCs is needed. Community members repeatedly called for their traditional leaders, CDCs and VDCs to be empowered to spread awareness about the correct birth registration information and requirements.

Regional-level stakeholders suggested that not all traditional and community leaders were interested in being involved and their motivations were often questioned. One regional stakeholder in Kavango West concluded,

> *With the experience that I have with this community, I feel that they need to be engaged. The CDC committee are more into - I'm sorry to use this word, but this is what I have experienced - they are more into politics than what they are supposed to do in the community. Sometimes they do not know what it is that they have to do in the community.*

2. Perceived value of registration and access to other services

The majority of participants across all stakeholder groups demonstrated a clear understanding of the value of registration, explaining its importance in relation to the practicalities of everyday life. Younger participants described birth registration in more abstract terms of nationality, citizenship and human rights. At the community level, motivations for registration at were consistently described in terms of the benefits of having a certificate for linked services. Across all regions, well-planned linkages between registration and other services and sectors were described as a major motivator for registration. Conversely, weak and inconsistent linkages undermined intentions to register. The demand for registration was frequently reported as being 'reactive' to a tangible benefits and services rather than being valued in its own right.

Barriers and challenges

Impact of non-registration

Many participants in community-level activities explained the importance of registration in terms of the impact of non-registration. Service users often said that without a birth certification a person would feel '*lost*', '*isolated*' or '*depressed*'. Most caregivers, community leaders and adolescent participants emphasised the practical effect of not being registered. Exclusion from access to services like education and social grants and benefits featured prominently and were a dominant concern for all community members. Most community leaders, caregivers and adolescent respondents highlighted the implications that non-registration would have for an individual's application for national ID -- itself perceived to be a key document. As such, the birth certificate was also considered the 'gatekeeper' to other documents including an identification card, driving licence and passport. More frequently, adolescents in the workshops linked non-registration to lack of nationality, saying that it meant they would not be identified as a Namibian national.

<u>Integrated civil and health services</u>

As previously noted, the steps in the process of were not always clear to participants, especially for home births. Participants reported conflicts when moving from between the health sector and the civil birth registration process.   Steps for notification and registration of births outside the hospital varied from region to region and were reported differently from varying participant groups.

In many locations, participants reported that incorrect names were often notified, and service providers reported numerous cases where the name on the eNotification system did not match the ID documents provided by the mother at registration sites. A health worker in Ohangwena recounted, *'she may tell you the name for notification but when she goes to home affairs, the ID doesn't match'.* Services providers suggested that women provide fake or 'local' names at the health facility so that staff will not recognise that they are not Namibian. It was recognised that the reason for this was so that women could avoid paying the costs of hospital births which were more expensive for non-Namibian patients. A mixed group of Namibia and non-Namibian caregivers in Zambezi explained,

Speaker 1:	*In Katima Mulilo hospital we pay N$70 when you are sick. When they admit you for delivery if we're pregnant we pay N$250 for admission in order to be given a bed and another N$250 when you are discharged from the hospital, so all together N$500. If you don't have N$250 for admission, they will not give a bed and you will be chased out from the hospital. Meanwhile others* [Namibian women] *are paying N$20.*
Speaker 2:	*I was almost chased from the hospital one time I went to give birth, I even paid N$300 just for the admission bed.*
Speaker 1 :	*Namibians pay N$4 at the clinic, N$20 at the hospital when are sick and N$30 for admission.*

MHAISS staff consistently reported strong linkages with health services; however, health staff highlighted significant issues with the integration of services. It was noted that health providers play a key role in the dissemination of information about birth registration, 'which starts at the ANC visit' but acknowledged that MHAISS had a greater role to play. Health workers recognised that maternity services were already overburdened with paperwork and would benefit from having a dedicated staff member from MHAISS to notify the births at the hospital and said that stronger support linkages needed to be established. One maternity nurse in Ohangwena explained the situation in Eenhana hospital,

> *For us, there are several papers that need to be filled out when a woman gives birth. First you have the admin register, then the delivery register, we do a daily ward census, health passport for the mother and for the child, and now eNotification. Really the paperwork needs to be compressed and streamlined and we should have some person dedicated to eNotify the births who can deal with technical issues. For now we have no focal point at MHAISS. You call the office there, but the internal people can't answer your questions. There are technical issues, even if you enter the wrong date it can't be rectified easily.*

<u>Social services and grants</u>

One of the strongest and most consistent drivers of registration, as articulated by community members and triangulated with data from regional- and national-level participants, was the need to have documentation in order to qualify for social grants offered through MGEPESW.

<u>Education sector</u>

Exclusion from education featured prominently in people's concerns about not having registered a child's birth. Reports suggested that school enrolment was linked to having a valid birth certificate. However, regional- and national-level stakeholders portrayed the regulations, particularly in the early years, as soft conditionalities. For example, it was noted that primary schools may accommodate unregistered children in the lower grades, at the discretion of the school board or principal. It was clear, though, that in order to matriculate and sit for state exams, a birth certificate must be presented. Securing birth registration so children can access education, scholarships and extra-curricular activities was a source of great stress for caregivers and for adolescents. As a mother in Zambezi concluded,

> *I have two children, both boys. We had a challenge when it was time for my first born to start with school because I didn't have an identity document. So I had to go back to Zambia to look for national documents, but I didn't get them. I left Zambia when I was very young, I even went to school here but the relative I was staying with passed on which means I have no witness and it is very difficult for me to enrol my child for school.*

Facilitators and enablers

<u>Hospital-based registration sites</u>

Many participants reported that the provision of registration services at maternity units was a positive development. Mothers in maternity waiting hostels in Ohangwena noted the perceived ease with which they would be able to register their child's birth at the hospital, because '*it can be done immediately, depending on the availability of the nurses'*. Of the ten participants in the FGD in a maternity waiting hostel, all intended to register their child's birth before being discharged following delivery. However, it was noted that despite this intention, a number of factors would need to be considered. One woman in the maternity waiting hostel explained that she was no longer in a relationship with the father of the child, and registration at the hospital would require her to make a decision as to whether she would, or would not, register the child in her own name. Another explained that, although the father of her child had accepted paternity, registration at the hospital would depend on whether the father was available to present his documents in person at the registration centre.

All expectant mothers regarded the opportunity to register directly after birth and leave the hospital with a birth certificate to be inherently positive, and for some it was a key driver of their desire to give birth at the hospital facility. Women concluded that hospital registration sites were significant enablers to registration, as they avoided many of the challenges associated with later registration. Although the registration of a birth directly at hospital requires a number of conditions to be fulfilled, in straightforward cases (i.e where both parents are able to appear at the registration site with their own ID, and where there are no issues of parental denial and/or no naming practices to be observed) registration after delivery was favoured by the majority of service users. Both service users and services providers regarded registration at maternity units to be a valuable 'part of the MNCH package' that was in itself an incentive to give birth at a hospital.

<u>Access to education and employment</u>

Access to education was identified amongst all community-level participants as a primary driver for registering a child's birth. Registration was considered essential to access university, jobs and opportunities later in life. This was particularly emphasised by young adults in the Photowalk workshops. A workshop participant in Oshikoto stressed, *'we need birth registration so that we can be someone in life,'* whilst other participants in a workshop in Ohangwena confirmed, *'It also helps us in schools, for jobs, to find a good job like working for the government. The opportunities are better. You need these things so that you won't*

suffer'. A number of regional stakeholders noted that in cases of late registration, the drive to register tends to be 'reactive' to a need for services rather than being based on a 'proactive' understanding and motivation. School enrolment was perceived as the main point at which parents reactively engage with birth registration services. Occasional mobile registration campaigns conducted through the school system were referenced as a successful way to reduce the backlog in birth registration.

<u>Identity, being 'known' and 'counted'</u>

Many participants commented on the importance of registration so that individuals could be 'counted' in society and 'known' by their community. Notably few participants recognised the use of registration data for statistics to inform government strategies and national development. A headman in Zambezi region emphasised the importance of knowing community members as a means to manage crime.

> *That's why there is a lot of theft in the region because of this thing…the lack of documents. People will steal anything. To chase the people without ID is very difficult. It means that today I will tell you my name is this, tomorrow I will tell this other name. When I move from this place I will change my name. From this village to this village they might know me by this name, then in that village they will know me by that name. Then the crimes can happen. But with identification it's better.*

The concept of registration as a human right was also mentioned frequently in the adolescent workshops. For example, an adolescent in Kavango West said, *'Every child, they must know it's a right to have a birth certificate and its one of the most important things ever in life. So, if your mom and dad are there ask about them. If you really don't have anything … let me say, you are old enough and you really want it and you really aim to have it.'* Several participants across all stakeholder groups also discussed the importance of registration as a means by which individuals could know and assert their identity, in addition to being recognised by society; it was described as a way you and others could '*know who you are*'. As an adolescent workshop participant in Kavango West suggested, *'It means you are counted, as in you have an identity. It can also help with your self-esteem because it will make you feel connected to your community or your country.*'

3. Socio-cultural considerations

Barriers and challenges

<u>Family structures and dynamics</u>

Changes in social dynamics and shifting family structures were discussed by all participant groups. Participants discussed a number of scenarios that would contribute to a delay in birth registration, including when children are born to absent or unknown fathers or when one or both parents are deceased, stateless or unwilling to register themselves. In Ohangwena and Oshikoto regions it was common for men to father children with several different women (both in and out of wedlock) and cases of child abandonment were also raised (discussed further below).

<u>Generational issue of undocumented family members</u>

The regions of Kavango West, Ohangwena and Zambezi share borders with Angola and Zambia. Participants suggested that the proximity to the border meant that many people were undocumented and noted that this had implications for their children's birth registration. Older participants, primarily in community leader groups in the Kavango West and Zambezi regions, discussed cases where individuals were holders of the South West Africa (SWA) ID cards issued to those born in Angola, but who did not have Angola documentation, prior to Namibian independence. A number suggested that they did not meet the

documentation requirements to obtain a Namibian ID, without which they were unable to support birth registration applications for their children. This was the root cause of what many participants described as a 'generation issue' of undocumented status.

Extended family as caregivers

Across all fieldsites, the role of the extended family in caring for children was emphasised. This was triangulated with participants' demographic details, which showed that most respondents were caring for children other than their own. In Ohangwena and Oshikoto regions, it was suggested that the culture of the people of the area was such that grandparents were frequently the primary caregivers for their children's children. Regional-level participants referred to cases where, due to lack of necessary paperwork, grandparents were unable to register a grandchild and non-biological caregivers were unable to register the child in their care. It can be very difficult for these caregivers to obtain the correct documents, especially in cases where the mother had 'abandoned' the child. Registration of orphaned children was reported across all participants groups to be the most challenging as children may not have proof of their birth or any family links.

Denial of parenthood

Participants from all stakeholder groups expressed concerns about paternity denial, the growing phenomenon of fathers failing to assume responsibility for their children. The prevalence of single mothers raising their children without the father was a particular theme amongst community-level participants. Although most service users seemed to know that a mother could register in her own name (discussed further below), many discussed the sense of shame associated with this course of action and indicated that as a result young woman may be reluctant to register a child without the father.

In Ohangwena and Oshikoto, maternal 'abandonment' of children was often mentioned, and community and regional participants acknowledged the frequency with which women leave their children. As noted above, this may complicate registration efforts by non-biological caregivers of the child. In cases where the father acknowledged paternity and was the sole caregiver, registering the child's birth was considered even more protracted and was commonly described as '*discriminatory'*. The fundamental barrier to registering a child as a single father was the additional burden of proof required for the application: in addition to the standard documents, fathers must also prove paternity through DNA in order to register the child without the mother. Regional-level respondents said that this was a measure put in place to protect children from child-trafficking; however, community-level participants, including mothers, agreed that '*fathers should be given the right to register children in the same way that mothers do'*.

Naming practises

In some Namibian communities, cultural norms require that a child be named at home rather than in a health facility. Participants suggested that in cases where this occured it would likely contribute to a delay in birth registration; they noted it could take parents years to return to the registration site. Despite widespread recognition amongst participants that delays do occur as a result of naming practices, it was an issue that was rarely self-identified by demand-side participants as a barrier. The degree to which communities continue to practice this tradition appeared to vary and it was suggested that the nature of the practice had evolved. Traditionally the practice dictates that paternal grandparents are responsible for choosing the child's name, but it was reported that more and more grandparents choose female and male names in advance of the child's birth. A group of participants in Oshikoto suggested that names could be issued by grandparents and written (but not articulated) at the hospital registration site to ensure timely birth registration.

Some participants in Ohangwena suggested that fathers themselves can choose the child's name, while others noted that grandparents must choose the name of only the son's first-born child. Young mothers in the workshop in Oshikoto said that in cases where there were disputes between the parents, fathers might withhold giving the child a name as a means to punish the mother.

Naming, paternity and delayed registration – Regional stakeholder, Kavango West

We have got issues here of naming. Here, culturally, naming must be done by the father. This is one of the poorest regions, so it means that not every father is working around Kavango West. They are outside the region. That is to say, they are in towns looking for greener pastures, and their wives, their girlfriends are giving birth here. Obviously, these girlfriensd will wait for their husbands or boyfriends to come back, to name their children before they register.

There are also few things in terms of Rukwangali culture, there are some children born with diseases, sickness, disabilities so some elder seniors need to do some ritual medications. The mother will give birth in the hospital, but then they prefer to go meet their elders, do their traditional acts then come back for registration.

The Mangeti, these people are having mixed cultures; a San member who is married to a Kavango. The wife will tell the husband "in my culture the child is supposed to use my surname" and the husband is telling the wife, "no, this is my child, I am a Kavango, it is my surname". So, they will always go back to their parents to confirma, to sit and negotiate. There are some rituals to be done, again these are cultural, and then they come back for registration.

For the San people, the applicant uses the mother's surname. Although the father's particulars will appear on the birth certificate And then in Kavango it's the husbands' surname which is to be used by the applicant… So, during that process even if the child was born in the hospital, the mother will tell you; "I need to consult my parents", the father will tell you; "I need to consult with my parents" and so they can't register on time.

Facilitators and enablers

Reducing naming delays

In response to the challenges associated with delays in naming children, the recommendation from all participant groups was clear: sensitise the parents and families to choose a name during pregnancy and encourage women to register children under the mother's name if the father is absent. The majority of community-level participants suggested that traditional naming practices were becoming less common and could be overcome in order to facilitate registration. Among these community members, the perceived benefits of obtaining registration outweighed the traditional practice of grandparents choosing a name. Although a certain degree of stigma is still attached to women who register children in their own name, community mobilisation around the issue was suggested as a means to remove the stigma and 'put the welfare of the child first'.

Timely registration and hospital sites

Community-level participants stressed that delays due to naming practices could be overcome in order to facilitate immediate registration at maternity units, for both single and married parents. As one mother in Ohangwena suggested, *'once we deliver the baby, we will communicate with the father so that the name can be given and the birth can be registered here. It's important that the grandparents have been informed and tell the name so that we can register before leaving'.* Similarly, health and registration staff acknowledged that overcoming such practices and improving registration rates at maternity units required increased communication so that women could come and deliver '*with all of the documents they need'.*

Birth registration is important for getting a job and for proving you have a father. It helps to access school and gives me the happiness of having an identity, the feeling that you are not lost. I am happy to have my birth certificate so I can have my ID card and my kids can have their document and they can have opportunities.

Value of birth registration – Adolescent, Oshikoto region

Step 2: Identifying and reaching a registration centre

The second step in the behavioural model is taking action on the intention to register. After a person decides that registration is important and something they want to do, they must navigate barriers to acting on those intentions. Costs, effort, migration and individual self-efficacy associated with identifying and reaching a registrar were identified as barriers to turning the intention to register into action. Mobile registration outreach campaigns and integrated approaches were notable enablers for planned action to register events. Suggestions for maximising opportunities for individuals to successfully act on decisions to register focused on strategies to improve the accessibility of registration services.

1. Transport and access

Barriers and challenges

Distance to registration sites

As the majority of registration services were located in urban centres, distance and accessibility presented key challenges for much of the rural population. Participants in all groups in all regions consistently referenced the 'vastness' of their specific regions. They noted that rural communities across the regions faced potentially long and arduous journeys to registration sites. In addition, travel might not be feasible or culturally appropriate for women who had recently given birth or who observed the practice of staying at home until the 'falling of the umbilical cord'.

Roads were often in poor condition, and transport options limited and/or prohibitively expensive, particularly in the rainy season when access becomes more difficult. In some remote communities, it was suggested that there would be limited or no reliable access to vehicles. As one regional participant in Oshikoto noted, *'in some of our villages there might just be the teacher who has access to a vehicle and then you must rely on that person to get to the constituency office. Still then you have 15km of gravel road before you meet the main road to Omuthiya'.*

Urban-based participants reported that access was a serious concern for rural communities, as did rural participants who recognised that there were those who 'are even more deep [in the bush]'. Although distance was highlighted as a significant barrier for the most remote communities, getting to the registration centre required considerable effort even in the semi-urban sites that were included in this research,. Both regional and community participants said that access to services could also be a barrier in urban areas, as people still had to navigate significant distances and incur considerable cost to get to a registration site. Although the Kavango West community of Kahenge is considered semi-urban and is 10km from the regional registration site at MHAISS office at Nkurenkuru, participants there suggested the cost of the journey was unaffordable.

Financial barriers

Although registration is, in principle, free for all Namibian citizens, financial issues emerged in all participant groups as a prominent barrier due to the high indirect costs associated with getting to a registration site. Participants asserted that people are prevented from registering due to indirect and opportunity costs, including expenses associated with transport, and food and accommodation costs for those attending registration posts that were distant from their homes. These financial barriers were acknowledged by participants at all levels; one regional-level participant recounted the experience of one service user,

> *I spoke to one parent, this parent told me "I cannot register all my three children at once because it is costly". Where they stay is called Vulila, which is a flood prone area. She said for her to trek to Katima Mulilo office, she has to send about N$250 for herself and her child on transport because they have to move from place to place. Another thing is accommodation. They will arrive here while our offices are closed, so where to sleep? Then she will register the child the following day.*

In communities with high rates of unemployment these costs were understood to be prohibitive for families living in poverty. In households with little access to income and where caregivers were already struggling to meet the basic needs of the family, registration was not always a priority in the face of other competing demands.

A handful of accounts of the need to 'pay bribes' arose in Kavango West, with community-level reports of bribery at the Kavango West Regional MHAISS office. One participant suggested that a service user could pay *'N$6000 for one to be registered'*.

Time commitment

Unless births were immediately registered at the hospital following delivery, the registration process was perceived to require a substantial amount of time and effort. Lack of clarity around required documentation and the potential need for multiple visits to register successfully posed significant barriers for parents. Given the prevalence of one or more absent parents, the availability of individuals to be present at the registration site was problematic; fathers are less likely to be available if they are 'cattle herders', or economic migrants and mothers may struggle to complete the journey to the registration centre if there is no one to assist her in caring for her other young children.

Regional registration requirements

Community-level participants expressed frustration with the perceived inability to register a birth outside the child's region of birth. This was especially true in border areas, where families resided closer to registration sites in neighbouring regions than those in their home region. The process becomes more protracted if the mother or father needs to also apply for their own birth certificate and has moved away from their own region of birth. It was reported that they must return to their home region for their own registration, and this was identified as an additional hurdle to overcome. One community member in Ohangwena explained, *'sometimes a child will be born here in Ohangwena but the family live closer to the office in Oshikoto. That mother will go to the office in Oshikoto but she will be referred back here. Then if she is not from this region herself it's more difficult'*.

Facilitators and enablers

Provisions for remote registration and registration outside home region

Despite widespread community perceptions, there is no national regulation stipulating that parents must register children in the region where they were born, nor in the region where they reside. In fact, national-level stakeholder flagged the relaxed registration regulations as means to facilitate and encourage greater uptake of registration, specifically for couples where one parent may be absent or living in another region. Although this information did not appear to have reached all regional- and community-level participants, national stakeholders emphasised that the system is trying to 'make it easier' for parents to have their children registered. One regional-level stakeholder in Zambezi region acknowledged:

> *When the father is not around, that's one of the delays. Sometimes if the father is not around and there is no dispute, the father is allowed - according to our system - the father is allowed to give a declaration. For example, you are working in Windhoek your wife is working here in Katima Mulilo. You are allowed to give a declaration to say I am the father and I have accepted the paternity. We are married or we are just girlfriend and boyfriend but am aware that 'Maria' was pregnant with my baby and she gave birth to a baby girl. That declaration from the police and the certified copy of the identity document, it will enable the mother to register even if the father is not present, that will help.*

2. Gender, self-efficacy and empowerment

Gender roles and self-efficacy influence an individual's intention to register a child's birth. Decision-making power and autonomy are affected by social norms and traditions and are drivers of individual self-efficacy. There are high rates of single-parent families across the regions and many children are born out of wedlock. Regulations requiring both unmarried parents to be present to complete a registration can have material implications for those who find themselves in non-traditional family situations.

Barriers and challenges

Decision-making role

When a child's mother and father were in a relationship, both parents were involved in decision-making about their child's registration. In single-parent families, the decision-making responsibilities regarding registration fell to that parent. Participants consistently reported that tasks related to child care generally fall under the purview of the mother and that, for the most part, mothers were the most involved in registering their child. Participants generally described fathers as tending to be disinterested, preoccupied with other matters, or absent completely, particularly in cases where the parents were not together. It was suggested that men were more fearful about engaging with government services; this was thought to be especially true for non-Namibian men who might be asked questions about their legal residence status in Namibia, or for men who believed that they would be judged by officials at the office.

Requirements for physical presence of parent

The marital status of a couple determines presentation requirements for registration of a child. Married couples do not have to be present at the registration site for successful registration of their child in the father's surname. As one married mother in Ohangwena explained, '*for me it was easy. The baby's father is around. The challenge comes when one of the parents is not present or if they're coming from Angola*'. It was suggested that the delay to timely registration of birth for children of married couples was minimal.

In the case of unmarried couples or single parent families there was widespread misunderstanding about regulations in place that require both parents to be present to register a birth. Although thereis no specific regulation requiring both parents to present together, this was perceived as a cause of significant delays Across all sites and community-level participant groups it was suggested that the need for both parents to present was '*unnecessary'* and many questioned why both parents needed to be there in person.

Reasons cited for why it was not always feasible for both parents to present as the registration centre included economic migration, an absent parent or paternal denial. For single mothers involved in the research, requiring both parents to be present for registration assumes that the mother is herself aware of the paternity of her child, is in contact with the child's father and/or has his contact details and assumes that there are no issues with denial of paternity. One mother in Kavango West explained,

> *In some situations, you are not sure who the father is, that is where the problem is. Even at Home Affairs you will be questioned, they say "there is no kid without a father and you must bring the father", but you are not sure who the father is and that would delay the birth registration.*

Registering with maternal name

Denial of fatherhood is widespread and situations where paternity is unknown were widely reported. Consistent with this explanation from one participant in Kavango West, '*it's now happening in our communities because, most of the people that are getting pregnant and after that that man disappears…they just want to deny it. Because lack of money, maybe that person is not working. So, he cannot afford the responsibility of the baby'.* Community members explained that mother will delay registration if the father denies paternity or is absent in the hope that he will one day return and 'take responsibility'. One participant in Ohangwena said, *'We are not married but we are still together. I will wait until the father will be available to come even up to one year. Maybe the reason for not coming might be transport'.*

In an FGD with women in a maternity waiting hostel in Ohangwena region, nine of the ten participants were unmarried and all intended to register their child in the father's name. One expectant mother explained that when the baby is born, *'we will just call him and he will come'*. However, a number of women indicated that the fathers of their children were absent. These women said that they would not register the child in their own name. Instead, they suggested they would wait between 6 month and 2 years for the father to return before they would register the child in their own name.

Stigma and discrimination were the main reasons cited for why an unmarried mother would hesitate to register a child in her own surname, despite the law expressly permitting her to do so. Across all field sites it was suggested that there was 'shame' attached to a woman registering the child in her own surname. The shame described included both the woman feeling ashamed of herself and her feeling shamed by the service provider and the community. Some participants reported that both mother and child would both experience discrimination and highlighted the long-term psychological impact on a child of growing up without a father.

Non-Namibian parents and fear of registration

In the case of a birth where one parent is Namibian and the other is not, participants suggested that parents may be afraid to take their child to be registered out of fear that the non-Namibian parent's immigration status might be investigated. This is particularly true for immigrants who were reported to have limited interaction with government ministiries and services as they were perceived to be fearful or reluctant to register due to potential retribution. Regional-level stakeholders also identified fear of investigation as a barrier to registration of children born into the San community, where child marriage is perceived to be common and the likelihood of a mother being a minor is high.

Facilitators and enablers

Facilitating registration in mother's surname

In order to overcome the issues with delayed naming practices and the need for the father to be present in order to register in his surname, MHAISS regulations permit mothers to register their children without the father's details and to add his details later, at no additional cost. Across all regions, community members were aware of this change in the regulations, and although not all women articulated a willingness to register in their own surnames, the change in procedure was regarded as wholly positive. Community-level participants in Kavango suggested that women were 'empowered' by the process. Younger participants in

the workshops agreed that the change in regulations to allow women to register their own names alone was progressive. As one young female in Oshikoto stated, *'I am proud. Even if the father denies that child and won't come to make a birth certificate, I will just go and put the child on my surname. Because I am an independent woman'*.

A number of participant groups suggested that although in the past Namibia was a largely patriarchal society that things have 'progressed' and that a woman had greater autonomy and greater self-efficacy to complete a registration on her own. In the past mothers were deterred from registering their children without using the father's surname, as it was believed that there *'could not be a child without a father'* and that the child should therefore be registered under the father's surname. One community leader in Ohangwena suggested, *'generally there is no stigma, people understand. People are much more accepting now where in the past it would have been a taboo. Really there is no objection because in our culture here really the concern if for the welfare of the child'*.

3. Limitations in CRVS infrastructure and reduced access to registration services

Lack of infrastructure such as registration offices and transportation contributed to service provision and accessibility challenges.

Barriers and challenges

Limited mobile outreach registration

Mobile outreach registration services were consistently highlighted as the primary means to overcome access barriers and that *'bringing the services closer to the people'* would have a profound impact on registration, especially in the most remote communities. Although community members were aware that outreach registration had been conducted in the past, few could recount having experienced or observed such activities in recent years. Where outreach had taken place, it was consistently reported that the frequency, duration and capacity during the event was not sufficient. A traditional leader in Oshikoto noted *'if they do come, they need to stay for longer so that everyone can be seen'*. One regional-level participant in Ohangwena added:

> *When we do mobile outreach registration people are motivated. People will even come and sleep over the night before because they want to be assisted and because there are long queues. The officers will only have one day in each constituency and then they will leave.*

The criteria for registration at an outreach site were not clear. Participants in Kavango West reported that outreach services only facilitated registration of children. Others said that people applying for late registration during outreach reported that they might bring all of the documentation *'but still it is not enough'*. Limited advance notice about when mobile registration events were occurring meant that people were often under-prepared and had insufficient time to gather the necessary paperwork.

Regional stakeholders emphasised that outreach activities had become limited due to the severe financial cuts and constraints on the Ministry. One regional representative from MHAISS affirmed,

> *Our ministry needs to put more effort into the mobile outreach. The mobile outreach only takes one day at a certain constituency. When the needs are so great, that will not really solve the problem of birth registration. Maybe they could propose something like at a certain constituency office, or okay, maybe we can stay for two or three days. And it should not only be done once per year because, you know, the majority of people are coming and not being seen. It's a waste of time, especially when they do not have the right documents and it feeds into a bad relationship between Home Affairs and the community. The*

Reaching remote and vulnerable communities

A dominant theme in discussions about mobile registration, across all research sites, was that services were too centralised and didn't go far enough into the communities that needed them most. It was consistently reported that mobile registration services are *'not going deep enough'* or *'need to go further'* into the most remote areas. One regional-level participant in Zambezi confirmed, *'we are hoping to do outreach by the end of this financial year, but still it is within 100km of the regional office there are places some 250km from here'.* Another regional stakeholder in Kavango West suggested,

Home Affairs have outreach where they go into the community. But you'll find Home Affairs will go to a constituency office, that is where they will be doing what they come to the community for. But then you find that some, especially marginalised communities, lack this information, and they live… one could even say 50Km from the constituency office. So, for them they would feel "what is the point for me going there just for that paper?" Even if they get this paper, it's just two days or three days and the paper gets lost. They don't make an effort.

Inadequate decentralisation is therefore seen to have a profound impact on the most vulnerable and already marginalised communities. Participants made a direct link between those residing in the 'deep bush' and extreme poverty and lack of education. For example, the marginalized San communities in Zambezi, Kavango West and Ohangwena were described as living on the fringes of society, in extreme poverty and with little engagement with public services. These communities were frequently identified as the most vulnerable, yet it was repeatedly acknowledged that inadequate outreach means that they are not accessing mobile registration services, and this has resulted in low registration rates. One father in a FGD in Kavango West suggested a that it was a lack of will that prevented services reaching those in the villages,

Those people at Home Affairs, they don't want to visit the village. They want to keep their cars on the tarred road. Even then, if you go to the Home Affairs office they will look at your documents and say, "you are not from that village". But how would they even know, they never come here to the villages.

Understanding challenges for the San community – Regional participant, Ohangwena

There are high rates of home deliveries in this community so that is a serious factor contributing to low uptake. If we can encourage hospital births and with that, educate them on the importance of registration, then women can register children directly at the hospital. We really need to try and capture these people at the time of birth because after that, the community don't have the financial capacity to make it to town to reach the MHAISS office.

As for mobile registration, we had it in 2008 when it was paid by a partner. We went into the San community to enable uptake of registration. Nowadays, our office tries to facilitate bringing the San people to the registration centre. But its costly to transport people, even for our office and we have only one vehicle. The region is vast, and the San are nomadic people who are scattered. We have a good collaborative relationship with MHAISS for providing assistance, but outreach really needs to be done on a monthly basis.

<u>Lack of transportation</u>

Lack of transportation for registrars to go to remote and rural sites was also noted as a limitation for mobile registration services. At regional level, stakeholders reported that there is limited transportation for government officials, noting that 'government resources are a challenge'. Representatives from government offices suggested that MHAISS needed to work more closely with other ministries to better use the existing but limited resources, including access to vehicles. However, one MGEPESW representative acknowledge, *'even if we are working together and strengthening operations, we have limited vehicle capacity so transport to the remote regions becomes problematic'.*

Facilitators and enablers

<u>Mobile outreach registration</u>

Outreach was consistently prioritised, across all regions and participant groups, as the primary means to facilitate uptake of birth registration. It was clear that demand for registration services existed, and both service users and providers reiterated that when services are brought closer to the rural communities, *'people will take time to come and register the child'*. A variety of different mechanisms to enable improved access were discussed in detail and were strongly endorsed across stakeholder groups: decentralised services offered at constituency offices, specifically fixed sub-regional posts in rural areas and mobile registration teams; and registration facilities in other community structures including maternity units, health posts, churches and schools.

<u>Integrated outreach services</u>

Participants from all groups suggested that efforts to adopt a cross-sector approach, combining registration with other outreach services, need to be strengthened. The link between registration and community-based MNCH services was made by many community participants as well as health and registration staff. They particularly highlighted the need to integrate registration information into ANC education for pregnant women and follow-up after birth with health extension workers (HEWs). As the regional representative from MHSS explained,

> *HEW are a good forum for dissemination of birth registration information in the community. When the HEW goes to the home after the baby has been delivered but who is not registered, they capture that information for the mother and baby. HEW are located in the villages where the communities are. They are allocated households in their surroundings. The HEW has a list of activities that he/she must do in those households. They need to visit the households in their vicinity at least once per month and then when they go there, especially the under-fives, they have to assess them; taking temperature, weighing them and so on, and asking whether they have this birth certificate.*

A number of participants across the study sites noted the positive implications of mobile registration services that had been established in schools. Although it was acknowledged that the outreach only offered services for school age children (not adults) it was broadly accepted as a positive means of facilitating the process for older children and ensuring their access to education.

Service providers also emphasised the importance of responding to local needs and opportunities for registration. Representatives from MGEPECW in Kavango West suggested better links be made with MHAISS during outreach to distribute social services payments and other initiatives.

> *I think one of the important things could also be to reach people age through the paymasters. You know paymasters are going village to village, they are going to every village. The pension payments are done in*

cash and there's the paymaster's car that goes around villages. So, those are kind of large gatherings always, because there are some people coming to sell some things, the others are coming to receive their grants, whether its old age pension, disability grants, or the vulnerable grants. So, those are actually the largest gatherings in the village.

Participants discussed previous 'registration' campaigns that had systematically facilitated the process of civil registration in some way, and community-level participants drew on other examples from electoral registration. The common feature of these interventions was their ability to access all people within their communities, even in the most remote and hard-to-reach areas. Several participants expressed frustration that these other nationwide government-led initiatives were mounted with apparent success, yet birth registration continued to be so problematic. A father in Kavango West concluded, *'what gives us a bad image is that the election card is so easy to get'.*

Both service users and providers thought that mobile services would facilitate late bith registration and help clear the backlog of unregistered adults needing to be registered, in addition to overcoming issues of geography and distance.

Some of them [registrars] *use terms which are not in Oshiwambo and it makes difficult for people to understand. Some information is written in English. There are some people who cannot read - some of us do not read English, and when we go there we queue in wrong queue. That delays the process.*

At the registration site – Service user, Ohangwena

Step 3: At the registration centre

The final step of the process is completing registration at the point of service. At the registration centre, barriers on the side of the service user and on the side of the service provider can affect whether registration is carried out. Long waiting times, administrative barriers, ineligibility to register, and indirect costs presented challenges for participants attempting to register birth. In addition, many community members said that their personal interactions with registrars were often negative and identified this as a barrier to service provision. Strategies that improve accessibility and availability were considered the principle enablers for complete registration. Suggestions for improvement included streamlining the service, allocating sufficient budget and resources, and building staff capacity and motivation.

1. Point of services experiences

For married Namibians with all of the correct documentation 'in order', participants described the birth registration process as one that is 'simple' and 'easy'. For applications outside of what might be considered the standard, participants frequently recounted frustrating experiences at registration sites. Difficult interactions at service delivery points served not only as a barrier to successful registration but appeared to reduce motivation and intention to register and eroded trust in the existing registration systems.

Barriers and challenges

Negative experiences with staff

Across all fieldsites, negative experiences with registration staff were cited as significant point of service challenges for registration. Almost all participants reported direct and indirect experience with negative attitudes, disrespect and bad customer service from registration officers. Participants described being demoralised by their interactions with registrars and multiple accounts of documents being 'thrown around' were recalled. This experience, described by a caregiver in Oshikoto, was representative:

> *The worst thing is the bad treatment at the Home Affairs office and the attitude of the staff there. Did they ever receive training on how to behave? The customer service is so bad. The way they treat people, it is not even human. Sometimes you go there, and you will even see elderly people being disrespected and they'll just throw your documents around and tell you to come back.*

One national-level stakeholder also concluded, '*we need to deal with the bad attitudes of staff*' and recognised the direct impact on service provision of negative staff attitudes, especially when dealing with complicated cases:

> *Dealing with complicated cases can only be done by staff members with higher morale and who are motivated both intrinsically and extrinsically. Here motivation of employees plays a major role, and the employees are the best resources that you have, better than computers and finance. The staff member who is capacitated when a difficult client or case comes, they will know the best thing to do for that client…but most of our employees have a negative attitude and you won't get anything positive out of a negative person. And this is the major major problem.*

Whilst many service users had personally experienced these personnel issues, others relayed the negative experiences of their families or communities, highlighting how these experiences and associated unfavorable perceptions can spread and influence others. It was clear that the poor reputation of customer services and people's negative experiences were significant deterrents to registration.

Issues of language and tribalism

In Zambezi and Kavango West regions, community members made a direct link between the treatment clients received at the registration center and their social status or their tribe. A small number of participants suggested that people who had personal relationships with MHAISS staff or those who were perceived to be of higher standing were likely to be given priority. In Zambezi region, the issue of tribalism emerged in several data collection activities. The following excerpt from a FGD with community-level participants was indicative:

Speaker 1	*Tribalism at the office, there it's too much. If you are from here at the west and the one who is working is from the east, she will prioritise the one from her own place. It's like ok, you are from my tribe, I will help you. So if are not from my tribe you can wait there, ya.*
Speaker 2	*You can wait there I will attend to you later later… until 1 o'clock then 2 o'clock thy are still attending their own people first, and then in the end you will have go back.*
Speaker 1	*And its specific to Zambezi here.*
Speaker 2	*It is too much, since Namibian independence* [1990] *it's been just like that.*

Participants from all stakeholder groups acknowledged that vulnerable communities might find it difficult to access formal services such as registration for a range of reasons beyond their socio-economic status. Registration staff did not always speak local languages, and this was understood to be a barrier to effective communication. A number of participants suggested that where service users and service providers did not speak the same language, the service user would be forced to speak English. It was perceived that this would make people feel uncomfortable and intimidated by a process that may have already been overwhelming. Several participants suggested that community members may have been shy or afraid to seek registration.

Overburdened services

Although it was not observed in all of the regions, some participants suggested that it was demotivating to find long queues on arrival at the registratio site after they had invested significant time and effort to get there. Some regional stakeholders reported instances where the available hours of operation were insufficient to process the number of people waiting in line, requiring some of them to return on another day. Long queues at registration posts also featured prominently in the narratives of service users. Caregivers accessing both static and mobile services described spending the night outside the post or queuing from early in the morning to ensure they were there when it opened -- yet finding that they were unable to complete their registration and were forced to return multiple times. The delay in reaching the service counter was a source of frustration for many and was perceived to have a negative impact on the uptake of registration. People reported having to wait for long periods before being able to make repeat trips to the registration post which was challenging due to access and financial barriers.

Facilitators and enablers

Free registration and cost-related barriers

The government's provision of basic birth registration services for free has reduced financial barriers to registration and was noted as particularly helpful in facilitating successful registration. Although research participants thus did not include registration fees among the financial barriers to registration, they did note that fees for verification letters from traditional leaders or for validation letters from police continued to pose significant barriers. The frequent refusal of MHAISS staff to accept the letters from traditional leaders resulted in an additional layer of stress for parents who had already spent significant resources to secure

the letter in the first place. Traditional leaders suggested that better communication mechanisms and support would enable them to ensure the correct information was captured in their letters of validation.

2. Provision of information, procedures and document requirements

Barriers and challenges

Lack of information, procedural knowledge and mistrust

Despite attempts to simplify the registration process through the introduction of the eNotification system, the vast majority of service users still found the procedures to be complex and bureaucratic. This was particularly the case for late registration (especially of adults) and for situations that deviated from what would be considered a 'normal' registration. Difficulties were further compounded by local variations in the registration process, including variations in practice as well as in the information given about documentation, which were found to differ between staff and between registration sites.

Details about the process and the documents required for registration under different circumstances were not well known, and registration staff highlighted that large numbers of service users presented to centres with incorrect or insufficient documentation. Service users reported being given contradictory information by different staff members and being asked to provide more documentation (including a vaccine card or record of baptism) or to attend with an additional witness -- all on an apparently ad hoc basis. Participants suggested that this contributed to high levels of frustration with the process and caused communities to lose trust in the system. The following account from a community member in Kavango West was representative:

> *Sometimes you'll go to the Home Affairs with all the right information requested at your previous visit, and you'll get there and be told it's not correct. But you're not given any information about what is incorrect or where you should go. Or sometimes you'll be told to go away and come back but no information is given. When people go there, and they don't get properly assisted they feel like they have wasted money and time and this rotten behaviour means that people have no trust in the office.*

Undocumented adults

A key issue raised by participants was the bottleneck of unregistered adults. Without the correct documentation the children and grandchildren of unregistered adults are unable to register their births and this contributes to the cycle of multi-generational undocumented status.

Prohibitive documentation requirements

Lack of proper documentation was noted as a material barrier to birth registration. For most community-level participants, this was the predominant barrier. Unclear or unrealistic documentation requirements were said to be a major factor in perpetuating cycles of undocumented people within a family. Community members who described the process of registration as 'easy' were those for whom no additional documents were required for registration, such as couples who were married, mothers who themselves had a valid birth certificate, children whose parentage was not contested, and children born in hospital.

Those whose circumstances differed from the *'gold-standard'* application found the requirements for registration to be unclear or challenging to meet. It was acknowledged that for timely registration and for registering children born in the hospital the process was *'easier'* because the documentation demands were less. Late registration or registration of children born outside the hospital might require a range of additional documentation to support the application process. Participants reported being asked to provide

letters from traditional leaders, declarations from the police, proof of enrollment at school, proof of baptism, and/or proof of birth. In many cases participants recalled being requested to bring witnesses to the registration site to validate the information they had provided. This was especially problematic for late-registering adults for whom the required witnesses needed to validate their registration were often deceased.

Facilitators and enablers

Simplifying the registration procedure

Both service users and service providers viewed streamlining the process of registration as critical. Service users emphasised that it was important to facilitate the registration of 'non-standard cases'. They highlighted the need to communicate clearly about what was involved in registering those with different requirements, such as orphans and single parents, and to assist people from different regions. Service users reiterated the need to reduce administrative hurdles to adult registration, particularly in order to remove this significant barrier to registering the children of unregistered parents.

eNotification system

Service providers welcomed the introduction of the eNotification system as a means to link a child to the identity of the mother. MHAISS and health staff agreed that the introduction of the system made it more difficult for a mother to register a child that was not her own and was a more secure system for tracking mothers and children.

Cases-by-case assessment

Community-level respondents highlighted the need for a case-by-case approach to applications, to facilitate greater levels of trust and intentions to complete the registration process. Multiple accounts of service users feeling like they weren't being '*listened to'* were reported and this contributed to participant requests for a more client-centred and individual-focused assessment process. As one community respondent noted,

> *The community knows about the main documents that may be required, but some of them may not know about additional requirements like if they want to register in the mother's name. People complain about the Home Affairs staff. They say that they don't listen and this means that the community members feel unheard and feel bad. They need to be more accommodating and listen to people's individual circumstances. They will bring so many documents and might just not have one thing and still they will be dismissed. It needs to change.*

Registrars' failure to listen to the individual circumstances of a person's application contributed to lack of understanding and misinformation about the necessary documentation requirements. It was suggested that service providers should be more compassionate, empathetic and lenient in making decisions based on the particulars of a specific application.

3. Service provider motivation, knowledge and training

Barriers and challenges

<u>Training and capacity building for registrars</u>

Across field sites, service providers acknowledged that training and capacity-building activities were limited. The importance of improving customer service was clear, and many community members suggested that staff should receive enhanced training on interpersonal communication skills. National-level participants all agreed that increased training and capacity building for MHAISS staff in the regions was critical if services are to be improved. One stakeholder suggested,

> *We need to capacitate our employees giving them skills and knowledge and to improve their attitudes. In terms of these things, the knowledge is there but it is just that some of them don't know what to do with specific cases, because in some cases it has been 10 plus years since people have had training.*

Participants from community groups in Zambezi region suggested that staff in registration centers in the region should be rotated to facilitate greater learning and progress. One rural CDC leader suggested, *'here in the Zambezi region the staff haven't changed and are not progressive. In other regions there are greater levels of respect between the office of home affairs and the community. The staff here need to rotate and should go to Kavango and learn from others to see how they are doing it on that side'.* While a headman in a rural location added *'here in Zambezi the problem is the government, and the issues are always the same. There is stigma around those who don't speak Silozi because they think those people are Zambian. We need to train them not to degrade people'.*

<u>Administrative barriers and the potential for errors</u>

Service providers across all field sites had a good understanding of the birth registration process, the difference in requirements for home and hospital births, and the importance of eNotification. However, they acknowledged that different cases could be complex, especially for 'non-standard' applications. Community-level participants suggested that registrars did not always take the time to go through the process thoroughly with clients and reported numerous cases of errors.

Mistakes and errors in the application process were common and posed additional obstacles to birth registration due to the potential cost of correcting errors. One CDC member in Oshikoto suggested, *'there are many times that spelling mistakes are made on birth registration or ID cards and it's their mistake but it's the clients who suffer and have to pay. If the clerks registrar could just take responsibility for their mistakes it would help a lot'.* A national-level representative from MHAISS suggested, *'people are demoralised and have not had enough training and as a result so many mistakes are made on the system. It is really unacceptable the number of errors that are logged'.*

<u>Limited resources for adequate services</u>

Resources at MHAISS sites were a source of frustration for service providers. In Zambezi region, the MHAISS registration site is located at a residential property that the Ministry rents from a private owner. The Deputy Director and her team, as well as the counters, are set up there. Although it was not explicitly stated by staff, poor and inadequate working environments were observed to have an impact on staff morale.

At hospital eNotification sites, service providers reported issues with internet connectivity. One staff member in Ohangwena noted how this put addition strain on the already burden maternity services:

> *In the maternity ward we are so busy and there are only three eNotification sites in this region. Then there is only one computer to notify the births and that computer needs a network. You need to be online to register the birth and the network here is unreliable. The network needs to be strong and it would be better if there was one dedicated person to eNotify all the births.*

Poor compensation demoralising staff

Although service providers did not themselves discuss their renumeration, national-level representatives from MHAISS noted that the salaries provided for registrars were lower than other government positions and this was understood to negatively impact staff morale and commitment. One national stakeholder explained,

> *Most of our admin officers are paid at a lower level. If you compare immigration officers with administrative officers, immigration officers in the regions have more than four hours of resting, not necessarily resting but where they have no clients. But if you compare the service of immigration officers versus our admin officers, our admin officers are busy from 8am-5pm. If you look at the return on investment, its very little, so they are demotivated.*

Human resources at point of service

Both service providers and service users noted that some registration posts lack of human resources, and they suggested that this limited the number of people who could be registered each day. Human resource difficulties were reported in both urban and rural locations in the regions, and were said to directly impact service delivery.

Facilitators and enablers

Political commitment and investment

Political commitment and buy-in at the national and regional levels was identified as a major facilitator of successful birth registration. Recent commitment from the government to eradicate statelessness in Namibia should ensure that birth registration and CRVS are prioritised. However, national stakeholders suggested that considerable effort would be needed to ensure accountability and engagement at the regional level; service provision must be monitored in a way that fosters increased levels of 'uniformity' and promotse greater coverage.

Allocate the necessary resources to enable adequate service provision

To increase the efficiency of services, many participants emphasised the need to ensure that registration posts were adequately supplied, in terms of both human and material resources. Adequate budget and basic resource allocation are needed to ensure that the registration offices are operational; this includes functioning computer systems and air-conditioning units. It was suggested that administrative positions in the regions should be re-graded to ensure that workers earn compensation commensurate with their responsibilities . National-level stakeholders suggested that this would have significant implications for staff morale and motivation and would direct affect the quality of service provision and the experience of the end-user.

<u>Build capacity to improve services, staff morale and community trust</u>

In addition to financial incentives, there was a demonstrated need for staff capacity building and support activities such as consistent orientations, trainings and refresher trainings. Representatives of MHAISS suggested that improved training and updated performance agreements for staff would increase accountability at the regional level and would ensure that staff were equipped to confidently provide accurate information and services to the community. Participants indicated that this would also improve relations between MHAISS staff and the community.

There is no information disseminated about birth registration. When the urban councillors come, normally they meet under this tree, but they only come when they are campaigning (for election) or to give food. Engagement with the traditional leaders is important for information and to give messages to the community.

Community Engagement – Service user, Zambezi region

Conclusion – towards a national social and behavioural change strategy

This formative research was designed to provide an evidence base for understanding the barriers and enablers for acceptance and uptake of birth registration in Namibia.

The identified bottlenecks for non-registration of births are muti-dimensional and include:

- Challenges related to cultural practices
- Discriminatory registration practices
- Limited physical access to civil registration services
- Complex and lengthy registration procedures
- Lack of correct information about registration and the bureaucratic requirements
- Lack of training and appropriate service delivery

To ensure increased uptake of registration and integration with other services, levels of awareness, acceptance and adherence to the process must be increased. The findings of this research were presented to support the development of a social and behaviour change strategy which focuses on supporting and improving these structures.

The social and behaviour change strategy should be used as a basis for the design of key interventions to increase birth registration numbers. The strategy takes into consideration the broader context and systems within which the desired behaviours related to birth registration take place, and is sensitive to social, cultural, economic, political, geographic and logistical factors at both national and regional levels.

The social and behaviour change strategy addresses barriers and encourages enablers for birth registration, and is focused on the people it is intended to serve. The strategy includes strategic insights, theories of change, sample indicators, and proposed approaches to address the challenges and enablers identified.

If the woman gets impregnated and the father flees away, what makes it worse, is if the impregnated woman or the single mother doesn't have a birth registration herself. That makes things worse, as in she can't also register her kid or her children that have been born. And it just … those kids also cannot be able to register their children and their grandchildren to come. As in lack of that birth registration, that just makes it worse.

Denial of paternity and undocumented mothers - Adolescent, Kavango West region

Annex 1. Research tools and frameworks

Topic guide

A topic guide is a thematic framework designed to support the identification of key topics, or themes, for a research project. In a practical sense, a topic guide helps to prioritise what themes will be excluded or included in the research tools, acting as an overview of the key sections. Research tools for relevant stakeholder groups are developed from the topic guide and tailored to each specific group of participants (e.g. community members, local leaders, government representatives etc.)

Current registration information
Registration status of household members
Where and when registered
Possession of documentation of registration (birth certificate, ID cards, passport)
Probe re: whether they had/lost or never had these docs.

Knowledge and perceptions relevant to birth registration
Awareness of birth registration
Understanding of reasons for birth registration
Benefits from/need for birth certificate
Attitudes towards government (CRVS and government service provision)
General trust/mistrust re: registering with government (privacy, use of data, repercussions)
Perception of services that may be connected to need for BR (education, health care)
Understanding of procedure (including timing, location and required documentation)
Sources of information re: birth registration
Perceived ease of process

Socio-cultural Considerations
Socio-cultural significance of registration
Socio-cultural attitudes, norms, beliefs and practices around birth registration events including choice of delivery services, naming, baptismal rituals, assignment/acceptance of paternity, adoption (formal/informal), beliefs about maternal confinement
Cultural practices and attitudes
Discrimination associated with gender, unmarried births, child's sexual characteristics, people with disabilities, orphans/child-headed HHs
Child marriage (still pervasive in Kavango, Zambezi)
One or both parents not citizens
Gender roles, expectations between men and women (self-efficacy, empowerment)

Potential barriers to registration
Accessibility of registration locations
Includes distance, seasonal accessibility, availability of transport, cost of transport, opportunity cost of missing work, other associated costs, particular barriers for vulnerable groups
Perceptions of registration staff (respect, competence, trust)
Availability of required documentation
Financial
Cost to replace missing documents
Fees for late registration
Language and literacy

Potential facilitators to birth registration
Knowledge/availability of mobile birth registration campaigns
Feasibility of M registration campaigns (Access to cell phone/computer)

Engagement with health sector (tie registration in with child health days, vaccination campaigns, etc.)
Involvement of trusted authorities
Incentives
Deterrents

Communication preferences and sources of information
Trusted sources of information
Preferred means of receiving information
Literacy
Computer and overall digital literacy

Demographic information sheet

What gender do you identify with?	
How old are you?	
What is your marital status?	
Where do you live? (town, constituency, region)	
How many people are living in your household?	
What level of schooling do you have?	
How many children do you have?	
How many boys / girls? What ages are they?	
How many additional children do you care for?	
What is your relationship to those children?	
Do any of your children have disabilities?	
What is your work/job role?	
How long have you held this position?	
Do you follow a religion? If so, which do you follow?	
What language do you speak?	
What language(s), if any, do you read?	

IDI framework for caregivers

Demographic information to be collected on separate demographic information form

Knowledge and perceptions relevant to birth registration
- What do you/people in your community know about birth registration? About the process? (Where/how/with whom) About why it's important?
- How do people in your community learn about birth registration? Who/what do you think is the most reliable/trusted source of information about registration?
- Are you aware of any public awareness campaigns about birth registration in your community?
- Where do registrations happen in your community? Who is involved?
- What are the steps that a person must go through to register a birth? To obtain a birth certificate? What do you think/how do you perceive this process?
- What information is available to you about the registration process and services? How (through what channels) does that information come to you?
- How much do the messages you/others receive from other channels of information, influence you/people in your community registering births?
- What benefits does being registered have in your day to day life?
- Can you tell me some of the benefits of registering the birth of a child?
- Is it important to have a birth certificate? Why?

Current registration information
- Are you registered? If not, why not?
- Have children/ people in your household/community had their birth registered?
- Did you or they participate in the e-Birth notification system (where birth notification can be done at a health facility where a woman gives birth)? Why/not?
- Did the e-Birth notification system make it easier to register the birth?
- Do they possess documents to prove registration? How important are birth registration documents, why? If they do not possess birth registration documents, why?

Socio-cultural Considerations
- How/where/with whom do people in your community prefer to give birth (e.g. in hospital, at home, birth attendant, midwife, HEW)?
- Are there social or cultural practices or traditions in your community that influence whether or not people can and will complete a birth registration (e.g. naming/acceptance of paternity/adoption barriers or drivers, whose surnames)?
- Are there factors that determine whether a child will/will not or should/should not be registered (e.g. gender, disability, refugee etc.)?
- Are there factors related to parents that will determine whether a child can/cannot be registered (e.g. unmarried parents, non-citizen parents, child marriage)?
- Within a family unit in your community, who makes decisions about registration?
- Are there traditional forms of recording births in your community (e.g. elders, community networks, religious institutions)?
- Do religious/traditional leaders play a role in how registration is prioritized in your community?

Potential barriers to registration
- What are the reasons that people in your community do not register, if any? How could we overcome these barriers?
- What is your opinion of the way civil registration is currently set up and provided in your community?
- Who are the people who support birth registration? What is your/the community's perception of these staff? (respect, competence, trust)
- Once a birth is registered with these staff what is the process for receiving the documentation?

- Are there any financial components related to registering a birth the first time? What happens if births are registered late? Or if documents are misplaced?

Potential facilitators to birth registration
- What do you know about mobile birth registration campaigns, if anything? (IE, where the government comes to your community). What are your opinions of mobile registration efforts?
- Do you/people in your community have regular access to mobile telephones? Would it be easier to register births if you could register by mobile phone?
- To your knowledge, how is registration linked with other services? What is your opinion of current coordination and integration of other services (health, social assistance, education etc)?
- Do you think the process of birth registration could be improved? How? What should be changed?
- What would be the most effective ways to encourage people from your community to do birth registration?
- For those who have actively decided not to register their children, what would make them change their mind? How could they have a more positive registration experience?
- How can we improve and harness the factors that encourage birth registration in your community?

Communication preferences and sources of information
- If we wanted to improve people's knowledge/understanding of birth registration, what key messages should we tell them? What channels should we use? Who should give these messages?
- Who/what influences the decision of people in your community to register?
- Who is involved in making community-level decisions about registration? Who influences individual/community decisions and priorities? What are the positives/negatives of this?
- How much trust do you think people in your community have in the registration system? Do people in your community trust/have a good relationship with the civil registration office? Do people in your community trust the government's use of this data?
- Do you/people in your community understand targeted messages about birth registration?
- Are you/people in your community computer literate? How important do you think computer literacy is for the birth registration process?
- Are you aware of the Government's e-birth registration process?
- How do you want to get information about birth registration?

Conclusion
- What do you feel have been the most important things that we have spoken about? (recap key points) Is there anything else that you would like to discuss?
- Is there anything specific that you think we should be asking community members/service providers/national level stakeholders in our discussions with them?
- Do you have any questions for us? Thank you.

IDI framework for traditional leaders

Demographic information to be collected on separate demographic information form

Introduction
- What is your position? How long have you held this position?
- How does your position relate to birth registration?

Knowledge and perceptions relevant to birth registration
- What do people in your community know about birth registration? About the process? (Where/how/with whom) About why it's important?
- How well do people in your community understand the benefits to registering a birth? The benefits of having a birth certificate?
- What information is available to the community about the registration processes and services? How (through what channels) is that information shared with them?
- Where do registrations happen in your community? Who is involved?
- What are the steps that a person must go through to register a birth? To obtain a birth certificate?
- Do people in your community that have registered a birth possess documents to prove registration? How important are birth registration documents, why? If they do not possess birth registration documents, why?
- Are you aware of any public awareness campaigns about birth registration in your community?
- Did you receive training on registration? Do you feel confident in your ability/knowledge to understand the process?
- Do people in your community know about the government's e-Birth notification process? Do people use it? Why/not?

Socio-cultural Considerations
- How/where/with whom do people in your community prefer to give birth (e.g. in hospital, at home, birth attendant, midwife, HEW)?
- Are there social or cultural practices or traditions in your community that influence whether or not people can and will complete a birth registration (e.g. naming/acceptance of paternity/adoption barriers or drivers, whose surnames)?
- Are there factors that determine whether a child will/will not or should/should not be registered (e.g. gender, disability, refugee etc.)?
- Are there factors related to parents that will determine whether a child can/cannot be registered (e.g. unmarried parents, non-citizen parents, child marriage)
- Are their traditional forms of recording births in your community (e.g. elders, community networks, religious institutions)?
- Do religious/traditional leaders play a role in how registration is prioritized in your community?

Potential barriers to registration
- What is your opinion of the way civil registration is currently set up and provided in your community?
- What are the primary barriers to registering a birth?
- How can we overcome the barriers to birth registration (go through what they listed previously)?
- Who are the people who support birth registration? What is your/the community's perception of these staff? (respect, competence, trust)
- Once a birth is registered, what is the process for receiving the documentation?
- Are there any financial components related to registering a birth the first time? What happens if births are registered late? Or if documents are misplaced?

Potential facilitators to birth registration
- What are some factors that encourage registration or make it easier??

- How can we improve and harness the enablers that encourage birth registration in your community? (go through what they listed)
- To your knowledge, how is registration linked with other services? What is your opinion of current coordination and integration of other services (health, social assistance, education etc)?
- Do you think the process of birth registration could be improved? How? What should be changed?
- What would be the most effective ways to encourage people from your community to do birth registration?
- For those who have actively decided not to register their children, what would make them change their mind? How could they have a more positive registration experience?
- What do you know about mobile birth registration outreach campaigns? What are your opinions of mobile registration efforts?
- Do you/people in your community have regular access to mobile telephones? Would it be easier to register births if it could be done using mobile phones?

Communication preferences and sources of information
- Who/what influences the decisions of people in your community to register?
- How much trust do you think people in your community have in the registration system? Do people in your community trust/have a good relationship with the civil registration office? Do people in your community trust the government's use of this data?
- What messages and communication channels and materials are currently used to raise awareness about birth registration in the community? Does you think these messages and channels are effective?
- If we wanted to improve people's knowledge/understanding of birth registration, what key messages should we tell them? What channels should we use? Who should give these messages?
- Are people in your community computer literate? How important do you think computer literacy is for the birth registration process?

Conclusion
- What do you feel have been the most important things that we have spoken about? (recap key points) Is there anything else that you would like to discuss?
- Is there anything specific that you think we should be asking community members/service providers/national level stakeholders in our discussions with them?
- Do you have any questions for us? Thank you.

IDI framework for regional level stakeholders

Demographic information to be collected on separate demographic information form

Introduction
- What is your position? How long have you been in this position?
- How does your position relate to birth registration?

Knowledge and perceptions relevant to birth registration
- What do you think people in the region know about birth registration? About the process? (Where/how/with whom) About why it's important?
- How well do communities understand the benefits to registering a birth?
- What information is provided to communities in this region about the registration processes and services? How (through what channels) is information provided?
- Do people in the region know about the benefits of birth registration?

Socio-cultural Considerations
- How/where/with whom do people in the region give birth (e.g. in hospital, at home, birth attendant, midwife, HEW)?
- Are there social or cultural practices or traditions in the region that influence whether or not people can and will complete a birth registration (e.g. naming/acceptance of paternity/adoption barriers or drivers, whose surnames)?
- Are there factors that determine whether a child will/will not or should/should not be registered (e.g. gender, disability, refugee etc.)?
- Are there factors related to parents that will determine whether a child can/cannot be registered (e.g. unmarried parents, non-citizen parents, child marriage)?
- Within a family unit, who makes decisions about registration?
- Are their traditional forms of recording births used in the region (e.g. elders, community networks, religious institutions)?
- Do religious/traditional leaders play a role in birth registration in the region?

Potential barriers to registration
- What is your opinion of the way civil registration is currently set up and provided in the region?
- What are the primary barriers and enablers for registering a birth?
- How can we overcome the barriers to birth registration (go through what they listed previously)?
- How can we improve and harness the enablers that encourage birth registration?
- Who are the people who support birth registration? What is the community's perception of these staff? (respect, competence, trust)
- Once a birth is registered with these staff what is the process for receiving the documentation?
- Are there any financial components related to registering a birth the first time? What happens if births are registered late? Or if documents are misplaced?

Potential facilitators to birth registration
- What are some factors that encourage registration or make it easier??
- How can we improve and harness the enablers that encourage birth registration in your region? (go through what they listed)
- What do you know about mobile birth registration outreach campaigns? What is your opinion of mobile registration efforts?
- Do you/people in your region have regular access to mobile telephones? Would it be easier to register births if it could be done using mobile phones?
- To your knowledge, how is registration linked with other services? What is your opinion of current coordination and integration of other services (health, social assistance, education etc)?
- Do you think the process of birth registration could be improved? How? What should be changed?
- What would be the most effective ways to encourage people in the region to register births?

- If we wanted to improve people's knowledge/understanding of birth registration, what key messages should we tell them? What channels should we use? Who should give these messages?

Communication preferences and sources of information
- What are the reasons that people in the region do not register? If any?
- Who/what influences the decision of people in the region to register? Is this different between communities?
- Who is involved in making community-level decisions about registration? Who influences individual/community decisions and priorities? What are the positives/negatives of this?
- How much trust do you think people in the region have in the registration system?
- Are people in the region computer literate? How important do you think computer literacy is for the birth registration process?

Conclusion
- What do you feel have been the most important things that we have spoken about? (recap key points) Is there anything else that you would like to discuss?
- Is there anything specific that you think we should be asking community members/leaders/service providers in our discussions with them?
- Do you have any questions for us? Thank you

IDI/Group interview framework for national level stakeholders

Demographic information to be collected on separate demographic information form

Introduction
- What is your position? How long have you been in this position?
- How does your position relate to birth registration?

Knowledge and perceptions relevant to birth registration
- What do you think people know about birth registration? About the process (where/how/with whom)? About why it's important?
- How well do communities understand the benefits to registering a birth?
- What information is provided to communities about the registration processes and services?

Socio-cultural Considerations
- Are there social or cultural practices or traditions that influence whether or not people can and will complete a birth registration (e.g. naming/acceptance of paternity/adoption barriers or drivers, whose surnames)?
- Are there factors that determine whether a child will/will not or should/should not be registered (e.g. gender, disability, refugee etc.)?
- Are there factors related to parents that will determine whether a child can/cannot be registered (e.g. unmarried parents, non-citizen parents, child marriage)?
- Within a family unit, who makes decisions about registration?
- Are their traditional forms of recording births used (e.g. elders, community networks, religious institutions)?
- Do religious/traditional leaders play a role in birth registration?

Potential barriers to registration
- What is your opinion of the way civil registration is currently set up and provided?
- What are the primary barriers and enablers for registering a birth?
- How can we overcome the barriers to birth registration (go through what they listed previously)?
- How can we improve and harness the enablers that encourage birth registration?
- Who are the people who support birth registration? What is the community's perception of these staff? (respect, competence, trust)
- Once a birth is registered with these staff what is the process for receiving the documentation?
- Are there any financial components related to registering a birth the first time? What happens if births are registered late? Or if documents are misplaced?

Potential facilitators to birth registration
- What are some factors that encourage registration or make it easier?
- How can we improve and harness the enablers that encourage birth registration in areas where registration rates are low? (go through what they listed)
- What do you know about mobile birth registration outreach campaigns? What is your opinion of mobile registration efforts?
- Do you/people in your region have regular access to mobile telephones? Would it be easier to register births if it could be done using mobile phones?
- What is your opinion of current coordination and integration of other services (health, social assistance, education etc)?
- Do you think the process of birth registration could be improved? How? What should be changed?
- What would be the most effective ways to encourage people in the region to do birth registration?
- If we wanted to improve people's knowledge/understanding of birth registration, what key messages should we tell them? What channels should we use? Who should give these messages?

Communication preferences and sources of information
- What are the reasons that people do not register? If any?
- Who/what influences the decision of people to register? Is this different between communities?
- Who is involved in making community-level decisions about registration? Who influences individual/community decisions and priorities? What are the positives/negatives of this?
- How much trust do you think people in the region have in the registration system? In how the data is used?
- Are people in the region computer literate? How important do you think computer literacy is for the birth registration process?

Conclusion
- What do you feel have been the most important things that we have spoken about? (recap key points) Is there anything else that you would like to discuss?
- Is there anything specific that you think we should be asking community members/leaders/service providers in our discussions with them?
- Do you have any questions for us? Thank you

Focus group discussion framework

Demographic information to be collected on separate demographic information form

Introduction (10 mins)
- Explanation of study: specific, visual, simplified and contextually relevant.
- Clearly present information about the purpose of the session and how information generated will be used
- Thanks for taking part, reiteration of confidentiality, anonymity, no right or wrong answer, free to stop interview/withdraw participation at any time with no negative consequences.
- Setting ground rules/ group agreement to discuss the importance of confidentiality and ensure participants keep each other's opinions and experiences confidential

Energiser to introduce group (5 mins)
- For example: the group stands in a circle; in turn, each person shouts out their name and an action or symbol that represents something about them or how they are feeling right now e.g. Shout out 'Mary' and hold thumbs up, then everyone else in the circle has to copy the name and action.

Story circles/timelines about registration (20 mins)
- Participants are separated in pairs
- Each tells a story/timeline of non/registration in their families/communities: what they have experienced and what happened as a result; benefits and/or drawbacks; drawing/writing a timeline to illustrate
- Participants are encouraged to emphasise the barriers and enablers to why/how births are registered.
- Group comes back together and presents their timelines back to whole group through story circle
- Discussion

Influences, barriers and enablers (15 mins)
Allocate a point in the room to different factors that might influence decisions, barriers to, enablers for birth registration;
- Family
- Community members/leaders
- Church
- Health staff
- Radio
- Other technology
- Government
- Transport
- Technology
- Distance
- Finance
- Other constraints
- I don't know

Call out a series of choices e.g.
- From whom did you know/learn about birth registration?
- From whom do other people in your community/learn know about birth registration?
- Who/what do you think is the most important factor in deciding whether to register a birth?
- What is the biggest driver for registration?
- What is the biggest barrier to registration?
- Who decides whether to register a baby or not?
- Who chooses when to register the baby?
- Who/what discourages/encourages registration?

Participants have to move to the point in the room indicating who decides/where influence/information come from and the facilitator notes numbers and asks follow-up questions as appropriate leading to a more in-depth group discussion

Drama/role play based on a story circle: barriers, enablers and solutions (45 mins)
- In groups of 3/4 and building on earlier discussions encourage participants to recreate drama/role play focused on;
- main reasons for birth registration and non-registration. Barriers and drivers.
- results of non/registration
- current enablers, what would enable/motivate people to register.
- suggestions on how to improve
- how people could be motivated to register (communication mechanisms)
- Groups prepare a short role play and perform to rest of group
- Questions and discussion

Discussion and conclusion (10 mins)
- Any other points to add
- Suggestions
- Thank you and close

Participatory workshop framework

Visual methods/PhotoWalk workshop for young adults, newly engaged, newly married and newly pregnant young people (15-20 year olds). This exercise will be conducted with a group of 8-10 young adults, newly engaged, newly married and newly pregnant young individuals and or couples to elicit their unique perspective on birth registration, benefits, drawbacks, intentions to register their own children, motivations and drivers.

Background

A short discussion will be conducted with participating individuals at the beginning of the day. During the brief discussion participants will discuss the value of visual data, ethics, equipment and technical considerations (positioning and light). They will each be issued a polaroid camera/ video camera and sent into their community/home/shelter with a specific brief about what to capture based on a set of questions aimed at eliciting their experiences about vital registration in their communities. The team will develop questions for each couple and individual to address relating both to personal experience and strengths, challenges & collective experiences of their community.

At the end of the day all participants will reconvene for a group discussion aimed at facilitating dialogue around the photograph/footage that has been taken. Each participant will then be invited to share their stories behind each photo. Once each participant has had the opportunity to share their stories, there will be a broader discussion about themes and the group will write captions for each photograph.

Key considerations/themes for participants to explore
- Capture the things/people/beliefs that (will) influence you registering a birth
- Capture images that represent the benefits you perceive you have gained/missed out on from having been/not been registered.
- Capture images that represent what/who inhibits/challenges birth registration within your community
- Capture images that represent what/who supports/encourages birth registration within your community
- Take us on a visual journey of what you would have to do to get a birth registration (who do you see?/where do you go?/what do you do?)

SHOWed Method for guiding discussion
Key questions:
- What do we see here?
- What is really happening here?
- How does it relate to our lives?
- Why does this situation/concern/strength exist?
- What can we do about it?

Share stories behind each photo:
- Can you tell me about the story behind your photograph?
- What made you choose this particular photograph or scene?
- What was going through your mind when you took this photograph?
- Can you tell me how your photograph captures the themes of the assessment?
- If the picture is a fantasy or positive vision of the future, what is blocking this dream from becoming a reality?

Annex 2. Daily analysis tool

DATE:
INITIALS:

REGION:
FIELDSITE:
CODE:
PARTICIPANT GROUP:

Situation/Context Overview
- *What did I see?*
- *What did I hear or see that stuck out to me?*
- *What's the one thing someone should know about this situation, if nothing else?*
- *Who did I talk to ?*
- *Add photos, voice notes, quotes and/or timecodes for important info*

DELAY 1: Decision to Register	1.1 Knowledge and Awareness	1.2 Trust	1.3 Intention	1.4 Perceived benefits or challenges
	Awareness of the existence of registration *Knowledge of CVRS (why, where, when, how)* *Sources of CVRS information*	*Institutional/governmental mistrust?* *Trust in the system/security of information*	*Gender considerations (decision makers/influencers?)* *Socio-cultural impacts (religious?)* *Social norms?*	*What benefits will registration bring* *What are the challenges associated with not having a certificate*

Notes:

DELAY 2: Identifying and Reaching a Registration Site	**2.1 Cost and Effort** ● *Easy to access/far? Transport available?* ● *Cost of travel? Taking time off work? Price of registration/certificate?* *How long does it take to get there?*	
Notes:		
DELAY 3: Receiving Adequate Service	**3.1 Point of Service** ● *Service providers know what they're doing .* ● *How do people describe the experience? Do they enjoy it?* ● *Integration of services*	**3.2 After Service**
Notes:		

Other notes, key themes, important notes and quotations:

Improvements:

Annex 3. Information sheets, consent and ascent forms

Information sheet: in-depth interviews

This study seeks to inform the development of a national strategy to promote civil and vital events registration among individuals living in this region and in general. The strategy has been commissioned by UNICEF Namibia and the project is being led by Anthrologica, an organisation specialising in social science research, and supported by Common Thread, an organisation specialising in social and behaviour change. Your contribution to this research can lead to improved registration services in your community, which can contribute to better general services for your community and better health outcomes.

Interview: For this purpose, we would like to talk to you about matters relating to birth registration. Specifically, we want to discuss.

- Knowledge, perceptions and practices related to birth registration
- Social and cultural factors influencing registration
- Potential barriers and facilitators to registration
- Communication preferences and sources of information

The interview will last approximately one hour. Participation is voluntary. You have the right to withdraw from the discussion at any time without reason and without penalty. There is no cost associated with your participation. We believe there is no risk to you in participating. However, if you experience any distress, we will work with UNICEF to refer you to appropriate local psychosocial support resources.

We will ensure that your information, opinions and experiences are kept confidential and will only be used for the purpose of the study outlined. We will not use your name. You may ask any questions related to the study and we will answer these questions to your satisfaction. With your permission, we may make an audio recording of our discussions for our records. This will be destroyed at the end of the study. With your permission, we may also take a photograph of you. These will be used for the purpose of the current study and may be included in academic publications and other material for Anthrologica, Common Thread or UNICEF. If your photograph is published, you shall not be identified by name and confidential processes shall be followed.

In regard to collecting information for this study, we would greatly appreciate your help and therefore seek your consent and cooperation. To request a copy of the data held about you please contact: Ingrid Celeste Feris iferis@unicef.org. If you have any questions regarding your interview or this study please contact Dr. Hilma Nangombe, HOD-Research and Ethics, Tel +264 61 203 222 558, Hilma.Nangombe@mhss.gov.na, Katie Moore katiemoore@anthrologica.com or Ingrid Celeste Feris iferis@unicef.org.

If you are happy to take part in this study, please sign the consent sheet attached.

Information sheet: focus group discussion

This study seeks to inform the development of a national strategy to promote civil and vital events registration among individuals in this region and in general. The strategy has been commissioned by UNICEF Namibia and the project is being led by Anthrologica, an organisation specialising in social science research, and supported by Common Thread, an organisation specialising in social and behaviour change. Your contribution to this research can lead to improved registration services in your community, which can contribute to better general services for your community and better health outcomes.

Focus Group Discussion: For this purpose, we would like to speak with you and complete a number of activities that are focused around matters relating to registration of birth. Specifically, we want to discuss;

- Knowledge and perceptions relevant to birth registration
- Social, cultural and gender considerations
- Potential barriers to registration
- Potential facilitators to birth registration
- Communication preferences and sources of information

You will be asked to participate in a number of engaging activities aimed at facilitating dialogue around registration of births in your community. During the activities you will be invited to share your knowledge, experiences and practises. Once each participant has had the opportunity to share their stories, there will be a broader discussion.

The informal workshops will last up to 90 minutes. Participation is voluntary. You have the right to withdraw from the discussion at any time without reason and without penalty. There is no cost associated with your participation. We believe there is no risk to you in participating. However, if you experience any distress, we will work with UNICEF to refer you to appropriate local psychosocial support resources.

We will ensure that your information, opinions and experiences are kept confidential and will only be used for the purpose of the study outlined. We will not use your name. You may ask any questions related to the study and we will answer these questions to your satisfaction. With your permission, we may make an audio recording of our discussions for our records. This will be destroyed at the end of the study. With your permission, we may also take a photograph of you. These will be used for the purpose of the current study and may be included in academic publications and other material for Anthrologica, Common Thread or UNICEF. If your photograph is published, you shall not be identified by name and confidential processes shall be followed.

In regard to collecting information for this study, we would greatly appreciate your help and therefore seek your consent and cooperation. To request a copy of the data held about you please contact: Ingrid Celeste Feris iferis@unicef.org. If you have any questions regarding your interview or this study please contact Dr. Hilma Nangombe, HOD-Research and Ethics, Tel +264 61 203 222 558, Hilma.Nangombe@mhss.gov.na or Katie Moore katiemoore@anthrologica.com.

If you are happy to take part in this study, please sign the consent sheet attached

Information sheet: participatory workshop

This study seeks to inform the development of a national strategy to promote civil and vital events registration among individuals living in this region and in general. The strategy has been commissioned by UNICEF Namibia and the project is being led by Anthrologica, an organisation specialising in social science research, and supported by Common Thread, an organisation specialising in social and behaviour change. Your contribution to this research can lead to improved registration services in your community, which can contribute to better general services for your community and better health outcomes.

Workshop: For this purpose, we would like you to gather, share and discuss visual data (photographs/videos) around matters relating to the registration of birth. Specifically, we will ask you to:

- Capture the things/people/beliefs that (will) influence you registering a birth
- Capture images that represent the benefits you perceive you have gained/missed out on
- Capture images that represent what/who inhibits/challenges birth registration
- Capture images that represent what/who supports/encourages birth registration
- Take us on a visual journey of what you would have to do to get a birth registration

You will be provided with a polaroid camera/ video camera and asked to capture pictures/videos in your community/home/shelter based on a set of questions relating to birth registration. At the end of the day all participants will come back to share their visual data and participate in a group discussion.

The workshop will take place over the timeframe of a single day, with a 30 minute introductory meeting and a 90 minute discussion at the end of the day. Participation is voluntary. You have the right to withdraw any time without reason and without penalty. There is no cost associated with your participation. We believe there is no risk to you in participating. However, if you experience any distress, we will work with UNICEF to refer you to appropriate local psychosocial support resources.

We will ensure that your information, opinions and experiences are kept confidential and will only be used for the purpose of the study outlined. We will not use your name. You may ask any questions related to the study and we will answer these questions to your satisfaction. With your permission, we may make an audio recording of our discussions for our records. This will be destroyed at the end of the study. With your permission, we may also take a photograph of you. These will be used for the purpose of the current study and may be included in academic publications and other material for Anthrologica, Common Thread or UNICEF. If your photograph is published, you shall not be identified by name and confidential processes shall be followed.

In regard to collecting information for this study, we would greatly appreciate your help and therefore seek your consent and cooperation. To request a copy of the data held about you please contact: Ingrid Celeste Feris iferis@unicef.org.If you have any questions regarding your interview or this study please contact Dr. Hilma Nangombe, HOD-Research and Ethics, Tel +264 61 203 222 558, Hilma.Nangombe@mhss.gov.na, Katie Moore katiemoore@anthrologica.com or Ingrid Celeste Feris iferis@unicef.org.

If you are happy to take part in this study, please sign the consent sheet attached.

Consent form

Formative research on barriers and enablers to timely birth registration and their impact on accessing basic social services, including maternal and child health in four regions of Namibia: Kavango West, Ohangwena, Oshikoto and Zambezi

Lead Researcher: Katie Moore (Anthrologica)

PARTICIPATION IN THIS RESEARCH STUDY IS VOLUNTARY

I have read and understood the study information dated [DD/MM/YY], or it has been read to me. I have been able to ask questions about the study and my questions have been answered to my satisfaction.	YES / NO
I consent voluntarily to be a participant in this study and understand that I can refuse to answer questions and that I can withdraw from the study at any time without having to give a reason.	YES / NO
I agree to the interview being audio recorded	YES / NO
I understand that the information I provide will be used for the final report and for subsequent research publication and that the information will be anonymized.	YES / NO
I agree that my (anonymized) information can be quoted in research outputs.	YES / NO
I understand that any personal information that can identify me – such as my name and address, will be kept confidential and not shared with anyone other the aforementioned research team.	YES / NO

Please retain a copy of this consent form.

Participant name:

Signature: _____   Date _____

Assent form (participants under the age of 18)

Formative research on barriers and enablers to timely birth registration and their impact on accessing basic social services, including maternal and child health in four regions of Namibia: Kavango West, Ohangwena, Oshikoto and Zambezi

Lead Researcher: Katie Moore (Anthrologica)

PARTICIPATION IN THIS RESEARCH STUDY IS VOLUNTARY

I have read and understood the study information dated [DD/MM/YY], or it has been read to me. I have been able to ask questions about the study and my questions have been answered to my satisfaction.	YES NO
I consent that my [INSERT RELATIONSHIP TO PARTICIPANT] can participate willingly and can withdraw at any time for any reason.	YES NO
I agree to the interview with [INSERT RELATIONSHIP TO PARTICIPANT] being audio recorded	YES NO
I understand that the information my [INSERT RELATIONSHIP TO PARTICIPANT] provides will be used for the final report and for subsequent research publication and that the information will be anonymized.	YES NO
I agree that my [INSERT RELATIONSHIP TO PARTICIPANT] (anonymized) information can be quoted in research outputs.	YES NO
I understand that any personal information that can identify [INSERT RELATIONSHIP TO PARTICIPANT] – such as name, address, will be kept confidential and not shared with anyone other the aforementioned research team.	YES NO

Please retain a copy of this consent form.

Caregiver /adult name:

Signature: _____   Date _____

Participant name:

Signature: _____   Date _____

Anthrologica