



GOVERNMENT OF GHANA

# CIVIL REGISTRATION AND VITAL STATISTICS SYSTEM IN GHANA

REPORT ON THE COMPREHENSIVE ASSESSMENT





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# ACRONYMS

<b>AfDB</b>	African Development Bank
<b>AG</b>	Attorney General
<b>APAI-CRVS</b>	African Program for Accelerated Improvement of Civil Registration and Vital Statistics
<b>ASSD</b>	African Symposium for Statistics Development
<b>AU</b>	African Union
<b>AUC</b>	African Union Commission
<b>BCG</b>	Bacille de Calmette et Guérin (vaccine)
<b>BDR</b>	Birth and Death Registry
<b>CAP</b>	Chapter (in a compendium of Laws/Acts)
<b>CAPIF</b>	Capability Assessment and Performance Improvement Framework
<b>CHN</b>	Community Health Nurse
<b>CHPS</b>	Community Health Programme Service
<b>COIA</b>	Commission on Information and Accountability
<b>CRC</b>	Convention on the Rights of the Child
<b>CRVS</b>	Civil Registration and Vital Statistics
<b>DBR</b>	Determinants of Birth Registration
<b>DCE</b>	District Chief Executive
<b>DESA</b>	Department of Economic and Social Affairs
<b>DHMIS</b>	District Health Management Information System
<b>DHS</b>	Demographic and Health Survey
<b>DHSS</b>	Dodowa Health Surveillance Site
<b>DSS</b>	Demographic Surveillance Site
<b>EC</b>	Electoral Commission
<b>GDHS</b>	Ghana Demographic and Health Survey
<b>GHS</b>	Ghana Health Services
<b>GSDP</b>	Ghana Statistics Development Plan
<b>GSGDA</b>	Ghana Shared Growth and Development Agenda
<b>GSS</b>	Ghana Statistical Service
<b>HAMS</b>	Health Administration Management System
<b>ICD</b>	International Classification of Diseases
<b>ICT</b>	Information and Communication Technology
<b>IIVRS</b>	International Institute for Vital Registration and Statistics
<b>ISD</b>	Information Services Department

<b>IT</b>	Information Technology
<b>IUFD</b>	Intra-uterine Foetal Death
<b>JSG</b>	Judicial Service of Ghana
<b>MCA</b>	Matrimonial Cause Act
<b>MDAs</b>	Ministries, Departments and Agencies
<b>MDGs</b>	Millennium Development Goals
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>MLGRD</b>	Ministry of Local Government and Rural Development
<b>MMDAs</b>	Metropolitan, Municipal, and District Assemblies
<b>MoH</b>	Ministry of Health
<b>NACPUS</b>	National Advisory Committee of Producers and Users of Statistics
<b>NGO</b>	Non-Governmental Organisation
<b>NIA</b>	National Identification Authority
<b>NSDS</b>	National Strategy for the Development of Statistics
<b>NSOs</b>	National Statistics Offices
<b>OVC</b>	Orphans and Vulnerable Children
<b>PNDC</b>	Provisional National Defense Council
<b>PRAAD</b>	Public Records and Archives Administration Department
<b>SSNIT</b>	Social Security and National Insurance Trust
<b>TBA</b>	Traditional Birth Attendant
<b>UN</b>	United Nations
<b>UNCRC</b>	United Nations Convention on the Rights of the Child
<b>UNECA</b>	United Nations Economic Commission for Africa
<b>UNFPA</b>	United Nations Population Fund
<b>UNICEF</b>	United Nations Children's Fund
<b>UNSD</b>	United Nations Statistics Division
<b>WHO</b>	World Health Organisation



# PREFACE

The civil registration system in Ghana has not reached its full potential, in more than 100 years that it has been operational. A well-functioning system of registering births and deaths, and to some extent marriages and divorces, among other vital events, would have provided the necessary foundation for establishing a reliable database of citizens and other individuals. It would also enhance the efficiency and effectiveness of the management and delivery of government services, including health and social welfare benefits, to the public. Already, many parallel databases of individual identifications are being operated by various government institutions at great cost to the country, which would have benefitted greatly from an efficient civil registration system. Yet, none of these systems are required to use birth registration records, a reflection of the low value placed on the civil registration system.

The current national medium term development policy framework—the Ghana Shared Growth and Development Agenda 2014-2017 (GSGDA II)—seeks to rectify this anomaly and has set as one of its ten areas of policy intervention “Transparent, Responsive and Accountable Governance”. Among the problems identified are under-development and underutilisation of the civil registration information systems; lack of awareness and non-compliance with civil registration regulations; and gaps in the events registers at all levels. The GSGDA considers the quality and completeness of vital events registration and associated services to be critical for evidence-based decision making.

As a first step to understanding the extent of the problem, a multi-sectoral group led by the Ghana Statistical Service (GSS) and the Ministry of Local Government and Rural Development (MLGRD) undertook a comprehensive assessment of the civil registration and vital statistics (CRVS) systems in the country. Considering the composition of the teams that undertook the fieldwork, the study was a combination of a self-assessment (by the responsible institutions) and a peer review exercise into the legal, institutional and

operational setup of the civil registration and vital statistics systems in the country. The primary goal of the assessment was to determine the supply- and demand-side constraints, and bottlenecks to delivering quality civil registration services and the production of timely and reliable statistics from civil registration records. The results of the assessment are to serve as a basis for developing a full-fledged plan to reform and enhance civil registration processes and practices, in order to achieve complete registration of all the key vital events, in all geographical areas and levels of administration in the country.

This report is a synthesis of the various thematic reports from the eight task teams that were constituted for this work. The findings from the assessment are complemented by the **Equity Bottleneck Analysis** conducted by Births and Deaths Registry, with support from UNICEF IN 2012, which provided a set of recommendations for improving availability and delivery of birth registration services. In contrast, the current assessment covers four main vital events: birth, marriage, divorce and death.

We wish to acknowledge the high level of contribution from the various teams, in particular the dedication and commitment of the team members in carrying out the exercise. Special appreciation goes to the leadership of the partner institutions for releasing their senior staff to participate in the exercise for an extended period of time, whenever their inputs were required.

The assessment could not have been completed without substantial contributions, both financial and technical, including the review of various drafts of the report, of UNICEF, UNFPA and UNDP. Their support is very much appreciated.

**Dr. Usei Boeh-Obanse**  
(CHAIRMAN, GHANA STATISTICAL SERVICE BOARD)



# ACKNOWLEDGEMENT

This comprehensive assessment report is the outcome of a broad consultative process with stakeholders whose work is directly or indirectly linked to the Civil Registration and Vital Statistics (CRVS) system in Ghana. Consequently, the Ghana Statistical Service (GSS) wishes to express its sincere gratitude to all stakeholders for the successful completion of the report. In particular, the GSS would like to acknowledge the valuable inputs of all stakeholders who provided information as well as staff for the field data collection and preparation of this report.

Our profound gratitude also goes to Dr. Grace Bediako, the Consultant who facilitated the comprehensive assessment process as well as the preparation of the report.

Special thanks go to members of the CRVS Oversight Committee and the Inter-Agency Technical Committee for their overall guidance, insightful comments and suggestions which contributed to the successful completion of the comprehensive assessment.

We wish to express our immense appreciation to our development partners (UNICEF, UNFPA and UNDP) for providing financial and technical support at various stages of the project. We also recognize with gratitude the training and professional guidance received from the United Nations Economic Commission for Africa (UNECA).

Finally, the dedicated services of the CRVS project personnel and all who contributed in diverse ways towards the assessment exercise and the production of this report are duly acknowledged.

A handwritten signature in black ink, appearing to read 'Nyarko', written in a cursive style.

**DR. PHILOMENA NYARKO**  
(GOVERNMENT STATISTICIAN)



# EXECUTIVE SUMMARY

## Purpose and Rationale for the Assessment

1. The benefits of a functional civil registration and vital statistics system to any given nation for furthering the development agenda are immense. Specifically, the registration of vital events like birth, marriage, divorce, and death, including causes of death, is important for legal matters, public administration, development planning, and statistical services. It provides the fundamental basis for the state in the planning, provision and monitoring of basic development facilities and services for the citizenry. Yet, Ghana, like many African countries, has failed to develop its civil registration system to a state of completeness. Each year, about one third of births go unregistered, adding to the growing number of its population who live and die without leaving a trace of their existence and/or their characteristics on any legal document or statistical record. Also, only one in five deaths each year gets recorded. The registration system does not therefore provide the data that can generate reliable estimates of the population size and growth, throwing off critical indicators for planning and monitoring of development agenda, and more specifically the management and delivery of social services.<sup>1</sup>

2. Given this gap in the generation of vital statistics, the monitoring of progress on the MDGs has remained a challenge with the country having to rely on surveys and census data to address some of the data gaps. As the period set for the MDGs ends this year and a successor development framework—the sustainable development goals (SDGs) is ushered in, it would be necessary for the country to be in readiness to contribute more fully to Africa's monitoring mechanisms. Other demands for vital statistics emanate from the many initiatives at regional and national levels. At the regional level, there has been a call for this

decade to be dedicated to civil registration.<sup>2</sup> The African Ministers responsible for civil registration, in February 2015, adopted a set of resolutions committing their respective governments to doing whatever is required to modernise their civil registration system and maximise its functionality and efficacy. The Ministers however acknowledged that meaningful and sustainable change would have to be predicated on a complete understanding and knowledge of the current state of the civil registration system, obtained through a comprehensive assessment, which all countries are expected to undertake.

3. At the national level, individuals' rights and security are best safeguarded when the events in their life cycle are registered and their service requirements adequately planned for. Consequently, the Ghana Shared Growth and Development Agenda 2014-2017 (GSGDA II), which aims at evolving systems that enhance the effectiveness of planning and the delivery of services, especially for the poor and marginalised, has improving the quality and completeness of vital events registration and associated services, as key policy objectives under evidence-based decision-making. Moreover, the accuracy of the civil registration system is considered to be integral to the establishing and maintaining of an efficient identification management system.

4. An assessment of Ghana's civil registration and vital statistics systems was therefore commissioned under the auspices of the Ghana Statistical Service in collaboration with key stakeholder institutions, and with support from its development partners. The comprehensive national assessment sought to determine the strengths and weaknesses of the CRVS system with a view to guiding further interventions in civil registration, production of vital statistics, and delivery of re-

<sup>1</sup> Statistics compiled from Births and Deaths Registry database (Chart 4.1).

<sup>2</sup> The third Conference of African Ministers Responsible for Civil Registration in Yamoussoukro, Côte d'Ivoire, 12-13 February 2015.

lated services. The findings of the assessment are expected to provide the evidence needed to prioritise interventions for strengthening the national civil registration and vital statistics system in Ghana.

## Methodology of the Assessment

5. The study aimed to ascertain the current state of civil registration with respect to the various aspects of the vital events registration and production of related statistics, such as adequacy of the registration laws and regulations; compliance with the legislations; timeliness and completeness of registration; efficiency of services in providing certification; quality of data; adequacy and usefulness of data produced and timeliness in the issuance of certificates among others. It also sought to obtain direct information from desk reviews, field interviews, and observation of the processes of registration to determine the gaps, weaknesses and strengths of the system; the possible reasons; and also to determine what interventions and priorities are needed.

6. The Assessment was undertaken by a Group of 32 senior officials from ten MDAs, namely: Birth and Deaths Registry (BDR), Electoral Commission (EC), Ghana Statistical Service (GSS), Judicial Services, the Law Reform Commission (LRC), Ministry Local Government and Rural Development (MLGRD), Ministry of Health (MOH), National Development Planning Commission (NDPC), National Identification Authority (NIA), and the Registrar General's Department (RGD). Eight task teams were constituted: four covering the specific events (birth, death, marriage and divorce), and the other four teams, which were cross-cutting, were addressed to specific themes, namely – legal framework, demand creation and use of civil registration products and services, production of vital statistics from civil registration and management of demographic and health surveillance and population register for delivering civil registration.

7. The field data were collected from a nation-wide sample of stakeholder institutions, functionaries and other individuals purposively selected from various locations across the country. The types of institutions targeted were: (a) registration institutions, (b) service providers and management of vital events, (c) institutions with delegated responsibility to manage and register

vital events, and (d) institutions with the potential to enhance demand for registration services. The selection of locations aimed to achieve a balance of positive/enabling and negative/inhibiting situations characterising civil registration around the country. The locations visited were at four levels: national, regional, district and community levels. The Greater Accra region was visited by all the task teams. In addition, the task teams were expected to visit relevant institutions in the capital cities/towns of their assigned regions. The teams also visited district capitals and communities within the selected districts in their assigned regions.

8. The Assessment was conducted following closely the guidelines provided by the United Nations Economic Commission for Africa (UNECA) and adapting the corresponding tools to national specificities. The study was based on primary and secondary data with the fieldwork component of the assessment organised as a qualitative survey. The task teams of investigators visited various CRVS institutions and stakeholders across the country to solicit information about practices and expectations for CRVS. The main areas covered by the teams were:

- (a) Policy and legislative environment for civil registration and vital statistics (CRVS)
- (b) Management and organisation
- (c) Resources (Infrastructure, Human and Financial)
- (d) Forms and materials
- (e) Operations – Processes and Practices
- (f) Database management and utilisation
- (g) Advocacy and communication
- (h) Monitoring and evaluation

## Findings

9. **Policy and legislative environment:** The legal framework for registration varies in level of detail and intent from one event to the other. Ghana's Births and Deaths Registration (BDR) Act (Act 301) of 1965 is a standalone law expressly promulgated to guide the registration of births and deaths. It is a very comprehensive law for registration, according to the UN standards; while, the Marriage Act 1884-1985 (Caps 127, 129), has its primary focus on guiding the

management of the marriage process with some provisions for marriage registration. There are no specific provisions for divorce registration.<sup>3</sup> This notwithstanding, all the Acts are old and due for review. The BDR Act was for example enacted five decades ago, in 1965, and has no provisions for emerging trends in such areas as advancement in technology, development of the national identification system, and linkages with other e-governance systems.

**10. Policy framework:** There is no policy for national and civil registration to regulate the cooperation and coordination of roles and responsibilities of the multiple institutions involved in or whose mandates have a bearing on civil registration and vital statistics. Most of these institutions have emerged after the promulgation of the Acts and have no role assigned by law in the registration processes. Relatively new and emerging systems that should have benefited from the civil registration system and leveraged it to great advantage, do not require any certificate from civil registration; and make little or no attempt to connect and link up the systems. This has led to missed opportunities for creating demand for civil registration products, while scarce resources are being thinly spread on identification systems that are not undergirded by documented evidence of individuals' age and origin.

**11. Management and organisation:** The organisational setup of the registration systems in principle covers three or four levels: national, regional, zonal and district levels. For births and deaths, offices are established down to the district levels, though for many of the newly created districts no staff has as yet been assigned to them. The Birth and Death Registry<sup>4</sup> has introduced Community Population Registers in 126 communities in the Central, Eastern, Upper West and Northern regions. The Registrar General's Department is not represented in all regions, and therefore services for marriage processing and registration are delegated to other institutions, district assemblies, and religious institutions. The high court system where divorce cases are heard is not located in many districts.

<sup>3</sup> Also, there is no systematic registration of other vital events such as foetal deaths, annulments, adoptions, etc.

<sup>4</sup> With the support of the Ministry of Local Government and Rural Development (MLGRD), Ghana Statistical Service, Plan Ghana, and other donor partners.

There is currently systematic planning for civil registration and vital statistics beginning with the national policy framework, and some sections in the GSDP, and the sector plan of BDR, which is an input to the GSDP. The GSGDA calls for improving the quality and completeness of vital events registration and associated services, while the GSDP seeks to address institutional capacity for birth and death registration.

**12. Resources (Infrastructure, Human and Financial):** Although civil registration is a permanent system of more than 100 years, it is not universally continuous. The continuity of access to registration services is severely constrained by the shortages of materials, lack of vehicles to undertake the mobile registration exercises, and lack of financial resources for staff to accompany community nurses for the purpose of registering new-borns.

**13. Resourcing of registration offices:** The registration offices of the institutions involved are not well resourced. For birth and death, the office accommodation is unsuitable for the assigned tasks, with respect to space allocation for registration and waiting area for clients, the furnishing is inadequate and unattractive, while the security requirements of the registration—processes and documentation are not safeguarded particularly when many have to share offices with other institutions. The registration certificates are legal documents of high security value and should be safeguarded to prevent identity theft. Yet, offices are shared, and there are no proper storage facilities. There are no minimum standards set for office accommodation and infrastructure to forestall inequities in service delivery. The staff numbers are woefully inadequate; with BDR having to rely heavily on volunteers many of whom have served for more than five years, without any remuneration.

**14. Forms and materials:** The forms for registration of births and deaths are carefully designed and conform to international standards. However, they have no security features, and are easily photocopied when stock runs out. There are no serial numbers to track usage or abuses. Shortages of forms for registration are common, and occur at all administrative levels: i.e., metropolitan, municipal, district and

community levels. Whereas the Weighing Card<sup>5</sup> is required as proof of the birth, shortages of Weighing Cards are also reported in some places. There are different documents of proof of registration issued depending on the type of registration, which is a source of confusion for many clients. For death registration, some health facilities have in house forms printed by the Ministry of Health, which was necessitated by the inability of BDR to address shortages in the supply of the BDR endorsed forms.

**15. Operations – Processes and Practices:** The process of registration is not clearly defined for some types of marriages and divorce. It is clear how births and deaths are to be registered, and the registration processes are quite distinct from the management of the events themselves. For marriages and divorce, registration is perceived to be incidental to the processes for ordinance marriage. In the case of divorce, what is done in the courts for the dissolution of marriages have some semblance of registration, but do not actually meet the principles of registration or certification.

**16. Linkages with health facilities:** Health facilities are critical for the efficient and complete registration of these events. Unlike the ordinance marriage, where the registration institution is linked with the marriage institution, birth registration does not depend in a significant way on the system of health delivery that facilitates births. But for deaths, particularly those that occur in a health facility, it is the health facility that issues the certification of cause of death and BDR registers on the basis of that documentation. For example, according to the 2011 Multiple Indicator Cluster Survey (MICS), although about three in four women delivered their babies under the care of a skilled birth attendant, that is, in a health facility, statistics from BDR database show that only two in three births are registered before their first birthday. Meanwhile, of all the births that were registered in 2013, three quarters were delivered in a health facility. This implies that if all institutional births were registered, registration of births would be significantly higher than it is currently. Another statistic that gives support for greater involvement of the health sector is the findings from 2011 MICS, that 98 per cent of

children receive at least one shot of vaccination before their first birthday, which includes polio and BCG1. Therefore, if all the contact with the health worker were translated to registration, birth registration in Ghana would be classified as complete by UN standards.

**17. Cause-of-death information** is not meticulously completed on the forms. Not only is non-institutional death registration generally low, but most of the records do not have accurate information on the cause-of-death and many relatives do not consent to post-mortems being conducted on their dead ones. There is no component for medical officers' training on how to properly complete the medical certification section of the forms and use of the international classification of diseases (ICD-10). The practice of verbal autopsy is not widespread. It was observed as part of the processes adopted by the demographic and health surveillance sites which has facilitated registration of deaths in their communities.

**18. Database management and utilisation:** Vital statistics from civil registration are not being regularly compiled and disseminated. Until 2004, when the GSS was releasing the Quarterly Digest, some vital statistics were published, albeit infrequently with data in the issues being released with two years lag or longer. The publication has since been discontinued. A whole range of factors explain the absence of a regular generation of accurate, reliable and timely vital statistics out of the civil registration system. These factors include: the lack of adequate legal framework; low coverage of civil registration; the lack of cooperation and coordination between civil registration and vital statistics agencies, low statistical capacity and lack of awareness

#### Issue of Compulsoriness

When government has created the enabling environment for citizens to access registration services:

(i) In close proximity to where they live or where the event took place;

(ii) Whenever it is convenient for them to do so, within the hours of operation of the service providers;

(ii) At whatever location to obtain the whole range of services;

Then Government can require of the citizens' compliance with the legal provisions with respect to registration and the timeframe; and impose prescribed penalties for failure to comply with the law.

<sup>5</sup> A card on which the health records of the child including, child's name, name of parents, birth weight, place of birth and immunization history are recorded.

of the need to develop CRVS. Prior to 2004 duplicate copies of the completed registration forms were sent to GSS by BDR, but they were not being processed. Currently BDR captures data from all the forms, now scannable, and stores them in a database. The data are made available to GSS, though unlike before not spontaneously at regular intervals as directed by the Act, but upon request. There is a database being maintained by BDR, but the data are not being analysed regularly or subjected to any quality checks. GSS administers standard forms to collect data on marriages from the MMDAs and regional offices. These forms are completed manually. Computerisation of the system at all operational levels would be necessary to facilitate data compilation, transmission and timely analysis.

**19. Advocacy and communication:** Public education and advocacy is the responsibility of all stakeholders, who need to use all means and platforms at their disposal to inform the public of the value of civil registration for the individual, and for the society at large. It is clear that while awareness of CR may have been increasing over the years, more needs to be done to orient people to take full advantage of the no fee periods for registration, and to see this as a civic responsibility. By combining the child welfare clinic activities and birth registration, the Ghana Health Service is educating mothers about the need for the registration of vital events.

**20. Monitoring and evaluation:** The registration service centres are required to submit monthly returns to the head office but the data are compiled manually and transmitted to the regional level, for onward transmission to the national level. The data are not being systematically collated and analysed to track trends and determine any signs of problems. The lack of resources has curtailed supervisory and monitoring visits, and also yielded some practices that interfere with the registration, such as the charging of unauthorised fees. Moreover, allowing registration of births to continue for people aged up to 59 years old creates avenues for abuses by both staff and clients. Given the nature of development, with different levels of infrastructure and distribution of resources and also the diversity of the terrain where communities are located, it is important that there be constant monitoring of the activities of those who have been assigned the responsibility of registration, i.e., the District registrars. While

there are systems in place to supervise the registration of marriages, data are not being compiled as a way for checking performance within the system; while for divorces there is no registration taking place. There are no mechanisms in place for proper supervision across levels and at the MMDA level across registration service points.

## Main recommendations

Placing civil registration and vital statistics (CRVS) in national development policy agenda

21. The fundamental goal is to have a civil registration system that reflects the principles of, universality, continuity, permanence, compulsoriness and confidentiality, which are all inextricably linked.

22. It will require the strongest leadership yet from the highest levels, politically and technically, and commitment from all levels of government if CRVS activities are to be prioritised among the hundreds of strategic objectives outlined in the GSGDA II, and the strategic improvement plan operationalised.

23. Effective political will and leadership should not only recognise the importance of CRVS but should also manifest in sufficient financial support to CRVS; enactment and enforcement of the regulations regarding use of birth certificate as the sole basis for deriving origins and validating date of birth; and a high level supervision with a steering committee to direct and monitor the implementation of the plan and champion the cause of civil registration.

24. Investing in CRVS yields great dividends but the cost of indifference at such a crucial stage of the nation's development, is infinite.

25. The following are some key recommendations that the assessment findings suggest:

- (a) **Enabling policy environment:** Establishing a conducive policy environment following the principle of "it takes all for civil registration to work for all" and operationalising civil registration as a shared responsibility on both the supply and demand sides.

- (b) **Legal framework for an integrated civil registration across national systems:** Revamping the national CRVS systems with strengthened legal framework for civil registration and vital statistics, and solid linkages between civil registration and the various national systems, and interoperability of CRVS database and other management information systems.<sup>6</sup>
- (c) **High-level coordination and oversight mechanism:** Putting in place an appropriate institutional coordination mechanism that brings on board key stakeholders involved in the production and use of vital statistics and high level oversight and guidance.
- (d) **Strengthening institutional structures:** Repositioning Births and Deaths Registry, and other institutions responsible for vital events registration, with a complete overhaul of the institutional arrangements for CRVS, strengthening the organisation and management of civil registration, and building a highly professional and motivated human resource base.
- (e) **Reforms within registration systems:** Re-engineering of the civil registration business processes to fit each type of event and the milieu of occurrence, harnessing efficiencies from computerisation of all the processes and modernization of the CRVS and identification management systems through integrated solutions, interoperability and definition of clear standards.
- (f) **Financing of CRVS:** Prioritising CRVS within the mid-term plans of the respective MDAs and MMDAs, and committing adequate resources for financing and sustaining the national CRVS system, in accordance with agreed regional agenda.<sup>7</sup>
- (g) **Recording of cause-of-death:** Ensuring that every death has its cause determined and recorded in accordance with the WHO guidelines.
- (h) **Enhancing statistical value of civil registration:** Building statistics into the civil registration processes and generating statistics routinely from civil registration, maintaining a database on vital statistics and producing on a regular basis, publications on vital statistics.
- (i) **Quality of data and standards:** Improving quality of registration information by analysing statistics from civil registration regardless of the level of completeness as a means to establish the state of the system and improve its development.<sup>8</sup>
- (j) **M&E and accountability:** Safeguarding quality of services and outputs and assessing progress on a continuous basis, with annual reporting in accordance with the national M&E framework.

<sup>6</sup> For example, national identification system, national pension systems, voters' register, health system records, education, national registry for targeted social protection programmes.

<sup>7</sup> Annual symposium of African heads of statistics, and biennial Conference of African ministers responsible for civil registration.

<sup>8</sup> Resolution 24(n) of the Third Conference of Ministers responsible for Civil Registration, held 12-13 February 2015, in Yamoussoukro, Côte d'Ivoire.



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## I.

# INTRODUCTION

## General context

1. Civil registration, as defined by the United Nations, is the “continuous, permanent, compulsory and universal recording of the occurrence and characteristics of vital events pertaining to the population as provided through decree or regulation in accordance with the legal requirements of a country”<sup>9</sup>. Therefore civil registration generates vital records of significant legal and statistical value, and is the best source of vital statistics, primarily on the incidence of the targeted events.

2. Vital events, i.e., events concerning the life and death of individuals, as well as their family and civil status, such as birth, death, marriage, and divorce, have been registered in most countries around the world for many decades and for some, centuries. However, the effectiveness of the systems varies widely across and within countries. Africa is one of the continents with persistently low coverage of civil registration. Consequently, while most African countries have since their pre-independence era had some system of registering their vital events, the national civil registration systems are still incomplete and few meet the United Nations standards of a functional system.

3. A well-functioning civil registration system will contribute significantly to effective planning and implementation of various policies and programmes. Yet, the Civil Registration system in Ghana is faced with many challenges. There have been efforts in the recent past to improve the national civil registration systems, with some support from development partners<sup>10</sup>. However, after several decades of existence and several attempts at modernisation, the country still faces a significantly insufficient and inefficient system both in terms of geographical coverage

and completeness of events registration. These initiatives, which primarily targeted birth registration, left registration of other events untouched.

## Historical Context

4. Registration of vital events in Africa dates back to the pre-independence era when registration laws were made to encompass only the nationals of the colonial power or the European population, mostly in the first two decades of the nineteenth century. Later legislation included the Asians<sup>11</sup> and then possibly the entire population of the colony. In most countries of French-speaking Africa, registration was also limited to French subjects, and it was not until after the attainment of independence in the 1960s that compulsory registration laws applicable to all population groups were passed in most African countries. In 1950, the registration law was extended in a number of these countries to include all inhabitants residing within 10 kilometres from the registration centres. Eight countries, namely; Algeria, Ghana, Mauritius, Lesotho, Madagascar, Seychelles and Sierra Leone have had a civil registration system before the beginning of the 1900s<sup>12</sup>. Although compulsory registration was instituted in 1933 for the African population, it only applied to some selected groups such as soldiers, public servants, residents of certain administrative centres, certain chiefs and their families and those worthy to pay taxes on landed property or income. Similarly, in the former British West African territories, compulsory registration was extended to the African population in the nineteenth century, its geo-spatial application was restricted, e.g., St. Mary’s Island in the Gambia, selected towns in Ghana, Lagos in Nigeria and the colony area of Sierra Leone.<sup>13</sup>

<sup>9</sup> *Principles and Recommendations for Vital Statistics Systems, Revision 2*, page 4, para. 26. United Nations 2001.

<sup>10</sup> United Nations Children’s Fund (UNICEF) and United Nations Population Fund (UNFPA).

<sup>11</sup> In some East African countries such as Kenya, Uganda, Tanzania, Malawi and Somalia

<sup>12</sup> IIVRS: Technical Papers No.3, April, 1988.

<sup>13</sup> International Institute for Vital Registration and Statistics (IIVRS), 1981.

5. The civil registration system in Ghana also began during the colonial administration. The registration of births, deaths, marriages, and divorces has a very long history dating back to 1888. However, at its inception, it was restricted to the registration of deaths mostly of expatriate workers of the then colonial government who were mostly resident in the few commercial towns in the country. Birth registration was introduced in Ghana in 1912 as part of the already existing civil registration process which had been in existence since 1888 in the then Gold Coast. Over the years, the law governing the registration of births has gone through a series of transformations. Starting as the Cemeteries Ordinance of 1888, it was first amended in 1891. In 1912, it became the Births, Deaths and Burials Ordinance, which was again amended in 1926. This was replaced with the Registration of Births and Deaths Act of 1965, (Act 301), which is the legislation currently in place, and which made the registration of births and deaths compulsory in all parts of the country. The Act also provided for the registration of foetal deaths; and has since not been reviewed. This implies that there are related laws that have since been passed, with provisions that may not be supported in an Act of almost 50 years.

6. Initially, registration was not under any specific department, till 1895 when this responsibility was put under the Sanitary Section of the Department of Medical Services. It remained under the Medical Department from 1912 to 1926. Between 1948 and 1960 this responsibility was placed under the Registrar General's Department. Then in 1965 upon the establishment of the Birth and Death Registry it was placed under the Ministry of Local Government to handle the data collection component of the registration, while the Central Bureau of Statistics<sup>14</sup>, now Ghana Statistical Service, handled the data processing. Then in 1972 the BDR was assigned to the Ministry of Finance under the direct supervision of the Government Statistician. However, in 1984 under the Government policy of decentralisation, the BDR was reverted to the Ministry of Local Government now known as Ministry of Local Government and Rural Development (MLGRD).

<sup>14</sup> A department under the Ministry of Finance.

7. Even though birth and death registration originated from the colonial epoch, and has been in existence for more than a century, to date, only two out of three births, and substantially less deaths, only about one in five, are registered<sup>15</sup>. The marriage and divorce registration, which are not as old as the birth and death registration system, show even less success.

8. The level of completeness of registration of births increased from 17 per cent in 2003 to 66 per cent in 2013. For deaths, there has been very little change since 2000, with only about 20 per cent registered annually.<sup>16</sup> These statistics suggest that there is a growing segment of the population of Ghana, and most critically of school children, with no record of their birth in the national register of births, the single most important source of data about the people of the country. Additionally, with deaths being grossly under-registered, there is no accurate measure of how many infants; children aged less than five years; and children of school-going age; that the health and education systems should be catering for each year. The effects of a dysfunctional or poorly functioning CRVS system extends beyond data gaps to the inability to establish secure systems of identity of persons; unreliable vital records with which to validate electoral rolls in countries; and ultimately poor systems of governance and the lack of adequate population data for decentralised national planning. Besides, without a reliable and efficient civil registration system to generate vital statistics, it is difficult to monitor the extent to which the fundamental goal of establishing a good and equitable national health system is being achieved. These vital statistics are also needed to design and implement policies on child protection, public health, maternal and child care, social security, education, housing and economic development among others.

9. CRVS systems therefore need to be strengthened and coordinated at various levels, building capacities and improving advocacy to enhance records generation and management, as well as data production that corresponds to international requirements. This is particularly essential given that Ghana was one of the first

<sup>15</sup> Unpublished statistics compiled by The Birth and Deaths Registry from the BDR database.

<sup>16</sup> Op cit.

countries to ratify the United Nations Convention on the Rights of the Child,<sup>17</sup> and needs to back this seeming appreciation of the importance of the birth registration, with action that demonstrate critical understanding of what is entailed, and what it takes to establish a functional system and deliver quality civil registration services.

## Opportunity for Accelerated Improvement of CRVS

10. There has recently been a resurgence of interest in developing civil registration systems, not only nationally but also continentally and globally. Since 2000, with the adoption of the Millennium Development Goals (MDGs) and the subsequent annual tracking of achievements at the international level, it has been recognised that more reliable data from civil registration are needed in many countries of the developing regions to objectively and accurately determine the level of success with meeting the goals. Also, with the increasing concern over women and children's health, derived from international conventions and resolutions, the weaknesses of many national statistical systems have been exposed.

11. The United Nations Economic Commission for Africa (UNECA), in partnership with the African Union Commission and other development partners, including UN agencies such as UNICEF, have since 2010 been working with national statistics institutions, as well as other agencies responsible for the collection of data from civil registration, to revamp Civil Registration and Vital Statistics (CRVS) systems. With the leadership and direction from the Africa Symposium for Statistical Development (ASSD),<sup>18</sup> heads of statistical agencies in Africa have also prioritised the development of civil registration as a primary source of vital statistics. Further, at the political level, African ministers responsible for civil

registration and heads of national statistics offices (NSOs) with increasing participation of ministers of health, have committed to taking concrete steps for sustained development of national CRVS systems, by designing coherent interventions for improvement. The now institutionalised two-year forum<sup>19</sup> affords the ministers the opportunity to learn from, encourage, and hold each other accountable for meeting agreed commitments. The Ministers responsible for civil registration, at its second conference resolved that all countries, irrespective of the state of their CRVS system, should conduct a comprehensive assessment as a basis for developing a CRVS improvement plan.

12. A package of resources is currently available to be accessed by countries as needed. As support to countries for conducting quality assessments and cost-efficient plans, UNECA, in collaboration with partner institutions, has developed a set of guidelines and tools to be adapted to national circumstances; trained a team of advisors to provide technical support as required; and mobilised other international organisations, mainly United Nations agencies, which as core group members provide coordinated financial assistance to countries to complete their assessments and plans.

### Commitment to Safeguard the Rights of Children

By ratifying the **United Nations Convention on the Rights of the Child**, Ghana committed to ensure that “the child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and as far as possible, the right to know and be cared for by his or her parents” (**Article 7**); with similar provisions in **Article 6 of the African Charter on the Rights and Welfare of the Child**.

### Rationale for the Assessment

13. The Commission on Information and Accountability (COIA) for Women's and Children's Health set up by the United Nations in 2011, in its recommendation on Better Information for Better Results, requires that all countries take significant steps, by 2015, to establish a system for registration of births, deaths and causes of death, and have well-functioning health information systems that combine data from facilities, administrative sources and surveys. With the exclusive reliance on household sample surveys,<sup>20</sup>

<sup>17</sup> UNICEF, 2013 *Birth Registration in Ghana: A bottleneck Analysis for improved coverage that leaves no child out*.

<sup>18</sup> ASSD has since 2011 adopted CRVS as the focus area for its annual conferences.

<sup>19</sup> The two-year conference of ministers has been institutionalized in the AUC conferences and further endorsed at the highest level by heads of state.

<sup>20</sup> Demographic and health surveys conducted every five years, such as the GDHS since 1988, and the Multiple Indicators Cluster Survey (MICS) since 2006.

Ghana is one of the many developing countries that have persistently failed to respond to the demands of the global monitoring systems; and the dearth of vital statistics, in particular, for MDG4, MDG5 and MDG6, has not abated over the last 15 years that the implementation of the MDGs were being monitored worldwide.

14. While statistical needs may have been addressed to some extent with statistical inquiries such as the Ghana Demographic and Health Surveys (GDHS), there are many uses of civil registration records, particularly in the field of governance and administration of national security, as well as preservation of individuals' rights, that are not being realised because of the weak CR systems. In 2015, when the MDGs are finally assessed and expanded to sustainable development goals (SDGs) the data requirements are expected to increase substantially. It is therefore imperative that appropriate strategies, mechanisms and institutional linkages are put in place to address observed challenges and ensure efficient running of the civil registration and vital statistics system in Ghana.

15. The current policy framework, i.e., the Ghana Shared Growth and Development Agenda 2014-2017 (GSGDA) therefore envisages that serious efforts would need to be made towards improving CRVS and linking civil registration systems to the national identification system, so as to leverage on the benefits and dependencies between these and other systems. The lack of relevant statistics on births, deaths, marriages and divorces has negatively affected priorities in shaping of policies that would extend critical social services to all, especially the needy. This, to a large extent, has contributed to the perpetuation of high poverty in the country, resulting in the system failing to:

- (a) Serve the people particularly majority of the rural community
- (b) Safeguard and ensure individual human rights as enshrined in the constitution, and relevant international conventions and charters

- (c) Improve on the efficiency and fairness of the justice system
- (d) Facilitate social service delivery
- (e) Provide vital statistics data and information.

16. The weak national CRVS system is as a result of a combination of challenges on both the supply and demand sides.<sup>21</sup> There is the need for a deeper knowledge and understanding of the systems. In order to help devise a strategy to effectively ensure improvement in the CRVS system, there is need therefore to assess the existing system, how it works; its specific and detail challenges. The assessment must be comprehensive because in the situation where coverage for example is not a problem, efficiency and quality of service delivery may well be a critical issue. It could also be the institutional arrangements and coordination among the CRVS institutions or even the utilisation of the information which poses a fundamental problem. Other issues of relevance include the extent of application of modern technology by the CRVS agencies and of its contribution to efficiency, as well as stakeholder cooperation. Additionally, there is the need to determine which actions are to be prioritised for implementation now and which are to be deferred for long term implementation in the future.

17. Responding to the range of calls from these various directions for pragmatic interventions with the CRVS systems, a group of senior staff of key stakeholder institutions was formed to design and conduct an assessment on a selection of institutions that are involved in the civil registration and vital statistics activities, and communities where registration services are directed. Such evidence is critical both for formulating the strategic plan, and negotiating for funding or technical assistance, for strengthening of the national CRVS system.

<sup>21</sup> Such as the availability, accessibility, as well as content and quality of the registration services delivery.

## The Purpose of the Assessment

18. In accordance with these commitments at both political and technical levels, Ghana has embarked on the process of reforming its CRVS system being guided by an inter-agency Core Group of experts.<sup>22</sup> The comprehensive assessment of the CRVS system in Ghana was organised in direct response to the declaration of African Ministers responsible for civil registration, and is to form the basis for the reforms that are critical for Africa's integration and the AU Agenda 2063 for Inclusive Growth and Sustainable Development – dubbed The “Africa We Want”. The assessment is also needed to evolve a plan of priority actions that would also feed into the “Evidence-based decision-making” focus area identified under the Ghana Shared Growth and Development Agenda, 2014-17 (GSGDA II). To this end, the CRVS assessment contributes to three strategic objectives that will help to bring about the required change of the system, namely:

- (a) Improving the quality and completeness of vital events registration and associated services;
- (b) Improving production and use of health and vital statistics; and
- (c) Responding to the proliferation of identification systems within the country and unification of all such systems.

19. Over the years, Ghana has undertaken a series of initiatives to improve the coverage and effectiveness of the civil registration systems. Many of these programmes have focussed on advocacy and public education, often complemented with registration drives. While these programmes helped to increase registration, they are not sustained as access to service points remains constrained. There have also been changes to the regulations regarding penalties for late registration, whereby birth registration can be registered for free as long as registration is done within one-year of the occurrence of a birth. Another area of intervention has been to computerise the capturing of information from the registration forms, in order to have statistics available on the events that are registered. There have also been some stakeholder workshops

which provided an opportunity to take stock of the current practices and levels. These interventions were however ad hoc and did not deal with the root causes of the persistent low registration.

20. Recently, in 2012, an “Equity Bottleneck Analysis” was conducted by UNICEF to identify barriers (bottlenecks) to birth registration using a consultative process, with the goal of outlining a set of interventions to increase birth registration rate to 90 per cent by 2016. The current assessment draws from and builds on the bottleneck analysis. The comprehensive assessment is an opportunity for re-thinking institutional linkages and services involved in both the supply and demand sides of the CRVS system operations, funding arrangements, optimisation of resources and the relationship among CRVS stakeholders. It is therefore an important step towards a more integrated and efficient system for CRVS.

21. The exercise is focussed on four major vital events: birth, death, marriage and divorce. The assessment examines the policy and legislative framework for the registration of events; investigates the management and organisation of registration by collecting information on organisations and their structures, linkages, planning, co-ordination, user-producer consultations among others. The assessment also considers the outcome of registration with respect to the production of vital statistics, and determines compliance with the legal provisions and established regulations both with international and national standards in the areas of; development and data sharing, electronic data processing and storage among others.

## Focus of the Assessment

22. The assessment of the existing systems therefore sought to provide enough credible indications that would guide the development of strategies for the improvement of CRVS systems. Specifically, the assessment entailed:

- (a) Ascertaining the current state of civil registration with respect to the various aspects of the registration and vital statistics production process, such as adequacy of the registration laws and regulations; compliance with the legislations; timeliness and completeness of

<sup>22</sup> Original members of the core group consisted of UNECA, AfDB, UNICEF, UNFPA, WHO, UNHCR and the African Union Commission (AUC), which collectively and individually provide technical and financial support for the country assessment exercises.

registration; efficiency of services in providing certification of occurrences of vital events; quality of data; adequacy and usefulness of data produced; timeliness in the issuance of certificates, etc.

- (b) Obtaining direct information from desk reviews and the field through interviews and observation of the processes of registration to determine the gaps, weaknesses and strengths of the system; and the possible reasons
- (c) Determining what interventions and priorities are needed

### Organisation of the Report

23. The report is organised into five chapters, including the introduction, which is the first. The second chapter describes the methodology and how the assessment was carried out, including composition of task teams and where the field assessment was carried out.

24. Chapter three presents a summary of findings, which is organised in five parts, under the main components of the registration birth, death, marriage and divorce and the production of vital statistics as an output of registration. Within each component, the topics covered are legal and policy framework, institutional arrangements, and the registration practices and processes for the events. It also covers materials required and outputs from the registration.

25. Chapter four examines linkages with other systems to enhance the demand for registration services and lessons derived from demographic surveillance and research sites. The fifth chapter provides a snapshot of the levels and trends in the registration of births and deaths, which has been governed by international standard legal framework for more than 50 years.

26. The sixth and final chapter deals with the implications of the main findings, including a SWOT analysis for the civil registration system in Ghana, followed with conclusion and recommendations on actions towards the improvement of civil registration and vital statistics in Ghana.

## II.

# METHOD OF ASSESSMENT

## Structure of the Assessment

27. The assessment was conducted following closely the guidelines provided by the United Nations Economic Commission for Africa and adapting the corresponding tools to reflect national specificities. In addition to reviewing the content of the tools, some variations were introduced, relating to the formation of task teams: eight instead of the six task teams were constituted, and the focus areas assigned to the teams were slightly modified by combining death registration with cause-of-death, and adding two thematic areas to be covered by separate teams.

28. The study was based largely on primary and secondary data with the fieldwork component of the assessment organised as a qualitative survey. Eight teams of investigators visited various CRVS institutions and stakeholders across the country to solicit information about practices and expectations for CRVS. The survey instrument, which was part of the guidelines developed by UNECA, comprised the assessment tools, which were used to conduct the research covering the following components:

- (a) Policy and legislative environment for civil registration and vital statistics
- (b) Management and organisation
- (c) Resources (Infrastructure, Human and Financial)
- (d) Forms and materials
- (e) Operations – Processes and Practices
- (f) Database management and utilisation
- (g) Advocacy and communication
- (h) Monitoring and evaluation

## Objectives of the Assessment

29. The specific objectives of the Assessment were:

- (a) Review laws on CRVS and how they impact on the coverage and completeness of registration; and ascertain the degree of compliance with the laws, and also aspects of the law that need to be reviewed and amended;
- (b) Examine the general operations of the various institutions that demand and make use of civil registration products;
- (c) Evaluate the basis of demand and use of civil registration products and services;
- (d) Undertake capacity gap analysis of the CRVS at various levels- national, regional and district levels to determine strengths, weaknesses, opportunities and threats along the chain of operations in the CRVS system;
- (e) Identify reasons underpinning low coverage and completeness since its inception and suggest remedial actions to improve the system;
- (f) Assess the potential for an effective interface or linkage within the CRVS systems and other vital events registration agencies for improved coverage and completeness;
- (g) Make recommendations to improve the civil registration and vital statistics systems.

The two additional teams that were formed—the team assessing demand and use of CRVS products and services, and the Demographic Surveillance Sites (DSS) team—had the following specific objectives. The task of the former included examining the general operations of the various institutions that demand and make use of civil registration products or have the potential to use these products; and evaluating the basis for the demand and use of civil registration products and services. The latter team’s additional task was to assess the strengths and weaknesses, of operations of the surveillance systems, and draw from the practices of the institutions, lessons that could be adopted to build a good CRVS system for the country.

### Preparations for fieldwork

30. In preparation for the fieldwork the investigators, comprising staff of the ten<sup>23</sup> collaborating institutions with responsibility for specific aspects of the CRVS system, were trained and organised into eight task teams. The general group training was followed by Task Team sessions which sought to:

- (a) Strengthen group dynamics within the task team
- (b) Agree on scope, time frame, and dates for the assessment
- (c) Identify relevant issues/topics to be investigated
- (d) Agree on parameters for the approaches and methods proposed, including identifying key informants
- (e) Review and adapt assessment to suit the national circumstances, including outlining specific information to be obtained from the different target informants and institutions
- (f) Prepare the schedule of visits for the task team and plan for the information gathering
- (g) Assign specific roles to task team members

<sup>23</sup> The Group of MDAs comprised the Birth & Deaths Registry (BDR), Electoral Commission (EC), Ghana Statistical Service (GSS), Judicial Service, the Law Reform Commission (LRC), Ministry Local Government and Rural Development (MLGRD), Ministry of Health (MOH), the National Development Planning Commission (NDPC), National Identification Authority (NIA), and the Registrar General’s Department (RGD).

### Locations for the Assessment

31. A combination of geographical location (i.e., cities/towns/villages and other settlements), institutions (i.e., public and private), individuals (including traditional leaders, officials, service providers and recipients, beneficiaries), in the CRVS sector, as well as community organisers, were targeted for the survey.

32. Purposive sampling formed the basis for selection of the locations that were to be visited. The selection of locations aimed to achieve a range of positive/enabling and negative/inhibiting situations governing civil registration around the country. The locations visited were at four levels: national, regional, district and community levels. The Greater Accra region was visited by all teams. In addition, the task teams were expected to visit relevant institutions in the capital cities/towns of their assigned regions. The teams also visited district capitals and some communities within the selected districts in their assigned regions.<sup>24</sup>

33. At the various locations the following categories of institutions and personalities were targeted for observation and study: registration service points, providers of services associated with the events, enforcers of regulations governing the events, users of CRVS products and services, facilitators and potential actors in the registration processes; intermediaries and managers of civil registration related information; and administrative offices of the partner institutions.

### Institutions visited

34. The assessment was carried out within the institutions involved in recording/registration or compiling of these vital events. Among the institutions visited were:

- (a) Registration and vital statistics agencies/functionaries (various levels of administration and operations) - Births and Deaths Registry and Registration Offices at the regional

<sup>24</sup> The places visited are: Accra Metropolitan Area, Adoagyiri, Agona Swedru, Akatsi, Ashiaman, Atua, Awutu-Senya, Axim, Bekwai, Bosomtwe, Cape Coast, Daffiama-Bussie, Dodowa, Dunyin, Ga East, Ga West, Ho, Jarigu, Jirapa, Kassena Nankana, Kibi, Kintampo, Koforidua, Kpando, Kumasi Metropolitan Area, Kumbugu, Kuntense, Kwadaso, Lamashegu, Lambussie, Nadowli-Kaleo, Nsawam, Nyanshegu, Odumase Krobo, Offinso, Osudoku, Sekondi-Takoradi, Senya Breku, Shai, Sogakope, Suhum. Tamale Metropolitan Area, Tema, Tapa, Tolon, Wa Municipal

and district levels; Registrar General's Department (RGD), the Judicial Service, District Assembly offices, and the Ghana Statistical Service (GSS);

- (b) Events management and services: Ghana Health Service, Health facilities and teaching hospitals, Ghana Police Service, Ghana Prison Service, the Courts, Metropolitan, Municipal and District Assemblies. Police stations (homicide units), hospitals, funeral homes, mortuaries, public and private cemetery administrations;
- (c) Delegated registration: Religious Bodies (i.e., Muslim, Christian), Christian churches (Christian Council) and mosques, Chief Imam's office, etc.;
- (d) Institutions that might require CRVS products (users of registration services and products), such as banks and embassies; National Identification Authority, Passport Services, Ghana Immigration Service, Electoral Commission, Educational Institutions particularly basic schools; and
- (e) Institutions that may be involved at some stage of the registration processes: traditional authorities, and other entities including communities.

35. The personalities interviewed included heads of institutions, Hospital administrators, District Magistrates, Registrars of the Court, Clerks, Lawyers, Litigants, Police Officers, District Chief Executives, Registrars of Births and Deaths, Chief Imams, Head pastors, among others in the country.

## Data Collection Techniques

36. Both primary and secondary data were collected to achieve the objectives of the study.

- (a) **Primary sources:** data were collected using a set of assessment tool (questionnaire that is not structured) administered to a sample of selected stakeholder institutions with face-to-face interviewing on individual

basis or groups in all the ten regions; direct observations and focused group discussions targeting different types of stakeholders, vital events management and service providers, as well as beneficiaries of registration and related services. The tool was designed to capture information from respondents concerning awareness, application, and the compliance with the laws on CRVS and regulations governing the registration processes.

- (b) **Secondary sources:** both qualitative and quantitative information were obtained through review of literature (Desk Reviews), from the annual reports of the selected stakeholder institutions for the period under review, journal articles, periodicals and publications, the laws of Ghana and other relevant legal documents, as well as the World Wide Web (Internet). It sought to gather information from published documents and discussions among team members to arrive at a common understanding of what is to be presented. The desk review was complemented with discussions with key stakeholders with regards to existing legislations and guidelines adopted by agencies involved in data collection on civil registration and vital statistics in Ghana.

## General considerations

37. The assessment sought to uncover any particular weaknesses and bottlenecks in the system and suggest ways in which these could be minimised, and preferably eliminated. Based on the principle of "leaving no one out" the data gathering placed greater stress on the existence of conditions that would inhibit the achievement of complete registration and not so much on ascertaining the prevalence levels of such conditions. The findings are therefore more qualitative than quantitative in nature. Where relevant quotes are drawn from the discussions of the Task Teams with the various stakeholders during the field work.

## III.

ASSESSMENT  
FINDINGS**Operations and Practices Birth Registration**

“The future well-being for a child starts with a legal identity. This right is enshrined in the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. Registering a child at birth therefore lays the foundation for his/her future as a citizen. It is a vital ingredient to make sure he/she has access to basic services and is protected during childhood”. Dr. Martin Mogwanja, UNICEF (2013).

**Legal framework for birth registration**

38. Birth registration is the process by which the event of a child’s birth is recorded by the designated public authority in the appropriate register in accordance with the laws of the land. Birth registration therefore provides the legal recognition of the child and ensures his/her access to social services. There is no gainsaying that the birth certificate is one of the fundamental documents that serve as evidence in confirmation of a person’s nationality. The registration of births is governed by the **Registration of Births and Deaths, Act 301**; the **Registration of Births and Deaths Regulation LI 653 of 1970**; and the ‘Standard Operating procedures and instructions for completing the new computerised births and deaths’ published in 2009. The objective of the Act was to:

- (a) Ensure compulsory and universal registration of births/deaths in Ghana
- (b) Promote public health in the country
- (c) Establish an efficient system of births and deaths registration records for the citizenry
- (d) Help obtain vital statistics data that are adequate for deriving reliable and accurate demographic estimates to support public health planning, for policy formulation at all levels of governance and for development planning in the country.

39. The Act is in consonance with the Children’s Act (Act 560) of 1998, which among other things states in section 4 that: “no person shall deprive a child of the right from birth to a name, and the right to acquire a nationality”.<sup>25</sup> Also in section 6 sub-section 1 of the Children’s Act, it is stated that no parent shall deprive a child of his welfare whether:

- (a) The parents of the child are married or not at the time of the child’s birth; or
- (b) The parents of the child continue to live together or not.

Section 6, sub-section 4 of the Children’s Act categorically states that each parent shall be responsible for the registration of the birth of their child and the names of both parents shall appear on the birth certificate except if the father of the child is unknown to the mother.

<sup>25</sup> The United Nations Convention on Rights of the Child recognizes birth registration as a fundamental right.

40. The Births and Deaths Registration Act is comprehensive, with respect to birth registration, in that the law has a definition section (with support from subsidiary legislation), the hierarchy of the offices are provided and the location of the Head office is also provided. The law makes provision for the appointment of the Registrar and deputy Registrars by the Government. The Birth and Deaths Registration Act 1965 obliges the birth of every child in Ghana to be registered; and the parent of the child has the primary responsibility to ensure that the child is registered. In the event of the death or incapacity of the father and mother, the Act provides that any person or occupier of the premises in which the birth occurred, if he has knowledge of the birth, can report the birth for registration or any person present at the birth can do so.

41. The law is also location specific. The Act stipulates among others that: "The birth of every child in any district to which this Act applies shall be registered by the Registrar in the district in which the child was born". The law recognises the role of an informant, who is any nearest person who was witness to the event.

42. The law is flexible, in allowing a registration of birth to take place from birth to 12 months. The Act in section 11 requires the Registrar to issue a birth certificate immediately after the birth is registered. It is also free to register a fresh birth (if the child is less than 12 months old). Until mid-2003, the legal period for free registration of infants was within 21 days, however, this period was legally extended to 1 year (12 months) to encourage early registration of children by reducing the cost of registration to parents. Late registration however, attracts a penalty which aims at discouraging this form of registration but it has not been successful. It may be counterproductive as it seems to suggest that the timing of the registration is not so critical. For statistical compilation, an earlier registration is preferred to allow for the compilation of statistics annually, with only a few months lag.

43. Late registration is allowed for up to the age of 59 years, at a fee<sup>26</sup> and with a relatively simple process. The stipulation is that no birth shall be registered after the expiration of 12 months from

the date of birth except with the written authority of the Registrar of Births and Deaths and upon payment of the prescribed fee, and a note of such authority having been given; the birth shall be entered in the register. In practice, late registration can take place if the applicant provides a weighing card or some information validating the occurrence of the birth, in addition to paying the prescribed fee. The absence of stringent requirements for registration that are decades late perpetuates fraud, and may account for late stage changes in age as some are approaching retirement. It also means that acquisition of Ghanaian documents, such as passport, is facilitated as it is not too difficult to register and have a birth registration record issued.

44. The marriage ordinance of 1951 (CAP 127), Section 49 Legitimises Children Born before Marriage, the ordinance states among other things that;

- (1) Any child born before the inter-marriage of his/her parents under this Ordinance and procreated in adultery shall on such inter-marriage be deemed the lawful issue of a marriage under this Ordinance, and shall be entitled to the same rights and privileges and his property shall in case of his intestacy be subject to the same incidents as though his parents had been at the date of his birth married under this Ordinance.
- (2) **Adultery** shall not be held to include the intercourse of a man married by native customary law with an unmarried woman. Consequently the Children's Act of 1998 under parental duty and responsibility also state that;

No parent shall deprive a child his welfare whether—

- a) The parents of the child are married or not at the time of the child's birth; or
- b) The parents of the child continue to live together or not except where the parents have surrendered their rights and responsibilities in accordance with the law. (Section 6 (1)).

45. Though adoption is not very common with Ghanaians, the birth registration system allows a foster parent to register his/her adopted child, with the consent of the entity or individual giving

<sup>26</sup> For children who are one day older than 12 months up to 5 years (60 months) there is a penalty of Gh₵10.00, while for those 5 years and older the penalty is Gh₵ 20.00.

the child on adoption. If the birth had initially been registered then it is just a matter of name alteration and few corrections relating to parentage that are to be done.

46. Where a living new-born child is found deserted and no information as to the place of birth is available, the Act requires that the birth shall be registered by the Registrar for the district in which the child is found. Where the child is found in this case, is deemed as place of birth. However, this is done after due process of the law has been followed, involving first reporting to the police and the Department of Social Welfare. A Medical doctor's assistance will be sought for in the determination of the age and other necessary information not readily available. Also the informant's particulars will be taken on the Form A.

### Challenges posed by legislation

47. The Act states in section 8(1) that the birth of every child shall be registered by the Registrar in the district in which the event occurred and to a large extent this is being followed. In practice, however, compliance with section 8 of the Act poses some constraints to parents, and is impacting negatively on birth registration because of the imposition of geographical barriers. For example, this legislative requirement becomes a problem if the nearest registration centre is not located in the district where the birth occurred. Also, the practice of women visiting their mother in the last weeks of their pregnancy with the expectation of delivering their baby under their mother's care, suggests that a proportion of deliveries occur away from the parents' usual place of residence. Unless registration of the birth is done before the mother returns to her usual residence, the birth may end up not being registered. Although there is a facility for the District Registrars to arrange for the information they receive to be transferred to the right location for the purpose of registration, this is not being done and clients are not aware of this and do not take advantage of the facility.

### Gaps in the birth registration laws

48. The health facilities that play a critical role in the safe delivery of the child, is given no role in the registration process, as there is no provision for notifiers.

49. Another challenge is the silence of the Act 301 (1965) on the role of the health sector for the registration of births. Hospitals and community health centres are used as local registration units, but this is just based on informal agreements that are not legally binding. Generally, this arrangement could boost registration tremendously. Yet, because it has no legal backing, there is no consistency in the handling of BDR in health institutions. The experience with some has been that when the health facility needs space the registration office is relocated to less suitable accommodation or loses the space entirely.

50. There is no provision in the law on the office set up for birth registration. So much has changed in the way of transacting businesses and administrative processes that the fact of the law not having been amended means provisions to allow for electronic transactions are absent.

51. With the exception of the Ghana Statistical service and the Ministry of Local Government and Rural Development (MLGRD), co-ordination mechanism with other MDAs is not stated in the Act. There are no provisions for linkages of the Birth and Death Registry with other institutions, or any provision for the Births and Death Registry to submit data to another institution. Also there is no mention of how information on the registered vital events should be transferred to either higher-level administrative offices or to a different MDA. It used to be that the records which were only in hard copy were transferred to the regional offices leaving no information for verification at the district level. The current practice, with the computer processing of the registration forms, is for soft copies of the registration records to be sent to the Regional offices and from there to the Central Registry, and hard copies kept at the district level.

52. There is also no stipulation on how civil registration is funded and resourced.<sup>27</sup> The process is not prioritised and is therefore left to the ingenuities of the authorities allocating, releasing and managing the funds for this and other programmes.

53. The Act does not stipulate any minimum requirements for proof of birth in cases of late registration; it is only by convention that a weighing

<sup>27</sup> The Registry has sponsorship from UNICEF, PLAN GHANA with no legal provisions on funding.

card of the child is required for the late registration of a child, in addition to a sworn Affidavit. Late registration also gives room for people to change their age, date of birth and other such information that characterise their birth. The late registration process, thus, makes room for people to abuse the system.

54. There are challenges with registering certain categories of orphans or children when the names of the parents are unknown. Many of these tend not to be registered because of how they are found.

### **Non-compliance with the law**

55. Although, some people adhere to the legal requirements of registering their children before their first birthday, a lot more people are also not taking advantage of the waived fees. For those who are able to register the birth of their child early, they are aided by some factors. It appears that registration is not driven primarily by the need to obey the law but by the value of the products and the convenience or accessibility of the services.

## **Management and organisation of events registration**

### *Institutional Arrangement*

56. The Births and Deaths Registry (BDR) operates a centralised system in the civil registration process, with a vision of attaining complete births and deaths registration in Ghana. The Registry is responsible for directing, coordinating and monitoring the birth registration process nationwide, and the promotion of national standards and uniform registration of all events occurring within the country and among various groups of the population. The BDR plays an administrative as well as a technical role over the network of all local civil registration offices. It establishes all local registration offices and provides registration materials to local registrars to guide their daily work. The BDR is responsible for the supervision, monitoring and evaluation of the registration process in all the local offices.

57. The registration system has gone through a series of transformation, just as the law establishing it has seen a number of amendments. All this was aimed at improving upon the final delivery of the system. Its specific functions include:

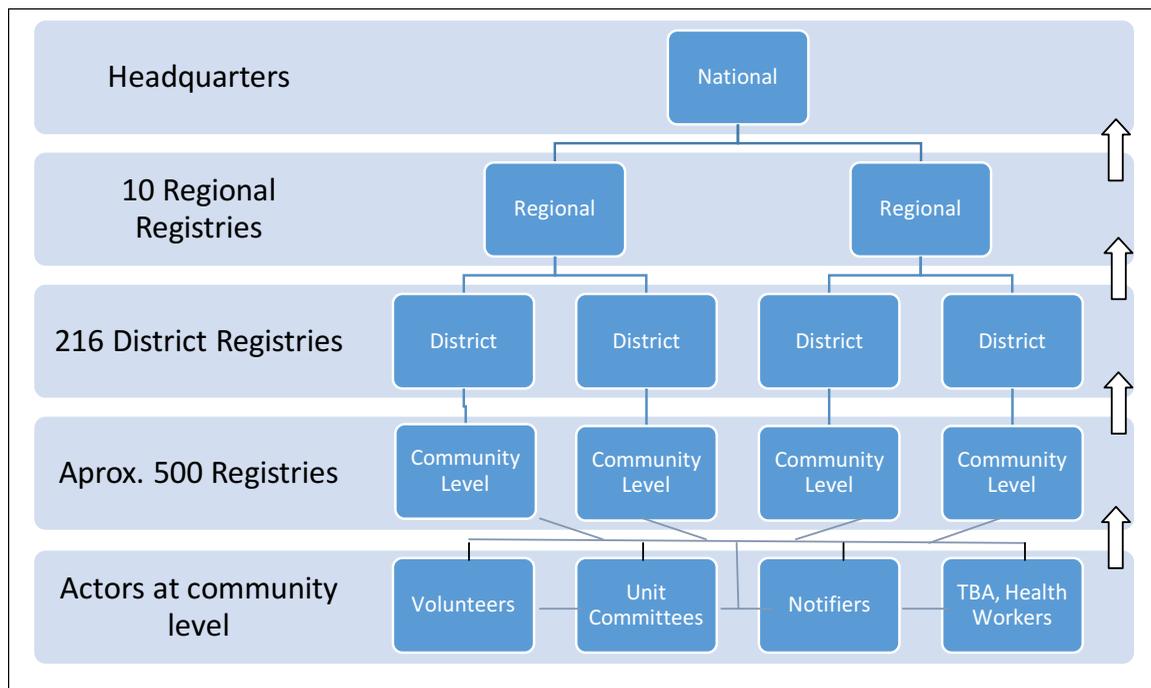
- (a) Legalisation of registered Births and Deaths.
- (b) Storage and management of births and deaths records/ registers
- (c) Issuance of Certified Copies of Entries in the Registers of Births and Deaths upon request.
- (d) Effecting corrections and insertions in the Registers of Births and Deaths upon request
- (e) Preparation of documents for exportation of the remains of deceased persons
- (f) Processing of documents for the exhumation and reburial of the remains of persons already buried.
- (g) Verification and authentication of births and deaths certificates for institutions, especially the foreign missions in Ghana.

### **Organisational structure**

58. In accordance with Act 301 (1965) the central Office in Accra is headed by the Registrar. There are sub-national offices comprising Regional Registries, Metropolitan / Municipal / District registries, and zonal registries.

59. Despite the stipulation in the Act that registration of births and deaths is compulsory, registration centres are highly inadequate and very poorly equipped, especially in the rural areas. The numbers of registration centres for birth registration is unsatisfactory, especially in the rural areas where the people generally have long distances to travel over difficult terrains to the registration centres. Currently, there are about 500 registration centres beside the regional and district level registries, for birth registration in the country, when practically thousands of registries would be required to have service points within reach of the communities. Poor accessibility of birth registration centres especially in the rural areas means that some parents will have to travel long distances sometimes on foot or on bicycles in the northern sector to arrive at the registries. Without a real incentive few parents will be willing to subject themselves to this hardship, when they have no immediate use for the certificate.

Figure 3.1: The Organogram of the Birth and Death Registry- Operational



### Box 3.1: Expansion of District Offices Outpaced by the Creation of New Districts

The Districts are the next level of administration below the regions. Over a period of 25 years the number of districts has increased three times since 1988/1989, when the policy for decentralised government administration was initiated. The ten regions were reorganised into 110 districts, and fifteen years later, between 2003 and 2006 an additional 28 districts were created by splitting some of the original 110, leading to 138. In 2008, 32 more districts were created with some existing ones upgraded to municipal status, bringing the number to 170 districts in Ghana. In 2012 the list was expanded by 46 districts resulting in 216 districts. The rapid expansion of the districts juxtaposed with the slow pace at which the capitals are developed and resourced, has constrained institutional building and capacity development in BDR at the district level.

The Shai-Osudoku District office of the Births and Deaths Registry, was established in the 1930s and is currently housed in the District Assembly premises. The District Registration office is managed by a District Registration Officer (DRO) who is assisted by two Volunteers. This staff has oversight of not only the Shai Osudoku, whose capital is Dodowa, but also the Ningo Prampram District which was created as a result of the split in the then Dangbe West District. All births and deaths reported in the two districts are registered and certificated from the district office in Dodowa.

The creation of new districts presents an opportunity to bring registration closer to the population. But as shown by the Shai-Osudoku and Ningo-Prampram split, new districts are not being adequately catered for and resourced.

## Resources

60. Over the years, the erratic and inadequate budgetary allocations to the BDR for the provision of birth registration services have created structural and systemic weaknesses. The services of the Births and Deaths Registry are skewed towards the urban areas, are not easily accessible in rural areas, and the issuance of certificates is not always timely, because of inadequate financial resources to print the certificates.

## Infrastructure

61. There is a very serious infrastructural constraints faced by the BDR. The Act that established the BDR states that: There shall be a central office in Accra (referred to as “the central office”) and a local office in such registration district as may be prescribed. The Act does not however prescribe any minimum standards for the offices that are to be established. This has resulted in very glaring inadequacies in infrastructure. After 100 years of its operation, the Central Registry (that is, the head office of the Births and Deaths Registry) is still in a temporary wooden structure. The available infrastructure does not support the CRVS system. For instance the wooden structure of the head office operation is very risky for the operation of the registry since most of the data are in hard copies.

62. There is also the problem of lack of office accommodation where some BDR registries share offices with other departments. All around the country, BDR District Offices are not suitably accommodated. None of the BDR Offices visited had a client’s waiting room. These shortcomings compromise the quality of service and the guarantee of confidentiality.

63. The offices of the Births and Deaths Registry visited are faced with very serious logistical constraints especially at the district level. BDR needs more physical infrastructural expansion for local registration offices and more service points, which should be fitted with adequate waiting areas, furniture, equipment, computer and registration equipment. In some offices, such as the Abokobi Zonal Office and the Tema Municipal Office, writing tables are in short supply. For the whole country, only five vehicles are road worthy for the activities of the

BDR. The facilities are no better in the regional offices. None of the Regional offices, not even the Regional Registry in the national capital in Accra, has a functional vehicle to facilitate their operations; making mobility extremely difficult.

64. There is also lack of infrastructural development for ICT in terms of data transmittal from the fields to the central registry. There is no electronic transmittal of the processed information. Only a few computers are available in some of the Regional offices; but many of the computers are not functional. The transfer of data to the central office is therefore highly constrained.

65. Another critical issue underlying the work of the BDR as stated by the Act is confidentiality. Under no circumstance must somebody’s information be made known to a different person. The inadequacy of infrastructure even at the point of registration undermines this provision, where parents are crowded in the small office of the registry to register their children. The offices where registration is conducted are generally too small for the numbers, leading to crowding and unbearable heat. This condition makes it difficult for the parents to keep their children quiet and comfortable.

66. Although BDR collects fees for issuance of birth extracts, late registrations and death certificates, BDR is not permitted to use any of the funds. All the funds generated by the BDR is paid into the national consolidated fund. The only funds available for the operation of BDR are erratic and insufficient budgetary allocation by the central government.

## Human Resource for Registration

67. Human resource is woefully inadequate, which seriously impacts the work of the Registry. The BDR’s inadequate financial resource does not allow for effective and regular training of staff. Although the law does not prescribe the quality of human resources needed for registration, in practice, graduates with mathematics, statistics and demography background, or IT are required as registration or data capture officers. However, senior high school certificate holders are used as volunteer registration assistants in most centres in rural communities. They assist in data capture and registration.

68. Nationally the BDR has about 275 staff, inclusive of administrative and support staff (Table 3.1), while there are 1393 volunteers across the country. Considering that there are about 500 registries nationwide some staff would therefore be handling about two or more offices, in different districts, and some offices would be managed by only volunteers. Volunteers outnumber staff 5 to 1, nationwide; for Western Region (11:1) and Ashanti, Brong Ahafo, Northern, Upper East and Upper West regions, the volunteers outnumber the staff above the national average.

69. Capacity building is only through on-the-job training. Therefore, the BDR has a personnel management scheme that specifies the positions, functions and responsibilities, career progression, etc. but this is not being followed as retired staff are not replaced. The BDR has therefore had no option than to rely heavily on volunteers and community level organisation to assist the few staff in the execution of its mandate. There is therefore widespread use of volunteers to assist the few regular staff. However there is no remuneration package for the volunteers and this also has implication on efficiency, level of commitment and service delivery. Also, the volunteers and some staff have resorted to charging some form of unauthorised fees which sometimes deters people from registering.

**Table 3.1: Staff position of the Birth and Death Registry, 2014**

S/No.	Region	Number of Staff	Number of volunteers	Ratio of Volunteers to Staff
1	Central Registry (HQ-Accra)	38	0	-
2	Western	18	195	11
3	Central	24	120	5
4	Greater Accra	57	170	3
5	Volta	20	109	5
6	Eastern	30	120	4
7	Ashanti	27	195	7
8	Brong Ahafo	18	160	9
9	Northern	15	120	8
10	Upper East	14	114	8
11	Upper West	14	90	6
<b>Total (National) Staff Strength</b>		<b>275</b>	<b>1393</b>	<b>5</b>

Source: Data compiled by the Births and Deaths Registry.

70. In terms of the conditions of service and salary it is not different from the general condition of Ghanaian civil servants. Many of the staff of the BDR may be worse off on average, given the low educational qualification of majority of the staff. In view of the poor condition of service it has been difficult to attract highly qualified staff; though staff attrition has generally been very low. The situation seems to be attenuating as some degree holders are in recent years taking up some appointments in the registry but this still woefully inadequate.

## Budget and finance

71. Budgetary constraints have always affected the performance of the BDR. Since the BDR is part of the Ministry of Local Government and Rural Development, the usual practice is for the Central Registry to prepare its budget incorporating the needs of all the Regional and District Offices. The programmes of the office in the coming year are compiled by using figures from the entities to guide the activities in the coming year. This Budget is submitted to the Ministry, and it is added to budgets from other departments of the Ministry and submitted as the budget for the Ministry. Since the overall budget of the Ministry is

usually drastically reduced, the BDR allocation is also reduced,<sup>28</sup> leaving the Registry with a highly inadequate budget to cover its operations nationwide. Consequently persistent and inadequate funding threatens to reverse the progress made in improving birth registration in Ghana. It is also almost impossible to run a functional birth registration system without adequate financing.

72. Though the BDR gets some assistance from Development Partners (DPs), the support is usually directed towards specific activities, within the broader goals and mandate of the organisation. For example, UNICEF is generally interested in fresh registration; UNFPA supports death registration; and Plan Ghana has its programme focus on the population register in sampled communities.

73. To relief the BDR and help make it more efficient and even help it raise more revenue for the Government, it must be allowed some percentage of retention of the fees it collects. This will ensure that at least the registry has continuous supply of registration materials throughout the year and that shortages become a thing of the past. Also, there is the need for the central Government to look at the infrastructural facilities of the BDR nationwide.

### Registration forms and materials

74. The registration materials include the **Registration Forms** -- Form A (scannable), the **Birth Certificate** and the Register for entries. There is also the computerised certified copy that is issued only from the Central Registry for delayed registration, and which are printed and supplied to BDR by the Controller and Accountant-General's Department. The Registration Forms, with the exception of one, have no security features, such as bar coding, and can therefore be photocopied. Only the computerised delayed registration certificate has security features.

75. There are no special quality features for these registration materials, and yet these forms are constantly in short supply. There are times when either Form A or the Certificates, or both are out of stock, and sometimes for several months. The shortages of essential materials seriously affect productivity and discourage parents who

have had to travel long distances, at great cost, from returning to register. The information requested on Form A meets international standards, and includes: the full name and sex of the child, date of birth, type of birth, place of birth, attendant at birth, and detailed address of place of birth; also the mothers particulars including full name of the mother, her maiden name, age in completed years, address of usual place of residence, number of children ever born, and the level of education. There are also the father's particulars such as full name of father, age, nationality, educational level, occupation, and religion, among others.

76. BDR registration officers (staff and volunteers) resort to photocopying Form A when there is a shortage, and the cost of the photocopy is transferred to the parents. However, if there is a shortage of registers, the officers may resort to using temporary registers and the information is eventually transferred into the substantive register anytime new registers become available.

### Operations of events Registration-Process and Practice

77. The process of registration starts with a parent/informant coming to the registry with the child to register a fresh birth. She/he is required to submit the child's welfare or weighing card; a Form A is completed by the Registration officer as the client provides the information. This form is only in English and hence information is translated by the registration officer to the client, if necessary. The information on the form is then transferred into the Register and the child is issued with the birth certificate immediately. The parents of the child (father, mother or both) have the responsibility to register the birth.

78. If the birth occurred in a community far from the registration point, or in the event of incapacitation of both parents an informant could report the birth for registration. The birth Act defines an informant as:

- (a) Any occupier of the premises in which the child is born, if he/she has knowledge of the birth;
- (b) Any person present at the birth;
- (c) Any person having charge of the child.

<sup>28</sup> The amount of the allocation received is just about 15 per cent of the expected for the whole year.

79. Such a person should be capable to furnish the prescribed particulars for registration. Under such a circumstance the particulars of the informant, namely: his/her full name relationship, residential address, and national ID number (if available), are also captured on the Form A.

80. In the event that the paternity of the child is not clearly established, registration is still permitted, except that the section for the particulars of the father is left blank but could be inserted later upon presentation of an affidavit and with the consent of the mother. In the event that the mother is dead a family member could stand in for the mother.

81. The registration of births that occur in health facilities begins with the issuance of a medical certificate or a health card. The informant (preferably the parents) with evidence of the birth (such as a weighing card) is present to give information about the birth. The registration officer interviews the informant and completes the birth report form which must be duly signed by the informant having satisfied him/herself as to the correctness of the information recorded. The Registration Officer then makes an official record of the information in the Register of Births, which must also be signed by the informant. After this a birth certificate (having the name of the child, date of birth, place of birth and parents name and nationality) is immediately issued free of charge by the one registering the child. The parent or child can apply for a Certified Copy of Entry in the Register of Births any time the need arises but at a cost.

82. Where the Birth Certificate is not issued immediately due to shortage of certificates, parents are made to come back for it at a later date depending on availability of certificates.

83. At the end of the month, the Registration Officer submits a statistical summary of all events registered together with the birth report forms (Form A) to the District Registration Officer who in turn collates district summaries and also passes the forms on to the Regional Registration Officer. The Regional Office also compiles statistical summaries for the region, scans the forms into the regional database and sends electronic copies by hand or courier to the Central Registry Office in Accra where they are verified and added to the national database. The Central Registry manually

aggregates tabulated statistics sent from the regions and entered on computers.

84. The birth registration forms are processed electronically. Information captured on the form at the time of the registration is entered into the database. Even though the software used to capture the information has the ability to generate customised tables, they are not generated. However, some tables are compiled manually at the registries and transmitted through the districts registries, to the regional and subsequently to the national level.

85. **Late registrations** follow the same process, with few exceptions. If a birth is not registered before age one it is considered a late registration. In addition to a proof of the birth having occurred, there should be proof that the birth has never been registered and a written authority of the Registrar of births and death for registration to proceed. The process of registration starts at the district level, through the regional office, but the certificates are issued only in Accra, at the head office.

86. The birth registration process requires that a Weighing Card is presented as evidence, and the card is endorsed by entering the birth certificate number in the appropriate slot on the weighing card. Yet in some cases it was observed that the Cards for registered children were not endorsed while in some other cases the cards and monies had been collected by some operatives and have never been returned.

87. For on-time registration, a birth certificate is first issued at the place of registration and, if requested, certified copy of entry is issued but at a fee. In contrast, for late registration, no certificate is issued; only a certified copy of entry in the register of births is issued but at the head office and sent to the place of registration for collection.

88. This situation is exacerbated by the fact that unlike fresh registration that could be done and certificate issued by the local registrar, late registration can only be signed by the Registrar at the Central Registry in Accra. Therefore, the information has to be sent in from all locations in the country to Accra. This creates an avenue for some staff of the registries to charge exorbitantly, for the cost of transporting the documents to and from Accra, (which can be as high as one hundred

and fifty Ghana cedis, especially those from the northern sector of the country).

89. There is also the tendency to adjust upward the approved penalty fees for late registration. In practice the adult and late registrations attract higher penalties and provide opportunities for better revenue generation. Secondly for most adults who come for registration there is an urgent need for the certificate, hence placing them in a more vulnerable position, which offer a better opportunity for higher charge. The dependence on these unofficial funds has a detrimental impact on fresh registration of children because it provides a form of incentive to some BDR officers, to focus on adult or late registrations, rather than encouraging fresh registration.

### Challenges in the birth registration process

90. Some health facilities in the Volta and Northern regions have officers from Birth and Death Registry stationed in the hospitals usually in the child welfare clinics where parents receive post-natal care for both the mother and the child. In some instances, the parents have to come back for the birth certificate after registering instead of being issued with the certificate instantly.

91. The second factor that has helped with early birth registration is the use of community volunteers, traditional birth attendants and community health nurses who go on 'outreaches' in the rural areas. In instances of using community volunteers, these volunteers go round the community periodically varying from once every month to once every six months to collect the details on births that have occurred in the community. This information is then submitted to the Birth and Death Registry to register the birth and then the certificate is issued. The volunteer

then brings the certificates to the parents. Traditional birth attendants also serve as a link between the parents and the community volunteer. The traditional birth attendants take down the details of the births they attend to, they then give the information to the community volunteers who then go through the process of registering the birth with the Birth and Death Registry and getting the certificates to the parents. The practice is similar to what pertains in the communities served by the Demographic Surveillance Sites, where the staff of the DSS completes the form and submits the application to the BDR Office and returns the certificate to the parents when it is issued.

92. Community health nurses also play a crucial role in the birth registration process. In some communities, they encourage the mothers to go and register a birth when they discover that the child does not have a birth certificate. In other instances, community health nurses issue weighing cards containing details about the birth including the date of birth to mothers who gave birth outside a health facility. The mothers then take the weighing card to the Birth and Death Registry to register the birth.

93. In places where a Birth and Death Registry is not available in the community or the volunteers do not work effectively, the birth registration process is delayed. Another major challenge to early registration in rural communities is the unapproved service charges that are collected from parents.

94. Table 3.2 shows the legally approved rates for registration by age. Fresh birth registration, that is, children 0-12 months old, attracts no fee. For children who are one day older than 12 months up to 5 years (60 months) the penalty is ten Ghana cedis (Gh¢10.00), while all those 5 years and older it is twenty Ghana cedis (Gh¢20.00).

**Table 3.2: Official penalty rates applicable for late registration**

Age	Official Rate (Penalty) Gh¢
0 – 1 year (12 months)	0
12 months+1day - 5 years (60 months)	10.00
5 years+	20.00

Source: Compiled from Births and Deaths Registration guidelines.

95. Even though registration in the first year is free, charges ranging from about 1 to 5 Ghana cedis for registration of a child who is less than a month old; 5 to 40 cedis for a child who is a year or older; and 50 to 500 cedis for late registration, are

unofficially in effect. These charges deter adults from registering except when the birth certificate is needed for some specific purposes such as passport acquisition, enlistment in the security services, or school enrolment among others.

### Box 3.2: Experience from a Community Population Register

At the Tolon District, in the Northern region, a population register is run by the BDR and the GSS on a pilot basis.

The Community Population Register is designed as a continuous recording and updating of information on every individual in the population of a community. It is a system of data collection in which details of names, sex, date of birth, educational level, marital status, immunisation status, economic activity etc. of persons residing in the community are recorded and regularly updated with the occurrence of births, deaths and movements. By such an arrangement, it is expected that all births and deaths that occur in the communities will be registered, thereby increasing the coverage of registration in the district by an appreciable margin.

The Community Population Register is kept and maintained by an appointed person, the Community Volunteer, an individual who resides in the community. Once every month the Volunteer, who is trained to fill the registration forms, submits the completed forms to the Births and Deaths Registration Officer in the District. The Registration Officer acknowledges receipt of the forms in writing, completes the registration process and issues the relevant certificates. The Birth Certificates are given to the Volunteer on his subsequent visit as he submits a fresh set of forms for registration. The Volunteer then distributes the certificates to the parents back in the community.

The Registration Officer submits monthly all registration forms, numbered serially to the Regional Office for further processing and for onward transmission to the Central Registry Office, where the national data are compiled.

96. The strategy mostly adopted by BDR officers to ensure increased coverage is to attend weekly post-natal (weighing) clinics in the communities with the community health nurses. As the mothers come to weigh their children, the nurses advise them to go and have their children registered. The volunteers could also pick the birth records from the communities and present them to the district officers for registration and the certificate issued to them.

97. At the outskirts of the Offinso Township in the Ashanti region, a BDR Volunteer was observed to have accompanied the Community Health Nurses team on their routine monthly visit to conduct a child health clinic (weighing) and deliver a package of services to the residents. In the process, new born babies are registered and issued with Birth certificates instantly.

98. It is also possible, especially for births occurring in facilities, for a mother to present for registration a child who has not been named in the customary way. This is permissible under the Act; however, out of good will and experience what the registration Officers do is to capture the birth registration information, the mother is then advised to go home, and come after the child has been named so she could bring the given name on one of the post-natal visits (weighing days). The officer then retrieves the Form A completes the necessary columns and issues the birth Certificate for the child. This has the benefit of not wasting any Certificate.

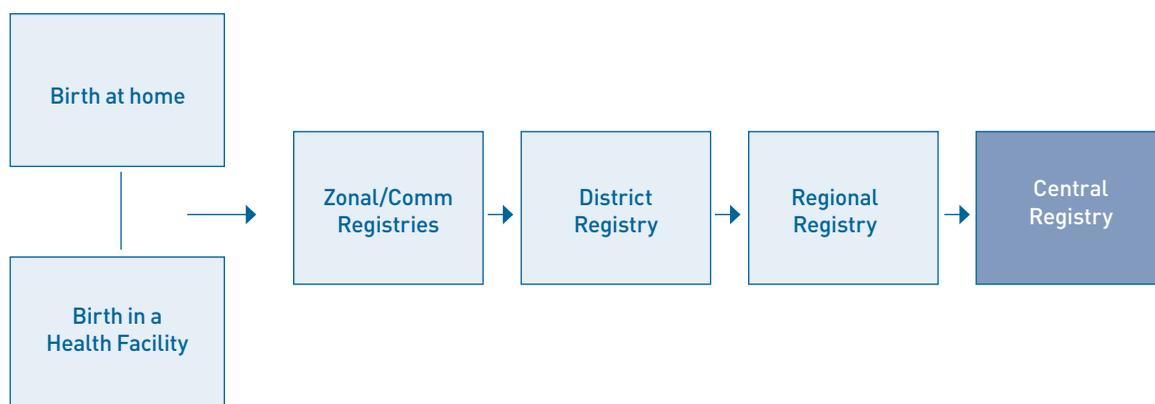
99. For all births, including all types of facility births, mothers are not given any document as a confirmation or evidence of the birth, when they are discharged from the facility, beside the weighing cards and their medical files, which is left in the facility records room.

## Reporting, Recording and Certification of Records

100. All births presented for registration are entered in a synchronised order of first-come first-serve basis in the register. Every birth presented for registration is assigned a code and this code is entered into the register of birth, and a Certificate is then issued. All births registered in the district are recorded in the register of births, the completed **Form As** are returned on a monthly

basis to the Regional Offices by the district officers. These forms are then scanned, edited and verified; and copies of these data for the region are then saved either on external hard drive or pen drive and submitted to the Central Registry directly. The Birth Registers are submitted to the Regional Registries later when they get full, where they are verified and within one month submitted to the Central Registry in Accra in accordance with the Act 301 of 1965.

Figure 3.2: Process flow chart for the birth registration



101. The certificate for late registration is different in form compared with that of early registration. The evidence of late registration is “certified copy” while for under one year olds registration a Birth Certificate is issued. The use of two different documents poses some confusion, since in principle all registrations should have a certificate covering them.

## Completeness of the form

102. Generally the layout of the form does not pose any difficulty, but it is only available in the official language i.e., English, this means the registration assistant has to translate into the local languages for the non-literate clients. Usually the only difficult column is the column that asks for whether the father is in “gainful employment”. Also usually information relating to the child e.g., name, date of birth, place of birth is transcribed from the weighing card.

## Cultural and religious practices

103. In the birth registration exercise the cultural practice of giving names to babies about a week after birth has some implications. The

naming system in Ghana has a distinctive history which has strongly been rooted in the traditions of the people and may need strong advocacy over a long time to change it. Babies born outside of health facilities and who do not live long enough to be named don’t get registered either dead or alive. This is because, once the child passes away parents no longer see the need to register the birth and also culturally such deaths are not to be announced. Among the Akan and the Ewes, two dominant ethnic groups, it is the father who gives the name of the child; and the child is not assigned a name before the eighth day because the child is considered a stranger until the eighth day and then the baby qualifies to be given a name. Changing such conventional practice would require strong advocacy. Elsewhere in the North, the family elders meet to decide who the child is to be named after.

104. Though the incidence of births out of wedlock is quite common in the study area, it was difficult to indicate the level of prevalence. Where the parent entered into union of matrimony after the birth of a child they normally would not want to make that distinction. This leaves the issue of children born out of wedlock only to those who are still living as single parents, which is quite

common mostly among females. However, the birth registration procedure does not discriminate against children born out of wedlock. All children are treated same. It is only in situations where the paternity is in dispute that the fathers column on the Form A and in the Register is left blank, but even with that, it could be inserted later with the presentation of an affidavit by the supposed father and with the consent of the woman, or her close relation in the event of her death. The registration of children born out of wedlock has legal backing in the marriage ordinance.

### **Data assembling, capturing and processing**

105. The Registers stay in the districts till they are full then they are sent to the Regional Office from where they are verified and within a month submitted to the Central Registry in Accra. So the Registers end up in Accra as spelt out by the Act, and the hard copies of the Form A end up at the Regional offices where they are scanned and verified whilst soft copies of the scanned documents are submitted to Accra directly by the Regional BDR officers.

106. Data capturing is done at the regional level. All the district officers bring the Form As to the Regional Registries where the data is captured by scanning them after which the scanned data is verified and edited before submitting them to the Central Registry on digital storage devices.

107. The Registry has gone electronic with no backing of the law and this poses a danger to electronic data security. Previously, the forms were completed in triplicate and a copy was sent to GSS for data capturing and processing. GSS did not however have the setup to process the forms, and therefore accumulated a backlog of forms. Storage became a problem, as GSS did not have adequate space for this purpose. Data are now sent to Ghana Statistical Service by convention, although this practice is a relatively new practice.

### **Database Management**

108. The National database is kept at the Central Registry, the scannable forms containing the registration details for the various districts are brought to the Regional Registries where the data is digitised and brought to the Central Registry. There is a backup though not in the best

form that it should be, currently, backups are on external hard drives, but the best situation will be to have mirror server somewhere away from the BDR for example at NIA where every information dropped into the server at the BDR is backed up automatically in the server at the NIA.

### **Data Compilation, Analysis and Dissemination**

109. At the Central Registry the national aggregated data are compiled, analysed and stored in a database; but are neither published nor disseminated. The data are given out to the Ghana Statistical Service, National Development Planning Commission (NDPC), the Ministry of Local Government and Rural Development, and also National Identification Authority, only upon request. Except in the case of GSS, there are no provisions in the Act to make data available to any institution.

### **Coordination**

110. Coordination between the BDR and other agencies, including GSS, is very weak. Beyond what the Act states, which requires the BDR to give the statistics component of Civil Registration to the GSS, there is no programmed interaction between the two institutions. In relation to the Ghana Health Service, the level of cooperation is limited to health facilities providing temporary office accommodation. There are no provisions in the Act governing this support, neither is there any formal arrangement, such as a Memorandum of Understanding (MOU) between the two institutions.

111. Cooperation with the education system could also expand the opportunities for registration although this would attract fees for late registration. At present there is no standard guidance on how the education system can help improve registration. Some schools request birth certificates while many others do not.

### **User-Producer Consultation**

112. In relation to user-producer consultation, there is some consultation and cooperation. For instance, the BDR is represented on the National Identification Authority (NIA) Board. There is also some measure of cooperation between the Registry and the Passport Office of Ghana with

registration staff being posted on secondment to the Passport Office, to assist the Passport Office in its determination of the authenticity of Birth Certificate for the infant registrations, or Birth Registration record for the adult (late) registrations. The foreign Missions also present suspected birth certificates for verification. These collaborative arrangements have no backing of the law.

### **Advocacy and Communication**

113. The Births and Deaths Registry has undertaken a series of advocacy programmes to boost registration. Officers participate in Radio programmes and visit some faith-based organisations, albeit infrequently. These radio programmes are generally associated with the celebration of the birth and death registration day, which was instituted in 2004. UNICEF, UNFPA and Plan Ghana also undertake advocacy programmes and have supported BDR in this area of work.

114. In some regions, such as the Volta Region, there is some advocacy for birth registration during enrolment drives which is conducted by the regional education office. Parents who have not already done so are encouraged to register their child for a birth certificate. The Parent Teacher Association (PTA) and the school management committee also request parents to take the birth certificates of their children to their school.

### **Planning, Monitoring and Evaluation**

115. The Birth and Death Registry has the Central Registry in Accra as its Headquarters, and it deals more with policy planning, implementation, monitoring and evaluation. It also supervises the Regional Offices. The regional offices are also responsible for the supervision of the Metro/Municipal/District offices, which also are responsible for the zonal and community registries.

116. Planning for the BDR emanates from the Central Registry. A strategic plan was put in place some 5 years ago but due to resource constraints all the objectives could not be achieved and will have to be repackaged. The plan was predominantly funded by the Ghana government with a lot of logistical constraints and operational challenges. However, currently there is another strategic plan under the Ghana Statistics Development Plan (GSDP) underway. This is being sponsored under a \$40 million facility by the World Bank for the development of the National Statistical System (NSS). Since the Birth and Death Registry is one of the collaborating MDAs, some funds are available to support institutional building.

117. There is a monitoring and evaluation plan in place, though this may not be adequate and effective because of logistical constraints. For instance the BDR is currently being reviewed to assess which districts are doing well and which are not. The initial findings suggest that even in Greater Accra Region, there are some places where registration is not doing well.

## OPERATIONS AND PRACTICES IN MARRIAGE REGISTRATION

### Marriage Legislation

118. Marriage legislations date as far back as 1884 in Ghana. The current Law on marriages is the Marriages Act, 1884-1985. [Cap 127]. There are three types of marriages in Ghana.

- The Customary Marriage
- Mohammedan Marriage<sup>29</sup>
- Christian and other Marriages.

The Marriages Act, 1884-1985 has been amended extensively. The customary marriage registration used to be mandatory but has been amended subsequently to be permissive by PNDCL 263.

119. The law that establishes the Registrar General's Department (RGD) is CAP 127 dates back to the colonial period. The law states inter-alia, the registration of marriages between man and woman in each district which shall be entered in a book called the Marriage Register Book. This book shall be kept at the registrar's office.

### Customary marriage

120. Customary marriages are celebrated under customary law and are potentially polygamous, as there is no limit to the number of wives a man can marry under this marriage type.

121. Customary marriages are the oldest form of marriage known to Ghanaians. Before the customary marriage law was amended in 1991, PNDCL 263 of 1991, the law, as enacted in 1985 made the registration of customary marriages and divorce mandatory and this was to be done within three months of contracting such marriage. Persons who had contracted customary marriages before the coming into force of the law were given three months within which to apply for registration, or an imposition of a criminal sanction of a fine or imprisonment of up to three years or both. However, the non-registration made such marriages void and the PNDCL 111 was therefore not applicable to the law. Subsequently, the amendment of PNDCL 263 of 1991 made registration optional to eliminate the

absurdity of an automatic nullification of a non-registered marriage.

122. Section 1 of CAP 127 provides that a marriage contracted under the customary law before or after the promulgation of this Act may be registered and that upon an application in writing accompanied with a statutory declaration, the Registrar of a District shall register that marriage with a publication of such marriage by a Notice for 28 days. The provisions regarding customary marriage are captured under part one of the marriages Act, Sections 1 to 18, Section 1 of Cap 127 states "On the commencement of this Act, a marriage contracted under customary law before or after the commencement may be registered in accordance with this Act."

### Mohammedan Marriage- Part Two Marriages Act (Cap 127)

123. The colonial legislation applicable to Muslims, that is, the Marriage of Mohammedan Ordinance 1907, is limited to administrative or procedural matters such as providing for registration of marriage and divorce. Mohammedan marriages are based on Islamic rules and are potentially polygamous since a Muslim man can marry up to four women at a time. However the import of this is not seen in the current law.

124. Section 24 of Cap 127 is on the method of registration. This section of the law was formerly CAP 129, which is currently consolidated under CAP 127. The registration of the marriage is captured under section 23 of cap 127, which states that: "A Mohammedan marriage celebrated after the commencement of this part shall be registered in the manner provided by section 24."

125. Section 24 provides for the mode of registration. It is stated that the bridegroom, the bride and witnesses to the marriage and a Mohammedan priest licensed under section 21 shall as soon as may be convenient and before the expiration of a week after the celebration of the marriage attend at the office of the District Chief Executive for the purpose of registering the marriage. This seems to suggest another ceremony with the same actors in the already concluded solemnisation.

<sup>29</sup> This reference to the Muslim marriage is outmoded.

## *Christian and other Marriages*

### *Part Three CAP 127*

126. Section 36 (1) of CAP 127 states that “The Minister responsible for the Interior

- (a) May appoint a fit and proper person to be registrar of marriage for each marriage district and may revoke the appointment”
- (b) May appoint deputy registrar or deputy registrars of marriages for a district (amended by section 3 of the marriage (Amendment) Ordinance 1950 (34 of 1950) and 36 of 1956.)
- (c) Ordinance marriage enables a man to marry only one woman and is based on Christian principles of monogamy.

127. Authorities for solemnisation of marriage (Section 41) are:

- (a) Registrar’s certificate by the Metropolitan/Municipal Assemblies, District courts, Registrar General’s Department.
- (b) Marriage Officers Certificate by licensed churches and licensed ministers of religion.
- (c) Marriage under Special license by the Principal Registrar of Marriages. (Added by section 3 of the marriage (Amendment) Ordinance, 1909 (No of 1909).

128. The CAP 127 implies that not all marriages are required to be registered in Ghana. Authorities responsible for the solemnisation of marriages, as mentioned above under Section 41 (CAP 127), have no proper coordination to detect potential duplication of marriages. Records on marriages are collected and kept separately by the institutions that conduct marriages.

129. Section 42 provides when a couple desires to marry under the authority of a Registrar Certificate, one of the parties to the intended marriage shall sign and give the Registrar of the District a Notice of Marriage. Section 45 provides that upon receipt of the notice the Registrar shall enter the particulars in the marriage book and publish the notice on the Notice Board outside the office for 21 days or until 3 months have elapsed.

130. Section 46, mandates the Registrar to issue a Registrar certificate or license to marry and within 3 months with the 21 days inclusive, celebrate the marriage, if satisfied that the conditions have been met after 21 days including payment of prescribed fee. The marriage officer being satisfied of the banns of marriage and if a caveat has not been entered shall at any time within 3 months issue a marriage certificate after the celebration of the marriage.

### *Compliance with the Law*

131. Generally, for all the three types of marriages the law currently indicates that only men and women aged eighteen years and above, who are not closely related by blood or through marriage, can lawfully enter into a marriage provided that other laws in force do not prohibit the relationship.

132. However, not all marriages are required to be registered due to the fact that provisions for the registration cover partially customary marriage and divorce, Mohammedan marriage and divorce, but there are no provisions for registration presented for Christian and other marriages. Judging from the low statistics on registration of customary marriages, there is in practice low compliance with customary marriage registration.

133. The findings reveal that the Mohammedan Marriage has never taken effect due to the very short time frame (seven days) given within which it is to be registered otherwise it becomes void. This time is considered not feasible or reasonable by Muslims and needs a reform. Muslims are therefore compelled to register under the Christian and other marriages segment of the Act in spite of its conflict with their religious practice.

134. The churches visited exhibited compliance with the provisions of the law. Marriages were conducted as the law provides. The metropolitan and the municipal assemblies in Ghana register marriages, except in the northern part of Ghana, and they were found to be in compliance with the law. Although the coverage of marriages applies to the whole country, only 158 district courts in Ghana are mandated to officiate marriages and issue a registrar’s certificate, while there are 216 districts.

135. The Registrar General's Department (RGD) is the only office mandated to issue a special license to marry; and this service is currently being issued only in Accra and Kumasi offices of the Registrar-General's Department.

136. Prescribed forms were found to be in use by all authorities involved in the registration of marriages. Application for gazetting church premises for marriage registration is also done through RGD to the Attorney General by LI 707. Special license can be obtained from the Principal Registrar of Marriages and used to officiate marriages anywhere in the country.

137. Section 78 of the Marriages Act 1888-1985 is spent. The Principal Registrar of marriages does not require that the certificates of marriages registered to be deposited with the Principal Registrar of Marriages for onward transmission to Government. Some of the registration processes and procedures provided by the legal framework pose challenges for effective registration of marriage.

138. Over the years, registration of marriage has been an integral part of the ordinance on marriage, but when it comes to the customary and Mohammedan marriages, registration is explicitly required after the marriage celebration.

139. Another issue of concern for marriage registration is that while in the ordinance and the Mohammedan marriages registration is mandatory, for customary registration, it is permissive.

### *Special License*

140. Section 55 provides for a special license, where the Registrar is satisfied by an affidavit that a lawful impediment to the proposed marriage does not exist and that the necessary consent to the marriage has been dispensed with, the giving of notice and issuance of a Registrar's certificate and may grant license, which shall be in the form set out authorising the celebration of the marriage between the parties named in the marriage may be celebrated in a place other than a licensed place of worship or a Registrar office if the Registrar so authorise.

## **Management and Operation of Marriage Registration**

### *The Registrar General Department*

141. The Registrar General's Department is the institution mandated by law to register marriages in Ghana. Marriages are however celebrated at the community level. The marriages involve (i) issuance of licenses authorising the marriage to proceed, and (ii) the solemnisation. Two other institutions that have been authorised by the Registrar General to issue marriage licenses are the District courts and the Metropolitan, Municipal and District Assemblies (MMDAs). Following the issuance of the Registrar's certificate (or license), either these institutions solemnise the marriage for the couple or the couple takes the Registrar's certificate to a licensed church where the marriage is solemnised and the marriage certificate issued.

142. The parties to an intended marriage identify themselves with a National ID; and either one or both parties must have resided in the district of registration for at least 15 days prior to the registration of the marriage.

143. The notice of marriage is issued and posted on the Notice Board for 21 days in the case of Christian marriage, and 28 days in respect of customary marriage. The Christian marriage is monogamous; thus if someone lodges a caveat then this issue has to be determined by the court but where there is no caveat the Registrar's certificate is issued and within 90 days, i.e., inclusive of the 21 days, the marriage must be celebrated or the certificate becomes invalid. The certificate is either submitted to an approved church to celebrate the marriage or the Registrar General's Department will celebrate the marriage and issue a Marriage Certificate.

### *The District Courts*

144. At the courts, the Registrar officiates the marriage in the capacity of the Registrar of Marriage. The Registrar ascertains whether one of the parties has lived within the district for 15 days, prior to the Registration of the marriage. A **Notice of Marriage** is issued for 21 days and 28 days respectively for a Christian or Customary marriage. The Notice is also accompanied by an affidavit attested to by one of the parties stating

their condition before the intended marriage and their majority age. After the expiration of the notice, the Registrar's certificate is issued and the marriage can now be celebrated within the 90 days as stipulated by law. The court could also celebrate the marriage and issue a certificate to that effect or the Registrar's certificate is given out to the parties to celebrate their marriage at any gazetted Church.

### *The Metropolitan, Municipal and District Assemblies*

145. The registration of a marriage by the assemblies is carried out by an officer designated for the purpose. Not all the Metropolitan Assemblies have personnel (legal officers) to manage the marriage operations. Where an assembly has a legal office, the marriage section is placed within the legal section and there is a three tier organisational structure. Where there is no legal section, a two tier organisational structure operates.

146. All the assemblies have a fair knowledge of registration of customary and Christian Marriage but most have little or no knowledge of the Mohammedan marriage, which is generally conducted by the Imam at the mosque. Although it is required that the Mohammedan marriage be registered, the provisions of Cap 129 are not being adhered to because of perceived conflict with some provisions of the Quran.

### **Operations of marriages registration**

147. On registration processes it was observed that,

- (a) Special license registration is carried out by the Registrar General's Department, Accra
- (b) Registration of ordinance marriage (ordinance is completed after the publication of notice of marriage for 21 days at the district court and the assemblies).
- (c) Registration of customary marriage is only carried out at the assemblies following 28 days of publication.
- (d) There are no registration records of Mohammedan marriages at the Registrar General's

Department, the district court or at the district assemblies, because these marriages are not being reported, as required by law.

148. Many Muslim marriages seem not to be legally valid but people do not know this. By law, marriages conducted at the local mosques where neither the Imam nor the mosque is licensed to celebrate marriages invalidates the event. There is also no systematic recording of the marriages at the Mosques. The Chief Imam in Tamale Central Mosque indicated that when a marriage occurs in the central mosque and the secretaries are around, the records are taken and sometimes a certificate from the mosque is issued. This certificate is however not the official certificate issued by the government. When the secretaries are not around during the marriage celebration, no records are taken.

149. The Imam's secretary also indicated that people do not register their marriages because they do not know which of the laws govern marriages -- whether CAP 127 or the CAP 129.

150. Among the Christians, the secretary of the Methodist church in Tamale indicated that, when a marriage is officiated by the church, they couple signs the marriage certificate in duplicate. One part is given to the couple and the church keeps the other part in the register. The copy kept by the church is supposed to be given to the Municipal Assembly but this is not always done.

### *Knowledge of the law on marriage registration*

151. Section 15 of the Customary Marriage and Divorce (Registration) Law 1985 (PNDCL 112) provides that "the provisions of the intestate succession law, 1985 PNDCL 111 shall apply to any spouse of a customary law marriage registered under this law." It should therefore be of urgent concern that women seek to have their marriage registered. Yet there is a gap between knowledge of the law and its practice.

152. The awareness of the need to register marriages is very low, not only among the general population but also among the officers who are to manage the process. Yet, awareness and compliance with the Marriage Act is critical for the validity of ordinance marriages. Unlike the registration of events such as births and deaths,

marriage registration is strictly governed by statutes, and there is the danger of rendering a whole marriage invalid when the provisions are not adhered to. Specifically, a marriage must be presided over by an authorised official from an authorised institution otherwise it is rendered invalid. It is also stipulated that the Mohammedan marriages should be registered within 7 days or it is rendered invalid.

153. A group of women interviewed in a focus group in Kumbugu indicated they did not know they had to register their marriages. They also held the view that registration of marriages was the responsibility of their husbands. Most of the registration officers in the registration process also lack the requisite knowledge of the legal framework governing the registration process. There are some registration officers who do not know the marriage registration source [Cap 127].

### **Accessibility to service delivery points**

154. The registration of marriages is conducted at the marriage registration centres, that is, the assemblies and the courts. For the MMDAs, they are located in the district capital, and therefore not easily accessible to some communities. The situation is even worse with the Registrar General's Department where they are located in only a few of the regional capitals. This lack of accessibility at the community level impedes marriage registration. The courts are also not located at the community level.

155. Inadequate infrastructure of registration facilities at all levels of administration undermines the efficiency of the registration system.

156. Returns on marriage certificate from the district courts, the assemblies, and the churches must be sent to the Registrar General's Department, but because of challenges of physical space and storage, the Registrar General's Department is no longer requesting submission of the returns. The non-existence of computers does not give motivation to data generation and management. There are no backup systems. Records are also kept manually so that in any event of fire out break or flooding all these records get lost. The retrieval of marriage records and data from the Registrar General's Department, Courts, Assemblies are extremely slow and involving.

### **Advocacy and Communication**

157. The marriage certificate is proof of one's social status as a married person. In Ghana, the most prevalent types of marriages are the customary and Mohammedan marriages. These marriages however are not registered because of lack of knowledge about the law.

158. Marriage registration has not been highlighted sufficiently by the Central Government over the years and secondly the marriage certificate is not required as a form of documentation in the provision of any social services. Only in exceptional cases is a marriage certificate required of a married traveller.

159. Marriage registration is also for the protection of spousal interest. Until the advent of PNDC L 111 on interstate succession law most matrilineal societies inherited through the matrilineal lineage and therefore many surviving wives were disinherited on the death of their spouse. Marriage registration was therefore seen as protection of acquisition of properties jointly acquired by the spouse during the period of their marriage.

160. Advocacy for marriage registration therefore is a key strategy in achieving a very high registration process. From the investigation conducted among the institutions, it is only the Assemblies that take up responsibility of advocacy and communication. At Sekondi-Takoradi Metropolitan Assembly, the officer confirmed that anytime he goes out on an out-reached programme, registration of marriages in the district increases.

### **Monitoring and Evaluation**

161. Monitoring and evaluation at the Registrar General's Department, the Courts and the Assemblies conform to their respective organisational setups.

162. With the Registrar General's Department the monitoring is a two tier process. The Principal Registrar General supervises the Marriage Registrar. There are occasions where a National Service personnel acts as marriage Registrar. These sometimes pose problems to the registration process.

163. One of the procedures of ordinance marriage registration is that before the marriage is celebrated the caveat book must be checked to ascertain whether a caveat to an intended marriage has been lodged. There was an instance where a married woman whose earlier marriage had not been dissolved by the courts went ahead and contracted marriage with another man. The first husband lodged a caveat but the National

Service personnel failed to check the caveat book before celebrating the second marriage.

164. With the Courts the magistrate is the supervising officer, while at the Assemblies, legal officer acts as the supervisor and for those without a legal officer the coordinating directors do the supervision.

### Box 3.3: Good Practice in Database Management at Sekondi-Takoradi Metropolitan Assembly (STMA)

At STMA, marriage registration is carried out both manually and electronically. The marriage department is under the legal department, which has on staff a legal officer who is knowledgeable in the Marriage Registration Act (CAP 127). The marriage office does the marriage registration electronically, using Excel spreadsheet to capture the marriage registration forms, the compilation of data and storage. As a result, marriage data can be transmitted and shared with national and sub-national level institutions. The existence of this data system facilitates storage, timeliness and the quality of data from the Registration Centre.

At STMA, before any correction or amendment is carried out the provisions of section 72 of CAP 127 has to be met. Section 72 provides that, an error on a marriage certificate issued can be amended. The Minister responsible for interior should authorise the correction.

STMA also has high registration for ordinance and customary marriage. This is because it has a comprehensive advocacy and communication strategy. These have created a strong demand for registration.

## OPERATIONS AND PRACTICES IN DIVORCE REGISTRATION

165. The process of divorce has gone on in the courts nationwide since time immemorial. The divorce petitions are filed in either the District, Circuit or the High Court depending on the value of properties a couple hopes to share in the occasion of the divorce. Divorce cases may also be heard by the Supreme Court but usually when disputes arise out of property sharing.

166. The Customary Marriage and Divorce (Registration) Law 1985, which provided for the proper registration of customary marriages and divorces in Ghana, was retroactive (i.e. applied to customary marriages and divorces contracted before, as well as after, its enactment). Non-compliance was punishable by fine or imprisonment, but the marriage would still be regarded as valid. However, its amendment in 1991 provided that registration of customary marriages and divorces would no longer be mandatory, a weakness in the law that undermines registration efforts.

### Legal Framework for Divorce Registration

167. During divorce proceedings, the following legislations are considered: The Matrimonial Causes Act (Act 367); High Court (Civil Procedure) Rules 2004 C.I 47; The District Courts Rules C.I 59 and the Courts Acts (Act 459) S.47(F). The Position of the Law on Divorce Processes as applied to divorce registration and processes can be found primarily in the Order 65 of C.I. 47 (i.e. the High Court Civil Procedure Rules).

168. The Law is silent on the registration process of divorce, and therefore the records kept are incidental to the processing of divorce application and court procedures. There are therefore no guidelines on what divorce registration would entail, and no sufficient details about the characteristics of the parties involved in the divorce application process. Security features are also not present on application forms and there is no linkage between the courts and the marriage registry.

169. There is also no demand for the registration of the events by any institution. The divorce certificate become necessary primarily when a

party to the suit plans to remarry, claim inheritance and child maintenance allowances, and sometimes for insurance claims. They may also be needed, in the visa application process, when a divorcee wishes to travel outside the country.

### Divorce Procedures in the Court

170. It is possible to terminate customary law marriage by application to court under Matrimonial Causes Act, section 41 of the Matrimonial causes Act, 1971 (Act 367). A petition for divorce may be presented to the court by either party to a marriage and the sole ground for granting a petition for divorce shall be that the marriage has broken down beyond reconciliation.

171. For the purpose of showing that the marriage has broken down beyond reconciliation the petitioner shall satisfy the court of one or more of the following facts:—

- (a) that the respondent has committed adultery and that by reason of such adultery the petitioner finds it intolerable to live with the respondent; or
- (b) that the respondent has behaved in such a way that the petitioner cannot reasonably be expected to live with the respondent; or
- (c) that the respondent has deserted the petitioner for a continuous period of at least two years immediately preceding the presentation of the petition; or
- (d) that the parties to the marriage have not lived as man and wife for a continuous period of at least two years immediately preceding the presentation of the petition and the respondent consents to the grant of a decree of divorce; provided that such consent shall not be unreasonably withheld, and where the Court is satisfied that it has been so withheld, the Court may grant a petition for divorce under this paragraph notwithstanding the refusal; or
- (e) that the parties to the marriage have not lived as man and wife for a continuous period of at least five years immediately preceding the presentation of the petition; or

- (f) that the parties to the marriage have, after diligent effort, been unable to reconcile their differences.

172. Any of the partners in a marriage has a legal right to institute divorce petition in the law court for dissolution of the marriage they have contracted.

### **Operations of Divorce Registration - Processes and Practice**

173. The process of registering a divorce is not very clear in the country. There are no special forms for the registration of divorce cases. Ordinary A4 paper is used to file cases or type or write judgment.

174. For Ordinance marriage, it is only the courts that can grant divorce. After the law courts have granted divorce, it is considered as having been registered as there are records maintained at the various stages of the process. The process involves the petitioner filing a suit and the court then serves the respondent with the suit. The respondent is given eight days within which to file his/her response or an appearance. The petitioner is then served with the response, and is expected on receipt to file for a day for the hearing of the case or what is referred to as setting down. In most divorce cases, they are heard in camera (that is, behind closed doors). If the petitioner finds favour with the Judge, then a divorce is granted. The judgment that is given is considered as a certificate.

175. In the case of customary marriages, the families involved grants the divorce. The process is similar to that of the law courts as one of the parties will bring a case before the elders of the family or community. Both parties are invited with their families and the petitioner is requested to provide evidence or reasons for the divorce. If both parties finally agree to the dissolution of the marriage, the drinks (schnapps) that were presented as the symbol of the marriage having been agreed upon are returned and served to all present as evidence for the dissolution of the marriage. In the customary case also, divorce is only granted after all efforts made to reconcile the couple have failed. In this instance, no records are kept on divorce cases; as cases are dealt with as and when they are brought before the family elders and it dies off if granted.

### **Organisational Structure**

176. The Chief Justice is the head of the Judicial Service with a Judicial Secretary. There are other departments at the head office of the Judicial Service and also at the regional offices. However, at the Metropolitan/Municipal/District levels the departments are not represented in most places.

177. There is hardly any coordination between the courts and other MDAs. There is little inter-agency coordination between the institutions. Apart from the Ghana Statistical Service that collects data from the courts for analysis and publication, the data are not being processed nor used. There are no periodic programmed interactions between the two institutions. Again, there are no links in the form of data sharing with institutions like the Registrar General's Department or the District Assemblies and any other institution where marriages are celebrated. This could partly be because there is no legal requirement for any cooperation between data collecting institutions.

### **Resources**

178. In all the regional as well as district capitals there are structures available for proceedings of divorce. However these are not adequate. The Courts are also faced with very serious logistical constraints especially at the district level. Office logistics such as computers, desks and chairs, clients' seats and even vehicles are seriously inadequate. Even courts that are considered to have been automated do not have more than one computer at their disposal. There are also no vehicles officially assigned to the courts, especially at the district level. There is also a problem of office accommodation, which has exacerbated the problem of record keeping, storage and retrieval.

179. The qualification of some personnel of the courts, at the district level in particular, is a major handicap, with negative impact on the work of the courts. In instances where the personnel are available, they do not have the requisite qualification. The deficit is observed mostly among the junior staff; while the rate of attrition among the Senior Staff, notably at the High Courts, is very high.

180. The Court System, which is controlled by the Judicial Service, is mainly financed by the Central Government. The Service prepares

and submits its annual budget, incorporating the budgetary requirements of the regional and district offices, to the government. However, inadequate budgetary allocations have affected the performance of the Judicial Service.

### **Reporting, Recording and Certification of Records**

181. The pronouncement of judgment during a divorce proceeding ends the process. Recordings on the divorce cases are pasted in the Order Book kept at the various courts, and signed by the Judge and the Registrar of the Court. The court's seal is also used in the certification of documents. In cases where judgments are typed on the computer, they are also kept as a backup for the handwritten judgments.

182. The records of the law courts are sent manually at the end of the month from the regions and districts to the statistical unit of the Judicial Service where they are analysed. For the courts in Accra, the data are captured (mostly manual) at the courts by the Registries and processed at the statistical unit of the Judicial Service head office. There are no corresponding records on customary marriages to be transmitted.

### **Compilation, Analysis and Dissemination of Statistics**

183. Statistics from the courts are limited to cases pending at the beginning of a particular period, cases newly filed, cases concluded and cases pending at the end of the period. Presently, divorce cases are in the larger group of divorce and matrimonial cases. And statistics of divorce cases is not disaggregated beyond the larger group of divorce and matrimonial cases concluded, which include cases in which the application for divorce has been dismissed when the parties have agreed not to pursue the path of divorce. Thus the number

of divorces which have been granted is not readily available. There is therefore the need to further disaggregate the statistics in order to obtain the number of divorce cases filed, divorces granted and or cases dismissed.

184. The data from around the country are kept at the Statistical Unit of the Judicial Service at the national headquarters and these are court proceedings, but not registration of divorce. The data from the courts are made available to students, embassies and high commissions and the Ghana Statistical Service upon request. From the assessment it was found out that the annual numbers of divorce disaggregated by sex and geographical or administrative regions are not published.

185. Compilation of the data is done by the Court Registrar and analysis is done at the Statistical Unit of the Judicial Service at the headquarters.

### **Advocacy and Communication**

186. There is no systematic communication and advocacy to inform the populace about the importance and their need to register divorces either at the law courts or regarding customary cases.

### **Planning, Monitoring and Evaluation**

187. There is a general plan for the whole Judicial Service, which the courts follow, but there is no specific plan for the registration of divorce cases as they are treated like any other civil case that is before the court.

188. There is a monitoring and evaluation plan in place, developed a few years ago, yet there is no monitoring and evaluation being conducted, mainly because of logistical constraints. Thus, it is difficult assessing which districts are doing well and those that are not.

## DEATH REGISTRATION AND RECORDING OF CAUSE-OF-DEATH

### Policy Environment for Death Registration

189. Death registration, which started in the Gold Coast in 1888, was originally not associated with any department till 1895 when it was handled by the Sanitary Branch of the Department of Medical Services. The responsibility for registration shifted to other institutions four times before being settled in the current location, the Ministry of Local Government and Rural Development (MLGRD).

190. The registration of death is also governed by Registration of Births and Deaths, Act 301 and its practices by the Registration of Births and Deaths Regulation LI 653 of 1970 and the 'Standard Operating procedures and Instructions for completing the new computerised births and deaths', 2009. Other legislations are S.7 (1) (a) Coroners Act 1960, and Statistical Service Law -1985 (PNDC 135).<sup>30</sup> The law currently in force, the Act 301 of 1965, is about 50 years old, with an amendment in 1968 with NLCD 285. The Act provides for the registration of births, foetal deaths and deaths and to make provision for burial grounds.

191. Death registration gives evidence of a death having taken place, and the certificate is used by decedent's heirs, i.e., rights to insurance claims, social security benefits, inheritance and child maintenance allowances. To the state, death registration is used to review census data, electoral register, social security records and national identification records. In health, it is used in the estimation of mortality rates, and to analyse the cause-of death patterns for effective public health planning.

### Legal framework

192. According to Act 301 of 1965 section 12, death is the permanent disappearance of all evidence of life at any time after live birth has taken place. Foetal death, on the other hand, is 'death prior to the complete expulsion or extraction from its mother of a product of conception, irrespective of duration of pregnancy. The classification of the

dead is based on the certification of a medical practitioner or the coroner.

193. The law is comprehensive, and has provisions on the registration, the location of registration, designation of an informant, and cause-of-death certification, which is to be issued free of charge by a medical practitioner. There is a provision on who is to be appointed as the Registrar and deputy registrars; and the law also states that there should be no registration after 12 months except with a written authority of the Registrar; there are provisions also on a coroner.

### *The Coroner's Act 1960*

194. A coroner is a public official who investigates by inquest any death not due to natural causes. The District Magistrate is a coroner for the area of jurisdiction of the district court to which the Magistrate is appointed.

- (a) Where a dead body is found or where a person has died from a violent or any other unnatural death or a death of which the cause is unknown, a person finding the body shall immediately notify the officer in charge of the nearest police station.
- (b) The person in charge of a prison, lock-up, a psychiatric hospital or public institution, shall inform the coroner of the district of the death of an inmate.
- (c) The person in charge of a hospital in which a person has died an unnatural death shall give notice of the death to the coroner for the district. (Section 2 of Coroners Act 18/60)

195. The BDR Act makes provision for the registration of deaths and foetal deaths as compulsory in all parts of the country and is applicable to the entire population of Ghana, irrespective of race or country of origin. It also provides for authorised burial ground (cemeteries).

<sup>30</sup> With particular reference to S.15 on Power to obtain information; and S.17 on information for Government Statistician.

## Operations of Death Registration

196. The process of death registration is plagued with a lot of challenges; key among them is the registration of deaths that occur at home. In the rural communities, the dead are sometimes buried without the death being registered or a burial permit being obtained.

197. Regarding the registration of deaths the law states that a medical certificate specifying the cause-of-death shall be issued free of charge by the medical practitioner who was in last attendance during the illness of the deceased, and this certificate is to be delivered to the registrar for registration. While it should have been relatively easy to obtain cause-of-death certificates for deaths occurring in the health facilities, in practice it was observed that some registration did not have the cause-of-death stated. The omission is attributed to doctors not always being available. Even when a death occurs in a health facility and the family is given a death certificate with a cause-of-death; in several cases the family does not go to the Birth and Death Registry to officially register the death. In most cases, people tended to assume the hospital certificate is the death certificate.

198. Post-mortem in most cases is also not done because most of the facilities visited do not conduct post-mortem. Some of the cause-of-death information is based on the explanations from interviews with family members of the deceased; while some are also based on the deceased person's medical records.

199. The procedure to be followed when a death occurs at home is that the police is notified and a coroner engaged to ascertain the cause-of-death and issue a death certificate. With the death certificate, the burial permit can be obtained and the body is buried. This process is however not followed to the latter especially in rural communities. In these communities when a death occurs at home, the chief is notified and he simply gives permission for the body to be buried. No proper records are being kept of these burial authorisations. In places where people bury the dead at home e.g., in Northern Ghana, the situation is even more dire. Once the family head and the chief are notified, burial occurs without any other members of the community being made aware of it.

200. It was observed that BDR officers were registering deaths not using the approved cause-of-death certificate. These officers were instead accepting the mortuary registration cards as a basis for establishing the cause-of-death. This, the BDR officers explained was done in order not to miss capturing the death in the register. This however, goes contrary to the law especially in cases where death may have been caused by foul play.

201. Another major challenge to death registration peculiar to the Muslim community is the religious requirement to bury a corpse within 24 hours of the death. Due to this religious requirement, in most instances the death is not registered. The cultural practices and beliefs associated with death also pose a challenge to death registration. Due to these drawbacks, death registration is not extensively done.

202. As per the law, the owner or a manager of an uncontrolled burial ground (cemeteries) shall not permit the burial of a dead body in the burial ground unless a burial permit is delivered. Yet the issue of controlled and uncontrolled cemeteries seems to be a strong determinant of whether people acquire a burial permit or not. In the cities, where there are well-established cemetery control systems, a corpse cannot be buried without a burial permit and a burial permit can only be obtained with a death certificate. The management of the controlled cemeteries were found to be following the law and are well organised with the sextons being in charge.

203. At the uncontrolled cemeteries where a burial permit is not inspected prior to burial the demand for death registration is low. In remote areas where there are no mortuaries the community residents are forced to bury their dead within twenty-four hours. Burial permits are not inspected and they also end up not registering deaths that occur in the community.

204. At one funeral home the manager reported that a pathologist visits the institution every two weeks to conduct post-mortem to certify the cause-of-death of bodies brought to the funeral home. Going through the record books of this funeral home a strange pattern was observed. In most cases, especially for women, malaria was being systematically recorded as the cause-of-death. The team also learnt from a reliable source

that it was not true that a pathologist visited the funeral home every two weeks.

205. In Akokoano a community in Dodowa a volunteer of the BDR who also doubles up as a sexton at the Akokoano public cemetery has been trained by the BDR to handle all registration and recording of death events. This is done over the weekends and public holidays. There is however no system in place to check how the guidelines are being followed, and whether the proper procedures are being implemented.

206. **Registration of foetal deaths:** The law states that foetal deaths which occur in any district to which the Act applies shall be registered as provided. The record of any foetal death that occurs in a health facility is to be certified or signed by a registered medical practitioner or a midwife who was in attendance or who examined the foetus. In some of the health facilities visited it was found out that relatives abandon the bodies of their babies and do not show up to collect the bodies. This may be due to some cultural beliefs and taboos. The health facilities however, record such events in the hospital records for their own use. These foetal deaths are buried by the hospital authorities without having them registered with the Births and Deaths Registry.

207. In instances where foetal deaths occur outside a health facility the law states that a declaration is to be made to the effect that no medical practitioner or midwife was present at the occurrence or has examined the foetus or that his or her certificate cannot be obtained in respect of the foetal death. In practice this is not being done because such deaths are neither reported nor registered.

## Operations of Event Registration

### Procedure for registration of deaths between day one and twelve months

208. The informant with evidence of a death reports it to the nearest Registry Office in the locality (district) and is interviewed by the registration assistant and completes the Death Registration Report Form "B". There are generally two main documents. The Coroner's Report and the Medical Certificate of Cause-of-death.

- (a) Coroner's Report: - A report from the police as a result of the death having not occurred at the hospital or a recognised institution.
- (b) The Medical Certificate of the cause-of-death: - A document issued by a medical officer who was last in attendance when the death occurred. On each of these documents one should expect to find the deceased's name, house number, date of death, cause-of-death, doctor's name and qualification and date of issue of the document. Upon provision of either of the above named documents the Registration assistant proceeds to register the event.

209. The Informant appends his/her signature to the completed Form certifying that the information recorded is correct. The Registration Assistant enters the relevant information into the Register of Deaths and the Informant signs the appropriate column of the Register of Deaths. The Registration Assistant then issues:

- A Burial Permit where burial is to take place in the district, where the death occurred, or
- A Death certificate (for a prescribed fee), where burial is in a district other than the district where the death occurred.

210. The Informant delivers the Burial Permit to the Sexton/Manager of the Cemetery where the deceased is to be buried. In the case of a death certificate, the Informant surrenders the Death certificate to the BD Registry office nearest where the deceased is to be buried to obtain a burial permit. This is then delivered to the Sexton/Manager for burial. The Burial permits must subsequently be returned to the Registry of issue.

211. If the death occurred in the hospital, the registration is done by the registration officer from BDR attached to the hospital; otherwise it is done anywhere else.

212. Where the deceased is to be buried in the district within which the death occurred, a Burial permit is to be issued. However, if the body is to be transported from one region to another for burial one should issue a Death certificate and not a Burial permit. In this case upon arrival at the place of burial a Burial permit will then be obtained from the BDR office in that district.

213. For deaths that occurred outside the country, the requirements for importation of a dead body are a death certificate from the country where the body is being brought from and the issuance of a permit to allow the body to be buried.

214. Where the death occurred, with either (i) Medical Certificate of cause-of-death issued by a Medical Practitioner who was last in attendance (form 'V'), or (ii) Coroner's Certificate:

- (a) Registration Officer interviews Informant and completes Death Registration Report Form 'B'.
- (b) Informant signs Form 'B' certifying that the information recorded is correct.
- (c) Registration Officer enters information into the Register of Deaths and the Informant signs the appropriate column of the Register of Death.
- (d) Registration Officer issues:
  - Burial Permit where burial is in the district of death or
  - Death Certificate (for a prescribed fee), where burial is outside the district where death occurred.
- (e) Informant delivers Burial Permit to the Sexton/Manager of the cemetery where deceased is to be buried.

#### **Procedure for the registration of death after burial**

- (a) Informant reports the death to the nearest Registry Office in the locality where the death occurred.
- (b) Registration Assistant interviews the Informant and if satisfied with information, partially completes Death Registration Report Form 'B' and a Declaration Form and Informant pays the appropriate penalty.
- (c) Informant declares partially completed documents before a Commissioner of

Oaths, court Registrar or Notary Public, supported by any one of the following:

- (i) Medical certificate of cause-of-death
  - (ii) Coroner's Certificate together with Police Report
  - (iii) Affidavits from a High court sworn by the next of Kin and another sworn jointly by head and two principal members of the family of the deceased
  - (iv) Headed letter from Imam, Pastor who officiated the burial service
  - (v) Headed letter from the person who gave the grave space
  - (vi) If the deceased lived in a rented house/apartment, the owner should provide a sworn affidavit
- (d) Informant must present a declaration from the owner/manager/sexton of the cemetery where the deceased was buried.
  - (e) Informant returns declared documents to the Registration Assistant who forwards application to the Registrar of Births and Deaths for approval or otherwise
  - (f) The Registrar of Births and Deaths returns the declared documents together with his authority to the Registration Officer.
  - (g) Registration Assistant enters the information in the Register of Deaths and issues Extracts to the Officer.
  - (h) The registration officer may also conduct investigations to satisfy him/her before forwarding the forms to the head office. This includes visiting the community where the death occurred to check and if possible, the place of burial.

### Box 3.4: Recording of Deaths and Cause-of-death in Health Surveillance Site

In the recording of deaths, it is required to note the information on cause-of-death. When a death occurs in a health facility, information is taken from the primary care-giver. To ensure credibility, the Household Head (What happens if the head of the household was not present when the death occurred?) becomes the primary source of information for a death that occurs outside of a health facility. Extensive use is made of the Verbal –autopsy mechanism to establish the cause-of-death in this circumstance. Because there is no law compelling residents to register vital events under the DSS programme, widespread advocacy is used to ensure registration compliance.

#### Coding of Cause-of-death from Verbal Autopsy

Once a week the Field Supervisors hold a review meeting in which they collate their reports and submit them to the Filing Office for processing. The supervisor validates the updates and submits the records through the Research Officers to the Filing Office for electronic processing. Information on deaths and cause-of-death however receive more detailed attention because of the use of the Verbal Post Mortem (VPM)/ Verbal Autopsy (V/A) methods employed in the determination of cause-of-death. After logging, verification and filing, the verbal autopsy forms are sent to two different coders for coding and analysis. If the results from the two independent medical practitioners come out the same, then the cause of death is deemed to be established. The forms are then sent on to the next stage of data processing. If on the other hand the results differ then a review is organised for the coders to derive the cause-of death.

## Management and Organisation of Death Registration

215. There are three key institutions with specific responsibilities associated with the registration of deaths: the Births and Deaths Registry, Ghana Health Service, and the Police Service. The Births and Deaths Registry, with the mandate to register deaths; the health facilities have to issue the cause-of-death certificate, the main documentation for registration of the dead; and the Police Service, is responsible for investigating deaths that occur outside of health facilities or under suspicious circumstances.

216. **Births and Death Registry:** The BDR Act 301 of 1965 requires the establishment of an office to be headed by the Registrar at the Central Office. The Act also mentions the establishment of sub-national offices as may be deemed convenient. Consequently there are ten Regional Registries—one in every regional capital—that reports to the Central Registry. There are also the Metropolitan/Municipal/District registries, as well as zonal registries and community registration assistants commonly referred to as Volunteers in some regional and district offices. Burial and death certificates are issued after registration.

217. **Regional and District Hospitals:** At the regional level, curative services are delivered at the regional hospitals and public health services by the District Health Management Team (DHMT), as well as the Public Health division of the regional hospital. The Regional Health Administration or Directorate (RHA) provides supervision and management support to the districts and sub-districts within each region. At the district level, curative services are provided by district hospitals many of which are mission or faith based. Public health services are provided by the DHMT and the Public Health unit of the district hospitals. The District Health Administration (DHA) provides supervision and management support to their sub-districts.

218. **Police Service:** The Ghana Police Service is the main law enforcement agency in Ghana. It is organised at the national level and has a unitary command under the Inspector General of Police (IGP). Although there are many regional and divisional commands, they all report to the National Headquarters in Accra.

219. The regional divisions have subdivisions under them. The aim of this is to decentralise the activities of the regional police force for more effective and flexible policing. Each regional

command is divided into divisional commands. The various divisional commands are headed by Divisional Commanders, who are in charge of the district commands under them. The individual district commands are, in turn, headed by District Commanders. The District Commanders have direct control and supervisory responsibilities over all police stations and posts under their jurisdiction.

220. It was observed that the institutions visited did not have a kind of organisational structure specific to the death registration process. The organisational structures were designed specifically for the institutions.

### *Coordination*

221. There is little inter-agency coordination between the institutions. In relation to the Ghana Health Services which is responsible for the running of all the health institutions in the country, though the BDR has registration points in a number of health facilities, it is by good-faith gesture and not governed by a legally binding agreement. Some of the hospitals are prepared to give the BDR office accommodation on condition that the BDR pays their revenue into the hospital's account, even though the BDR and the hospitals are two different entities. The office accommodation at the hospitals and other health facilities where Births and Death Registration service points are located, the office is quite basic, and do not often provide the necessary space for clients' waiting and for storage. Many of the facilities do not have computers and therefore process and complete their monthly returns manually.

222. The police have some links with the hospitals and the courts. In the eventuality of a death occurring outside a health facility it is incumbent on the police to facilitate the coroner's report, which is by order of a magistrate and requires a pathologist to conduct the post-mortem to ascertain the cause-of-death.

### *User-producer consultation*

223. User producer consultation is based on need and demand. Ghana Statistical Service (GSS) and the National Identification Authority (NIA) need the information to update their records and produce vital statistics reports. The Social Security and National Insurance Trust (SNNIT) will demand

a death certificate before a deceased person's benefits are processed. The insurance companies and investment institutions also demand death certificates. At the Agona Swedru BDR, the team met a lady who had come to register the death of her mother because she required the certificate for insurance claims.

### **Registration Forms and Materials**

224. The forms used in the recording and processing of death and cause-of-death are:

- (a) Form 'V'- medical certificate for the cause-of-death,
- (b) Form 'P' which establishes still births,
- (c) Coroner's certificate,
- (d) Form 'B' for death registration,
- (e) Burial permit,
- (f) Death certificate, and
- (g) Death extract

225. The urban areas have adequate supply of registration materials and forms unlike in rural areas where there are frequent shortages. In most of the BDRs visited, death certificates were being used as burial permits. In other places it was the other way round where burial permits are used as death certificates. The form 'B' seemed not to be a big problem though some offices had limited supplies. Photocopies of the form 'B' are made to cater for the shortages. Others also record the death in the register and tell the client to come for the certificate later.

226. It was found out that the hospitals are not using the correct cause-of-death certificate (form 'V'). A different form bearing some similarities with the form 'V' is used. Upon investigation it was found out that these cause-of-death certificates were printed by the Ministry of Health (MoH). This gives rise to two different forms. In some instance these forms were being used to certify the cause-of-death in most medical facilities. It was only in Korle Bu teaching hospital where these substitute forms are not accepted. In all the other hospitals visited both certificates are accepted without question. The hospitals justified the printing of these forms by the fact that the Births and Deaths Registry has failed to supply medical cause-of-death certificates to be used in the hospital. Some were not even aware that the cause-of-death certificate is backed by the law.

## Reporting, Recording and Certification of Records

227. All deaths presented for registration are entered in a synchronised order of first come first serve. Every death presented for registration is assigned a code and this code is entered in the register of death and then a Certificate is issued. All deaths registered in the district are recorded in the register of deaths. The death registration forms (Form 'B') are returned on monthly bases to the Regional Offices by the district officers. These forms are scanned, edited and verified. The data for the region are saved either on external hard drive or pen drive and submitted to the Central Registry directly. The registers are submitted to the Regional Registries later when they are full, and they are verified and submitted to the Central Registry in Accra.

## Transmission of Records

228. The transmission of death records from the district BDR to the regional offices is mainly paper-based. The records are captured manually by date of registration and then transferred to scannable forms (Form 'B'). The entries are verified and district statistics are then compiled. The scannable forms and the district statistics are sent to the regional office for scanning and regional compilation of statistics. Scanned data and regional statistics are put on CDs and pen drives and sent to the national BDR office to be verified and uploaded unto the national database.

229. The hospitals have their own means of storing their records. The data are captured and kept at the records department of the hospitals. At the police stations the records (coroner's reports, etc.) from the districts are sent manually to the regional directorates and then transferred to the police headquarters. The team discovered that data from the cemeteries are not sent to any office. All the record books are kept at the sexton's office. The same practice was observed with the funeral homes visited, where the data are neither being processed nor sent to the central registry.

230. Compilation and analysis of death records is done at the headquarters of the BDR where the national data are compiled, analysed and stored on a server. For the police, analyses of the data are conducted at the head office and the data are stored in a national database.

231. From the assessment it was found out that the annual numbers of deaths disaggregated by sex and geographical or administrative regions are not published. They are made available upon request to the BDR by stakeholders. As specified by the Births and Deaths registration Act, the data are to be given to the Statistical Service on monthly basis, yet the data are not being sent to the Statistical Service unless requested.

## Utilisation

232. Information from death registration is not being put to maximum use. At present they are used to a limited extent for claims such as social security benefits and inheritance. Death certificates are also required for the exportation of mortal remains for burial. Some embassies and foreign missions request for the validation of the death extracts for processing of documents.

## Advocacy and Communication

233. There are some gender division of roles affecting the levels of death registration. For example in the Northern region, the women indicated that issues about death are for men to deal with so they were not even aware of the need to register a death. The men's group also mentioned that they believed once a person is dead there was no need for a death registration. Advocacy and communication about the benefits of death registration is carried out at the celebration of every births and deaths day and any other occasion for public consultation by the BDR through radio and television programmes.

234. The police service in their citizens interaction advocate for police notification in the event of untimely death of any citizen as well as unidentified bodies.

## Planning, Monitoring and Evaluation

235. Planning for the BDR is initiated from the Central Registry. A strategic plan to improve registration of death alongside births was put in place some 5 years ago but due to resource constraints all the objectives could not be achieved and would have to be repackaged. The plan was predominantly funded by the Ghana government with a lot of logistical constraints and other challenges.

236. There is an annual monitoring and evaluation plan by the BDR which is executed at the national level regularly to assess the shortcomings of the registry. The police in most regions have not been keen in follow-ups with

cases they sent to mortuaries. The hospitals on the other hand have been able to monitor the activities of the mortuaries and the records department with respect to deaths (both known and unknown) and availability of storage space.

### Box 3.5: A Well-Managed System Backed by Knowledge of the Law

The Mortuary of Korle Bu Teaching Hospital has a computerized system to keep track of all bodies deposited in the hospital.

The Mortuary manager referred the Task Team to the Act 301 section 18 to demonstrate his understanding of the legal provision that mandates him to ensure that all deaths that are brought to the facility have been registered and cause-of-death known for all deaths that occurred in a health centre; also for an autopsy to be performed on all brought-in-dead (BIDs). He made mention of the Medical cause-of-death (Form V) as a proof document to indicate that a certified medical officer last in attendance in the care of the deceased has certified the death and signed the cause-of-death for deaths that occurred in the ward; and Form 83 from the Police Service bearing an order by the coroner for a pathologist to perform an autopsy in case of all BIDs.

The Mortuary Manager cited Form P that was used to record stillbirths and certificates issued to that effect.

The Mortuary has a digital database with manual as well as digital back-up done by an efficient IT team to handle the information generated by the facility.

## Practices in Production of Vital Statistics from Civil Registration

237. Vital Statistics is one of the main products of a civil registration system. It can be defined as the end-product of collecting, compiling, processing, analysing and evaluating data from civil registration. Vital statistics from civil registration plays a critical role especially in between population censuses.

238. Civil Registration is the ideal source for vital statistics, which provides a wide range of information for analysing different facets of population dynamics. Sustainable civil registration system that yields reliable information about the state of the population's health is a key development goal for our country, and information obtained from death registration provides knowledge in regional, districts and community differences in disease burden, and engender more equitable provision of health services.

## Policy Environments for Civil Registration and Vital Statistics

239. The foundation for sound vital statistics system in a country is a well-designed registration law that defines the objectives of the system, its compulsory nature, and specifies sanctions for non-compliance. The law also designates the functions and specifies the administrative, institutional, organisational and inter-agency participation necessary for the system's operations and the method of funding. The law should not only provide directives on the civil registration aspects, but also on the vital statistics if the functionality of civil registration is to be attained in all three dimensions – legal, statistical and collaborative.

## Legislation

240. The laws existing in various CRVS institutions, however, do not specify which category of personnel with requisite qualification or personnel should perform specific task (registration, compilation, issuing of certificates or production of statistics). Various tasks performed are generally part of corporate administrative functions.

241. The Statistical Service Law (PNDC Law 135) enacted in 1985 and clause (1) of article 185 and clause (1) of article 190 of the 1992 Constitution empowers the Government Statistician among other functions, to collect, compile, analyse, abstract and publish statistical information relating to the commercial, industrial, agricultural, social, economic and any other activities and conditions of residents of Ghana. The first schedule of the law specifically mentions collection of information on vital occurrences and morbidity.

242. The Statistical law mentions collaboration of Public Services and other official or quasi-official organisation or any other organisation to collaborate with the Government Statistician, the head of the GSS, in the collection, compilation, analysis and publication of statistical records of or connected with the Public Services or those organisations. For the compilation of vital statistics, from civil registration, the GSS has weaker institutional linkages with BDR (births and deaths registration), GHS (causes of deaths), RGD (marriages registration) and the Judiciary (marriages and divorces).

243. There is no clear support given to GSS as the central body to harmonise these data generated from civil registration. The Birth and Death Registration Act was passed in 1912 and was last revised in 1965; the Ghana Health Service ACT 525 was formulated in 1996; and the Statistical Service Law (PNDC Law 135) was enacted in 1985. Apart from BDR, the laws establishing these institutions do not mandate them to transmit any data on civil registration to GSS for the compilation of vital statistics; the laws on marriage and divorce registration does not make it mandatory for High courts, judicial service, RGD to transmit data to GSS.

244. The law that establishes the Ghana Health Service/Teaching Hospitals, ACT 1996 (Act 525 of the Parliament of the Republic of Ghana) does not explicitly mention the collection of registration of civil events such as births or deaths. However, by inference the mention of one of the functions of the GHS to establish effective mechanisms for disease surveillance, prevention and control has called for the establishment of a resemblance of a statistical unit called Policy, Planning, Monitoring and Evaluation Division (PPME).

245. Although the law is silent on collaboration with other state institution in the performance of its mandated core functions in the area of civil registration, GHS collaborates with BDR and GSS. GHS also collaborate with PRAAD (Public Records and Archives Administration Department) for record archival.

246. The law further states that, within ten days after the last day of each registration of each month, every registrar, other than the Principal Registrar, shall send to the Principal Registrar a certified copy of all entries made by him during the preceding month in the marriage register book of his district, and the Principal Registrar shall file the same in his office. On the contrary, this aspect of the law is not been enforced. Religious groups, the Metropolitan, Municipal and District Assemblies (MMDAs) and the Districts Courts which register marriages do not return the certified copies of forms/certificates to the Registrar General (Principal Registrar) for safekeeping and records purposes.

## Management and Organisation

247. There is an administrative structure in place for the registration of births and deaths as captured in the organogram of the BDR. The Central Registry supervises and coordinates the activities of all other units from region to community with inter linkages at all levels.

248. The organogram of the GSS has a directorate that oversees the compilation of vital statistics from civil registration. The Social Statistics section, which falls under the Social and Demography directorate, collects data from collaborating institutions involved in registration of vital occurrences for the compilation of vital statistics. There is also a strategic plan (GSS Corporate Plan) in place that spells out the operation of vital statistics.

249. However, because these collaborative institutions do not respond promptly to data request put in by this unit, the periodic releases of vital statistics has been interrupted in recent times.

250. There is no inter-organisational structure by CRVS organisations showing levels of operational responsibility and flow of information within the GSS and BDR, High Courts, RGD,

NIA, and GHS. There is weak coordination and fragmentation among CRVS institutions. There is also limited inter-agency collaboration between GSS and various CR agencies each functioning independently resulting in problems such as inconsistencies in data derived from CR.

251. The assessment revealed that there is no inter-agency committee. This delays efforts to resolve problems and often times lead to serious data quality issues and bottlenecks (e.g. data transfer etc.). This situation exists within the GHS and RGD while the GSS has no oversight mechanism with the agencies involved in the use of vital statistics. There is also no interagency coordinating committee made up of staff members of agencies at the highest level.

252. GSS has no standalone strategic plan for vital statistics activities. The GSS has a general corporate plan and an overall National Statistics Development Strategy (NSDS) plan of which vital statistics forms part. Similar situations exist at GHS, RGD, High Courts, Korle Bu Teaching Hospital, and Tamale Teaching Hospital where no strategic plans exist for vital events registration activities. The strategic plans within CRVS organisation do not cover coordination, day-to-day administration and operational coordination, technical coordination, supervision, monitoring and evaluation framework for vital events generation.

253. Manuals have not been prepared to guide vital statistics operation, and the participation of RGD, GHS and BDR to deliver statistics is very low.

## Resources

254. Assessment on resources in terms of staffing, financial and infrastructure within CRVS organisations reveals shortages of qualified staff in the regions and districts. The GSS and BDR have staff in most of the districts, but the numbers are woefully inadequate.

255. There is no structured training scheme for vital statistics staff and other CR organisation personnel at various functional and operational levels.

256. The units involved in the CRVS activities are not operating on any specific budget line. Their financial base is tied to the overall corporate budget with no timely release of finances for their

operations. No budgetary allocation for training, printing, advocacy, operation, stationery etc. and no funds are available to be locally managed.

257. There are no specific budget lines in the generation of vital statistics from civil registration at the GSS but rather captured under the general budgetary allocation and other funds meant for the Service. For this reason, the infrastructural, human and financial resources gaps cannot be quantified. Despite this setback, there is support from donors for the compilation of vital statistics in Ghana. These include the UNFPA, UNICEF, DANIDA and the World Bank.

### Registration forms and materials

258. The GSS has no standardised designed forms for compiling vital events. However, agreed designed forms are used to collect data on vital events from collaborating institutions (GHS, BDR, RGD, and Judicial Service). These forms are sent to these institutions through the regional office electronically and printed out manually for distribution.

259. Registration/recording forms are available at all health facilities visited but with different formats. These forms do not conform to acceptable international standards that capture every aspect of the individual's characteristics. There are no uniform forms for recording cases. What these forms seek to do in these service centres basically is the count of cases recorded.

260. The designed forms of the RGD captures limited information of married couples. Marriage certificates are always available at RGD offices. As had been indicated earlier, the courts do not have forms or questionnaire to collect data on divorces. The data on divorces are sought out from existing dockets and registers on the subject.

261. On review of all forms used for registering events and certifying births, deaths, marriages and divorces it was found out that only BDR operates with forms conforming to international standards and practices for births, deaths and cause-of-death registration. However, not all the information collected is used.

262. Forms for collecting data on marriages and divorces by RGD and High Courts are however grossly deficient in content and coverage.

263. Form layout for births and deaths registration is user friendly and it takes less than five minutes to fill. However, the forms are not available in each of the main national languages and very often they are out of stock.

### Operations in Events Registration – Processes and Practices

264. From the central registry to the communities there are common processes and practices that relate to the registration of births country wide. Registration takes place at the registration centres using form A for births and form B for the deaths. Information from Form A is transferred into birth registers with a unique number, date and time. After this a certificate is issued, signed, sealed and given to applicant or informant. There are two types of birth registration, fresh (0 to 12 months) and late (1 year to 60 years). The same procedure is used to register deaths except that in the latter instance a cause-of-death certificate is required.

265. Information in the following tables are given to GSS in electronic form. There are six standard tables compiled by the births and deaths registry. These are:

- (a) Registered live births by sex
- (b) Registered live births by age of mother
- (c) Registered live births by place of occurrence
- (d) Registered deaths by sex
- (e) Registered deaths by age of deceased
- (f) Registered deaths by place of occurrence.

The tables are compiled by district and by region. There is no regularity in the provision of data to GSS; and there are delays most of the time when GSS requests the information.

266. There is also no regular dissemination of CR information by any of the agencies involved in the registration of the events.

267. At the Tamale Teaching Hospital, after medical cause-of-death is determined, there is coding based on the International Classification of Diseases of the World Health Organisation (ICD-10), which is used internally by the hospital during their review meetings. A similar situation pertains to the S.D.A hospital in Kumasi.

268. The available data that are collected from the districts are transmitted manually or electronically by the Regional Offices of the GSS, to the Social Statistics section for compilation, analysis and publication.

269. The GSS has a defined operational structure for vital statistics production at the head office; but the GSS regional offices perform general functions with no specific responsibilities for civil registration data collection.

270. The following procedures are adopted by the GHS and the Teaching Hospitals to manage and organise the recording of vital occurrences in their facilities.

- (a) Recording of births, deaths and causes of deaths at service delivery points in registers provided for that purpose
- (b) Recording of cases including births and deaths undertaken by nurses and midwives and health information staff at service centres nationwide.
- (c) Daily and weekly surveillance of how these data are recorded for quality assurance.
- (d) Validation of the data collected at service centres (public and private) at the district level before transmittal to the region and head office.
- (e) Monitoring and Evaluation teams in place at all levels (National, Regional and District) to check for consistencies with respect to data collection.
- (f) Some facilities have staff of BDR attached to them for the registration of births from available records at the service centres. The staff of BDR also register deaths through the issue of burial certificates provided the causes of death had been certified by medical officers.

- (g) Coding of cause-of-death using the WHO international classification system.

271. Unlike criminal cases which has designed questionnaire for data collection, there is no form to collect data on civil cases of divorces that appear in court. For marriages, a notice of intention is placed for 21 days and after no caveat the marriage is celebrated for registration. Unlike marriages, divorce certificate is typed and not printed to avoid forgery. However, there is a register for divorce and matrimonial causes which captures scanty information on the petitioner and the respondent.

272. The registration process begins with the placing of public notice for 21 days of the intention of the man and woman who want to marry. In the absence of petition or caveat against the marriage it is then entered into the marriage register after showing evidence that they are of age to marry. This evidence includes: national ID cards (driving license, voter ID, etc.). No birth certificate is required for proof of age. The register contains some details of the couples.

273. Although the RGD registers marriages (ordinance), there is no statistical unit within it to coordinate the registration of marriages nationwide except the submission of annual report to the Registrar General. For the whole country, the RGD is represented in four regional capitals, namely; Accra, Kumasi, Takoradi and Tamale. Tamale office has not started with marriages registration.

274. The RGD has no links with other Ministries, Departments and Agency (MDA's) in the registration of marriages except for sales of marriage certificates/forms to the MDA's.

## Database Management

275. Data capture starts at the service points in registries by health officials for the generation of summary sheets. These data are then captured for analyses using the Health Administrative Management System (HAMS) software, but this is yet to be rolled out to all health institutions. For instance, while this software is used at Tamale Teaching Hospital, it is not being used at the Korle Bu Teaching Hospital. These published reports and raw data are stored both in hard and soft copies. Much of the published data are also put on to the website.

276. Except for marriages all other statistics are computerised. Marriage data are transmitted manually to the RGD head office. Data are stored in soft and hard copies.

277. Data on divorce alongside with other civil cases are compiled and transmitted manually from cases that have been disposed to the M & E unit of the Judicial Service. However, the primary source of divorce data are kept in the docket rooms of the court for future referencing; for this reason the dockets are kept permanently without being disposed off.

278. Data on vital events is collected in summarised formats with no mechanism for verification. There is limited use of electronic data capture that ensures easy data transmission, archival and storage.

279. Production of statistical tables is not standardised (according to UN recommended format) and data produced is not reported or disseminated due to poor quality of data (in terms of content and coverage). Indicators such as fertility, mortality, marriage, divorce rates are not calculated due to low births and deaths completeness and coverage and data is not available at the district level.

### **User-Producer Consultation**

280. A key improvement strategy for a CRVS system is to find out how users feel about services being rendered and what additional needs they may require. Improving the system requires feedback from the public, government officials and user agencies and those supplying data to the system. Events registering organisations also do not have such arrangements and have no form of communication activity to improve user satisfaction.

281. The study indicates that although the GSS has a mechanism in place for user-producer consultation through the dissemination of findings from surveys such as Ghana Demographic Health Survey (GDHS), Ghana Living Standard Survey (GLSS) User-Satisfaction Survey, there is no specific programme for consultation with users of vital statistics.

### **Advocacy and Communication**

282. Although there are no dissemination programmes as an outcome of births and deaths data capture and analyses, a day is always set aside for the celebration of births and deaths nationwide every year. GSS has provided information on vital statistic in the past, through seminars, workshops. There were also radio talk shows to educate the public on key findings of processed data on vital statistics.

### **Lessons from Demographic and Health Surveillance Site (DHSS)**

283. The Demographic and Health Surveillance (DHSS) were set up by the Ministry of Health with the focus of developing and evaluating community and district based health interventions to obtain information to improve the process of health policy, planning and service delivery in the Ghana Health Service. Although the DHSS did not have a direct mandate to register vital events, the nature of their operations has exposed them to the collection of data on some vital events including: pregnancy and pregnancy outcomes; births; deaths; migration (in/out); marriage and divorce and in all cases have assisted the communities to comply with the legal requirement of registering their births and deaths. The Centres assist their communities by acting as intermediaries with the respective Births and Deaths Registry.

### Box 3.6: Demographic and Health Surveillance: Models of cooperation on registration of Births and deaths

#### The Dodowa Health Research Centre

Deriving its relative mandate (indirectly) from the Act that established the Ministry of Health (MOH), the Dodowa Health Research Centre was setup as part of an agreement with the Overseas Development Agency (ODA), to have Operations Research Satellite stations in the early 1990's. The focus then was to develop and evaluate community and district based health interventions that would help generate information to improve the process of health policy, planning and service delivery in the Ghana Health Service (GHS). The centre was tasked with the responsibility of conducting operational research within the southern sector of the country to address health problems and is located in Dodowa the capital of the then Dangme West District of the Greater Accra region, (currently, separated into two, Shai/Osudoku and Ningo/Prampam). The operations of the Dodowa Health Surveillance System cover approximately 37 communities across the seven area councils in the two districts

At present the Dodowa DSS has a total of 80 Field workers operating in 393 communities. There is at least a Community Key informant (CKI), who serves as a notifier, in every community and one Supervisor to every four field workers. Key Informants are also equipped with notebooks specially designed for the capture of new events of births, deaths, migration and defined occurrences within the community. They notify the field workers who then pick the information and continue through with the process.

#### The Navrongo Health Research Centre

The Navrongo Health Research Centre (NHRC) started out in 1988 as a field site in Northern Ghana for a study to investigate the impact of repeated large doses of Vitamin A Supplementation on child survival in the Kassena-Nankana District of Upper East Region (The Ghana VAST Project). In 1992, the Ministry of Health adopted the facility that had been created and designated it a research centre. It was used to conduct research into bed-net use for children using mortality data to evaluate projects with mortality as

an outcome. With support from the Rockefeller Foundation, it started the Community Health and Family Planning Project that has now become the CHPS compound. Since then, the mandate has broadened to include population and health problems of national and international significance.

The Navrongo DSS operates 247 clusters with each cluster comprising of 99 compounds. Once every half year a field worker is required to visit all compounds in his/her cluster to update the household registers. Upon completion of the bi annual updates the registers are then submitted to the Field Supervisor who sees to the continuation of the process until valid data is lodged into the database of the DSS.

The NDSS have a good working relationship with the Births and Deaths Registry. At agreed periods the DSS supervisors submit information on all births collected from the field to the BDR office for registration and certification. The Birth Certificates thus issued are returned through the Field Supervisors to the parents back in the community. To enhance and sustain the relationship between the DSS and the BDR, the centre provides logistical support to the BDR Office in the form of occasional supply of registration forms and a monthly allocation of fuel to the District Registration Officer.

### The Kintampo Health Research Centre

The centre was established in 1989 with a mission “to conduct public health research and develop health research capacity which will contribute to a reduction in ill-health and the achievement of the Millennium Development Goals for Africa’s most disadvantaged communities”. In 1995, surveillance activities were introduced with some infants and mothers targeted for study in the Kintampo North and South Districts of the Brong Ahafo region. The surveillance activities were upgraded to full-scale Demographic Surveillance System (DSS) in November, 2003 with a baseline census, which covered 120,000 people. By 2006 the KDSS had engaged its own field workers for its updates. They included: 14 Field Workers, 8 Filed Supervisors (who were responsible for conducting verbal autopsies and reconciling migrations) 2 data entry Clerks and a Filing Clerk. The KDSS activities were directed by a Demographer assisted by a team made up of a Research Officer, a Senior Data Manager, a Data Manager, a Senior Data Supervisor and the field Coordinators.

At present the DSS operations cover the Kintampo North Municipal and Kintampo South District with a total population of 125,945 out of which 63,854 (50.7%) were females and 62,091 (49.3%) males. Number of compounds identified was 21,305 which contained a total of 33,225 households. About 98% of these areas that are accessible are visited every three months for information updates.

Vital events reported included pregnancies, births and deaths. Migration is also one of the characteristics monitored. Verbal Autopsy questionnaires were also administered as well as updates on the socio-economic variables of the households within the study area. It was at this time that updates on education and immunisation were introduced. The Field Workers are equipped with Household Registration Books (HRB) containing names and basic demographic data on all residents, listed according to households showing their structure and size, in the DSS site and event notification forms as the main data collection instruments for recording and updating of vital events. Though the legal registration and certification of these events was neither compulsory nor automatic, the DSS has devised some attractive packages to induce residents to get their vital events, especially births registered. The delivery of free Birth Certificates to parents for the registered children has proven to be one big incentive.

284. There is however more work to be done as regards the registration of deaths in general. Data collected on marriage and divorce has very limited utility currently. Data collected by the DHSS is presented in quarterly and annual reports to the GHS but are made available to other users upon request. DHSS applies IT solutions in data capture; storage, management and analysis, and offer many useful lessons. The DHSS is however capital intensive, with limited government funding. The biggest threat facing the operation of the DHSS is funding since they are externally funded on project basis and their continuity cannot be assured.

### *Barriers and Bottlenecks in Service Delivery*

285. The DHSS system demonstrates how the best of systems are easily undermined by bottlenecks in the minor things. The Dodowa District Office of the Births and deaths Registry was among one of the few offices that had a moderately decent accommodation provided by the District Assembly. Office work was well coordinated between the District Registration

officer and the Volunteers. The reported births and deaths were well documented in accordance with the regulations of the Civil Registration System. Returns on registered births and deaths are submitted regularly to the next higher level, (the Greater Accra Regional Office) as required. Summary reports were up to date. These had been compiled up to the end of the month of September 2014, when the team visited in October 2014.

286. At the time of the Task Team’s visit, however, the Registry had run out of registration materials (Birth Registration Report Forms and Birth Certificates) causing a disruption in service delivery. The two districts, namely Shai/Osudoku and Ningo/Prampram had one officially engaged officer. The other workers available for civil registration duties were unofficial Volunteers. Mobility was a major challenge impacting negatively on supervision and monitoring of community based operatives.

287. Although the weighing card of a registered child is to be endorsement to prevent the multiple registration of births this was not always by the

Births and Deaths Registry. Also, in some cases the weighing card or the Birth Certificates is lost in transit between the Field Supervisor and the Community Key Informant.

### *Data processing and management*

288. Forms for data collection are computer generated. The forms are logged out in batches to the respective field workers. Upon completion the forms are checked in the field by a Supervisor before submission into the filing office where they are checked once again and forwarded to the data entry section for capture. Any inconsistencies detected at the filing office would necessitate the return of the affected forms to the Field Supervisor for rectification before it is brought back to the computer centre for processing.

289. The Dodowa DHSS introduced the use of IT solutions in its data collection and management processes from 2012. Field workers are equipped with PDAs for data collection. Supervisors are equipped with laptops with which they receive data sent from the field workers. They are thus able to process the data to a certain level in real time before they dispatch same into the temporary database. These innovations have enhanced data capture and transmission. The finalised data sets are stored electronically and managed professionally in a database sited in the DHSS offices. The centre had solicited the support of the PRAAD to develop an efficient indexing, coding, archiving and document retrieval system.

### *Monitoring and evaluation*

290. The Monitoring and Evaluation (M&E) unit of the Judicial Service, the statistical unit of the judicial Service is in charge of all data collection and compilation. This unit is established in all the regions and coordinated by the head office's unit.

291. Although the Judicial Service has a proposed corporate plan (Five Year Strategic Plan for the Judicial Service of Ghana, January 2014 – 2018), there is no specific strategy for the collection and compilation of divorce statistics as a component of the civil registration system with regards to institutional linkages.

292. At the Kintampo Demographic Surveillance System (KDSS) there is constant supervision and evaluation of workers' activity. Quality checks are built into the data collection process, with "red-herrings" introduced into the data set at different levels of operation to test the validity of reports submitted by field workers. There are routine visits and sporadic household checks.

293. In order to maintain the integrity of the system some sanctions are applied to defaulting operatives. In some cases, workers who have been found to falsify data are dismissed; those who absent themselves from duty forfeit their salary up to the number of days of absence.

### **Staff training**

294. The KDSS scheme has stringent recruitment process and recruitment is done within the community. The notice of the vacancies for the positions is posted in the community; selected people are interviewed and have to take a written selection examination, following which training is conducted. As a result of the rigor, staff know their responsibilities and notify their supervisors about the occurrence of these events electronically.

## IV.

# PERFORMANCE OF CRVS SYSTEM

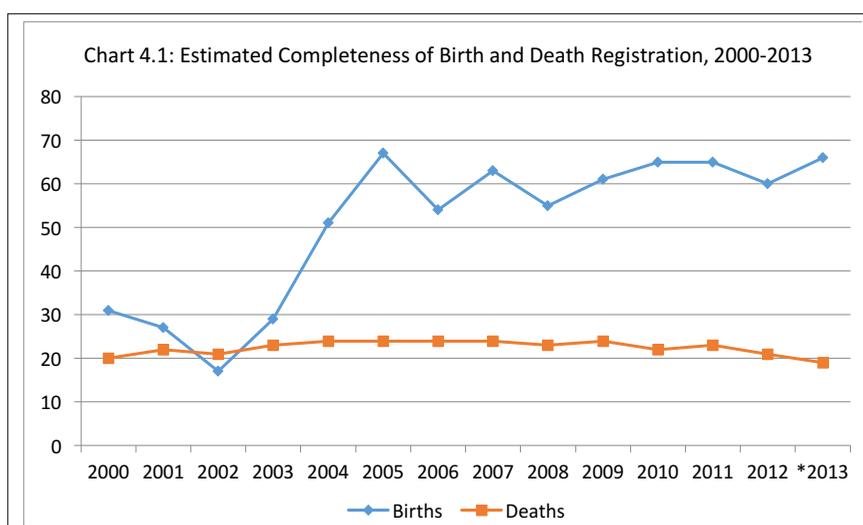
## Levels and Trends in Births and Deaths Registration

295. There has been a significant gap in the compilation and analysis of vital statistics that are derived from civil registration. The records, consisting of duplicate registration forms, which used to be transmitted to the Ghana Statistical Service for processing, were not being captured. Since the introduction of scannable forms, the Birth and Death Registry has been capturing the data and storing it in the BDR database. The data are however not being systematically compiled and disseminated. The Registry is also working to capture the pre-scanning records. As earlier indicated, registration of marriages is limited in scope and the data are not being systematically compiled. Similarly, for divorce, the court system is not set up to generate data on the cases that have been processed.

296. This Chapter presents the data that are currently available on birth and death registration, as well as estimates of their completion. Some estimates are also presented on the possible coverage of marriage registration.

## Registration levels of births and deaths

297. Until 2003, the registration of both births and deaths was substantially low, with less than a third of the number of expected births and deaths having been registered. For nearly 15 years, the level of registration of deaths has remained almost the same, ranging between 19 (in 2013) and 24 per cent (in various years). For births, there has been substantial increase over the period, but also significant fluctuations. From the level of 17 per cent, which in 2002 was 4 percentage points lower than the level of registration for deaths, it tripled in 2004 rising to 51 per cent. The highest rate of registration was recorded in 2005, at 67 per cent.



Source: Compiled on the basis of data from the Births and Deaths Registration database.

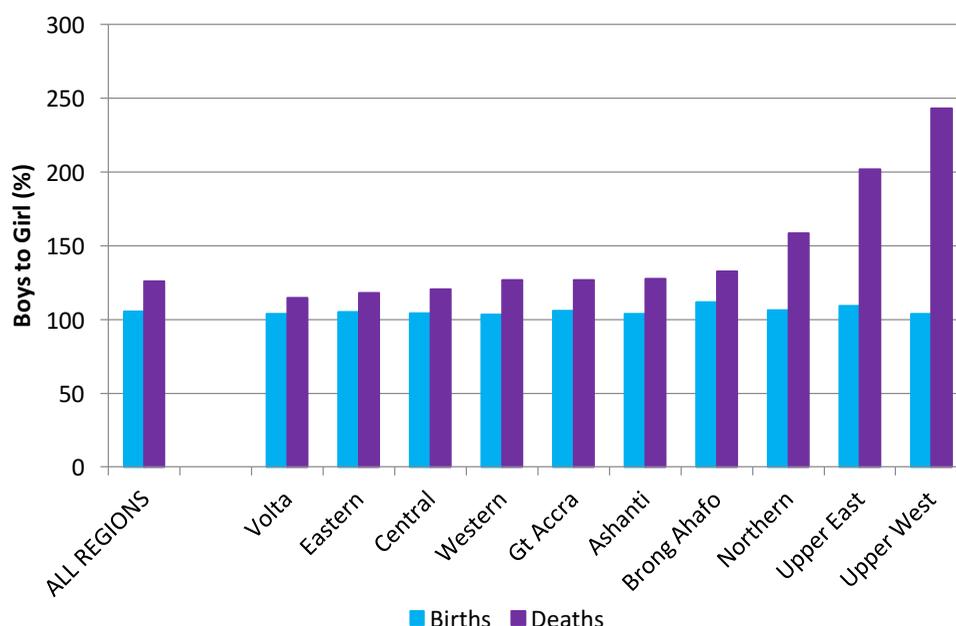
298. The level of birth registration has since been fluctuating between 51 and 67 per cent (half to two-thirds of expected number of births) in a year.

299. The increase coincided with the resurgence of interest in civil registration, following the Ghana Statistical Service's hosting of the United Nations regional workshop on civil registration and vital statistics in 2004, and UNICEF's support for increasing birth registration as a strategy for promoting the rights of the child. An annual celebration of the Birth registration day, in September, was also instituted.

## Characteristics of registered births and deaths

300. Sex ratio is defined as the number of males per 100 females. Although it is biologically expected that there are more boys than girls at birth, the variations across regions and differences relative to the national average suggest differential registration of boys and girls at birth. At the national level there were 106 boys to 100 girls in 2013. Across regions the ratio ranges from 104 recorded in five regions (Ashanti, Central, upper West, Volta, and Western) to 112 in Brong Ahafo. The sex ratio is also high in Upper East (109), and the Greater Accra and Northern regions (106).

Chart 4.2: Sex-ratio of birth and death registrations



301. Further, while it is expected that females will have lower mortality rates than their male counterparts, the wide range in the sex ratio shows strong sex-specific pattern of death registration. The national average in the sex ratio of deaths registered in 2013 was 126 males to 100 females compared to 246 in Upper West. The ratio was above the national average for Western and Greater Accra (127), Ashanti (128), Northern (158), and Upper East (202). The substantial variations suggest that male deaths are more likely to be registered than female deaths, with sharp regional differentials. The bias may be explained by the need for death certificates for

claims of inheritance and other spousal benefits, presumably more critical in the northern part of Ghana than the southern parts. (Chart 4.2)

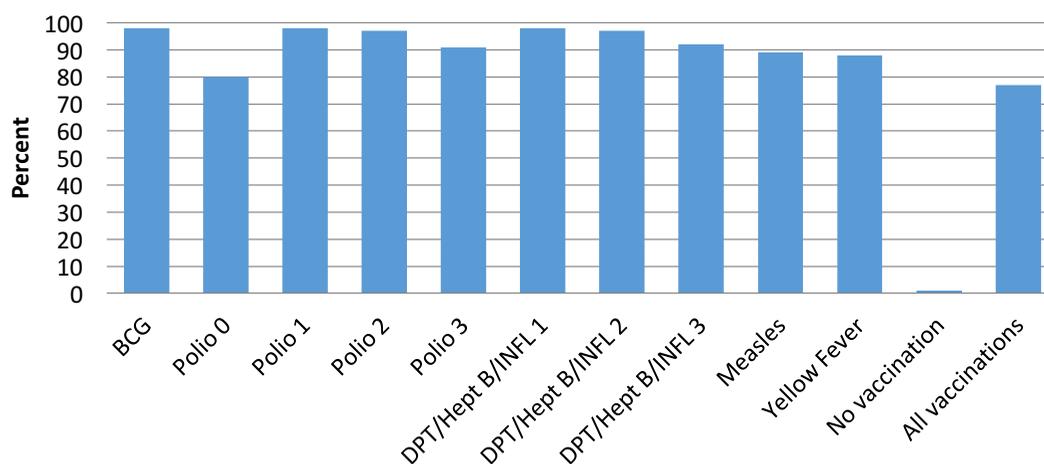
302. There are also some variations by age of mother in the sex ratio of babies registered. Girl babies of mothers who are aged above 44 years are significantly less likely to be registered as compared to boy babies for mothers of that age group, and also as compared to mothers of the other age groups. Girl babies of mothers under 15 years of age are also less likely to be registered as compared to mothers aged 15 to 44 years. (Chart 4.3)

303. In recent times, Births and Deaths Registry has set up offices within some health facilities around the country. This move is in line with the recognition of the role of the health sector in administering delivery services and also managing conditions that could end in death. Contact with the health facility during or around the times when services are being delivered could therefore be exploited to improve registration outcomes. For example, data from the 2011 MICS show that about 70 per cent of women aged 15-49 years, in the two years preceding the survey, delivered their babies in a health facility, attended by skilled personnel (i.e., doctor, nurse or auxiliary midwife). (MICS 2011, p.167). Yet, only about 65 per

cent of births are currently registered; suggesting that not all births that occur in health facilities are registered.

304. Statistics on birth registration further suggest that as many as one in four births (about 25 per cent) of registered births born outside of a health facility get registered. This fact reinforces the expectation that if all women who deliver under professional care that is in health facilities had their births registered before leaving the facility, the completeness of birth registration would be greatly enhanced. Therefore with some operational collaboration with health facilities the level of registration could increase substantially.

**Chart 4.3: Percentage of children age 12-23 months immunised against childhood diseases at any time before the survey and before the first birthday, Ghana, 2011**



Source: Multiple Indicator Cluster Survey (MICS Report), 2011. Page 66, Figure CH1

305. Another reality that should have yielded higher levels of registration is the fact that almost all women who delivered a live-birth in the period of study (about 97 per cent) had had at least one antenatal care visit. About 87 per cent of women who delivered their babies between 2009 and 2011 when the Multiple Indicator Cluster Survey (MICS) was conducted had at least four ante-natal visits (MICS, 2011; p. 164). If all these contacts were to be managed to facilitate registration, the completeness rate would be much higher (with 87 per cent having reported four or more antenatal visits (MICS, 2011). Education of mothers about birth

registration could also be enhanced if ante-natal visits were used for communicating such information.

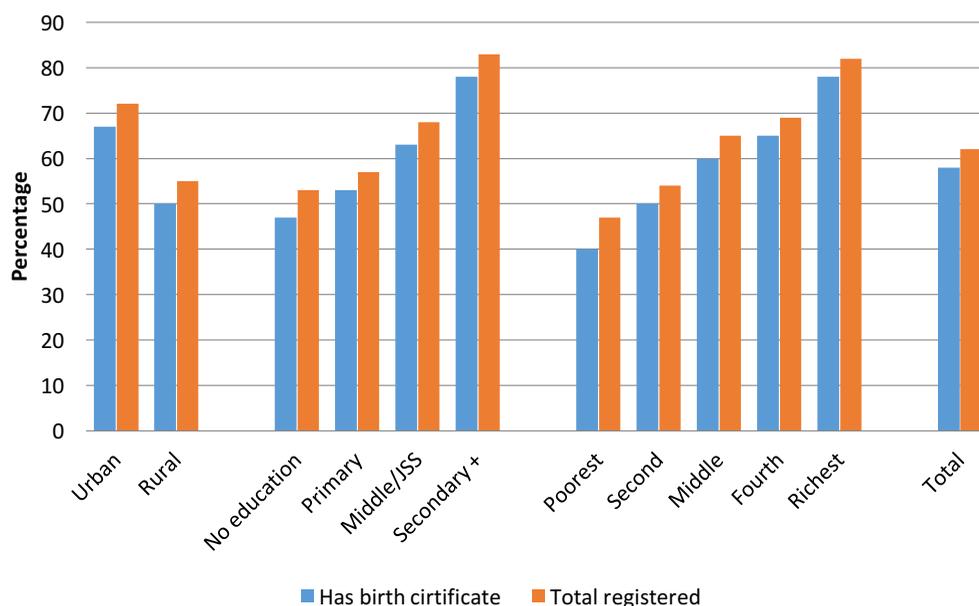
306. Another opportunity for birth registration comes after delivery with the post-natal care, and specifically associated with vaccinations. About 98 per cent of one year olds received their BCG and other vaccinations. This suggests that if all the contacts women and their babies have with the health facility or health personnel for vaccinations were connected with registration, 95 per cent of babies would have been registered before their first birthday.

## Characteristics of mothers whose children get registered

307. The findings from MICS are consistent with the statistics derived from the birth records

maintained by Births and Deaths Registry that indicate that about one in three births are not being registered each year. The rate has been almost the same for over five years.

Chart 4.4: Percentage of under five children who are registered, Ghana, 2011



Source: Multiple Indicator Cluster Survey (MICS Report), 2011, p. 214

308. There are significant variations across various characteristics: regional variations, urban rural, socioeconomic groups, etc. For urban areas almost three-quarters of children aged under five years have been registered compared to only 55 per cent for rural areas. Across the regions, the Greater Accra region has the highest proportion of under-fives registered while Western region has the lowest with 49 per cent. While the likelihood of a child being registered increases with mothers' educational level, there are still 17 per cent (that is, almost one in five) mothers with senior secondary or higher education who do not register their children. Also, the poorer the households, as measured by wealth quintiles, the less likely it is that the child will be registered. Less than half of the children in the lowest quintile (the poorest 20 per cent of households) were registered in contrast to about 80 per cent of those from the households in the highest quintile. (MICS 2013, p. 213).

309. The data (Chart 4.4) further show that although most of the children who are registered are being registered before age one (45 per

cent) and therefore take advantage of the free registration, some additional 22 per cent are registered before age two (67.5 per cent), and therefore having to pay the registration fee with penalty. There is very little registration between age two and five, as the data suggest.

310. It could be assumed that the well off, residing in urban areas, would have reasonably good access to registration services, and have better education, yet 20-25 per cent of their births are not being registered. For these categories of women it is most likely that the lack of awareness, low value placed on registration, and the low demand for registration products at the early stage of the child's life creates inertia for registration. For the poor households, in rural areas, who have little or no education, the combination of factors include those of the more privileged classes, but also for these accessibility is a big inhibiting factor, as is the lack of urgency when there is no immediate need for the certificates.

311. Clearly, setting up a strong operational linkage with the health sector would ensure that

the level of birth registration increases to close to 98 per cent that is the rate of immunisation among the under 2 year olds. (Chart 4.4) Unless however the persistent shortage of materials and forms, as well as weighing cards, is stalled the potential value of linking the BDR and health system will not be achieved.

### Level of Marriage and Divorce Registration

312. Statistics on marriages are not systematically compiled and disseminated, although the Ghana Statistical Service collects such data from the MMDAs. Moreover, there are no data on divorce that are registered since there is no guidance on how divorces might be registered following the conclusion of the case and judgement delivered by the courts.

313. Based on quick analysis information on registration by the institutions visited, the team estimated the differential levels of registration of the three types on marriages. Table 4.1 suggests that the Registrar General's Department is most frequently visited for issues on marriage registration. However, nationwide, the ratios may change given that there are 216 assemblies all of which have the mandate to register marriages. Customary marriages are not being registered on a large scale, though many of Ghanaian marriages begin with the customary celebration, and followed on immediately or several days, months or years later with the religious or ordinance celebration. The potential for double counting is significant especially if the two ceremonies occur several months to years apart. No Muslim marriages are being registered as suggested earlier. It is important that the areas of contention in the law governing Muslim marriage be resolved speedily to enable registration to be done.

**Table 4.1: Estimated Registration per Year**

	No. of registration centres	No. of registration records
<b>Ordinance Marriages</b>		
Registrar General's Department	1	3,500 (head office)
Court	5	180 (per court)
Assemblies	7	300 ( per Assembly)
<b>Customary Marriages</b>		
Registrar General's Department	1	Nil
District Courts	5	Nil
Assemblies	7	30
<b>Mohammedan marriages</b>		
Registrar General's Department	1	Nil
District Court	5	Nil
Assemblies	7	Nil
Total Figures for total are missing.		

# DEMAND FOR CIVIL REGISTRATION

## Determinants of Civil Registration

314. The level of completeness of civil registration is determined by both supply and demand factors. The previous chapters have described the system as defined by the legal framework and the institutional and operational arrangements that constitute the supply conditions. In addition to the environment created by the suppliers of registration services other institutions, that is, stakeholders, also contribute to the state of the supply of registration services. The stakeholders that enhance the delivery of registration products and services are mainly health sector, police, and others that play a role in bringing registration close to the communities.

315. Similarly, for the demand side, while the registration institutions have a responsibility to inform the population of the requirements of registration and the facilities available, other institutions should play some role in providing a strong basis for people to register their events. While most people would rather obey the law, if they were to know of the compulsoriness of registration, have the means to register, have access to registration services within reasonable distance and with nominal effort, they would register their vital events. If on the other hand greater effort and cost would be required, then there would have to be some incentive to register, borne out of the uses to which the products of registration could be put in the short term. In other words, unless the birth, death, marriage and divorce certificates are required to obtain some immediate services, registration will be postponed if it requires too much investment in money and effort, until it can no longer be delayed without dire consequence.

316. The demand side of civil registration is thus influenced by the level of knowledge and appreciation for the registration needs and

requirements, the various purposes that the registration products serve, and the cooperation between the institutions that supply registration services and those that require registration products.

317. In recent times a lot of advocacy work has also been undertaken by the BDR and the utilisation of the birth certificate has been on the increase. Civil registration, but more specifically the birth registration, is featured on radio programmes, while officers have visited some faith base organisations to publicise birth and death registration. There is also an annual celebration of a birth and death registration day, which has been instituted since 2004, and hosted in all the regions. The latest celebration, in 2014 was in the Volta region. UNICEF, UNFPA and Plan Ghana also undertake a lot of advocacy work at governmental level for the BDR. But there is still need for more advocacies to be done, given the persistent low and differential rates of registration across the country.

318. Another recent phenomenon is that beside the traditional use of birth certificates in the acquisition of passports, the birth certificate is now required during recruitment into the forces, admission into Senior High Schools, etc. However, the uses of registration products should expand more substantially to have significant impact on levels of civil registration.

319. This chapter examines the current levels of uses for the registration products; reviews the institutions that have the potential for affecting the demand for civil registration by requiring registration certificate for the services and products they deliver; and assesses the level of cooperation and advocacy needed to affect positively the demand side of the civil registration systems.

## Uses of Certificates of Vital Events

### *Birth certificates*

320. The demand and use task team found out that the legal requirement for demanding a birth certificate is weak. In most registration services, e.g. the electoral commission, national identification and driver and vehicle licensing, the law states that the birth certificate may be requested for registration. In most of these registrations process other national identification cards e.g. passport, driver's license and voters ID card take precedence over the birth certificate. The birth certificate is only requested when a registration officer is in doubt thus there is a discretionary rather than a mandatory use of the birth certificate.

321. One of the institutions that creates a high demand for birth certificate is the basic schools. At the basic school level, a birth certificate is demanded before a child is enrolled in school. The demand for the birth certificate is a mandatory requirement by the Ghana Education Service. However, in instances where a child does not have a birth certificate, a weighing card or a baptismal card is used instead of a birth certificate.

322. Another institution that creates a high demand for birth certificate is the passport office. Anybody acquiring a passport must first present a birth certificate as a proof of citizenship and age. Because of this mandatory requirement, an individual cannot acquire a passport without a birth certificate. The example of the passport office is one of the best practices that can be extended to other institutions.

### *Death certificates*

323. The task team found that, a death certificate is not usually demanded for any service unless for instance where a relative of the deceased makes claims to the entitlements or property of the deceased. In such instances, institutions such as SSNIT or other insurance agencies ask for a death certificate before the claims are settled. The requirement for a death certificate is however not rigorously pursued. If a death certificate cannot be provided, an alternative such as an obituary, a newspaper publication, confirmation of the death from the chief or evidence of burial (a visit to the grave) is used.

324. Another source of demand for the registration of a death certificate is the transporting of the corpse from one district to another, which must be accompanied by a death certificate. Thus in instances where people have to transport dead bodies, they would have to obtain a death certificate before transporting the body.

### *Marriages certificates*

325. Marriage certificates are hardly ever required. The marriage certificate is demanded for purposes such as change of name (usually for a woman) or in the application of visas.

## Demand-side Stakeholders of Civil Registration and Vital Statistics Systems

### *Types of Stakeholders*

326. Civil registration is a multi-institution and multi-ministry activity. The institutional arrangement requires four levels of involvement: (a) registration institutions, (b) service providers and management of the events, (c) institutions with delegated responsibility to manage and register an event, (d) institutions with potential to enhance demand for registration services. All institutions have the potential for influencing the demand for registration to varying degrees, and from different directions.

327. The registration institutions are assigned by the various legal frameworks to Births and Deaths Registry, in the Ministry of Local Government and Rural Development (MLGRD), Registrar General's Department, with the responsibility for registering marriages, Metropolitan, Municipal, and District assemblies (MMDAs) in MLGRD, and the Courts, Judiciary Services, responsible for administration of procedures for divorce.

328. At the next level are the service providers, such as the health facilities where births are delivered and where deaths may occur in spite of the care that is given. For marriages and divorce the institutions responsible for registration are also responsible for the solemnisation of the marriage or in the case of divorce the person presiding over the court proceedings and passing the final judgment of divorce.

329. At the third level are the religious institutions, as they have the responsibilities under delegation of authority of the registering institutions to conduct marriages and issue the certificates. They are also expected to submit returns to the respective registrar. There is no parallel system for divorce. There are also a mix of institutions involved within the communities in administering services to facilitate births, death, marriages and divorces: traditional birth attendants; traditional healers; prayer camps; funeral homes; and also in the traditional setting some customary marriage ceremonies are conducted within the communities by the elders within the various families, and in some cases the clan, or traditional rulers. But these do not have registration responsibilities. These institutions have also to be engaged in some way so that the births and deaths that happen under their care, or the marriages and divorces they preside over are registered as required by law.

330. At the fourth level, are the institutions whose cooperation could provide the necessary motivation for people to register their events. If birth registration is systematically required for services extended to Ghanaians and also other residents, from Ghana Education Service, NIA, NHIA, SSNIT, EC, Passport Service, etc., as well as for banking, it would generate demand for birth and death registration services.

### *Ghana Education Service*

331. Until the Professor Anamaoh education reform, kindergarten was not part of basic education. After the reform, basic education now consists of kindergarten, with an entry age of 3 years, primary and junior secondary school. It is a requirement by law for a birth certificate to be required for enrolment in basic education. This provision is in the Education Act 778 of 2008, formerly the Act 506 of 1995; and in the education policy. The birth certificate is used to establish age, parents' background, place of birth/origin etc. Other information needed include health information such as immunisation, children with special needs like hearing impairment, etc., so a weighing card is often required.

332. At the point of first enrolment, usually at the kindergarten stage which is the official GES enrolment stage, a birth certificate is to be required. Even though the child is registered at

enrolment, a birth certificate is still required even at the primary level or higher when there is a need to cross check the date of birth of the child. If the child is in the same school he/she was enrolled in then it is not a problem but when there is a change in school or a transfer then the birth certificate is required.

333. All the pre-tertiary educational institutions are under the auspices of GES but because the systems are weak these requirements are not strictly adhered to.

334. Schools under GES advocate for birth registration during enrolment drive where parents are encouraged to register their children for a birth certificate. The PTA and the school management committee also remind parents to bring the birth certificates of their children when they hold their meetings. There is a census every year, which helps GES them to know where enrolment is low, so as to sensitise the population in areas with low enrolment to enrol their children at the right age.

335. There is a challenge to enforcing this requirement, however. The Educational Strategic Plan based on the Millennium Development Goals and the education for all declaration states that, children cannot be denied access to education based on ethnicity, race etc. Because of that, children cannot be refused enrolment in school because they do not have a birth certificate. Also, as deduced from the foregone, parents who do not register their children at birth, may have genuine reasons, such as the government not having made adequate provision for the registration of events in their communities. GES cannot therefore be seen as taking punitive measures against parents by denying the child the right to acquire knowledge from the education system.

### *National Identification Authority*

336. The mandate of the National Identification Authority is to register people aged 6 years and above and issue cards to people aged 15 years and above. Children aged 6 years and above are registered within the record of their parents or guardians. Registration has been carried out through temporary service points, set up at various locations, from region to region. At birth, the biometric features are not formed but at age 6 the biometrics would have been formed then they

can be registered. People aged 15 years and above are registered and issued with a national ID card.

337. The National Identification Authority is supposed to use one or more of the other national Identity cards e.g., National Health Insurance Card, driving license, etc. The national identity card should have a picture of the bearer on it for it to be accepted. There are provisions for changes such as marriage updating purposes, change of name, notification of death etc. The registrations forms are being revised to include information that all other agencies will need. New cards are being rolled out because of this revision.

338. Other institutions e.g., the security agencies and the banks depend on the NIA to verify information provided to them by individuals.

### **Demand creation**

339. The birth certificate is the primary determinant of the origin of an individual, and is linked to information that can be used to ascertain citizenship. In the operations of the NIA, the birth certificate should ideally be the entry point for people to be entered into the national database. But the NIA is tackling the problem upside down. Other national ID cards, which have not used the birth certificate for authenticating the basic credentials of the individual, are being used because most people, especially those born in the era of less than 50 per cent completeness of registration, don't have a birth certificate. It is argued that insistence on using the birth certificate will mean that a significant number of people would not be registered. This notwithstanding, NIA sometimes asks people to go and get a birth certificate even though the institution does not necessarily insist on a birth certificate for registration. Also, when registration officers are in doubt about the veracity of claims of citizenship, they ask for a birth certificate, which compels the affected persons to go and register for a birth certificate.

340. Yet NIA's practice of not insisting on a birth certificate is not in contravention to its Act which states that 'The Authority may use the records of the Births and Deaths Registry or any other relevant agency to update the Register'<sup>31</sup>. To strengthen the coordination between BDR and the NIA the provision in the Act should be much more compelling than advising on the part of the NIA.

341. Birth certificate should be made a mandatory requirement for certain services. For example drawing on the Tanzania system, without a birth certificate an individual cannot go to school or access health services. By the NIA act any agency that requires some form of identification must go through the NIA. Agencies that require identification include banks and embassies. There have been instances when some institutions ask people to go and register with the NIA before they are employed. So this also could help to create demand for birth certificate but only if NIA is requiring this for its processes.

342. The laws that established NIA did not limit the supporting documents to birth certificate and therefore there is no basis to enforce collaboration and linkages. As it stands now there is no electronic link between the National Identification Authority and the Birth and Death Registry so the NIA cannot do real time verification of birth certificates. If the NIA encounters a problem with a birth certificate they write to the BDR to cross check. There are plans to co-reside with BDR so that they will have offices in the regional and district office so that once the BDR registers a birth the NIA can also take the information and register the birth in the national database. There are on-going talks to get a policy with the BDR to create demand for birth certificates.

343. There is also no legal mandate for NIA to share data with or report back to other agencies. They prepare their report on what they do and present it to the management of NIA. If other people need data or information from the NIA they can request for it and it will be provided for them. There is an electronic platform for data linkage with the Ghana Revenue Authority and GCNet. There are plans to add other agencies like the Passport Office, the DVLA, security services etc.

### ***Social Security and National Insurance Trust (SSNIT)***

344. SSNIT has about 50 branches throughout the country. They provide the same services at all the various locations in the country. SSNIT has area/zonal offices and not necessarily regional offices.

31 The National Identification Authority (NIA) Act 750 section 6 subsection 2.

345. The date of birth is very important in the service they provide. In the past, the date of birth that people provide when they register, either by word of mouth or what is stated on their appointment letter is what they use in their operations. But currently, with fresh registrations (i.e. people who are registering for the first time to become members), the birth certificate is required. SSNIT is currently embarking on biometric registration, and fresh registration under the biometric system requires people to present a birth certificate or other identity documents that show the date of birth.

346. In their line of work, other civil registration products are also used. For instance when people get married and change their names, they have to present a marriage certificate to support a request for a change of name. Also, when people change their names they are required to present an affidavit and the change should appear in a gazetteer. When somebody dies, a death certificate has to be presented before claims can be made. In some cases, in the absence of a death certificate, an obituary can be used. The chiefs are also requested sometimes to ascertain if the person has really died and has been buried. In some cases, the grave is visited for verification. In all these instances rigorous investigations are carried out to be sure that the person is dead before issuing the claims.

347. SSNIT has a number of collaborators and agencies who require that information be verified. For instance;

- The student loan scheme relies on SSNIT to check the guarantors for student loans.
- Government agencies, the public and civil service rely on SSNIT to validate information on workers.
- Employers also check the date of birth of their employees by contacting SSNIT.
- SSNIT contributors are also linked with the national health insurance scheme (NHIS).

348. So far the only agency SSNIT share their data with is the NHIA, to enhance information about potential subscribers to the national health insurance. SSNIT gives the NHIA data on a quarterly basis.

349. The public relations officer (PRO) together with the customer service does advocacy for registration of vital events on a daily basis as part of the work they do. The PRO also goes around and talks to employees in various offices to register.

### *Electoral Commission*

350. The Electoral Commission has the mandate to register citizens to vote for the President and other political leaders. The requirements for registration is that; (i) the person should be present in person to register, (ii) the person should be 18 years or older, be of sound mind and be a Ghanaian. In the past the EC used the birth certificate as a means of identification, but currently the national ID card is used. However, given the problem with the issuance of national ID cards, this is no more required. EC also accepts baptismal cards, where absolutely necessary. They also use weighing cards and check school records where necessary.

351. In the case of cleaning the voters register, when the EC is informed about someone being deceased, the information is taken to the Judicial Service or magistrate and once they are satisfied, the name of the deceased is taken off the register.

352. The current law does not specify anything about using the birth certificate as a system of check or identification of those eligible to vote in the country.

### *Passport Office*

The birth certificate is the principal document demanded in the provision of a passport because it helps to establish identity and citizenship based on the information about the parents. The language(s) spoken may also be used to ascertain claims of citizenship when there is some doubt as to the validity of information from the birth certificate. Given the history and origin of Ghana, and with similar languages being spoken in the border towns of neighbouring countries and Ghana this is not necessarily the best means of assessing the veracity of one's claims on nationality.

353. Other forms of identification include Drivers' License, NHIS, and Voters' ID. In the case of renewal however, an old passport is accepted. The birth certificate contains information on the name of the person, the name and nationality of the parents, as well as where the certificate was issued and the date of issue. So the information provided can be verified. Plans are underway to redesign the passport application form to be similar to the NIA form. The information provided can then be linked to the personal identification number (PIN) of the NIA card and to other relevant platforms.

354. Advocacy for people to register and get a birth certificate can be done by the Birth and Death Registry and the National Commission for Civic Education (NCCE).

### *Ghana Immigration Service*

355. With the Ghana Immigration Service (GIS) conducting recruitment, it targets Ghanaians by birth and by parentage. The requirements are that the person be between age 18-25 years, should not have any deformity, be physically strong and psychologically sound. Sometimes GIS employs people who have certain skills like drivers; masons, etc. As part of the enlistment/recruitment, background checks are conducted on all those recruited into the security services. The background checks include going to the hometown of the recruits or where they grew up to find out about the character, behaviour and way of life.

356. In the proof of citizenship in the Ghana Immigration Service, the national ID card are not used because they cannot be endorsed and also, they are not used for travelling. At the borders, there is a log book in which the details of the travellers who cross the border are logged with their ID cards. A different process is followed when the means of identification is the passport. People who are travelling with a passport fill an embarkation form regardless of the means of travel.

357. The best practices for checking would be a biometric check using the data from the NIA card. If the NIA card is biometric, then that can be swiped to tell if the person is a Ghanaian by linking it to some existing data.

### **Demand for Civil Registration Products**

358. In an enlistment exercise, the first requirement is the birth certificate. The birth certificate is used to establish nationality, and is the first requirement. It is also used to check the age. In the enlistment process certain checks are put in place. For instance, when the birth certificate was recently issued, it should not be accepted because of the likelihood of falsification of the age or the date of birth. By law, people are supposed to be registered by age 1 year. There is therefore no excuse for not having had a birth certificate.

## VI.

# CONCLUSIONS AND RECOMMENDATIONS

## Overview of Findings

359. Civil registration is one of the fundamental tools for governance, and its state in a country is indicative of the progressiveness of the nation. Although Ghana has demonstrated on various fronts, appreciation of the importance of the civil registration, such as by being one of the first countries to ratify the United Nations Convention on the Rights of the Child,<sup>32</sup> the lack of attention to civil registration shows a deficit in the knowledge and understanding of what is entailed, and what it takes to establish a functional system and deliver quality civil registration services.

360. The United Nations guidelines for developing a civil registration system identify the functions of civil registration as being threefold, which entails: legal, collaborative (i.e., administrative), and statistical outcomes. Unless civil registration is operated in a fully functional mode, these benefits will be elusive. Ghana's civil registration system has existed for over 100 years, most of which fall within the post-independence era. In many other ways, Ghana has faltered in the development of civil registration and its positioning in the governance and national development nexus. Because the system has not received the necessary dedicated attention, not a single one of the three dimensions has shown significant progress.

361. The legal documentation, which is the first area of functionality, has been underperforming with only two-in-three children less than five years of age being registered and have a certificate of their birth.<sup>33</sup> These records are however not being fully utilised by government for its administrative or social services delivery

processes, which would have enhanced the value of registered civil events. Thus, despite increasing knowledge about civil registration, the demand for registration products is very much limited to the individual who may need a certificate of their own birth, marriage or divorce, or of a relative's death as a requirement for some administrative processes. As a consequence, the collaborative function of civil registration remains substantially under-evolved.

362. The findings from the comprehensive assessment discussed in the previous chapters suggest that change is not only necessary, but must be accelerated in order to give new and emerging systems, such as the National Identification and National Health Insurance, in various areas of governance a good chance of success in meeting the goals for which they were set up.

## Strengths, Weaknesses, Opportunities and Strengths of the CRVS System

363. The civil registration system is characterised by a number of strengths, which should facilitate the improvements that are to be undertaken. There are also weaknesses, which if not addressed, could offset likely achievements from efforts being made to improve the system.

<sup>32</sup> UNICEF, 2013 *Birth Registration in Ghana: A bottleneck Analysis* for improved coverage that leaves no child out.

<sup>33</sup> As reported by the 2011 MICS.

Chart 6.1: Strengths and Weaknesses of the CRVS System

Strengths	Weaknesses
<p><b>Well established system:</b> The existing systems are well-structured with legal backing, and with the potential for feeding into the design and implementation of policies and programmes</p>	<p><b>Absence of a national policy:</b> There is no policy framework to regulate and direct the collaboration, coordination and cooperative arrangements among the registration institutions and the stakeholder institutions that manage service delivery associated with the events.</p>
<p><b>Legal Framework:</b> There is a strong legal framework for the registration of births and deaths. The law reflects many good practices recommended by the United Nations.</p>	<p><b>Legal framework</b> – There are variations in treatment of registration in the relevant legislations with limited treatment of registration in the Marriage Act and the Matrimonial Causes Act.</p> <p>Some clauses are perceived to be discriminatory, restrictive and a deterrent for registration.</p>
<p><b>Review of birth and death registration law underway:</b> BDR law is currently under review to effect decentralisation of registration processes and services</p>	<p><b>Decentralisation being extended to civil registration:</b> with already weak legal and institutional framework, further weakening in coordination</p>
<p><b>Linkages with the health system:</b> Some linkages between the birth and death registration systems and the health service institutions exists enabling service to be extended to the lower geographical levels</p>	<p><b>Inadequate arrangements for partnership:</b></p> <p>There is no strong legal basis for the arrangements BDR has with GHS/MoH.</p>
<p><b>Issuance of certificate:</b> One of the basic products from the process is the certificate, a legal document that can be used to access other services and related claims, when fed into the national identification system.</p>	<p><b>Non-enforcement of registration laws:</b> There is a general lack of enforcement of the registration laws, and non-adherence to standards of the death registration processes.</p>
<p><b>Nation-wide coverage:</b> Registration centres are located in all regions and districts. For BDR, there are offices in all the 10 administrative regions and in all the 216 administrative districts of the country and some sub-districts.</p>	<p><b>Lack of cohesion in the religious and cultural belief systems and the legal requirements for registration:</b> some provisions of the Acts are in conflict with religious beliefs and customs, e.g. the time of burial among Muslims; while some practices inhibit compliance with the law.</p>
<p><b>Experienced human resource:</b> As civil registration has been in existence for so long, there is a critical mass of hard working staff supported by trained and experienced volunteer corps on its team of service providers.</p>	<p><b>Inadequate staffing in sub-national offices:</b> There are inadequate number of staff to provide services in the assigned area. Widespread use of volunteers with no remuneration; and several staff <b>with inadequate capacity and low motivation</b>. There is an absence of well-structured capacity building programmes for staff and monitoring of the performance of the management system.</p>
<p><b>Dependable historical and current records:</b> The centralised registers of the different vital events are well organised offering easy access to records</p>	<p><b>Inadequacy of resources:</b> The registration institutions are under-resourced and lack qualified personnel, infrastructure, logistics and finance, severely hampering the effectiveness of registration processes.</p>

Strengths	Weaknesses
<p><b>Computerisation of some aspects of the process:</b> Introduction of <b>scannable forms</b> for birth and death registration provides a basis for rolling out computerised processing of civil registration.</p>	<p><b>Lack of clear direction in civil registration system:</b> There is no comprehensive strategic plan that will drive the registration service delivery with clear and realistic targets</p>
	<p><b>Low public awareness:</b> There is limited awareness and understanding among the populace of the importance of registering certain vital events, e.g., deaths, marriages and divorces, and little knowledge about the processes, requirements, service points, and their rights and entitlements</p>
	<p><b>Limited accessibility</b> to services: There are not enough registration service points at sub-district levels, denying many communities of easy and convenient access to registration services with respect to all events.</p>
	<p><b>Fragmentation of registration systems:</b> The registration systems are fragmented and not properly coordinated. There is also a lack of harmonisation among the various registration institutions, for marriage the various delegated institutions are not properly linked to RGD system.</p>
	<p><b>Insufficient linkage:</b> There is no linkage between the courts and other institutions, such as the divorce records and marriages, so that rules related to bigamy may be strictly enforced.</p>
	<p><b>Weak communication and information flow:</b> Lack of feedback mechanisms informing community members of their status of registration, location of premises where registration services can be obtained.</p>
	<p><b>Underutilisation of education sector:</b> There is no formal arrangement with the education sector to support the registration of civil of events through advocacy, curriculum, inspecting birth certificates for enrolment and basic school level examinations.</p>
	<p><b>Inadequate data management:</b> There is no functional database for the registered events and records with no effective electronic storage, archival and retrieval possibilities</p>

Chart 6.2: Opportunities and Threats in the CRVS System

Opportunities	Threats
<b>CRVS well-articulated</b> in the current national development policy framework 2014-2017 GSGDA II	<b>Deepening financial constraints:</b> IMF conditionality further restricting government support; while over-dependence on financial and logistical support from development partners and other external agencies whose programme focus is easily re-directed, under the circumstance of Ghana's middle income status
<b>Increasing demand for birth certificates</b> as documentary proof of claims of age, name and origins by national identification system, multiplicity of agencies developing various forms of identification, for admission and recruitment exercises into security institutions.	<b>Weak legal requirements for the identification systems</b> to demand CRVS products making allowance for the use of other national IDs that are not linked to civil registration processes
<b>Existence of community based systems</b> such as chieftaincy, political governance structures to sub-national levels, including Unit Committees/ assembly men and women, CHPs compounds for health service delivery, TBAs, and community health nurses, religious institutions organised at the community level.	<b>Weak capacity and sense of obligation</b> on the part of stakeholder agencies on whose institutional and legal frameworks CRVS processes depend, such as certification of death, e.g., coroners, inquest, doctors to certify cause of death
<b>Review of birth and death registration law underway:</b> BDR law is currently under review to effect decentralisation of registration processes and services	<b>Decentralisation being extended to civil registration:</b> with already weak legal and institutional framework, further weakening in coordination
<b>Goodwill among CRVS stakeholders</b> to enhance interagency collaboration, cooperation, and support for birth registration evidence from the cooperation on the comprehensive assessment	<b>Prevailing embargo on recruitment in the public service</b> a hindrance recruiting additional qualified personnel and provision of quality registration services at the community level
<b>Computerisation of the government machinery and the health systems:</b> e-Governance is being promoted to capitalise on advances in Information Communication Technology (ICT), including use of hand-held devices, mobile telephones and applications to the lowest geographical levels	<b>Inadequate financing for child and maternal health care:</b> limiting community health and post-natal clinics reduces contacts for births to be registered, and also availability of weighing card for proof of births.
<b>Increasing collectively binding decisions for improvement in registration system</b> by international organisations, development partners, NGOs, investors, etc., and international and regional focus on civil registration <sup>34</sup>	<b>Under-implementation of the annual national budgets,</b> inadequacy and delays in government funding and possibility of worsening financial administration with IMF bailout

<sup>34</sup> Derived from MDGs and post MDG initiatives, MOVE-IT, COIA, WHO/World Bank drive on scaling up investments in CRVS for complete registration worldwide by 2013; ASSD Conference theme for five years, 2011-2015; statutory biennial conference of ministers responsible for civil registration; heads of states call for reducing maternal and child mortality; Regional APAI-CRVS programme with interagency collaboration and support.

## Opportunities

**Availability of local, regional and international training facilities** and opportunities for all levels of staff training, and technical resources globally and regionally

**High impact nutrition programmes:** such programme provides incentive for registration by tying benefits from social programmes to evidence from registration of birth and civil status or death of parent or spouse as relevant

## Threats

## Implications of the Findings

364. The discussion of the findings is presented under 12 themes:

- A. Enabling environment for civil registration
- B. Legal framework
- C. Institutional framework
- D. Coverage of Registration Services
- E. Leveraging system and linkages
- F. Resourcing the institutions
- G. Registration processes and practices
- H. Civil registration products
- I. Public education and sensitisation
- J. Monitoring and evaluation
- K. Completeness of Registration
- L. Compilation of Statistics

### *Enabling environment for civil registration*

365. Civil registration cannot improve much without strong political will and a commitment to pursue far reaching changes in the landscape of registration across the country. There is clear indication that improvements in civil registration from interventions in the last decade, which resulted in the registration doubling between 2003 and 2005, has stalled. Measures taken then, such as public education and awareness raising programmes, mobile registration, use of volunteers, waiving of fees for registration of under one year olds, setting up offices in selected health facilities, have all paid off well, but their effects have reached a plateau, suggesting that significantly more than these interventions would be needed.

### **Box 6.1: Prioritising civil registration at highest political and technical levels**

There are clear signals that the global community is united in the resolve to promote the development of civil registration to provide the strong evidence for monitoring of relevant development goals. Africa has led the mobilisation of commitment by heads of state and ministers responsible for civil registration, as well as ministers to accelerate improvements in CRVS systems across the region. The onus now lies with individual national governments to support these global and regional resolutions with the necessary resources.

In Ghana, there is sufficient indication from the GSGDA II that improving civil registration as a basis for authenticating records of the national identification system and enhancing their statistical value is a desirable strategic goal. However, whether CRVS activities are indeed prioritised among the hundreds of strategic objectives outlined in the GSGDA II, would require executive direction.

Strong political commitment at all levels of government would be required to adopt the recommended-actions in this report, and the actions proposed from strategic improvement plan that will be drawn from them. Civil registration should be seen to have the needed commitment and support from both central government and the District assemblies to ensure that the BDR is in a position to effectively undertake birth (and death)

366. These gains were however largely supported by development partners, though assisted with the change in policy by waiving the fees for registration of children up to age 1 year. Yet, the pattern of distribution of the limited budgetary resources seems to have always resulted in the neglect of civil registration, partly because of its placement on the organisational scale of the relevant parent institutions. Impetus for redirecting these improvement efforts can be drawn from initiatives taken at the African level where it has not only been recognised that improvements in civil registration need to be accelerated, and programme interventions have been endorsed by the ministers responsible for civil registration.

367. Effective political will and leadership should not only recognise the importance of CRVS but the will should also translate into sufficient financial support to CRVS from a combination of sources – such as the subvention, dedicated fund for CRVS, leveraging on financial endowment of those institutions who should depend on CRVS for authentication of their processes, services and outputs. Another indication of strong political commitment is the enactment and enforcement of the regulation regarding use of birth certificate as the sole basis for deriving origins and validating date of birth.

### *Legal framework*

368. Although the BDR Act is a very comprehensive law for registration, according to the UN standards, compared to other national laws dealing with registration of vital events, its review is long overdue, having been enacted five decades ago, in 1965. Substantial changes that have taken place reflect emerging trends that could not have been envisaged five decades earlier. In light of the many changes that have taken place, such as advancement in technology, the development of the national identification system, and also the proliferation of identification systems, what used to be a strong legislation for births and deaths registration is now considered inadequate to deliver a fully functional registration system. There are also several areas of weakness and gaps that must be addressed.

369. While the Marriage Act has some relevant provisions for registration, it was not set up primarily for registration and therefore does not address exhaustively some of the issues that would be required to make marriage registration compulsory, as well as continuous, universal and permanent across the country. There are no provisions for divorce registration, so it can be said that there is no legal framework for registration of civil registration. The Acts governing marriages and divorce are not coherent in the intentions about compulsoriness of registration for all types of marriages.

370. The legal provisions for registration of vital events do not reflect fully the United Nations principles in order for the practices to be in conformity with international standards. For death registration the recording of cause-of-death—an important aspect, critical for public health programming and disease prevention—is given limited treatment, leaving many of the registered deaths without a valid cause-of-death.

371. Areas of the legislations that have substantial gaps, in at least one of the Acts include:

- (a) Concepts and definitions of vital events and the process of registration
- (b) Design and use of collection forms
- (c) Training, education and publicity campaign
- (d) Certificate copy issuance
- (e) Burial permit
- (f) Coding, data entry and verification methods
- (g) Classifications and tabulations
- (h) Compatibility with traditional and religious belief systems and practices.

372. Coordination of civil registration at both the demand and supply sides has been constrained by the absence of a national policy on CRVS, which would define the roles and responsibilities of the key stakeholder institutions and provide some guidance on strengthening the inter-institution collaboration and coordination, among civil registration institutions on the one hand, and with those that require registration records, outputs and services, such as GSS, NIA, NHIA, SSNIT, etc.

### *Institutional framework*

373. While it is clear how births and deaths are to be registered, and the registration processes quite distinct from the management of the events themselves, for marriages and divorce, registration is perceived to be incidental to the marriage or divorce processes. Yet not all applications and banns lead to marriage. The delegated institutions should be submitting returns to RGD but this is not being done systematically. The separation of the events processes from the registration has certain advantages to be considered. Also potentially advantageous is the centralisation of the database on civil registration records.

374. In view of the way the systems have been set up, with respect to the level at which registration functions are set in the organisational structure, the institutional capacities, and the absence of policy direction, there is no effective coordination within and among the registration institutions. Coordination among civil registration organisations would entail good communication and uniform processes and practices at every level; with the administration and management roles clearly defined, as well as calendar for data reporting from district to regions and national offices outlined.

375. The Ghana Statistical Service (GSS) is not well recognised as the intermediate user of the registration records. In addition, the role of GSS as primary stakeholder for the production of vital statistics, the third function of the civil registration according to the United Nations principles is necessary for the desired improvements in civil registration and the production of vital statistics.

### *Coverage of Registration Services*

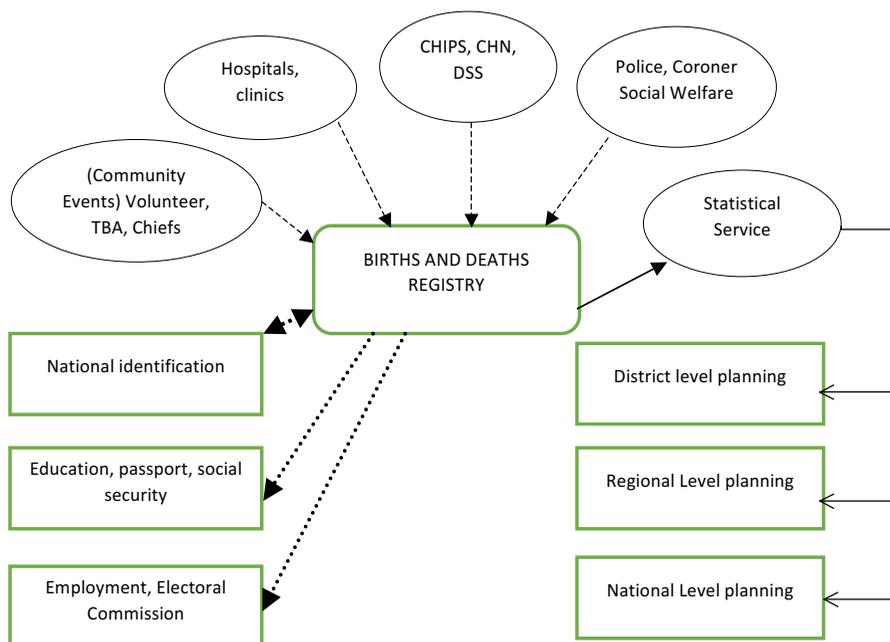
376. For registration to be complete and universal, services must be within reasonable access of those who need them. The laws have not been far reaching enough to involve the range

of institutions and individuals who are actors or witnesses to some event. Although, the BDR has the statutory responsibility for birth registration, complete registration of births and deaths cannot be achieved without the direct involvement of the health facilities. Therefore the collaboration of health facilities with the Births and Death Registry is critical for the efficient and complete registration of these events. Collaboration with the health sector would ensure access of registration services by those located in communities that are far removed from the registration centres. An arrangement, similar to what applies with death registration would significantly improve levels of registration. In the registration of deaths, the Medical Certificate of death having occurred in the facility is the documentation required for registration of the dead.

377. Similarly, for marriages, the institutional framework has to involve other stakeholder institutions e.g. family head, head of the clan or the chief etc. as informants for the services to reach households at the community level, where a lot of traditional marriages occur. For the ordinance marriages the religious institutions are recognised as actors in the registration process. The model used for marriage registration is not mirrored for birth and death registration. As religious institutions act as informants and have to submit returns to the Marriage Register after solemnisation of the marriage, health facilities could be made to act as informants for births and deaths that occur, when they have been actors or witnesses to the event.

378. Many communities especially in rural areas have strong traditional institutions which are well organised. These institutions could be strong agents for advocacy and public enlightenment on registration of births. Some political figure heads at the community level e.g. chiefs, assemblymen, unit committee members etc. could also serve as informants for vital events registration.

Figure 6.1: Coordination and Partnership between the Births and Deaths Registry and other Institutions



Notes: Broken lines indicate potential linkages with other systems drawing on the records of births and deaths; solid lines represent current interactions.

379. The chart shows the coordination the Births and Deaths Registry should ideally have with the other agencies in terms of death registration and statistics. This however is not the case.

### Leveraging system and linkages

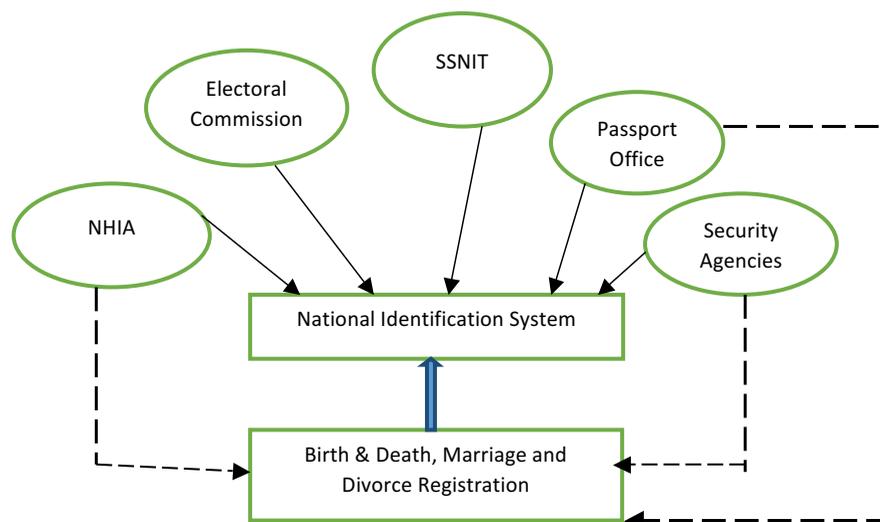
380. In the interest of efficiency, cost consciousness and credibility, institutions dealing with identification, such as National Identification Authority (NIA), Electoral Commission (EC), Social Security and National Insurance Trust (SSNIT), National Health Insurance Authority (NHIA), Passport Services, as well as the security services, should depend on birth certificates as the unique document of an individual's existence and origin. Relatively new and emerging systems that should have benefited from the civil registration system and leveraged it to great advantage do not as much as acknowledge the existence of civil registration and make little or no attempt to connect and link up the systems. These systems, which require valid information and means of verification of the age

and origins of each individual, only provide some semblance of authenticity, given that civil registration is not the uniquely required item of proof of such origin. Yet so much financial commitment and credence are reposed in these systems in areas of identification, delivery of social services, statistics compilation, etc.

381. Greater cooperation with other relevant agencies, and most importantly between the Births and Deaths Registry, the Ghana Health service and municipal and district assemblies to make provisions for office facilities in every health centre and assembly in the country.

382. The legal requirements of producing a birth certificate for services are weak and generally appear not to be binding. Although birth certificate is listed among the primary documents that should be produced by those requiring certain services, in practice birth certificates are hardly required.

Figure 6.2 Framework for Institutional Linkages with Civil Registration



383. Moreover, if the institutions that should require birth certificates as proof of origin were to insist on this documentary evidence, and also require other certificates for the purpose of proof of civil status or for updating records, there would be a much stronger demand for registration services and a source of motivation for registration of events to be done and on time.

384. There are other institutions whose involvement could enhance the potential for wider spread of information and increased motivation to register, at least births. For example, introduction of birth certificate as a requirement at some stage of the basic education cycle would create awareness, while issues of civil registration could also be introduced in the school curricula in the social studies or civil education (I am not sure what the name of the subject is) syllabus.

385. Advanced technology is yet to be harnessed for effective administration of the civil registration process. Linkages with systems for the production of statistics and sharing of information could also be facilitated by computerisation with interoperability among systems registration agencies on one hand; and the other identification and social service agencies on the other. Continuous coordination and collaboration is required between GSS and other civil registration institutions and users in order to allow for the articulation of specific information requirements and the effective incorporation of these demands into the data compilation and analysis plan.

### Resourcing the institutions

386. The characteristics of a functional civil registration system as stated by the United Nations are: universal, continuous, permanent and compulsory, as well as ensuring confidentiality of data/information provided. These qualities are interdependent, and failure in one aspect puts the others at the risk of not being achieved. For example, the service delivery points should reach down to the communities and be accessible within reasonable time and distance if the registration is to be a continuous activity to all, and a regular flow of resources is required to maintain this feature. Presently, most of the services of BDR reach the district capitals, while a few districts also have sub-district offices. These service points are supplemented by BDR offices located in some health facilities, community health post-natal care programmes, mobile units sent to communities, and demographic surveillance programmes (such as the three DHSS, and the pilot population register of BDR).

387. For marriages, the ordinance system operated by Registrar General's Department does not reach all districts, but this is complemented with the solemnisation done by MMDA offices and the religious institutions. However, there are no services of RGD at the community level to initiate marriage applications. Provided the local institutions of religion are recognised as marriage officers, it is possible for the service delivery points to reach the communities. The clients of

customary marriages are however not catered for. There are not many courts where divorce cases could be heard. This means that the registration of marriages, divorces and deaths as well as births, are not equally accessible although they are in principle universal because they are not restricted to any particular group. Yet there are inequities in the way the service delivery is being administered.

388. The continuity of registration service is severely constrained by the shortages in materials, lack of vehicles to undertake the mobile registration exercises, lack of financial resources for staff to accompany community nurses for the purpose of registering newborns, all of which have become a common feature of the BDR. Shortages of Weighing Cards are also reported in some places, while the Weighing Card is required as proof of the birth. In effect, although civil registration is a permanent system, it is not universally continuous. On the characteristics of compulsoriness, only births and deaths registration is compulsory by law. In practice, unless the system is accessible to all communities, the actual communication is that it is not necessary and is not time bound. For marriages the contradictions in the law make their registration not compulsory for some types of marriages. There is no requirement to register divorce, and therefore very limited information on registered divorces is available and then only from the court system.

389. The registration offices of the institutions involved are not well resourced. Apart from shortage of materials, BDR does not have adequate office accommodation or facilities for the services they are required to provide. The staff numbers are woefully inadequate, with heavy reliance on volunteers who have served for more than five years in most cases, without any remuneration. The registration certificates are legal documents of high security value and should be safeguarded to prevent identity theft. Yet offices are shared, and there are no proper storage facilities. Minimum standards for office accommodation and infrastructure should be adopted to guide the establishment of registration offices around the country.

390. The location of the registration institutions in their organisational structures makes them prone to shortage of resources, also a common

feature. This is due to the trickledown effect. Civil registration institutions do not have any budget. With budget cuts they are most likely not to receive any funds. It is not productive to spend scarce resources educating the public about civil registration, only for them to be sent away on account of there being no materials when they report for registration. Separate budgetary allocations ought therefore to be provided to all CRVS institutions for their vital events registration activities.

391. Funding is clearly an issue as basic improvements and sometimes materials are mostly provided by partners. Government needs to step with a budget for civil registration. The widespread use of volunteers for service delivery is problematic and counterproductive as this leads to increasing fees thus reducing demand. Security may also be compromised as these officers have not been properly inducted into the service, through systematic orientation and swearing in. BDR is not authorised to keep a percentage of its internally generated funds, which could have helped bridge the funding gap, to cater for their registration materials and logistical needs. However, given that the ideal situation would be to have on-time registration in all cases, which attract no fee, this source will ultimately not be a viable solution to the problem of shortages.

392. Regular and well-structured in-service training for staff must be put in place to help build staff capacity. There would also need to be training of registration and records management staff and medical officers on how to properly complete the medical certification section of the forms and use of the international classification of diseases (ICD-10). Given that a substantial proportion of the deaths occur outside health facilities, the practice of verbal autopsy should be integrated into the death registration process, drawing lessons from the demographic surveillance sites.

### *Registration processes and practices*

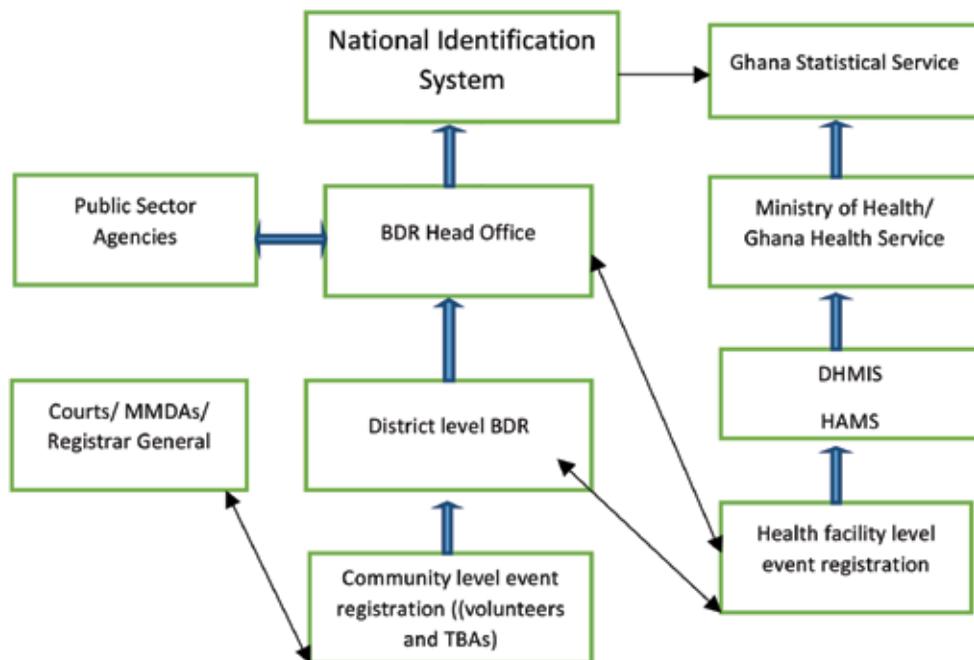
393. Birth registration process begins with either one of the parents, usually the mother, visiting the registration service point to register the birth of the child. A Weighing Card is required as supporting document up until the age of five years old. Registration is free for those under age one. Thereafter, there is registration fee and a penalty. A birth certificate is issued for those

under age one. For those older, an extract from the birth register is issued. Births are registered for those older than 5 years but not for those 60 years and over. It does not seem too difficult to register births even after many years when only a sworn affidavit is required for registration to be completed. This poses a risk and opens the way for fraud. Rural and urban, city and village residents follow the same procedure. Also, there are no variations depending on the circumstances of the birth, whether at the health facility or at home. The exception is with the mobile registration, registration during health or registration campaigns, and births that occur within the demographic surveillance communities.

394. Deaths, on the other hand, can only be registered for up to one year of its occurrence, but should generally be registered within a day. Thus most births are registered late and at a fee. This is a deterrent for registration, except for those in big towns where the burial ground is controlled. There are also stipulations about when marriages are registered.

395. The wide variations in the levels of registration by event, type of locality, socio-economic status of those involved, nature of the events, etc., calls for different approaches to advocacy, processes, and transmittal of information to ensure that all population groups and situations are adequately covered.

**Figure 6.3: Possible Interfaces of Civil Registration with National Service Delivery and Administration**



396. There is a current practice of having births and deaths registries at some major hospitals. If this were extended to all communities it would bring the registries close to the doorsteps of the people and make access to the registries much easier. Functional birth registration service provision points are especially needed in rural, remote and hard to reach areas in the country to make it more accessible for the populace. Birth and death registration points would be required in all health facilities so that births that occur in these facilities can be registered immediately. There is, however, no legislation backing up this

practice, and therefore BDR units are not always welcomed in the health facilities.

397. Introduction of mobile registration schemes may be applicable in remote areas where access to registration centres is difficult especially in the communities that are not easy to reach, such as the case for some communities in the Afram Plains districts and other difficult places in the northern part of the country. Also the BDR Officers should be sponsored to undertake birth registration as one of the principal activities alongside national immunisation campaigns on

national immunisation days. The Community Population Register Programme has to be extended nationwide and officers strengthened to become coordinators who will gather the information on births for registration. The legality of the DHSS model would need to be assessed, and where necessary adapted for replication in communities where residence would require such interventions.

### *Civil registration products*

398. The main product from registration is the certificate<sup>35</sup>, which is issued upon registration, which is the evidence of the event having taken place. The Registrar is also to maintain a register, which is the record of the completed registration. The register is the basis for any re-issue of certificates or duplicate copies or extracts. The register is therefore essential to maintain permanent access of the citizenry to copies of their records. It should also be maintained so that it can be a source of information and the basis for a population register. It is important that records are safely stored to improve coverage, and quality of service delivery.

399. Statistics are not being generated regularly from civil registration records, partly because there is no mechanism in place for timely flow of data between BDR, RGD, GHS, and GSS etc., and also as there is no central database for civil registration and vital statistics where the information generated from all the agencies can be stored and analysed; and for agencies such as the National Identification Authority and the Electoral Commission to access. Many of the registers are currently only in paper form (manually maintained in large registers). For accessibility and to maximise the value of civil registration, there needs to be electronic records so that data can be exchanged with the appropriate institutions and authentication of credentials executed in real time.

### *Regular dissemination of vital statistics*

400. A functional civil registration system is not only necessary to obtain timely and reliable vital statistics, but is also indispensable to validate such important and expensive undertakings as the national population census and inter-census

population estimates and projections. In the statistics arena, whatever vital statistics that are available have been from sample surveys and population censuses, which are in principle to serve as complementary sources to the civil registration. Nevertheless, Ghana has been trapped in such **ad hoc** exercises that could not be considered as a long-term solution in generating population dynamics information.

401. A whole range of factors explain the absence of a regular generation of accurate, reliable and timely vital statistics out of the civil registration system. These factors include: the lack of adequate legal framework; low coverage of civil registration; the lack of cooperation and coordination between civil registration and vital statistics, low statistical capacity and lack of awareness of the need to develop CRVS.

402. Vital statistics from civil registration are not being regularly compiled and disseminated. Until 2004, when the GSS was releasing the Quarterly Digest, some vital statistics were published. The issues were however released with two years lag or longer. The publication has since been discontinued. There could be a regular release of vital statistics possibly on an annual basis. The current provision that birth registration may be done without fee or penalty for children up to age one year, creates the potential for births to be registered more than just a couple of months from their occurrence. This negatively affects statistics on birth registration, which will consequently be with more than one year lag. Some way should be found to encourage registration earlier than later to aid the production of timely vital statistics, even if the penalty of delayed registration has been waived.

403. The previous system whereby copies of the completed registration forms were sent to GSS by BDR has been changed and currently BDR captures all the forms and makes the data available to GSS. The data should be analysed regularly and communicated to the communities as a form of feedback. All stakeholders must be involved in this feedback process. The BDR must therefore ensure that birth and death registration data are regularly processed to generate some vital statistics that could be used to inform policy decision-making. The production of such reports could serve to boost the morale of persons involved in the process when their

<sup>35</sup> Except for late registrations of births, beyond one year of the occurrence, in which case an extract from the register is issued as evidence of registration.

work is appreciated by the society. The parents who provide the information could also be equally encouraged. For sustained performance a way of disseminating the results frequently must be found. Some of the statistics can be incorporated into the advocacy and public education messages and materials.

### *Public education and sensitisation*

404. There is a trade-off between the demand for civil registration certificates and the need for access to services. When demand for certificates is low, access to services should be high and devoid of unreasonable inconveniences for the public to take advantage of it. Public education would therefore need to package messages around the value of registration outputs as well as the compulsoriness.

405. For the public, greater awareness of the importance of timely and complete registration of vital events is required. The public need also to be informed about their responsibility towards contributing to the complete and timely coverage of civil registration.

406. Public education and advocacy is the responsibility of all stakeholders, who need to use all means and platforms at their disposal to inform the public of the value of civil registration for the individual and for the society at large. The Ghana Health Service (GHS) and the Ministry of Health (MoH) should incorporate into the system a process of educating mothers during ante-natal and post-natal service delivery about the need for the registration of vital events.

407. The Ministry of Health and the Ghana Health Service have a number of campaigns annually, and some outreach programmes that take place in the communities and provide the platform for communicating with mothers and other members of the community. Such opportunities should be used to educate the public on the need and the requirements for civil registration. The Ghana Information Service, Ministry of Information, and the National Council for Civic Education have far reaching apparatus for informing and educating the public and should be drawn in the support this aspect of the programme.

408. The education system has not been extensively involved in promoting civil registration

services, as much as it could have. Including CRVS information in the social studies as part of the broader civic education programme, would not only teach this important duty to children at an early age, but can also influence their parents and other relatives about the individual's responsibility.

409. The involvement of religious leaders could also yield appreciable results. Some opinion leaders, such as the clergy, Imams and traditional priests' etc., often officiate at the naming, dedication and "outdooing" ceremonies, baptism, funeral services, etc., as well as marriages, and would therefore have influence in their communities and impact recommending birth registration for parents. Moreover, they also hold regular gatherings at their scheduled time of worship and can use this platform to inform their community of followers.

### *Monitoring and evaluation*

410. Given the nature of development, with different levels of infrastructure and distribution of resources, also diversity of the terrain where communities are located it is important that there be constant monitoring of the activities of those who have been assigned the responsibilities of registration, i.e., the District registrars. There are no mechanisms in place for proper supervision across levels and at the MMDA level across registration service points.

411. The lack of resources has curtailed supervisory and monitoring visits, and also yielded some practices that interfere with the registration, such as the charging of unauthorised fees. Moreover, allowing registration of births to continue for people aged up to 59 years old creates avenues for abuses by both staff and clients. Stronger checks would need to be put in place to ensure that people are not able to abuse the system when they have to acquire birth certificates for passport acquisition or school enrolment. Some of these checks can be effectively put in place if births are registered immediately they occur so that the information cannot easily be changed in later years, as is being done currently.

412. The leadership of government would need consistent briefing to appreciate the value of CRVS and the risk of not intervening at this stage of the nation's development. The registration

service centres are required to submit monthly returns to the head office but the data are not systematically collated and analysed to track trends and determine any signs of problems. Computerisation of the system at all operational levels would be necessary to facilitate data compilation and timely analysis of the information. Some level of monitoring could be achieved by compiling and analysing the levels of registration across centres.

### Proposed strategies and actions for CRVS improvement

413. The findings from the assessment are reinforced by the UNICEF 2012 “Equity Bottleneck Analysis” and therefore the recommendations from the study have been integrated into those presented here. The recommendations emphasize the recognition that civil registration is of paramount importance for the nation at this stage of its development; in terms of socio-economic status (being middle income) and governance process (stable democracy). the absence of a well-functioning CRVS system deprives:

- (a) individuals of the means by which their rights to identity may be safeguarded, and entitlement to public services assured;
- (b) The administrative machinery of the soundest instrument to ensure equity and national identity; and
- (c) The overall government of the cornerstone of evidence-based decision making and the urgency of social and economic planning.

414. The fundamental goal is to have a civil registration that reflects the principles of, universality, continuous, permanence and compulsoriness, which are inextricably linked. When government has created the enabling environment for citizens to access registration services in close proximity to where they live or where the event took place; whenever it is convenient for them to do so, during the hours of operation of the services; and at whatever location to obtain the whole range of services; then government can require of the citizens’ compliance with the legal provisions with respect to registration and the timeframe; and impose prescribed penalties for failure to comply with the law.

415. The assessment and the earlier “Equity Bottleneck Analysis” suggest that not only is the civil registration system far from being complete, but also that completeness of registration can only be achieved by tackling the root causes of the dysfunctional system on all fronts, from both the supply-side and the demand-side, as the problems that were identified are interrelated.

416. The following are some key recommendations:

### *Policy and Legal Framework*

416.1 **Establishing a conducive policy environment:** Following the principle of “it takes all for civil registration to work for all” there is the need to design and implement a national policy that truly reflects the multi-agency nature of the civil registration and vital statistics systems, to guide the manner in which the civil registration services are administered in the country:

- (a) Identifying the stakeholders that must facilitate and support the operations of civil registration at the different stages;
- (b) Defining institutional roles and responsibilities;
- (c) Outlining coordination mechanisms (including high-level steering committee);
- (d) Stipulating levels of accountability and expectations;
- (e) Specifying monitoring and evaluation procedures.

416.2 **Strengthening legal backing for civil registration and vital statistics:** Review and adapt the legal frameworks governing civil registration to current realities of national development and governance, taking into account the advancements in technology, and international standards and requirements, including conventions to which Ghana is party. The legal review should address among others:

- (a) Gaps in the Births and Deaths Registration Act. You can reiterate the gaps to make it more specific.
- (b) Imbalances in the treatment of registration in the Acts governing

marriage and divorce. What are these imbalances?

- (c) The merits of formulating an omnibus law for civil registration, to ensure that the operational requirements for registration of all vital events are comprehensively managed.
- (d) Provide standard definitions for all events, as well as what constitutes registration of the event.
- (e) Emphasise the legal mandates for the registration of the various vital events by the various registration institutions
- (f) Address inconsistencies, contradictions and contentions in relation to the traditional and religious practices and across related legal frameworks
- (g) Specify the division of roles and responsibilities in respect of registration, notification, informants, certification, etc.
- (h) Realisation of the three-fold functionality of the civil registration.
- (i) Make provision for the interdependencies between civil registration, national identification and population registers
- (j) Address issues of electronic transactions to allow digitization of the system, to boost the performance of the system
- (k) Ensure that vital statistics are an integral part of the process of management and use of vital events records.

**416.3 Strengthening legislative requirements for linking registration,** in particular birth registration, with the relevant institutions and ensure compliance with making birth certificate a basic document in their processes.

### *Civil registration in national development agenda*

**416.4 Revamping the national CRVS systems:** Design and implement a strategic plan on civil registration, derived from the national medium-term development policy framework and guided by assessment findings.

**416.5 Instituting solid linkages between civil registration and national identification systems:** Functional and organic linkages between civil registration systems and national identification system to facilitate the development of a national population register and also to ensure consistency in the population register and other national databases, in an effort to manage one legal identity for citizens/nationals and to improve governance and service delivery.<sup>36</sup>

**416.6 Institutionalising collaboration:** with the signing of inter-ministry memorandum of understanding (MOU), such as between civil registration and health, education, national identification, etc., to standardise procedures for collection, transmission, storage and retrieval of information at both individual and aggregate levels, governed by the necessary security provisions and also harmonise the use a standard or agreed civil registration product e.g. the birth certificate by all institutions and service providers.

### *Financing civil registration*

**416.7 Tackling the bottlenecks to achieving international principles of continuity and permanence of the CR system:** caused by inadequate funding by adhering to the commitment made by the Ministers responsible for civil registration to “take up the responsibility for financing and sustaining our national CRVS plans and, when necessary, mobilise resources to cover the financing gap.”<sup>37</sup>

**416.8 Establishing sustainable funding mechanism for CRVS systems development:** to eliminate the persistent and systemic under-resourcing of institutions responsible for civil registration, and shortage of materials caused by insufficient resources.

<sup>36</sup> Resolution 24 (m), of the Third Conference of Ministers responsible for Civil Registration, held 12-13 February 2015, in Yamoussoukro, Côte d'Ivoire.

<sup>37</sup> Resolution 24 (g). Ibid.

416.9 **Optimising resources:** by consolidating registration services with other government services in a one-stop shop registration centre. This can be achieved by making one institution responsible for registration while the functions of managing services for the births, deaths, marriages and divorces are retained by the current institutions as the legal frameworks suggest. This is the case with birth registration, where the health system is responsible for deliveries but Births and Deaths Registry registers the births.

### *Institutional arrangement and capacity*

416.10 **Repositioning Births and Deaths Registry:** Further reflection and in-depth review into the historical placements of BDR within the various organisational setups and the bearing it has had on the level of development and performance, as an input into considerations for situating the Registry for enhanced visibility and authority.<sup>38</sup>

416.11 **Strengthening the organisation and management of civil registration:** to assume pivotal role in civil registration and in coordination with other MDAs in administration, identification, security and social services sectors. Specific actions include:

- (a) Establishing an appropriate organisational structure or structures for the efficient management, operation and maintenance of the civil registration and vital statistics systems
- (b) Setting the minimum standards of facilities (infrastructure, equipment, human resources) required at all levels to maximise efficiencies in service delivery
- (c) Undertaking a comprehensive institutional reform and reorientation of staff to ensure basic qualifications are met
- (d) Strengthening the service delivery orientation of staff at all levels, including management, leadership

<sup>38</sup> Two options have been suggested at the various fora that have validated the findings and recommendations: (a) Births and Deaths Registry being autonomous, and (b) NIA merged with Births and Deaths Registry, and registration of all vital events being handled by that new institution, which should then be adequately resourced to provide efficient and quality service to the population.

and supervisory skills to manage performance

- (e) Administering capacity building programmes specially designed for entry- and continuing- staff
- (f) Assessing and complying with the optimum levels in registration staffing requirements for all levels of service provision across the country.
- (g) Upgrading the calibre of staff to ensure professionalism and reduce the potential for bribery and corruption.
- (h) Providing guidelines and manuals on the operational policies and procedures reviewed and revised in line with the policy and legal frameworks and other international and regional guidelines such as the UN recommendations and the regional assessment tools.
- (i) Integrating statistics production and compilation into all stages of the registration processes.

### *CRVS Products and Services*

416.12 **Increasing accessibility of civil registration services and related information:** Extend civil registration services to the lowest levels of administration and in accordance with international standards of accessibility, through collaborative arrangements with institutions with community outreach and service delivery focus by, among others:

- (a) Creating strong working arrangements, with health and other relevant sectors<sup>39</sup>, by legal and other means, to improve registration services to community levels;
- (b) Drawing lessons from and replicating as appropriate community population registration programmes and the health and demographic surveillance models
- (c) Strengthening community-based systems with the involvement of community and opinion leaders,

<sup>39</sup> Resolution 24 (I), op cit.

traditional leaders; religious authorities; assembly men and women, as well as the volunteer system, in the registration process especially in rural communities where registration points may not be available or accessible.

- (d) Extending the IT applications in service delivery to the community level

**416.13 Enhancing the security features on civil registration forms and products:** The security and integrity of the entire civil registration processes must be safeguarded by ensuring that:

- (a) The application forms are serially numbered and tracked
- (b) Certificates are standardised for the same events
- (c) All certificates have the necessary security safeguards to minimise fraud. (I think registration/application documents should also have security features so that applying with fake documents can be detected).
- (d) The system should be equipped to allow single entry during registration while being able to detect multiple registration attempts.

**416.14 Operationalising civil registration as a shared responsibility:** in order for all stakeholders to play their part in the search for a highly functional civil registration and vital statistics system, there is need to:

- (a) Undertake a stakeholder analysis along the CRVS value chain to identify the key players and their specific roles in CRVS
- (b) Determine ways of cooperating and sharing knowledge and information with other institutions across sectors
- (c) Establish coordination mechanisms among different stakeholder institutions
- (d) Constitute a supervisory committee with well-defined responsibilities to promote and monitor coordination.

### *Demand Creation and use of CR products*

**416.15 Expanding the use of CR certificates:** Additional avenues should be created for certificates of birth, marriage, divorce, and death, to be required at a very early stage, when registration has considerable value with respect to the quality and timeliness of vital statistics. It is ideal for events to be registered within the first couple of months of their occurrence so that statistics can be generated with only a few months lag.

**416.16 Linking birth registration to social intervention programmes** and kindergarten/pre-primary school enrolment, to provide an avenue of reaching the under 5 year-old children, especially in the rural and remote districts.

**416.17 Customising creation of demand for civil registration:** in recognition of the fact that each event has specific peculiarities associated with the cultural as well as sensitivities and practices that affect demand and access to registration services.

### *Advocacy and communication*

**416.18 Sensitising the public about the requirements of registration and the uses of CR products:** There should be sensitisation, education and advocacy for the general population to appreciate their responsibility, the value and the implications for registering vital events, and the consequences of non-compliance. Structures for public information that should be involved include:

- (a) Religious institutions
- (b) Traditional authorities and community organisations
- (c) The educational system (adoption in the curriculum at various levels) and the national functional literacy programme.
- (d) The National Council for Civic Education (NCCE)
- (e) The Information Services Department (ISD), Ministry of Information
- (f) The health system e.g. maternal and child health units, community outreach programmes e.g. immunisation drives.

416.19 **Adopting a communication and advocacy strategy:** with the involvement of all major stakeholder institutions, to develop appropriate advocacy products with messages aimed at breaking the barriers and increasing demand for the services.

### *Registration processes and practices*

416.20 **Re-engineering of business processes:** The business process should be diversified to fit each type of event and the milieu of occurrence, e.g., for births and deaths, differentiating processes according to whether the event occurred at home or in a health facility, in rural or urban setting; and for marriage and divorce by what type of marriage, and the setting; rural or urban..

416.21 **Harnessing efficiencies from computerisation through** deployment of appropriate information communication technology in relevant aspects of the civil registration and vital statistics processes for effectiveness of the legal, administrative and statistical functions of civil registration, by:

- (a) Strengthening ICT infrastructure at all levels of operation
- (b) Building capacity of staff in ICT applications
- (c) Computerising storage, archiving and retrieval
- (d) Establishing interoperability between CR and VS systems with the national identification system.

416.22 **Expand the base of actors** (notification, informants, certifiers, etc.) in the registration process, so that the registration institutions are better assisted to cover events that occur within the hard to reach communities, such as islands, mountainous areas, “overseas”, etc.

416.23 **Introducing regulations to facilitate enforcement of CR laws:** Controlling of burial grounds is critical to enforcing the Births and Deaths Act. District assemblies and other local authorities, such as assembly men and traditional authorities should be required to institute control and supervision over the burial grounds.

416.24 **Linking the personal identification number from the NIA with the certificates** issued from the Birth Registration, and adopted for all individual level records of public administration. (I think this is more about generating a unique personal identification number. This PIN should be the primary and sole identifier of individuals. So I think the critical question is who generates the PIN; BDR or NIA. It also goes back to systems and operations. Who does the first registration; BDR or NIA? Given that BDR will ideally register the birth first and then send the information to NIA then probably the PIN should come from birth registration but it seems at the moment NIA generates the PIN. The issues need to be resolved among the two institutions and once the PIN is generated other services can then use it).

416.25 **Ensuring that every death has its cause determined in accordance with WHO guidelines:** Every effort should be made to assign a cause to all deaths that occur outside of a health institution, or for which no inquest or post-mortem was done to determine cause-of-death, to enhance the public health and statistical value of the records. To this end:

- (a) Medical officers should be trained in the determination of cause-of-death and correctly completing the WHO recommended form
- (b) The requirements for inquest and post-mortem should be enforced at no additional cost to the families, given the societal value of the information and the implications of the missing information
- (c) Train teams to conduct Verbal Autopsy for assigning cause-of-death, drawing from the experiences of the demographic and health surveillance sites. Another alternative is to train key focal people at the community level to conduct the verbal autopsy. This way cause of death can still be determined even if the process of obtaining a burial permit prior to burial is not done.
- (d) Consider introducing some courses on civil registration and vital statistics into the medical training curricula. This would give some amount of exposure to the students even before they enter into practice. Also including

such training in biostatistics or health statistics/health administration training will be useful.

### *Vital statistics from civil registration*

**416.26 Facilitating the production of vital statistics:** the systems should be computerised with interoperability so that data exchange is enhanced.

**416.27 Enhancing statistical value of civil registration processes:** conduct consistency and quality checks on the data and provide feedback to registration staff on areas for improvement

**416.28 Generating statistics routinely from CR:** maintain a database on vital statistics and produce a regular publication on vital statistics

**416.29 Improving quality of registration information:** Analyse and disseminate statistics from civil registration regardless of the level of completeness as a means to establish the state of the system and its development.<sup>40</sup>

**416.30 Enhancing the capacity of GSS** to coordinate and manage data generated from institutions involved in the registration of vital events in Ghana, and further strengthening the capacities of institutions such as judicial service, BDR, RGD, GHS, MOH, GSS etc. for the production of CRVS information.

### *National Population Database*

**416.31 Eliminating birth registrations beyond age one:** Systematically targeting children at different stages of contact with health institutions and related services

- (a) Births occurring in health facilities
- (b) Births with health worker contact (community outreach, child welfare clinics, vaccination programmes, etc.)
- (c) Births with other contacts early in life (baptism, baby dedication, other religious ceremonies)
- (d) Specific efforts to capture any births that occur outside the above named scenarios.

**416.32 Eliminating late registrations beyond age five:** Engage educational system as well as the National Insurance Scheme, to complete registration of children.

**416.33 Filling gaps in the national births register:** Mobilise adult population whose births were never registered

- (a) Establish and maintain a national database
- (b) Constitute adult registration assessment committees at sub-national levels to review claims
- (c) Validate data with other sources of information

### *Monitoring and evaluation*

**416.34 Safeguarding quality of services and outputs:** review guidelines and procedures for processing registration, storage and retrieval of records, and maintenance of an accurate database

**416.35 Assessing progress on a continuous basis:** institute measures for ensuring compliance with established guidelines and procedures for processing registration, including:

- (a) Tracking completeness in registration
- (b) Conducting user satisfaction survey to assess quality of service delivery
- (c) Collecting information about registration compliance in regular surveys of households.

**416.36 Establishing a high level steering committee** to direct and monitor the implementation of the plan and champion the cause of civil registration with the leadership of government being briefed to appreciate the value of CRVS and the state of progress in the development of CRVS.

### **Next steps**

Another indication of strong political commitment is the enactment and enforcement of the regulation regarding use of birth certificate as the sole basis for deriving origins and validating date of birth. It would be necessary for the strategic plan to be endorsed by Cabinet and adequately resourced.

<sup>40</sup> Resolution 24(n) Op cit.



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# APPENDIX 1A

## INSTITUTIONAL MEMBERSHIP OF TASK TEAMS

TASK TEAM	NAME	INSTITUTION
<b>Policy and Legal Framework</b>		
1	1 James Maynard Kwame Doe	Judicial Service (JS)
2	2 Owusua Aduasi-Ofori	Registrar Generals Department (RGD)
3	3 Osei Kwame Griffiths	National Identification Authority (NIA)
4	4 Daniel Adeleke	Law Reform Commission (LRC)
<b>Operations and Practices in Birth Registration</b>		
5	1 Francis Nyarkoh-Larbi	Ghana Statistical Service (GSS)
6	2 Cynthia Afedzego	Birth and Deaths Registry (BDR)
7	3 Esther Degbor	Ministry of Health (MOH)
8	4 Francis Denteh	National Identification Authority
<b>Recording and processing of Death and Causes-of-Death</b>		
9	1 Gloria A. Akoto-Bamfo	Ghana Statistical Service
10	2 William J. Randolph	Birth and Deaths Registry
11	3 Raphael Edu-Gyan	Ministry Local Govt. & Rural Development (MLGRD)
12	4 Nicholas Nyagblornu	Ministry of Health
<b>Operations and Practices in Marriage Registration</b>		
13	1 Augusta Okantey	Ghana Statistical Service
14	2 Selorm Agbotse	Judicial Service
15	3 Doris Tenkorang	Registrar-General's Department
16	4 Prisilla Nortey	Law Review Council
<b>Operation and Practices in Vital Statistics</b>		
17	1 Emmanuel Nana Opoku	Ghana Statistical Service
18	2 Daniel E. Agblenyasa	Birth and Deaths Registry
19	3 Gabriel Dowuona-Hammond	Electoral Commission
20	4 Josef Iroko	National Identification Authority
21	5 Andrew Lamptey	Ghana Statistical Service

TASK TEAM	NAME	INSTITUTION
<b>Demand/Use of Civil Registration products</b>		
22	1 Richard Twenebuah-Kodua	National Development Planning Commission
23	2 Chris Bogart	National Identification Authority
24	3 Fidelia Dake	Regional Institute for Population Studies (RIPS)
<b>Operations and Practices in Divorce Registration</b>		
25	1 Emmanuel G. Ossei	Ghana Statistical Service
26	2 Felix Atsuvia	Judicial Service
27	3 Dorothy Onny	Ministry Local Govt. & Rural Development
<b>Demographic and Health Surveillance Research Centres</b>		
28	1 Isaac Asare	Birth and Deaths Registry
29	2 Prosper Apawudza	Ministry Local Govt. & Rural Development
30	3 Kingsley A. Addo	Birth and Deaths Registry
<b>Facilitators</b>		
	1 Dr. Grace Bediako	Consultant (NDPC)
	2 Steve Amoah	Coordinator (Ghana Statistical Service)
	3 Amuzu Pharin	(Ghana Statistical Service)
<b>Project management</b>		
	1 Dr Philomena Nyarko	Government Statistician (GSS)
	2 Baah Wadieh	Deputy Government Statistician (GSS)
	3 Anthony Amuzu	Deputy Government Statistician (GSS)

## APPENDIX 1B

### PLACES VISITED BY TASK TEAMS

Region	Institution/Agency	District/Municipal	Offices/Locality/Group/
<b>LEGAL &amp; POLICY FRAMEWORK</b>			
<b>Greater Accra</b>	Registrar General Department	Accra Metro	Metro Office
	Births and Deaths Registry		Births and Deaths Registry, Head Office
	Ghana Statistical Service		GSS Head Office
<b>Eastern</b>	Courts	Nsawam	Nsawam High Court
			Nsawam Circuit Court
	Police Station	Nsawam	Nsawam Police Station
		Koforidua	Koforidua Police Station
	Prison	Nsawam	Nsawam Prison
	GSS	Koforidua	GSS Regional Office
	Religious Leaders	Nsawam	Nsawam Presby Church
		Nsawam Assemblies of God Church	
<b>Volta</b>	Courts	Ho	Ho high Court
		Ho	Ho Circuit Court
		Akatsi	District Court
			Circuit Court
	Assembly	Ho	Ho Metro Office
	Police Station	Ho	Ho Police Station
		Akatsi	Akatsi Police Station
	BDR Office	Ho	BDR Regional Office
	Religious Leaders	Akatsi	Global Evangelical Church
<b>BIRTH REGISTRATION TEAM</b>			
<b>Greater Accra</b>	Births and Deaths Registry (BDR)	Accra Metro	Head Office
		Tema Municipal Assembly	Births and Deaths Registry (BDR) Office
		Ga East	Abokobi Zonal BDR Office
		Ashiaman Municipal	BDR Office
	Hospital	Tema	Tema General hospital
<b>Central Region</b>	Anglican Primary School	Awutu-Senya West	Awutu Choechoe
<b>Ashanti</b>	Births and Deaths Registry	Kumasi Metro Assembly	BDR Office Komfo Anokye Teaching Hospital (KATH)
			Asafo Adjei Hospital (Private)

Region	Institution/Agency	District/Municipal	Offices/Locality/Group/
Ashanti	Maternity homes	Bosomtwe	God's Grace Maternity Clinic COMFAP Maternity
		Kuntenase	District Assembly Office
	Births and Deaths Registry	Wa Municipal	BDR Regional Office
		Nadowli-Kaleo	BDR District Office
		Daffiama-Bussie	BDR District Office
	Community	Lambussie	BDR District Office
		Jirapa	Dorimon
<b>MARRIAGE REGISTRATION TEAM</b>			
Greater Accra	Registrar General Department	Accra Metropolitan Assembly	Registrar General Office, Abossey Okai Central Mosque
			Latter Day Saints Church, Ridge
			Ghana National Muslim Mission
			Hindu Monastery of Africa, Accra, Central District Court
Assembly	Ashiaman Municipal Assembly	Ashiaman Municipal Assembly Office	
Western Region	Registrar General Department	Sekondi-Takoradi Metropolitan Assembly	Registrar General's Department
	Court	Sekondi-Takoradi Metropolitan Assembly	District Court Market Circle,
		Axim Municipal Assembly	Axim District Court,
		Shama	Shama District Court
	Religious Leaders	Sekondi-Takoradi	Star of the Sea Catholic Church Takoradi Presbyterian Church, Takoradi
			Methodist Church Takoradi
			Amanfro Central Mosque, Market Circle
	Community Focus group discussion	Shama	Shama Traditional Council
	Axim Municipal Assembly	District Assembly Office	
Central	District Assembly	Shama	District Assembly Office
	Courts	Cape Coast District, Awuku Senya, Senya Breku	Cape Coast District Court Awuku District Court Senya Breku District Court
		Religious Leaders	Cape Coast Municipal Assembly, Senya Breku
	Cape Coast Methodist Church		
	Focus group discussion		
Municipal/District Assembly	Cape Coast Municipal Assembly, Senya Breku	Senya Breku District Assembly Court	

Region	Institution/Agency	District/Municipal	Offices/Locality/Group/
<b>DIVORCE REGISTRATION TEAM</b>			
<b>Greater Accra</b>	Courts	AMA	Accra High Court (Supreme Court Building)
			Accra Circuit Court, (Cocoa Affairs), HR and M&E Offices -Judicial Service, Headquarters
<b>Volta</b>	Courts	Sogakope	Sogakope Circuit Court
	Courts, Attorney General's Office	Ho	Ho High Court
		Kpando	Attorney General's Office-Ho District Court
<b>Ashanti</b>	Courts, Attorney General's Office	KMA	Kumasi High Court, Attorney General's Office Kumasi
		Tepa	District Court
		Bekwai	Circuit Court
<b>DEATH AND CAUSE OF DEATH REGISTRATION TEAM</b>			
<b>Greater Accra</b>	Registrar General's Department	Tamale Metro	Registrar Generals Department - Tamale
	Teaching Hospital	Tamale Metro	
	Hospital/mortuary	Accra Metro	Korle Bu teaching Hospital mortuary Pantang Hospital
	Police Station	Accra Metro	Korle-Bu Police Station
<b>Greater Accra</b>	Births and Deaths Registry	Accra Metro	Dodowa BDR Office
	Cemetery	Accra Metro	Awudome cemetery (sexton's Office), Osu cemetery (sexton's office)
		Dodowa	Presby and Muslim Cemeteries
		Tema Municipal Assembly	Lashibi private cemetery
	Traditional Rulers	Accra Metro	James Town Sempe Mantse Palace
<b>Central Region</b>	Funeral homes	Accra Metro	Gilbert and Abbey
	Religious leaders	Accra Metro	Chief Imam's Office, Christian Council
	Hospital/mortuary	Cape Coast	Cape Coast Teaching hospital mortuary,
	Police Stations		Winneba Police Station, Apam Police Station, Cape Coast Regional hospital
	Births and Deaths Registry		Winneba Births and Deaths Office Agona Swedru BDR office Apam BDR Office Saltpond BDR Office, Cape Coast

Region	Institution/Agency	District/Municipal	Offices/Locality/Group/
Central Region	Cemetery		Winneba Cemetery, Saltpond Cemetery, Mankessim Cemetery
	Funeral homes	Agona Swedru	Jabez Funeral Home Agona Swedru
	Religious leaders		Cape Coast Methodist Church
Eastern	Hospital/mortuary	Nsawam	Nsawam government hospital and mortuary,
		Suhum	Suhum government hospital and mortuary,
		Koforidua	Koforidua regional hospital
		Kibi	Kibi government hospital and mortuary,
	Atua Government Hospital	Atua Government Hospital and Mortuary,	
Police Station	Nsawam	Police Station	
Births and Deaths Registry	Nsawam, Suhum, Odumase Krobo, Kibi, Koforidua	BDR Office	
<b>Region</b>	<b>Institution/Agency</b>	<b>District/Municipal</b>	<b>Offices/Locality/Group/</b>
Eastern	Cemetery	Nsawam Adoagyiri	Cemetery
	Environmental and Sanitation Office	Nsawam	Environmental and Sanitation office

#### VITAL STATISTICS TEAM

Greater Accra	Births and Deaths Registry	Accra Metro	Births and Deaths Registry (BDR), Head Office
	Registrar General's Department	Accra Metro	Registrar General's Department-Head Office
	Judicial Service	Accra Metro	Judicial Service, head office, Accra
	Courts	Accra Metro	High Court - Accra,
	Ghana Health Service	Accra Metro	Ghana Health Service Office-Tema Station, Accra
	Ghana Statistical Service	Accra Metro	Ghana Statistical Service, Head Office
	Teaching Hospital	Accra Metro	Korle Bu teaching Hospital - Accra
	District Court	Ga West	Amasaman District Court
Ashanti	Ghana Health Service (GSS)	KMA	Ghana statistical Service Regional Office - Kumasi
	Births and Deaths Registry -	KMA	BDR Regional Office Kumasi
	Registrar General's Department	KMA	Registrar Generals Department - Kumasi
	High Court	KMA	High Court - Kumasi
	Hospital	Kwadaso Sub Metro	SDA Hospital - Kwadaso sub Metropolitan

Region	Institution/Agency	District/Municipal	Offices/Locality/Group/
Northern	Ghana Health Service (GSS)	Tamale Metro	GSS Regional Office - Tamale
<b>DEMOGRAPHIC AND SURVEILLANCE SITES TEAM</b>			
Greater Accra	Demographic, Health and Surveillance Sites	Dodowa	Dodowa Demographic Health Research Centre (DHRS)
	BDR	Dodowa	Dodowa BDR Office
		Shai/Osudoku	Dodowa Demographic Health Research Centre (DHRS)
Ashanti	BDR and Ghana Health Service	Offinso	Outreach site
Brong Ahafo	College of Health and Well-being	Kintampo	College premises
	Kintampo Health Centre	Kintampo	
		Kintampo North	KRUTAKYI (inspect register of community informant)
Upper East	Demographic, Health and Surveillance site	Kassena Nankana	Navrongo Demographic Research Centre
			Namolo
			Kolgo, Azoya
	Births and Deaths Registry	Tolon	Dingoni
<b>DEMAND AND USE OF CRVS PRODUCTS</b>			
Greater Accra	National Identification	Accra Metro	National Identification Authority, Headquarters
	Passport Office	Accra Metro	Passport Office, Head Office
	Drivers and Vehicle Licensing Authority (DVLA)	Tema Metro	DVLA Office, Tema
	National Health Insurance Authority	Tema Metro	National Health Insurance Authority, Regional Office
	Insurance Company	Accra Metro	State Insurance Company (HQ)
	Funeral Home	Tema Metro	Lashibi Funeral Home & Crematorium
	Cemetery		Gethsemene Memorial Gardens (Cemetery) Shiashie, East-Legon
Volta Region	Social Security and National Insurance Trust	Ho	SSNIT Office
	Ghana Education Service, (GES)	Ho	GES, Regional Office
	Electoral Commission	Ho	Electoral Commission Regional Office
	Ghana Immigration Service, Regional Office	Ho	Ghana Immigration Service Regional Office
			Royal Praise Preparatory School,
	Basic School	Ho	Ghana Congress of Evangelist Women Ministry (GHACOE) Daycare Centre
	Hospital	Ho	Ho District Hospital
	Police Training Academy	Ho	Ghana Police Service, Regional Training Depot

Region	Institution/Agency	District/Municipal	Offices/Locality/Group/
Volta	Ghana Health Service,	Ho	Regional Directorate
	District Hospital, Child Welfare clinic	Ho	
Northern	Hospitals	Tamale Metro	Tamale West Hospital
			Tamale Central Hospital
	Communities	Nyanshegu, Tamale	Nyanshegu Community
		Nyanshegu, Tamale	Nyanshegu Community
		Dunyin, Tamale	Dunyin Community
	Department of Social Welfare	Tamale	Department of Social Welfare, Regional Office
	Religious leaders	Tamale	Methodist Church
		Tamale	Central Mosque
		Lamashegu-Tamale	Gbewaa Day care and nursery
		Lamashegu-Tamale	Wunzooya Day Care
		Jarigu, Tamale	Jarigu Community
	Kumbugu, Tamale	Kumbugu Community	



