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Appraisal of the Birth and Death Registration Project in Bangladesh

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Preface

This appraisal was initiated by the Norwegian Embassy, UNICEF, and the Ministry of Local Government, Rural Development and Cooperatives of Bangladesh. The objective of the appraisal was to review the Technical Assistance Project Proposal of the Ministry and to assess the possibilities for Norwegian funding, see the attached Terms of Reference (Annex 2). Since the Government of Norway has special concerns in this regard, being the largest potential donor, the Norwegian Embassy formulated a second Terms of Reference (Annex 3). The issues outlined in this should be seen as a specification of the ToR given by the Government of Bangladesh. The two ToRs are of equal status.

The appraisal was funded by NORAD, UNICEF and the Registry of Births, Deaths and Marriage, Victoria, Australia. The programme was organised by the Local Government Division of the Ministry of Local Government, Rural Development and Cooperatives, with UNICEF in a supportive role.

The members of the appraisal team were Helge Brunborg, Statistics Norway (team leader); Ian Bowler, Registry of Births, Deaths and Marriages, Victoria, Australia; Abu Yusuf Choudhury, PIACT Bangladesh; and Mahbuba Nasreen, Department of Sociology, University of Dhaka. The appraisal was done in Bangladesh during the period 12-23 November 2000. The Team visited a number of government institutions and NGOs in Dhaka as well as in Kishoreganj and Rajshahi (see Annex 1).

The Team appreciates the warm and helpful reception by almost everybody we met. We would especially like to thank Azizur Rahman and Jan-Pieter Kleijburg of UNICEF and Mr. Abdullah of the Local Government Division for organising and implementing an excellent but intense programme, and to Tom Hunstad, Erik Berg and Lena Hasle of the Norwegian Embassy for valuable advice.

The Team was impressed by the interest and enthusiasm we met for birth registration, especially at the local level.

The Team would like to point out that due to the limited time available we were not able to give enough attention to all aspects of the project. In particular, there was very little time for writing this report, as there were meetings on every day during the mission. The report was finalised on 8 January 2001, following several draft reports that were circulated for comments.

Generally, the Team supports the project to register births in Bangladesh but some issues need to be studied in more detail before birth registration can be expanded to all of Bangladesh.

On 28th June 2001 NORAD decided not to support the project, because several conditions for Norwegian support were not met. The central Government of Bangladesh did not seem to give the project the necessary priority and moreover, organisation matters and institutional capacity were not yet ready for an efficient implementation. Establishment of the required institutional structure would necessitate Norwegian involvement of a very long duration. The Norwegian decision not to become involved in this project at the current moment does not imply, however, that birth registration is not seen as a central issue with regard to human rights issues in Bangladesh, according to NORAD.

Statistics Norway has decided to publish this report in the series *Documents* because its contents may be of considerable interest for the birth registration project in Bangladesh, which is continuing, as well as for similar projects in other countries. This publication is identical to the final report of the appraisal team, except for minor editorial changes.

Contents

Acronyms, abbreviations and Bangla terms

ADLG	Assistant Director Local Government
AHI	Assistant Health Inspector
BBS	Bangladesh Bureau of Statistics
Ben.Act	Bengal Act
BNWLA	Bangladesh National Women Lawyers Association.
Chaukidar	Village watchman
CC	Community Clinic
CBRO	Central Birth Registration Office
CRC	Convention of the Rights of Children
DBRC	District Birth Registration Committee
DCC	Dhaka City Corporation
DDCC	District Development Coordination Committee
EPI	Expanded Programme on Immunisation
FP	Family Planning
FWA	Family Welfare Assistant
FWC	Family Welfare Centre
GR	Geographical Reconnaissance
HA	Health Assistant
HPSP	Health and Population Sector Program
HSC	Higher Secondary Certificate
LGD	Local Government Division
MOHFW	Ministry of Health and Family Welfare
MOLGRD	Ministry of Local Government, Rural Development and Cooperatives
NGO	Non-Governmental Organisation
NNP	National Nutrition Program
NORAD	Norwegian Agency for Development Cooperation
OC	Outreach Centre
Pourashava	Urban administrative area (see footnote 2)
Taka	Monetary unit of Bangladesh. USD 1 = Taka 54; Taka 1 = NOK 0.17 (November 2000).
TAPP	Technical Assistance Project Proposal
Thana	Administrative area, same as *Upazila* (see footnote 2)
ToR	Terms of Reference
UMIS	Unified Management Information System
UNICEF	United Nations Children's Fund
UNO	Upazila Nirbahi Officer
UP	*Union Parishad,* rural administrative area (see footnote 2)
Upazila	Rural administrative area, one level above the *Union Parishad* (see footnote 2)
USO	Upazila Statistical Officer
UBRC	Upazila birth registration committee

Summary

Birth and death registration has never functioned properly in Bangladesh, in spite of legislation dating back to 1873. In recent years there has been an increasing emphasis to implement birth registration from a human rights perspective. In particular children without a birth certificate cannot prove their age, identity and nationality. This makes it very hard to combat human rights violations such as child labour, child prostitution and under-age marriage (sections 1 and 2).

This External Appraisal of the Birth and Death Registration Project proposed by the Government of Bangladesh and supported by UNICEF and possibly by NORAD, concludes that the project should be gradually implemented country-wide, but that the proposal for it needs to be revised (section 11). There is also a need for more detailed planning of the project. The Appraisal Team's recommendations, 23 in number, are listed in section 12.

In spite of the inclusion of *death* registration in the project proposal, the Team found very little immediate interest in this. Consequently, we recommend that registration of deaths should not be given a high priority yet, as the available resources should concentrate on improving the registration of births (section 5).

Both the registration of births and the issuance of birth certificates should be done free of charge, perhaps with a fee for any subsequent certificate. Ideally, everybody and not only children should be able to register gratis. Over time a system of cost recovery may be introduced, based on the Australian model of payment for a special commemorative birth certificate, in addition to a free certificate for legal purposes (section 6). Statistical data may be sold to governmental and other users.

Parents will not be anxious to register their children before there is a strong need for birth certificates. The Team recommends that presentation of a birth certificate should be made mandatory for obtaining public services, such as education, health, employment and voting rights. The private sector should also be encouraged to make birth certificates a requirement, such as banks, insurance companies and educational institutions (section 8).

The legislation concerning civil registration is in principle adequate but needs to be amended on several points (section 7). There is also a need for model by-laws, which should be standardised as much as possible.

The Team agrees with the Bangladeshi TAPP (Technical Assistance Project Proposal) that birth registration data should be collected in the field by health workers and NGO workers and that the births should be registered at the Union Parishad /Pourashava /Ward /Zone level, depending on the administrative system in rural and urban areas. The Team proposes, however, that the data be computerised at the Upazila/Pourashava level, and not at the District level, since this level is closer to where the birth data are collected and registered. Computerisation at this level seems to be feasible, although not everywhere immediately. The most advanced areas should be computerised first and the more remote areas later, as the project learns from experience and as the infrastructure improves. The proposed data flow is discussed in section 3.

The Team is also proposing the introduction of a unique 11-digit identification number, which can be issued at the Upazila/Pourashava/City Corporation level (or lower, if there is an urgent need), see section 4. This number should be printed or written on the birth certificates and used by as many public and private institutions as possible, while taking the protection of privacy into consideration.

It is essential that a central birth registration office be established. This should be in charge of legislative changes, co-ordination, standardisation of forms and practices, design of a central database, quality control, etc. Over time this office could evolve into a Civil Registrars' office, even though there currently are no plans for implementing other common Civil Registrar functions, such as registration of marriages and divorces. The administrative location of this office needs to be considered.

There is also a need for collaboration between various ministries about data collection in the field, to save resources and improve quality and coverage.

The Bangladesh Bureau of Statistics may play an important role in receiving, storing, analysing and disseminating the birth registration data. The commitment and capabilities of BBS, and the sharing of responsibilities between the Local Government Division and BBS, need to be studied in more detail, however (section 3).

UNICEF has played a major role in the pilot birth registration campaigns and should continue to be involved, but perhaps in a more advisory role than previously, see section 10. The Government of Bangladesh needs to be fully in charge of the project. It is essential for the success of the project that the Government devotes sufficient resources to the project and sets up an efficient administrative structure for it. In particular, the project needs to be run by a full-time permanent professional staff. This is surely required for the implementation of birth registration in one of the most populous countries of the world.

The Appraisal Team thinks that the proposed project answers to the concerns of the major donors, in particular the Government of Norway (NORAD). The project has a strong human rights component and will benefit children, women and other vulnerable groups if it is properly and widely implemented. The project will also have developmental effects in many other areas, including education and health, statistics, planning and democracy - making voting rights more easily identifiable. It should be emphasised, however, that the project has a long-term character and that it will take a long time before the benefits of it become clearly visible. Although the conditions are not yet ideal for introducing a modern birth registration system countrywide, it is important to start the process, to avoid losing time and to learn from experience.

1. Introduction

Although registration of births and deaths is required by legislation dating back to 1873, it has never functioned properly in Bangladesh. Currently less than 3 per cent of the births are registered. In recent years the need for birth registration has again been taken up, primarily for human rights reasons. For children in particular it is important to be able to prove age and name. The Convention of the Rights of Children (CRC), which the Government of Bangladesh has ratified, specifically states that every child has the right to have a name, identity and acquire a nationality (Article 7). Birth registration is a protection right of children and is related to a number of issues dealing with children, such as child labour, juvenile justice, under-age marriage, health, child trafficking and child prostitution. It is also important in relation to education, voting rights and citizenship.

The need for birth registration is recognised as a priority in many Asian countries. This was discussed at the Asian Civil Registrars General Convention in Bangkok, 17-20 November 1999, where a number of countries presented their policies and practices in this area. Some have just recently started to improve birth registration, such as Bangladesh and Pakistan, while other countries have already implemented a modern computerised system, such as Thailand.

Recently the United Nations Commission on Human Rights Special Rapporteur on the right to education expressed special concern about the lack of information about children who should be in school, pointing out that registration of children at birth has not yet been put into practice. Bangladesh is included among 57 countries listed in a table on non-registration of children at birth (with less than 30% of children registered).

In Bangladesh UNICEF has promoted the registration of births through campaigns in four districts since 1997, with plans for five other districts. PLAN International is planning to do the same in three districts. A UNICEF-supported survey indicates that birth registration is not a well-known concept. People are not aware of the legal requirement to register births. The response from government and non-government organisations is also low in the context of making people understand the value of birth registration.

The Appraisal Team was informed about the birth registration campaigns in four areas: Dhaka, Rajshahi, Kishoreganj and Dhamrai, of which the first three were visited by the Team. These campaigns are well documented but the Team has seen very little information and analysis about the *outcome* of the campaigns, for example, the number of persons who were registered, and about the quality of the data, such as coverage, reliability and consistency. Moreover, the documentation reports contain no information on the number of people who actually requested *birth certificates* for their children, which proved to be very low, almost nil in some areas.

In Rajshahi the campaign was conducted during the Child Rights Week in 1997, when "*38,102 children 0-6 years were registered out of a target of 65,000*" (Chowdhury, not dated).[1] The registration of births has continued but the number has later declined, to between ½ and ⅔ of all births. In Kishoreganj the reported numbers indicate that about 70 per cent of children 0-5 years were registered in two Upazilas/Pourashavas during the Birth Registration Campaign 2000. In Dhamrai there is a project to link the birth registration system to the immunisation campaign, which will have mutual benefits. Dhaka City Corporation has taken an initiative to register births but there is a great need for further development of this, especially with regard to decentralisation.

The experience of the Local Government Division and UNICEF is a necessary starting point to deal with the critical issue of birth registration in Bangladesh. The Government of Bangladesh has shown keen interest in birth registration after the review of the Bangladesh State Party Report. The Government also prepared a Technical Assistance Project Proposal (TAPP) for submission to the Royal Norwegian Embassy and UNICEF to apply for financial support for the birth and death registration project.

2. Special needs for birth registration

2.1. Child's rights

Much has been achieved for the rights of children in Bangladesh in the area of health, including education, the expanded program on immunisation, improvements in maternal mortality, and safe drinking water. A lot has also been done for the protection rights of children but it remains a serious problem that it is often difficult to prove a child's age and identity. Because of this it is not easy to provide the protection that they are legally entitled to as children. The children of Bangladesh are often
- not given access to the juvenile justice system;

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[1] Rajshahi City Corporation, on the other hand, reported 38,202 registered children, the difference probably being due to a misprint. The estimated target population, 65,000 is perhaps somewhat too low, when taking into account the population size and age distribution for urban areas in 1991 and the estimated growth rate for 1991-1997, according to MOHFW (1999). A target population of about 80,000 seems more realistic. Since 1997 the following numbers of children 0-90 days have been registered: 8,216 in 1998, 3,842 in 1999 and 2,874 in January-June 2000, according to Rajshahi City Corporation, while the estimated number of births per year for 1997-2000 is between 8000 and 9000, according to the Appraisal Team. Thus, half of all children 0-6 years in Rajshahi were registered in 1997. In 1999 about half of all births were registered, unless there was a high degree of registration of older children. The proportion of registered births seems to have increased to about ⅔ in 2000.

- forced into exploitative forms of child labour that are likely to jeopardise their health, safety and morals, including prostitution;
- married before the legal age of 18 years (girls);
- victims of trafficking; and
- not provided with any form of education.

Birth registration is seen as a weapon in combating these injustices and providing children with rights and freedom that children in many other countries enjoy. An accurate knowledge of children's ages ensured through a birth registration system provides a means of establishing age and, as a result, providing protection to children.

Linking birth registration to immunisation programs and other child health services may be beneficial for these programs as well as improve the coverage of birth registration.

2.2. Education versus poverty

Lack of educational opportunities due to poverty leads to child labour and creates a cycle that is hard to break.

According to the International Labour Organisation "the single most effective way to stem the flow of children into abusive forms of employment is to extend and improve schooling so that it will attract and retain them".

By knowing a child's age, the Government is in a better position to ensure that a child receives an education, even if it is only through the non-formal education program, and presents the child with the opportunity to commence the move out of poverty.

3. Data collection, data flows and computerisation

3.1. Introduction

Legislation and local infrastructure for birth registration are already in place, at least in principle but not always in practice. This is the basis for the proposals presented in the Technical Assistance Project Proposal (TAPP) and the proposals in this report.

There are, however, some differences between the TAPP and the proposals of the Appraisal Team, especially with regard to computerisation. The TAPP is proposing to computerise birth registration at the District level.[2] The Appraisal Team thinks, however, that this level is too far removed from the people and where the registration is done. In stead we recommend that the computerisation be done at the Upazila level. The Team thinks that this is technologically, economically and administratively feasible. The proposed system of reporting, computerisation, analysis and feedback is described below.

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[2] Administratively, the country is divided into 6 *Divisions*, 64 *Districts*, 464 rural *Upazilas* (previously called *Tanas*) or urban *Pourashavas*. Each *Upazila* is divided into approximately 13 *Union Parishads*. Each *Union Parishad* is divided into 9 *Wards*. Each *Pourashava* is divided into a varying number of *Wards*. The largest cities, currently four (Dhaka, Chittagong, Rajshahi and Khulna), are called *City Corporations* and are divided into a varying number of *Wards* or *Zones*. In addition there are *Cantonments* where military employees and their families live, see section 3.5.

To summarise the flow of data from the field to the central level we have made three diagrammatic representations, for rural areas, City Corporations and other urban areas (Pourashavas), respectively, see figures 1, 2 and 3. To understand the process of gathering birth registration data from the rural and urban community through the health assistants, a brief description of the community clinic and urban health care services are provided below.

Bangladesh is well covered by health workers who make regular visits to all households in their area of responsibility.[3] During these visits they collect information about births and other health-related issues for the health department, as part of their normal duties. The households are visited both by health assistants and by family health workers, but these visits are now being combined through the Unified Service Delivery System under the Health and Population Sector (HPSP). Another group of health-related workers that may be utilised on the collection of birth registration data is the volunteers (communicators) of the National Nutrition Program (NNP).

The utilisation of health workers to collect birth registration data is new as compared to the Registration Act, where the village watchman (*chaukidar*) is supposed to play a major role. The new method of data collection seems to have functioned quite well in the two trial districts visited by the Team, one rural (Kishoreganj) and one urban (Rajshahi). Collecting birth data seems to be well within the capacity of the health assistants, as the Appraisal Team was told that these are currently far from being overloaded.

Moreover, the birth registration data, which were collected in separate visits to the households during the pilot studies, are supposed to be collected during the *regular* visits by the health workers to collect data for the health department. This would require an executive order, which the Ministry of Health would be willing to issue, according to the Joint Chief. The issue of payment for collecting the birth data is discussed in section 6.2.

The planned construction of community health clinics, described below, may change the system of household visits, however. It is difficult to envisage that there will be resources both for clinic-based service and an outreach program. This may change the feasibility of health workers collecting birth registration data in the field. Some time in the future parents should report their births directly to the registration authorities.

The health workers should primarily be responsible for registering children under age 6. The registration of older children and adults should be done at the Union Parishad office directly by the concerned persons or their parents. It is, however, difficult to know the exact age of an older child or an adult, unless there exist reliable documents that can verify the date of birth, see the discussion in section 3.8.

Computerisation has not yet been tried anywhere, except on a very limited, experimental and *ad hoc* way in Rajshahi. A system for doing this needs to be developed and tested, see section 3.6. This should include data entry, data verification and checking, assignment of ID numbers, forwarding of computerised data to the central level, and printing of lists of persons to be forwarded to the Upazilas, sorted by criteria such as date of birth, date of registration, name of registered person and ward.

The frequency of transfer of birth registration data to the next administrative level needs to be considered. This could be daily, weekly or monthly, depending on the data volume and available technology.

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[3] The health assistants have very limited medical training, however, usually only short courses. They distribute medication against diarrhoea and provide other primary health care.

3.2. Rural data flow

Community Clinics
Under the current Health and Population Sector Program (HPSP, 1998-2003) community clinics, yet to be constructed, featuring fixed service points and covering 6,000 people each, will be opened. These clinics will provide a "one-stop" community-level Essential Services Package (ESP).

There will be four community clinics (CCs) in a typical union (population 30,000), with the Family Welfare Centre (FWC) acting as a fifth. It is planned to construct 13,500 of these clinics. The clinics will be staffed by one Family Welfare Assistant (FWA) and one Health Assistant (HA). A Family Welfare Volunteer based at the FWC will visit the clinic at least once per month to provide additional clinical services and supportive supervision.

The existing satellite clinics and outreach centres will continue in addition to the CCs during the transition period, but will gradually be reduced. Within the 6,000-population catchment area of the CC, there will be four such outreach centres (OCs), each covering 1,500 population.

Under the proposed system, there will be an annual Geographical Reconnaissance (GR) of all households in the CC catchment area, conducted by the health assistants. This involves visiting all households in the catchment area and collecting information on certain key variables.

Community
In the rural areas the parents, volunteers, NGOs and *chaukidars* (village watchmen) may provide data to the community clinic/health assistants or directly to the Union Parishad office. The health workers will also collect data while visiting households, organise EPI outreach and FP satellite clinics and make outreach visits.

Health Workers / Community Clinic
The health workers/NGO workers will fill in the birth registration forms and transmit these to the Union Parishad Secretary on a monthly or more frequent basis, for example during the meeting of the UP Health and Population Committee.

Union Parishad
- The Union Parishad Secretary will register the information in the prescribed register, i.e. a book with pre-printed columns and numbered pages. There should be one birth per row, according to the current Act.
- The parents may also report births *directly* to the Union Parishad where the Secretary will complete the birth registration form. There must be mechanisms that will avoid duplicate registration of births in cases where one birth is reported by different people.
- A unique identification number will be assigned to each new birth registered, except for the check digit, see section 4. A guideline for assigning this unique number should be provided to the Union Parishad and the Upazila.
- The Union Parishad, preferably the secretary, will issue the birth certificate with the unique number.[4]
- The birth registration forms will be sent to the Upazila office on a monthly basis by the Union Parishad Secretary.

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[4] The birth certificate should preferably be issued *after* the data have been computerised at the Upazila and the complete ID number has been assigned and returned to the Union Parishad. Immediate issuance of a birth certificate should only be done if there is an urgent need for it. In such cases the check digit may be computed manually and added later.

Figure 1. Birth registration data flow chart

Upazila
- The Upazila Nirbahi Officer (UNO) will receive the completed birth registration forms and computerise the information. This task will be performed by the Upazila Statistical Officer (USO) resorting under the Bangladesh Bureau of Statistics (BBS).
- Under a special arrangement with LGD, the computerised data will be sent to the central headquarters (CBRO) on diskette, CD-ROM or through e-mail on a monthly basis. The modalities of this will be decided by LGD and BBS.

- The computerised data as well as the birth registration forms will be preserved at the Upazila office of BBS.
- The Upazila Officer (UNO) will report to the DDCC (District Development Coordination Committee)
- Lists of births, sorted by name, date of birth, date of registration and/or ward and including the full ID number, will be sent to each Union Parishad.
- The Upazila office will analyse the birth statistics for each union and give feedback to the unions, which may include individual-level information for use by the community clinics.

District
- The Deputy Commissioner's office will receive the processed aggregate information from the Central Birth Registration office, or if feasible, directly from the Upazila offices.
- The DDCCwill review the birth registration performance statistics and give their comments/feedback to the Upazila.

3.3. City Corporation data flow

Urban health care services
In urban areas, MOHFW has only a limited preventive and promotional health care infrastructure. A mix of private, NGO and government hospital facilities providing mainly curative services complements this. In the absence of any well-organised formal structure for provision health and family planning services in urban areas, the government strategy is to rely on MOLGRD for improved services and expanded collaboration with NGOs and the private sector. However, the standards and norms prepared for the service delivery will be regulated by MOHFW.

Community
- Health assistants or NGO workers will obtain birth data from the community during outreach visits, organise satellite clinics and establish linkages with local volunteers, NGOs and organised groups.
- Parents will report births to the health workers or directly to the zonal office.
- Health workers/NGO workers will fill in the birth registration forms.

Ward Commissioner Office[5]
- The community health workers will provide the completed birth registration forms to the secretary of the Ward Commissioner's office, who will record the information in the prescribed birth registry books.
- The parents may also report the birth information directly to the Ward Commissioner's office.
- The clinics and hospitals falling within a ward will provide birth information to the Ward Commissioner's Office. Births should be registered in the Ward where the mother is resident at the time of the delivery, not the Ward where the hospital is situated, according to international standards.
- The secretary will record all births in the prescribed birth registry and assign a unique ID number to each new birth, except for the check digit (see section 4).
- All completed birth registration forms with the unique number (except for the last digit) will be sent to the Office of the Chief Health Officer or Zonal Health Officer.
- The birth certificate will be issued by the Ward Commissioner or Secretary, preferably after the complete ID number has been returned from the chief medical officer.

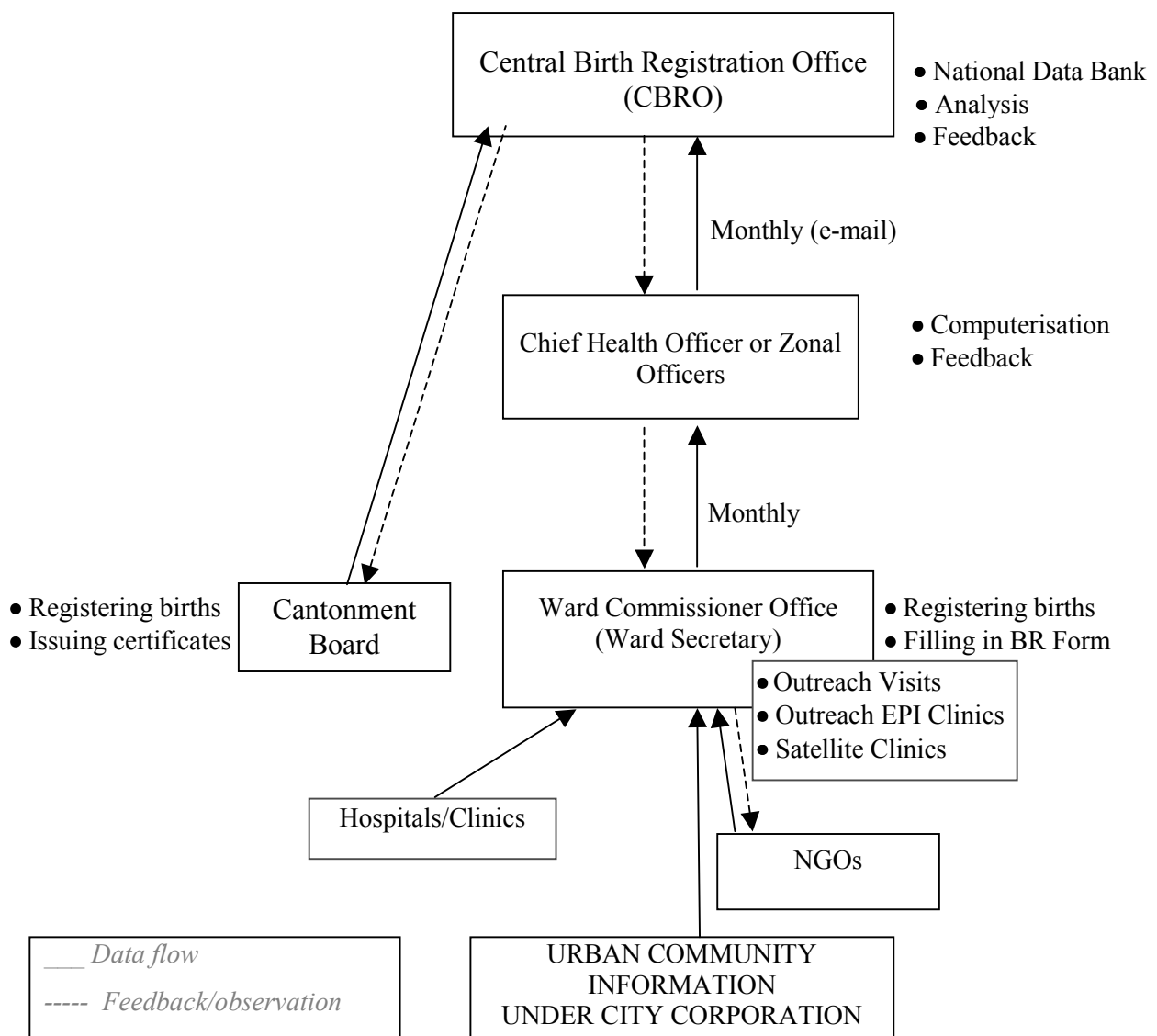*Office of the Chief Health Officer*
- The city health department will receive the completed birth registration forms from the Ward Commissioner's office.

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[5] The Team has been told that probably only Rajshahi will maintain this system through the Ward Commissioners. All other cities may go for registration at Zonal level, which has implications for the description of tasks on the next page.

- The birth information will be computerised at the Office of the Chief Health Officer or at the Zonal Office level.
- The computerised information can be sent to the headquarters (CBRO) through e-mail.
- The computerised data will be analysed by CBRO/BBS or at the City level and feedback will be given to the Ward Commissioners.
- The birth registration forms and the computerised data will be preserved at the Office of the Chief Health Officer.

Note that the structure of Dhaka City Corporation differs somewhat from the other city corporations, necessitating the design of a special system for Dhaka.

Figure 2. Birth registration data flow chart, CITY CORPORATIONS

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                    ┌──────────────────────────────┐
                    │ Central Birth Registration   │   ● National Data Bank
                    │ Office (CBRO)                │   ● Analysis
                    └──────────────────────────────┘   ● Feedback

                              Monthly (e-mail)

                    ┌──────────────────────────────┐   ● Computerisation
                    │ Chief Health Officer or Zonal│   ● Feedback
                    │ Officers                     │
                    └──────────────────────────────┘

                              Monthly

● Registering births  ┌────────────┐   ┌──────────────────────────────┐  ● Registering births
● Issuing certificates │ Cantonment │   │ Ward Commissioner Office     │  ● Filling in BR Form
                       │ Board      │   │ (Ward Secretary)             │
                       └────────────┘   └──────────────────────────────┘
                                                              ● Outreach Visits
                                                              ● Outreach EPI Clinics
                                                              ● Satellite Clinics
                       ┌──────────────┐
                       │Hospitals/Clinics│          ┌──────────┐
                       └──────────────┘             │  NGOs    │
                                                    └──────────┘
┌──────────────────────────┐   ┌──────────────────────────────┐
│ ___ Data flow            │   │ URBAN COMMUNITY              │
│ ----- Feedback/observation│  │ INFORMATION                  │
└──────────────────────────┘   │ UNDER CITY CORPORATION       │
                               └──────────────────────────────┘
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Note: Dhaka City Corporation will have a different design.

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3.4. Pourashava (other urban areas) data flow

The comments on Urban Health Care Services under City Corporations in the previous section apply to other urban areas as well, where Pourashavas are the administrative units.

Community
- Health assistants, health visitors, immunisation assistants and other staff under the health and family planning section of the Pourashava will collect birth information from the community during outreach visits, organise EPI outreach and FP satellite clinics, and establish linkage with local volunteers, NGOs and organised groups.
- The parents will provide birth information to the health workers or Pourashava chairmen.
- The health workers/NGO workers will fill in the birth registration forms.

Pourashava Office
- The community health workers will give the completed birth registration forms to the secretary of the Pourashava.
- The parents may also report births directly to the Pourashava Chairman's office.
- Clinics and hospitals should provide birth information to the office of the Pourashava where the mother lives.
- The secretary will record all births in the prescribed register and assign a unique identification number to each new birth, except for the check digit (see section 4).
- The birth information will be computerised at the Pourashava office.
- The birth certificates will be issued by the Pourashava Secretary.
- The birth registration forms and computerised data will be preserved at the Pourashava office.
- The computerised information may be sent to the headquarters (CBRO) through e-mail.
- The computerised data will be analysed and feedback will be given to the Pourashava offices.

Figure 3. Birth registration data flow chart, POURASHAVA
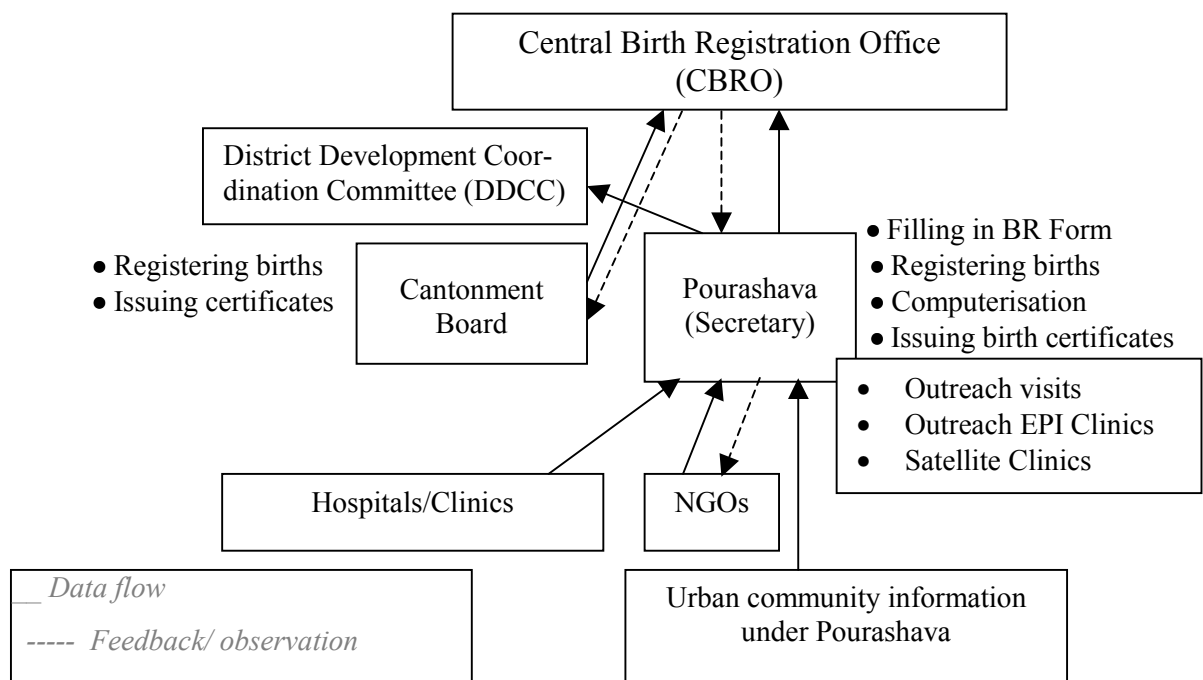
3.5. Cantonments

As mentioned in footnote 2 a *cantonment* is a military area where military employees and their families. live. Unfortunately, nothing has been explored in case of birth registration in the cantonments so far. During the Campaign at Gazipur, the Civil authority requested the Cantonment Board located at Gazipur to participate in the campaign but there was no positive response. During the Dhaka City Corporation campaign the Cantonment area in Dhaka was not included.

Perhaps it will not be possible to link the birth data from the Cantonments with the Upazila, District, Pourashava and Ward Commissioner offices. Every Cantonment has a good infrastructure, however, and will probably be capable of registering its births and computerise the data, which may be forwarded to the CBRO. These issues need to be discussed with the Cantonment Authority.

3.6. Computerisation

Computerisation of birth information should be done to enable use of the data locally, regionally and centrally by different sectors and for different purposes, such as estimating immunisation coverage, birth rates, projections for school facilities, addressing child issues and finally to provide a unique identification number to each citizen of Bangladesh for individual and national purposes. Computerisation is also necessary for quality control. Moreover, computerisation of the birth registries would make it much easier to locate a specific birth in a registry, which otherwise would be very difficult after some years when thousands of births have been entered.

Currently computer facilities are available or can be made available at the Upazila offices, City Health Departments and Pourashava Chairmen offices. The computerised data will be stored in a central birth register established, with a format useful and feasible for the LGD birth registration and the BBS vital statistics.

However, the Appraisal Team feels that a feasibility study needs to be undertaken of the following aspects:
- Existing computer systems available at the Upazila, City Health Department and Pourashava Chairman offices.
- Personnel available to computerise birth information data.
- Facilities available for installation of e-mail services at the proposed sites. E-mail services are not absolutely essential but would greatly simplify and speed up the data flow.

An assessment of the capacity of the computer set-up at the LGD and BBS headquarters, respectively, should also be made. Appropriate professionals need to be identified, who would be made responsible for receiving, analysing and storing birth data in the central register, and also for providing feedback to the relevant agencies. In addition, appropriate data base and data analysis systems need to be installed. Furthermore, data entry formats and a customised software for output information should be developed.

3.7. Central level

It is essential that there is a central unit with a dedicated and full-time staff for the birth registration project. At the same time as birth registration is expanded in the pilot districts a Central Birth Registration Office (CBRO) should be established with a full-time director and professional staff to be in charge of advocacy, legislative changes, co-ordination, standardisation of forms and practices, the design of a central database, expansion of birth registration to the whole country, quality control, data protection issues, etc.[6]

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[6] The need for standardisation is already evident, as slightly different birth certificates were introduced in Kishoreganj and Rajshahi during the campaigns. Such differences make it more difficult to detect errors and fraud. Moreover, essential information may have been left out.

The nation-wide implementation of birth registration in one of the most populous countries of the world surely requires the full-time attention by the director and the staff.

The position as director could evolve into a Civil Registrar, which would require some legal and administrative changes. Most countries of the region has established this position. The Civil Registrar could initially concentrate on the registration of births and later include deaths, marriages/divorces and other related events, such as change of name, if desired.

There should also be a working group to discuss collection of data in the field, data flows and computerisation, with representatives from BBS, LGD and UMIS.

According to our recommendations, the CBRO would receive the computerised birth data from Upazila offices, City Health Departments and Pourashava offices through e-mail, diskette or CD-ROM and preserve them in the central birth register. This could develop into a central population register (see section 9).

UMIS can receive data from CBRO for its own use. In fact, at the community level, particularly in the rural areas, birth data are collected by the health workers of MOHFW, which needs to report their workers' performance in relation to births to reflect their activities.

The location of the CBRO in LGD or BBS, and the division of labour and responsibilities between LGD and BBS, is not clear and needs to be carefully considered.

On one hand, LGD is the implementing agency of the birth registration project and should be responsible for the birth registration data. LGD is installing a modern computer server with a large storage and processing capacity and will be able to transfer data from the Upazila directly to the central server.

On the other hand, BBS has more experience than the Local Government Division in data management and statistical use is an important way of discovering errors and improving the quality of the data. There are also BBS statistical officers in the Upazilas. BBS has already established a National Data Bank, which will include data on births (and deaths). The central birth register could be linked to this, if not on an individual record basis, at least conceptually. Different sources for the same variables will improve the opportunities for quality control and provide more reliable estimates. Moreover, much of the software will probably be the same, which will reduce the needs for special training.

BBS may analyse the birth registration data, provide information to the relevant agencies and produce reports to give feedback to the districts. BBS may also regularly send processed information to LGD, MOHFW and UNICEF for feedback and monitoring purposes. If the CBRO is located in BBS, the LGD should be able to obtain individual records according to their needs. Over time LGD will develop a capacity for analysis and storage and give feedback to the relevant agencies and lessen the burden of BBS.

The possibility of giving BBS a central role is, however, based on a brief visit to one of its directors, as the person in charge of vital statistics was abroad. Thus, the Team was not able to thoroughly assess the capability of BBS for doing this and what the costs would be. This needs to be further looked into.

3.8. Which age groups should be registered?

The objective of the proposed project, according to the TAPP and UNICEF's mandate, is to register all births and children under age 6. There are several advantages of limiting the registration to infants and young children:
- The recording of age or date of birth is usually more accurate for small children. As a child grows older it is more difficult to assess its age and the potential for fraud becomes greater.
- The health workers have more contact with infants than with other age groups.

- Limiting the registration to small children allows time for a gradual build-up of the capacity, both at local and at central level. If everybody were to register immediately, the system could become over-loaded.

There are, however, also some reasons why *everybody* should be allowed to register:
- People of all ages have a need for a birth certificate.
- If only small children register it would take a very long time before everybody could obtain a birth certificate.
- For administrative reasons a register including everybody would be substantially more valuable.
- A register including everybody would be more useful for statistical purposes.

One important problem with registering everybody is, as mentioned above, that it is very difficult to ascertain the correct date of birth of a person, unless other documents are available, which is often not the case. Moreover, it is well known that it is not difficult to obtain the signatures of people authenticating the age of a particular person, even if it is known to be wrong. This may be done for criminal and other purposes, for example, to marry a young girl before the age of 18. However, in some cases there may exist reliable documents, such as the higher secondary certificate (HSC), that may be used as evidence.

Currently an affidavit has to be presented to a Magistrate's court for late registration.[7] This is a complicated and expensive process, as lawyers and sometimes other people need to be paid. This procedure should be simplified, to make it easier, faster and less costly to register and obtain a birth certificate for persons over age six. A simplified procedure need not be less trustworthy than the current.

We conclude, somewhat hesitantly, that the situation in Bangladesh may not yet allow for widespread registration of persons of all ages. On the other hand, the current legislation already allows for this and this possibility should not be eliminated and probably simplified. The possibilities and limitations for gradually expanding birth registration to everybody should be looked at in more detail.

Thus, for the time being the emphasis should be on registering all children under age 6.

4. Identity numbers

Introduction of a unique personal identity number (PIN has many advantages, especially in a society where many people have identical or similar names, but often with different spelling practices, and where the date of birth and other information is frequently wrong, imprecise or missing from official records:

- A unique number makes it easier for an individual and for the society to ensure that the identity of a particular person is not mixed up with other people's identities.
- Comparing and matching personal records from different sources becomes much simpler, whether computerised or not. An example of this is the linking of births and deaths.
- Detection and elimination of duplicate entries of records for the same person is greatly facilitated.
- Detection of fraudulent birth certificates is made easier.

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[7] It is not mentioned anywhere in the legislation that an affidavit from a Magistrate or Notary Public is necessary, but the rules regarding late reporting of births and deaths say: "*Notice received more than three months after the occurrence shall be accepted with the special sanction of the Magistrate of the district.*" All authorities accept an affidavit from a Magistrate or Notary Public in case of late registration (delay by more then 3 months).

Thus, it would be highly advantageous if a PIN could be assigned to everybody whose birth is registered, and the PIN entered in the birth register and on the birth certificate as well as on other identification documents.

To ensure local ownership and control and proximity to the users, the ID numbers in Bangladesh should be assigned at the Union/Upazila/Pourashava/City Corporation level, and not centrally at the national level. This requires a unique code for the administrative unit, as well as for the lower level where the births are registered in books.

With the system proposed below the ID number would be almost completely known as soon as a new name has been entered into the birth registry book at the Union Parishad, Pourashava or City Corporation level, since the PIN consists of codes for the local area, the number of the book, and the sequential number in the book of the new entry. The only remaining part of the PIN is the check digit (see below), that needs to be introduced when the data are computerised at the next administrative level, as most people would find it too complicated and time-consuming to calculate the check digit manually. The check digit can be entered in the birth registry book and on the birth certificate after the registration office has received the computerised lists from the higher level.

Thus, a birth certificate may be issued at the Upazila level as soon as the data on a new person has been entered into the birth registry book if there is an urgent need for a certificate. Ordinarily, however, the birth certificate should be issued *after* the registry office has received the full ID number from the higher level.

Structure of the ID number
A PIN can either be a sequential number or a number containing information such as date of birth and sex. This is the case in the Nordic countries and in the countries of the former Yugoslavia. The disadvantage of this is, however, that the number has to be changed if it is found that the date of birth, for example, is wrong. On the other hand, numbers containing information are easier to remember and errors are more easily detected.

A structure for the ID number is proposed below. The range of the codes depends on the number of administrative units within an area.[8] Bangla alphanumerical characters may, of course, be used in stead of Latin characters. The proposed system accommodates the different administrative systems in rural areas (Union Parishad and Upazila), the largest cities (City Corporation), and other urban areas (Pourashava).

- Digits 1-2 (numerical): District /City Corporation 01-64 or higher if necessary.[9]
- Digit 3 (alphanumerical): Upazila/Pourashava A-N and City Zones 1-9.[10]
- Digits 4 (alphanumerical): Union Parishad/Ward A-Q and if necessary 1-9.
- Digits 5-6 (alphanumerical): Number of the birth registry book 01-99.[10]

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[8] The highest number of Upazilas in any District is 14 (Chittagong); the highest number of Union Parishads in an Upazila is 27 (Brahman Baria); the highest number of Wards in a City Corporation is 30 (to be increased to 35); the number of Zones in Dhaka is 10.

[9] This numbering has already been introduced, see *Bangladesh Health Bulletin 1997*.

[10] The number of birth registry books in a Union Parishad, ward or zone depends on the number of births in the area and the length of the period that the proposed system is supposed to be used for. With 26 letters and 10 numerals 1296 different book numbers can be generated, which could cover about 5 million births, according to the books introduced in Kishoreganj, where one book has space for 3809 birth entries. (The maximum number of births in a book could be considerably higher than 3809, however, with a more compact design.) This should be sufficient for a long time for all units at this level. If it is envisaged that the need is not that large, *one* alphanumerical character could be enough (1-9 and A-Z) which would allow for the numbering of 35 books containing more than 139,000 births, which would sufficient for about 300 years of birth entries for an average union of 20,000 inhabitants. Dhaka may necessitate two digits, however, since it is very large (8-10 mill. people) and currently divided into 10 zones, later to be expanded to 90 wards, where the births will be registered. Thus, a ward will on an average have about 100,000 people and 2,000 births per year.

- Digits 7-10 (numerical): Sequential number of an entry in the birth registry book.
- Digit 11 (numerical): Check digit, which is a function of the first 10 digits.[11]

The check digit can be used to check if an ID number is correctly constructed, to detect typos, errors and fraud, etc. Most countries with unique ID numbers have included one check digit (Denmark, Sweden and countries of the former Yugoslavia) or two check digits (Norway). Different algorithms exist for this, for example, modulus 11.[12] The options for this need to be looked into.

An example of a PIN could be **48AH010055x**, where
48 = Kishoreganj District,
A = Kishoreganj Upazila,
H = Pakundia Union Parishad,
01 = number of the birth registry book (the first),
0055 = sequential number in the birth registry book, and
x = check digit (not yet determined).

Note that the digit 0 (zero) should not be used as a code for any regional unit, as zeros easily are confused with blanks (missing values).

The proposed PIN is linked very closely to the local birth registry. This makes it feasible to check that the information on a birth certificate is correct, by looking up the corresponding birth registry book. Verification of ID numbers may be required for legal and other purposes.

This ID number should stay with a person for the rest of his or her life, regardless of whether he/she moves elsewhere. Consequently, many people will have a PIN that does not correspond with where they currently live, only where they lived when they registered, most of them at a young age.

This 11-digit ID number allows for billions of different numbers, depending on the number of regional units, and should be sufficient for Bangladesh for many years to come.[13]

5. The role of death registration

In countries where good death registration systems are fully implemented, individuals, organisations and governments make great use of the data.

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[11] The check digit may be a letter and not a numeral, which would be easier to identify and easier to add later, if necessary.

[12] The modulus 11 check digit is computed as follows: Each of the first digits is multiplied by a given number, the sum of the products is divided by 11, and the remainder is subtracted from 11, which yields the check digit. According to the Modulus 11 algorithm used in Denmark, for example, the first nine digits of the PIN are multiplied with weights 4, 3, 2, 7, 6, 5, 4, 3 and 2, respectively. For a PIN with first nine digits 030636117, the sum of products is $0*4 + 3*3 + 0*2 + 6*6 + 3*6 + 6*5 + 1*4 + 1*3 + 7*2 = 120$. $120/11 = 10$ with a remainder of 10. The check digit is found by subtracting the remainder from 11, i.e., $11-10 = 1$. Thus, the full PIN is 0306361171. Source: Lunde (1980:54).

[13] The Bangladesh Bureau of Statistics has introduced an ID number consisting of 19 digits plus 7 characters for a short version of the name, to be used in the Population Census 2001 and the National Data Bank. This number is not well suited for birth registration, however, since it is not linked to the birth registry books. Moreover, this ID number is rather lengthy and would take a lot of space, both in the computer, the birth registry books, on the birth certificates and other ID documents, and require more time for data entry. Finally, this number does not include any check digit. The variables and number of digits of the number are: District 2, Thana 2, Union Parishad 2, Mohalla 3, Village 2, Enumeration Area 2, Urban/Rural 1, Household 3, Individual 2, Name 7 (letters).

Death registration is mandatory according to the law of Bangladesh but is, like birth registration, not widely practiced.

The needs for registration of deaths were discussed with representatives at all levels of Government, NGOs and members of the public. The Appraisal Team found that, while everyone agreed that death registration was important for a number of reasons, it is not a major concern at this time. The main concern shown by all sectors at this moment is for priority to be given to birth registration for the reasons given in other parts of this report.

Deaths are being registered in some areas, but no priority has been placed on improving the methods of collection. Most people consulted by the Team felt that they knew what was happening within their area of responsibility without the need for statistics and if people needed a death certificate for inheritance, etc. they registered the death as required.

Moreover, the collection of *cause* of death, an important part of death registration, is not yet possible nationally due to the lack of medically qualified people in most rural areas.

The Bureau of Statistics agreed that full registration of deaths would be beneficial, but currently BBS gets sufficient information from the National Sample Vital Registration System, which was introduced in 1980 to overcome failures in the registration systems.

Rajshahi City Corporation has named death registration as one of its major priorities but is nevertheless passive in the collection of information relating to deaths.

Conclusion
The current campaign concentrating on birth registrations has strong support at all levels of the community and the Appraisal Team is concerned that any campaign to introduce a death registration system at this time would have an adverse effect on that campaign. It is recommended that initially this project should be focused on implementing a sustainable birth registration system with death registration being fully introduced at a later stage.

The birth registration system should *allow* for registration of deaths, however. The prescribed books for registering deaths should be introduced by the registration authority. The process of linking the death of a child with the registered birth of the child should be initiated (initially on a small scale) in the child database. There should be a special column in the birth registry book for the entry of the date of death, as suggested in section 7.3 of this report.

6. Birth and death registration costs

6.1. Introduction

A totally integrated birth and death registration and data extraction system has many cost points, the main ones being:
- Payment of collectors, registrars and data entry operators;[14]
- Printing of notice forms for collectors, birth and death register books and certificates;
- Purchase of computers for registrars;

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[14] During the pilot studies the health workers were paid Taka 2 for each completed birth registration form. A similar incentive could be considered for the permanent implementation of birth and death registration.

- Programming and maintenance of computers;
- Possible increase in staffing at the central office responsible for integrating the data.
- Training of all involved staff.

In many countries data obtainable through birth and death registration are used by the Government for planning, e.g. location of new health clinics and schools; updating electoral rolls and census records; and keeping a check on disease and other causes of death. In most cases cost recovery is not seen as an issue because of the valuable information obtained from the records.

However, consideration should be given to possible cost recovery methods. At this moment Bangladesh has very few birth and death records and therefore any discussion on cost recovery must be recognised as mainly addressing future possibilities, when the coverage is substantially higher than now, rather than providing immediate answers.

The simplest way to recover costs would be to charge a fee to register births and deaths, but experience shows that if there is a fee set for registering births and deaths the community will not respond and the system will collapse.

Therefore, other possible avenues for selling the information in the registers should be considered rather than charging the people to register, see section 6.3.

6.2. Should health workers be paid to collect birth registration information?

During the pilot studies the health workers were paid from Taka 2 to Taka 4 for each completed birth registration form, depending on how hard it was to reach the area. The Appraisal Team has heard several arguments why it would be advantageous to introduce a small incentive for collecting the birth data.

The Team feels, however, that a monetary incentive should not be necessary, and could even be harmful, if collection of birth registration data is made part of the *normal* duties of the health workers. Introducing an incentive system for birth registration could create complications such as over-reporting, false entries, claims for money for the same births by more than one person, demands to share the incentives of the health workers by their supervisors, etc.

Moreover, the money for the incentives would have to come from somewhere. It has been suggested that it could be taken from the fee levied by the local authorities for the issuance of the birth certificates or from other sources, such as the land transfer tax. The Appraisal Team recommends, however, that the birth certificates should be free, except, perhaps, for a second copy of the certificate and in the long run for a commemorative certificate.

Emphasising timely birth registration will, in fact, help the health workers to perform their other regular tasks better – identifying pregnancy cases, providing antenatal care and rendering necessary health care services such as EPI (Expanded Program on Immunisation) to the very young children. The health workers do already have the responsibility of identifying children under age one for EPI. Birth registration and EPI are inter-related and registration of births will improve the EPI coverage, and vice versa. Introducing an incentive system for birth registration may create confusion about the real coverage of EPI if there is falsification of births.

A rough calculation shows that a health worker (covering 6000 population by two workers under a community clinic) may get about Tk.12 only in a month (Tk.2 for each birth) for reporting the births in her/his area. This amount is not at all attractive. Proper motivation and periodic rewards for the best workers in each Union/Upazila would probably provide better results.

However, in the present phase of the project an incentive may be advantageous because the workers will need to make extra efforts to register *all* children under six years of age. In this case they would be able to earn an attractive amount of money - but where would the money come from? The incentive should not be continued when the reporting system is in place, i.e. fully in operation and a part of the regular activities of the field workers. (It may, however, be difficult to cease a popular practice once it has been established.)

To add to this, the future vision of the birth registration program is that parents will report the births directly to the Union Parishad/Pourashava Office/Ward Commissioner Office/City Zonal Office. There is a danger that even if parents report births on their own to the registration centres these births would be listed as having been reported in the name of the health workers. A similar situation occurred when there was a referral fee system for IUD(intrauterine device)/sterilisation clients in the FP program (Choudhury 1985).

6.3. Birth Certificates

During the birth registration campaigns conducted in Bangladesh many reasons for registering were identified. A number of these would require the issue of a birth certificate: proof of age; admission to school; obtaining a passport; eligibility to vote; marriage; transfer of property; and establishing inheritance rights.

Currently there is no consistent practice between districts, and sometimes within districts, on the charging for birth certificates. It was mentioned on a number of occasions that the fee charged was very high and that no receipt was issued.[15]

At several meetings with the team the comment was made that not every section of the community can afford to pay for birth certificates and that this would disadvantage their children, especially with schooling.

A suggestion that appeared popular was to provide *the first birth certificate free* and then charge a fee for the issue of any subsequent certificates. This is seen as a means of making birth certificates available to all parents and reducing any suggestion of 'additional' money being charged for the certificate, either as a straight certificate fee or as a service fee. It is also believed that it would make people far more aware of the need to keep proper care of the certificate.

Recommendations
That the first birth certificate be issued free and a fee be charged for the issue of any subsequent certificates. The only caution with this suggestion is that it would be necessary to establish a system that ensures that a Registrar always provides the first certificate free and is not able to make incorrect claims that it has been previously issued.

When considering changes to the current Registration Act it will be important to ensure that the matter of fees is addressed in such a manner that the opportunity for overcharging is eliminated, if possible, or at least reduced as much as possible. Appropriate fines and penalties should be introduced for officials found to be operating outside the guidelines.

Future possible option on cost recovery - The Australian Model
In Australia, all birth certificates are now issued directly from a computerised system. People applying for a birth certificate have two options. They can apply for:

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[15] A number of complaints were heard that fees were being charged for registration where there was no provision for a fee and that excessive fees were being charged for certificates. We learned, for example, that people in some cities have to pay up to Taka 1000 to register themselves or their children, whereas the official fee is only Taka 40-50.

- an official certificate for a low prescribed fee; or
- a special certificate, nicely decorated, commemorating the birth, with an official certificate provided free, for a market-based fee. The special certificate is issued as a memento of the birth, not as an official document, and an official certificate is issued with it to add value and status. For more information about the Victorian special Commemorative Birth Certificates, see www.justice.vic.gov.au/bdm.

Experience in the State of Victoria, Australia, where the idea of special certificates started, shows that ninety-five per cent (95%) of parents apply for the special certificate when registering a child's birth. The income from these certificates has enabled the Victoria Registry to transfer all birth death and marriage records (back to 1853) into electronic format, either by data entry or by imaging.

All Australian states as well as the Province of Ontario, Canada, are now issuing similar certificates as a result of Victoria's success. Several other regions are considering this option.

By making special certificates available, it would allow a registrar to issue official certificates free while receiving income from those who make the decision to purchase a special certificate.

Note: It may be possible to issue hand-written special certificates, but this has not been tested as all Registries currently issuing these certificates are computerised.

6.4. Death Certificates

Currently in Bangladesh the use of death certificates appears to be limited to matters relating to inheritance and property claims and therefore has little impact on cost recovery.

6.5. Data to Individuals and Private Organisations

Birth Registrations
Birth registration statistical data have only limited use for individuals and private organisations, but may be used to:
- understand the size of possible markets for products; and
- provide information on growth areas.

Death Registrations
In addition to information about the death itself an important information on a death registration is cause of death. Researchers use such data for many purposes.

Consideration should be given as to whether the research being undertaken by an individual or organisation is important to the country, and therefore should be provided free of charge, or whether the research is only of interest to the individual or organisation, in which case a fee would be appropriate. Alternatively, the data should carry a cost in all instances, to reduce inefficiency.

In countries where death registrations have been collected over many years, records are also an important source for family history research.

As discussed in section 5, however, the Appraisal Team recommends that death registration in Bangladesh should not be given a high priority at the present stage.

Government Departments
Government departments use birth and death information and statistical data for a diverse number of purposes, including health care planning, censuses, elections and education. If the information is provided free of charge for all purposes, Government departments tend to ask for information for every purpose

without considering whether it is necessary, putting a financial and efficiency strain on the department holding the information. However, if a nominal fee is charged for information in cases where the reason is not considered to be of major importance, a Government department may give closer consideration as to whether the information is needed.

Conclusion
Until a viable fully integrated registration system is in operation in Bangladesh, there is no real opportunity to consider cost recovery on this project. However, some revenue can be obtained by introducing the "Australian model", with a charge for special commemorative birth certificates

7. Legislation

7.1. Births and Deaths Registration Act, 1873

The vital registration system in Bangladesh has its origin in the *Births and Deaths Registration Act of 1873* (Ben. Act IV of 1873) in British India. The Act was amended, supplemented and/or modified by the subsequent decrees in 1932, 1959, 1960 and 1979. Under the *Basic Democracy Order of 1959* the village *chaukidar* (watchman) was responsible for reporting birth and deaths to the Union Council Secretary. This did not work and the old system of reporting to the Thana Health Officer (Sanitary Inspector) continued (Rabbani et al. 1983).

In urban areas, under the *Bengal Municipal Act of 1932* and the by-law provision of the *Municipal Administration Ordinance of 1960*, family members, hospitals and clinics were required to report the events to the full-time registrars of municipalities.

A change in this system was made by the *Births and Deaths Registration (Amendment) Ordinance 1979*, under which Union Parishads, Pourashavas and Cantonment Boards were entrusted with the responsibility of registering all births and deaths occurring in areas under their respective jurisdiction.

Under an amendment to this Act, the MOLGRD became the operational agency and the MOHFW remained the administrative ministry as previously.

The latest change in this system was made by a Local Government (Union Pourashava) Ordinance in 1983. Under this Ordinance the Union Parishad shall in particular undertake the following functions: registration of births, deaths, blinds, beggars and destitutes. The village police shall maintain a birth and death register and shall report all births and deaths within his beat to the Union Parishad. The Chairman will be the registrar of births and deaths, instead of the sanitary inspector. Birth and death registers will be used and maintained by the *Thana (Upazila) Statistical Officer*.

7.2. The Births, Deaths and Marriages Registration Act, 1886

This Act is separate to the Act of 1873 and relates to the registration of births, deaths and marriages of Christians.

7.3. Review of existing birth and death registration acts

With the Government's commitment to improving birth registration, this is an appropriate time to review the current Acts to bring the legislation into the 21st Century.

It is suggested that, as a minimum, the following matters be reviewed:

- The sections relating to birth and death registration in *The Births, Deaths and Marriages Registration Act, 1886* need to be repealed.
- *The Births and Deaths Registration Act, 1873,* the *Rules, Model Rules and Model By-Laws framed under the Bengal Municipal Act, 1932,* and any Ordinances relating to registration of births and deaths, need to be reviewed and combined.
- Remove reference to the Magistrate of the district appointing/dismissing local registrars.
- Replace 'chaukidar or other village-watchman' with 'such persons as appointed by the registrar'.
- Ensure the Act is worded so as to allow for registration and the issue of certificates by electronic means, i.e. not restricted to writing.
- Review totals of all fees and fines in the Act and place in regulations.
- Provide the registrar with the ability to remit fees, or part of fees, in cases where there is hardship.
- Provide a means of appeal for cases where a person does not agree with the registrar's decision or action.
- The period of time for giving information on a birth should be extended from the current 8 days to a more realistic time period, *inter alia*, taking into consideration that women are not supposed to leave the house for 40 days after the delivery.
- Remove any reference to a late registration fee on birth registration.
- Provide that registration must be made with the registrar of the area where the mother lived when the birth occurred.
- Make hospital administrators responsible for notifying the local registrars about births in their hospitals.
- Allow correction of an entry at any time, not just up to three months from the date of notice. Changes need to be authenticated in the birth registry book.
- Introduce legislation on the issuing and use of identity numbers.
- Remove Schedules from the Act and place in regulations.
- 'Particulars of birth' should also include
  - information about the child's *mother*: name, date of her birth, and ID number when known;
  - information about the child's *father*: name, date of his birth, and ID number when known;
  - number of *previous* living children born to the mother;
  - a separate column in the birth registry book for *date of death*, as well as a column for the date of *registering* the death.

7.4. Review of supporting legislation

Currently most people do not register the births of their children as birth registration has no recognisable purpose or benefit. If birth registration is to work in Bangladesh it will be necessary to give people good reasons why they should register their children's births.

In reviewing the birth registration system, the Appraisal Team has recognised a number of areas where birth certificates should be made compulsory. These are named in other sections of this report, but include such items as receiving immunisation, attending school, marrying, voting and obtaining a passport.

To ensure that this happens, it will be necessary to make changes to regulations covering these items, e.g. a change to the regulations on education to make it compulsory to have a birth certificate to attend school. By making such changes the Government will show the people the importance that it has placed on birth registration and give them a reason to register their children, and possibly themselves.

8. Actions to increase the acceptability and importance of birth registration

The absence of proper policies, legislation and advocacy on birth registrations gives the Bangladeshi people little reason to have their births registered. Socio-economic and cultural factors also act as barriers to exercise one of the basic human rights of the people in Bangladesh. Thus, there is a need for strong advocacy measures to make people aware of the value of birth registration.

Factors contributing to non-registration of births are:

Limitations of existing Acts
The Acts of 1873 and 1886 are very old and have not been effectively implemented.

Lack of need for birth registration
Birth certificates are linked with exercising certain rights, such as inheritance of property and going overseas, but most people do not see it as necessary for them.

Lack of dissemination of information on birth registration
Due to poor organisational structure and flexibility in the existing law, responsible individuals and organisations do not act positively to make people aware of the need for birth registration.

Other socio-cultural factors
In Bangladesh there are people with different ethnic identities. Some of them have no written documents and many do not understand, read or write Bangla. Hence, it is quite difficult to integrate them into the mainstream birth registration procedure. People living in remote areas may also face problems of getting involved in the birth registration process.

Some women may face difficulties in registering the birth of their child because they do not know or are not willing to reveal the identity of the father of the child. The registration system must be able to accommodate such problems.

Actions to increase birth registration
The success of the birth registration project depends on several factors, such as strengthening the existing law, see section 7, and the implementation capacity of the authorities; promoting a sustainable environment; and ensuring active participation of the people.

The following activities are important to make people aware of the value of birth registration and to ensure active participation:

Campaign for birth registration
A countrywide effective campaign for birth registration is essential for informing people about the importance of birth registration. The advocacy can be done through awareness building. People should be informed that birth registration is important for their identity, citizenship, voting rights, marrying, transferring property, educating their children, ensuring inheritance, getting a passport, protecting children, having access to public services, and many other purposes.

Awareness building can be done through:
- Media campaigns through radio, newspapers and television;
- Cultural activities throughout the country (direct and media) - Gomvira, folk songs, street drama;
- Documentary films by the Ministry of Information;
- Distributing posters and leaflets;
- Involving local-level elected representatives and women in courtyard meetings.

Involving women elected members of government in local implementation of birth registration
In the present Upazila system three women members are elected directly by the people to reserved seats in the UP Council. Each woman member covers three wards. In City Corporations there are six selected women Ward commissioners.

There is scope in the birth registration project for women UP members and Ward commissioners to play an active role because:
- They live close to the community.
- They have more opportunity to get birth information, even before the birth of child.
- They are actively and successfully participating in the *Uthan Baithak* (courtyard meeting) where they disseminate information on various issues to mothers.
- Each UP woman member has a wider coverage of wards than a male UP member.
- They have been complaining that they have not been given any tasks or responsibilities.
- They can also play an important role in the context of supervising the activities of field workers.

We are not proposing to involve women UP members "just because we are talking about children". The main reason behind involving women UP member is to provide them with a special responsibility without the leadership of men. It should be mentioned here that women UP members in Bangladesh suffer from many problems. Some of the problems which the women UP members encounter in performing their roles are related to gender. In a highly stratified and gender-based society women UP members are not viewed separately from their identity as 'women'. It is evident that women's opinions are not heard; women and men are performing different roles; women are less politically conscious than men; the negative attitudes of male colleagues make it difficult for women to work; many women do not have any training on how to work as peoples' representatives. However, there are some women who work as their male counterparts do and attend meetings on a regular basis. Recently the roles of the women UP members were defined through circulars from the Government. It is evident that because most of the activities of the Union Parishad are involving men, women's voices are not heard. The argument about involving women UP members is also supported by BNWLA, which is carrying out a birth registration project with the help of women UP members.

The first point above, "They live closer to the community", refers to the fact that women stay in the village more than men do. Women have a better opportunity to get birth information because of their involvement in the 'private sphere' or in the domestic arena. A woman UP member is able to get information on three Wards while a male UP member has access to only one Ward.

It is true that the right to an identity is everybody's concern but to start the process one must think about the easiest way to make people aware about the right. Because the UNICEF-supported birth registration project, Rajshahi City Corporation, for example, achieved a good result through involving women Ward Commissioners in the birth registration process. This may also be achieved in rural areas through the involvement of women UP members.

When we talk about giving more responsibilities to the local government authorities for ensuring good governance, we should not think that since "UP members are politicians" they cannot be given any supervisory role. It should be mentioned here that a large number of women UP members have been NGO workers and are used to supervise activities of 'beneficiaries' or group members.

On the other hand, some women's organisations in Bangladesh argue that women UP members should be given equal responsibilities to those of men UP members. They should be given special tasks on the basis of their individual experience and not just because they are women.

Involving Non-Government Organisations (NGO) in birth registration
NGOs play an important role in Bangladesh and have the following advantages as a development partner:

- Direct interaction with the people.
- Extensive networks.
- Strong local identity.
- Low-cost approach for donors.
- Impact on national development strategies.
- Well-organised implementation mechanisms.
- Elaborate monitoring systems.
- Organisational discipline.
- Gender sensitivity.

NGOs can also play a vital role in the implementation of the birth registration project. They have the capacity to mobilise and make people aware; have organisational, managerial and training skills; and the expertise to implement programs.

Ethnic minorities and disadvantaged groups
Special attention may need to be given to people of various ethnic minorities and disadvantaged groups, such as abandoned children and floating people (people without a permanent residence).

9. Statistical use

Registration of births and deaths can contribute to statistical use at several levels:
- By providing information about *current levels and trends* on births and deaths.
- Data on the *size and composition of the population* of an area. The coverage of the population will increase over time as more and more birth cohorts are registered.
- Information on individuals from different sources may be *linked* and used for statistics and research, through the use of the proposed unique identification number.
- The register of births and deaths may develop into local and national *population registers*.

Some examples of current statistics include:
- Number of births, to monitor fertility trends.
- Number of deaths, to monitor mortality trends, especially infant and child mortality.
- Rural-urban and regional differentials in fertility (and mortality) trends
- Births by age of mother, especially the age at first birth, as part of the monitoring of the age at marriage.

It is a great challenge to link data from different sources at the individual level in a database, due to the errors and incomplete information that are bound to plentiful in a database, especially at the beginning of its establishment.[16] On the other hand, the linking of individual data will lead to the discovery of errors and improve the quality of the database.

The most difficult part of keeping a population register updated is migration. Data on external migration, i.e. legal migration, is probably the least difficult to collect, as international migration requires documents and approval of authorities, in particular immigration. Data on internal migration are usually not easily available. If local population registers are to be updated with internal moves, the data may be collected through repeated household surveys of the total population of an area or a sample of areas, as in the sample vital statistics system of BBS. Alternatively, people may be required to report their moves, as in Nor-

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[16] BBS claims they are doing this for the data collected in the continuous vital statistics collection of data from 500 primary sample units, to be increased to 1000 in the near future, but the Appraisal Teams was not able to study the methods and quality of this work. However, the linking of the registration project and the sample vital registration system of BBS, if feasible, may benefit each other in respect of data quantity and quality.

way. It is, however, not feasible that a good coverage of internal migration is obtained through self-reporting in Bangladesh for a long time to come.

10. Sustainability of the project

10.1. The Role of UNICEF

The lack of birth registration in Bangladesh is of concern to UNICEF as it is seen as an obstacle to the fulfilment of children's rights.

In the pilots undertaken in several districts UNICEF has provided finance for the production of birth certificates and advertising materials as well as providing advice, monitoring the progress and assisting with mobilisation and awareness.

The Appraisal Team was impressed with the commitment shown by local government officials to the birth registration project and their stated willingness to share their experiences with other City Corporations, Union Parishads, etc. The registration of births seems to have continued following the UNICEF-sponsored campaigns, but perhaps with a lower coverage.

UNICEF has made a commitment to assist the national birth registration project, which is planned to take place from 2001 to 2005. Apart from providing financial assistance and campaigns, it has two officers working full time on this project at the Dhaka Office and is able to call on the assistance of 39 UNICEF field officers when necessary. UNICEF has an efficient supply section that may be of assistance at the initial stage, but supplies should be the responsibility of the Government of Bangladesh.

UNICEF has also approached other NGOs to assist in this project, such as PLAN International, which is already working on one district and has plans for two more, as well as having experience from other Asian countries in this area. The Bangladesh National Women Lawyers Association has studied the legislation and proposed amendments to the existing law (BNWLA 1999).

UNICEF does not, however, have any experience with computerisation of birth and death registration, neither at the local nor at the central level, although it would be able to provide some technical advice on this.

Conclusions
At this stage UNICEF is very important for the success of the birth registration project, based on its experience and commitment. A strong UNICEF participation is not sustainable in the long run, however. The role of UNICEF should gradually be reduced, at the same time as the Bangladeshi capacity at central and local level is strengthened.

For the birth registration program to be sustainable it will be necessary for a position of responsibility to be created at the Central Government in the near future so that the Government is seen to have ownership and the role of UNICEF is reduced.

10.2. Capacity building, ownership and commitment of the Government of Bangladesh

There is a need for capacity building at many levels. In the rural areas:

- At the ward level: Training health workers and volunteers to collect the data required for the registration of births at the same time as they collect data for the health department.
- At the Union Parishad level: Training the Council secretaries to register births and deaths in the registry books and the council chairmen to verify the data and issue birth certificates.
- At the Upazila level: Computerising the birth and death data, assigning ID numbers, producing lists, forwarding the data upwards and downwards.
- At the District level: Monitoring the registration process, producing statistics for all geographical units, supervising the data entry in the Upazilas.
- At the Central level: Developing a database and methods for quality control, monitoring and analysis, and for producing statistics. There should also be an appeal or complaints institution for matters relating to birth registration.
- Make preparations for the establishment of a Civil Registrar's office.

There are similar needs for the urban areas.

The Team thinks that it is possible to develop the needed capacity to implement the project all over the country within five years. This is based on the experience made through the UNICEF-assisted campaigns.

It is essential that there be established a strong central unit responsible for implementing the project country-wise, with a full-time professional staff. This could be located in the Local Government Division, in close co-operation with the Bangladesh Bureau of Statistics, which is more experienced in the setting up and running of large databases and claims to have the technical and human resources to do so. Statistical use of the data is very important as part of the quality control process. The commitment and capacity of BBS for doing this need to be studied, however.

The central birth and death registration unit could eventually evolve into a Civil Registrar's office, but the administrative location of this needs to be considered. The location of the Civil Registrar varies from country to country. In India, for example, the Registrar General is under to the Ministry of Home Affairs. In Bangladesh the most likely options seem to be the Ministries of, respectively, Home Affairs, Local Government, Planning and Law, and the Bureau of Statistics.

There needs to be developed a system of co-operation between the three institutions operating both in the field and at the central level, i.e., the Local Government Division, the Bureau of Statistics, and the Unified Management Information System of the Ministry of Health and Family Welfare. This is necessary to save resources in data collection, utilise existing computer soft- and hardware, and not the least, to make all institutions benefit from the collected data.

10.3. Relevance for Norwegian support

The project as outlined in the TAPP is clearly relevant for Norwegian support. It has a strong human rights component and will benefit the most disadvantaged groups, such as women and children, the poor and the uneducated. It will also contribute to institution and democracy building. It is hard to envisage a modern society where most inhabitants do not have documents that prove their age, identity and citizenship. It is also difficult to develop into a modern society without the statistical data that this project may provide.

The project has some short-term benefits, such as linkage to immunisation programmes, but most of the benefits will come in the long run. The reasons for this is, firstly, that it will take several years before births and deaths can be registered in the whole country and, secondly, that the children registered today will benefit from birth registration and certificates primarily when they get older and begin school, are old enough to get married and vote, etc.

The team has noticed a strong commitment towards the project, especially at the local level, but there is also significant interest at the central level. Most of the necessary infrastructure at the local level is already in place. There are, however, several issues that need to be clarified before the project be launched with Norwegian support, as discussed in this report and summed up in the recommendations.

11. Suggestions for revision of the Technical Assistance Project Proposal (TAPP)

The Technical Assistance Project Proposal (TAPP) for Birth and Death Registration, developed by the Local Government Division of MOLGRD, deserves credit for taking the initiative to implement a project on a very fundamental issue related to human rights. The Proposal addresses a number of important issues. It is, however, rather brief and does not provide sufficient information for deciding on the feasibility of the births and deaths registration project. Moreover, it lacks detail on a number of points that are required for a plan for implementing the project.

The Appraisal Team recommends that the TAPP be amended, taking into consideration this report. We also have specific suggestions for revision:

Table 1. Detailed suggestions for revision of the Technical Assistance Project Proposal (TAPP)

Page number of TAPP	Paragraph and sentence	Suggested modification
Page 4	Second paragraph: "A key co-ordinating role can be given to CRC Forum and the ADLG".	The team suggests that the CRC Forum can play an initial advocacy role and that the key role will be played by the high-powered steering committee already proposed in the TAPP.
Page 5	Last sentence of first paragraph.	The sentence is not clear. The team recommends that the health sector should be responsible for collecting the data and that the implementation of the project will be done by LGD
Page 5	The paragraph on death registration does not convincingly justify the need for death registration.	See section 5 of the Appraisal Team's report for details
Page 6	Last sentence of first paragraph: "A minimum of ten districts a year will conduct birth registration campaign"	The team suggests that there is need for a gradual implementation of birth registration. The actual number of districts to be covered would depend on the experience gained and the actual capacity level. The Team suggests that all of Rajshahi District should be done in the first year.
Page 6	Second paragraph: "Community mobilisation"	Women Ward commissioners and Women Union Parishad members can play significant roles in mobilising community people, especially for women in the locality because of their close links with women (for more see section 8).
Page 6	"Capacity building of local authorities"	See section 3.

Page 7	Last sentence of last paragraph	The team suggests using the Upazila Statistical Officer, who works under supervision of the Upazila Nirbahi Officer, to enter and maintain data at the Upazila level and transfer those to BBS.
Page 8	Second paragraph: Cost recovery	See section 6.
Page 8	Third Paragraph: Inter-sectorality	Needs to be more emphasised and clear in relation to the steering committee. The last sentence of the second paragraph regarding death registration is not relevant here.
Page 8	Fifth paragraph: "Unique number"	There is no indication on how these numbers will be constructed. See section 4
Page 8	Sixth paragraph: "Computerised registration"	See Section 3
Page 9	Second, third and fourth paragraphs	The computer set-up needs to be discussed and studied in more detail, i.e. the size, structure and location (BBS or LGD), see section 3
Page 9	Seventh paragraph: "Standardised birth cards and certificates"	Standardised birth registration forms and certificates. For issuance of certificates see section 3.
Page 10	First paragraph	The team does not recommend any fee for late registration, at least not for the first years of the project
Page 13	"Steering Committee"	The steering committee should include representatives from the ministries of, respectively, Local Government; Health and Family Welfare; Women and Children Affairs; Law; Social Welfare, and Planning. These ministries play crucial roles in the context of protecting child rights, creating or amending laws when required, running of orphanages, government costs and revenue, etc. Many of the issues under these ministries are related to birth registration. In addition to these ministries, major donors and NGOs with relevant experience should be invited as observers.
Page 13	"Activities"	Statistical analysis and dissemination of information should be mentioned here
Page 15	Third paragraph: Primary school teachers can play a key role	Primary school teachers could play an important role along with other community members in the rural areas

12. Recommendations

a) Birth registration should be made universal in Bangladesh.

b) Birth registration should be introduced gradually over a five-year period.

c) Birth registration should be free of charge.

d) Issuance of birth and death certificates should also be free of charge but a fee could be charged for any subsequent certificate and for special commemorative birth certificates.

e) The possibilities and limitations for gradually expanding birth registration to everybody should be looked into in more detail.

f) The registration procedure for people over age 5 should be simplified and made less expensive or gratis, including elimination of the need for a court affidavit.

g) Presentation of a birth certificate should be made mandatory for obtaining most, if not all, public services, such as education, health, employment and voting rights.

h) The private sector should also be encouraged to make birth certificates a requirement, such as banks, insurance companies and educational institutions.

i) The legislation concerning civil registration needs to be amended on several points. There is also a need for model by-laws, which should be standardised as much as possible for the whole country.

j) For the time being the best way of collecting information on births seems to be by local health workers when collecting data for the health department, if necessary helped by NGO workers, such as nutrition communicators, especially in urban areas.

k) There should not be any monetary incentives to the collectors of birth registration data, except perhaps for collecting information about *all* children under age 6 in the initial stage of the project.

l) Computerisation should be introduced at the *Upazila* level but not at lower administrative levels for the time being (possibly with some exceptions for advanced areas). A system for doing this needs to be developed and tested.

m) Unique personal identity numbers should be introduced. This can be done at the Union Parishad level (except for the check digit).

n) Birth registration should be introduced gradually, to learn from experience and to build up the capacity and ability at local and central level. We recommend that this first be done in all Upazilas of Rajshahi District, where it has already been done in Rajshahi City Corporation. Birth registration should gradually be expanded to the rest of the country during the five-year project period

o) Registration of deaths should continue where it is done but there should not yet be any campaign to expand this, to concentrate on improving the registration of births.

p) A sustainable and efficient system for registering births and issuing birth certificates in the largest administrative areas, the City Corporations, needs to be developed.

q) The pilot projects should be continuously monitored and there should be an evaluation before it is decided to proceed to other areas. Research on the birth registration system should be encouraged.

r) At the same time as birth registration is expanded in the pilot district a Central Birth Registration Office has to be established with a full-time director and professional staff, to be in charge of legislative changes, co-ordination, standardisation of forms and practices, the design of a central database, expansion of birth registration to the whole country, quality control, data protection issues, etc.

s) A special permanent position as Civil Registrar should be established, possibly evolving from the central office.

t) There should be a working group to discuss collection of the data in the field, data flows and computerisation, with representatives of BBS, LGD and UMIS.

u) A project steering committee should be established, with representatives of the involved ministries as participants and major donors and NGOs as observers.

v) A detailed work plan and budget needs to be made and the TAPP should be revised.

w) Indicators and targets to be met for further implementation of birth registration need to be specified.

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Annex 1: Schedule of the appraisal

Date and Time	Events	Comments/Persons met/Place visited/Venue
Saturday 11 November	Arrival international mission members	Hotel Asia Pacific, Baridhara, Dhaka
Sunday 12 November 10:00	Briefing by UNICEF	Mr. Azizur Rahman, Asst. Project Officer, and Mr. Jan-Pieter Kleijburg, Project Officer, UNICEF
14:00	Briefing at Royal Norwegian Embassy	Mr. Erik Berg, Counsellor, and Mr. Tom Hunstad, Second Secretary
Monday 13 November 8:30	Welcome by UNICEF Presentation on UNICEF programme	Mr. Jun-Kukita, Officer in Charge, UNICEF Mr. Jan-Pieter Kleijburg, UNICEF
11:00- 13:00	Visit Ministry of Health and Family Welfare (MOHFW)	Mr. Muktadir Mazumder, Joint Chief, MOHFW
14:30 – 15:45	Visit Bureau of Statistics/vital registration project	Mr. Khurshid Kamal, Director, Bureau of Statistics
16:00 - 17:00	Visit Local Government Division	A.H.M. Abul Qasem, Director General, Local Government Division.
20:00	Dinner hosted by Erik Berg, Counsellor, Norwegian Embassy	Home of Erik Berg
Tuesday 14 November 9:30	Visit Health Directorate	Dr. Nurul Anowar, Director, Unified Management Information System
11:30	Visit Dhaka City Corporation (DCC)	Dr. Mohammad Ashraf Uddin, Chief Health Officer, DCC
14:00	Start journey for Kishoreganj district	By road
21:00	Briefing and discussion	Mr. Ashok Madhab Roy, Convenor, Birth Registration Campaign, Kishoreganj District and other Officials
Wednesday 15 November 9:30	Attend inauguration of National Immunization Day in three unions	Many local officials as well as ordinary people
11:00	Visit to Union Parishads/Upazila Nirbahi Officer's Office	Visited two Union Parishad Offices of Kishoreganj District and one Upazila Office of Kishoreganj
15:00	Visit Kishoreganj Pourashava	Chairman/Secretary Kishoreganj Pourashava
16:30	Return to Dhaka	

Thursday 16 November 11:00	Departure for Rajshahi	
15:00	Visit Rajshahi City Corporation (RCC) Office	Chief Executive, RCC
16:00	Meeting with medical officers meeting to review birth registration.	Chief Health Officer, RCC and others
17:00	Visit two Ward Commissioner's Office	Ward Commissioners, elected members and health staffs, community people
20:00	Dinner hosted by the Chief Executive Officer of Rajshahi City Corporation, Alhaj Md. Khaliloor Rahman	Red Heart Chinese Restaurant
Friday 17 November 10:00	Attending 'Uthan Baithak' (Court-yard meeting)	Community organiser and about 100 women attended the meeting
14:00	Meeting with the of Mayor of RCC, Janab Md. Mizanur Rahman Minu	Airport
15:00	Return to Dhaka	
Saturday 18 November Afternoon	Discussion; finalisation second week meeting schedule	
Sunday 19 November 9:00 – 10:30	PLAN International	Kazi Nabiul Haque, Director, Plan Int.
11:30 – 13:00	Bangladesh National Women Lawyers Association (BNWLA)	Ms Salma Ali, Executive Director (BNWLA)
Monday 20 November 13:00	Briefing on Dhamrai birth registration	By UNICEF
15:00	Visit Women and Children Affairs Ministry (MWCA)	Ms. Deena Huq, Joint Secretary, (MWCA)
Tuesday 21 November 12:00	Briefing on Mapping	By UNICEF
Wednesday 22 November 11:00	Visit Bangladesh Bureau of Statistics (BBS)	Mr. Hamidul Haque Bhuiyan, Director Census Wing and National Data Bank, BBS
Thursday 23 November 10:00 – 13:00	Presentation of draft report of the Mission on a wrap-up meeting	Local Government Division
15:00 - 16:00	De-briefing	Royal Norwegian Embassy
20:00	Farewell dinner	Home of Abu Yusuf Choudhury
Friday 24 November 11:00	Departure of international mission members	

Annex 2: Terms of Reference (Local Government Division, 9 October 2000)

Background

Birth and death registration are legal requirements in Bangladesh, which are currently seldom adhered to. Recently the Government initiated action to improve birth registration induced by observations made by the Committee on the Rights of the Child after review of the first Bangladesh State Party Report on CRC implementation. Several initiatives have been taken at the local level to promote birth registration, including awareness and communication efforts and special drives to register all newborns in the City Corporations and selected districts. These initiatives met a good local response, and provided a promise that birth registration is an attainable goal in Bangladesh. However, the lack of systematic support from central Government quarters led to doubts with regard to the sustainability of these efforts.

In addition to local initiatives, the Government has moved to develop a strategy for promoting birth and death registration. This strategy is outlined in the draft Technical Assistance Project Performa (TAPP) and the agreed UNICEF – GOB Master Plan of Operations for the cooperation in the period 2001-2005. The Government has been seeking foreign funding for this project, and has secured, in principle, a UNICEF contribution for the coming five years of approx. US$ 350,000 per annum. Discussions have started with the Royal Norwegian Embassy which recently was given a mandate for dialogue on this project by their Oslo Headquarters. The Royal Norwegian Embassy would decide on funding of this project informed by an external appraisal of the presented plans.

To recap, why do we need birth and death registration
Birth registration and death are important for three major reasons:
- Birth registration provides evidence of age which is an essential element for effective law enforcement, and this a crucial element for any strategy designed to improve legal protection of children against abuse and exploitation, as well as granting them the special protection under juvenile law.
- Birth and death registration improve population statistics and are an important tool to improve administration of basic health and education services. There is a promise to expand birth and death registration to include data on other fields (like cause of death) which could improve responsiveness and effectiveness of these services
- Birth registration relates to the Right to Identity and Nationality, essential rights enshrined in the Convention on the Rights of the Child (CRC). By signing and ratifying the CRC, the GOB committed itself to meeting the CRC obligations.

Rationale for the external appraisal

While two donor agencies, NORAD and UNICEF have interest in principle to support promotion of birth and death registration in Bangladesh (UNICEF has already committed support, NORAD committed support to an external appraisal as a first step), there is doubt whether the current strategy is adequate to achieve a sustainable success. There is also doubt about the exact focus and scope of the project activities. It was therefore proposed and agreed to have an external appraisal of the plans and strategies, as well as of the initiatives taken so far in this area.

Purpose of the external appraisal is to review the TAPP, and to recommend modifications to the responsible Government authority

Specific questions to be addressed are:

- Exact scope of the project, and assessment of feasibility based on experiences with birth registration promotion initiatives taken by City and district authorities; this would include development of a plan for phased introduction of a birth and death registration system throughout the country
- The role and place of death registration in this project
- Possible connections of birth and death registration with a future civil registration system (primary and secondary registration)
- Desired or effective selections of variables; design of forms
- Statistical use of the data; role and interest of the Statistical Bureau Officers at different levels
- Possibilities for computerized storage and analysis
- Cost recovery and long term costing of birth and death registration; options for local cost recovery systems
- Project office; tasks, responsibilities and staffing requirements
- Project organization at local level (Committee management)
- Institutional mechanisms for intersectoral cooperation, including function of a possible intersectoral 'project steering committee'
- The role of UNICEF and UNICEF field staff in the implementation of this project
- Possible role local NGOs can play in this project
- The functions of health sector workers and initiatives (community clinics) in the implementation of this project.
- Training needs
- Possible role of non-governmental partners
- Actions needed to increase acceptability of birth certificate among judiciary, service providers and the general public
- Review the existing laws governing birth and death registration and suggest, if applicable, minor adjustments to this law.

Conduct and output

This appraisal will be done by a four member team comprising of the following disciplines
- birth/death/civil registration specialist (international – team leader)
- cost recovery/computerized systems/birth and death registration process specialist (international)
- Local Government administration specialist (local – LGD)
- Statistical use of birth and death registration data (local – Statistical Bureau)

Resource persons will be staff from the Local Government Division, Statistical Bureau Royal Norwegian Embassy and UNICEF. The mission will also be informed by staff from other Ministries (notably Health and Education) and representatives from NGOs active in this area (Ain O Salish Kendro (ASK) , PLAN International)

Logistical support will be provided by the Royal Norwegian Embassy and UNICEF as required. UNICEF will make available all documentation related to the UNICEF supported pilot activities.

The appraisal will be done in the period 12-23 November 2000

Output of the appraisal will be a report with suggestions for revision of the TAPP (the mission will not be asked to actually revise the draft) and a concise report with main findings and recommendations. The Report will be submitted before the end of the exercise.

Specific assignment local consultant (health administration + services)

The national consultant (health services) will contribute to the overall output of the mission on all the aspects mentioned above. He/she will ensure innovations proposed by the International consultants are applicable and relevant in the Bangladesh context. In addition, this consultant will concentrate on the following aspects:

- Linkage of birth registration with administration of EPI and other health services – this includes development of a plan for integration of birth registration with EPI administration, including requirements for administrative instructions, legal requirements, forms and workflows, communication and other support
- Assess the place of birth registration in the HPSP, and recommend measures to make birth registration part of the routine responsibility of the health sector.
- Assess the option for integration of birth registration in the Urban Primary Health Care project
- Assess the options for involving health care NGOs in birth registration promotion
- Explore options for use of birth registration data in local MIS
- Any other assignment as seen necessary by the mission team leader

The national consultant (rights/protection, legal affairs) will contribute to the mission recommendations with regard to the close linkage of birth registration with child rights and child protection issue. He/she will also identify how birth registration could be made accessible and relevant for single headed households. More specifically, this consultant will concentrate on the following aspects:

- Legal conditions and required law amendments
- Options for development of model by-laws
- Ways to better integrate child rights promotion through communication
- Use of birth certificates to enforce laws designed to curb child labour, trafficking and other child abuse and exploitation

Annex 3: Terms of Reference (Norwegian Embassy, 5 November 2000)

The issues outlined in this ToR should be seen as a specification of the ToR given by the Government of the Peoples Republic of Bangladesh (GoB), Ministry of Local Government, dated 9 October 2000, and should be observed by the full team.

The mandate from NORAD, Oslo, to continue the dialogue on the Birth and Death Registration Project, is limited to implement a formal appraisal of the project proposal. As a result of the appraisal, a new mandate for dialogue identifying additional issues that need later clarification with GoB might be elaborated and forwarded by Norway.

The ToR from GoB dated 9 October 2000 is a good basis for the appraisal. However, the NORAD Appropriation Committee has stated the need to look into several explicit issues. Having the importance of this appraisal for possible future Norwegian support to the project in mind, the Embassy has found it necessary to make the following clarifications and adjustments to the ToR:

- The overall scope of the appraisal must be to assess if the project as outlined in the TAPP is relevant for Norwegian support. Or, if support to other less comprehensive projects within the field of birth registration will be more appropriate.

- Poverty reduction is the overall objective of Norwegian development co-operation. There is accordingly a need in the appraisal to assess the potential, including the direct and indirect effects of the project in this respect, e.g. the human rights perspective.

- The appraisal must assess the potential to develop the needed capacity to implement the suggested project throughout the country during the time of a phased introduction of a birth and death registration system.

- A phased approach should be considered, as well as additional information regarding the "nuts and bolts" required to make the scaling successful at the local level. The institutional arrangements at local and central levels should also be examined, with the view to identify need for further institutional support.

- The appraisal must assess whether the commitment and ownership of the Government of Bangladesh to the project is sufficient, particularly having in mind UNICEF's strong initiative and commitment during the initial phase. It is imperative for Norway that the project is firmly based in, and implemented by the Ministry of Local Government. In this regard, the feasibility of covering all 64 districts in a period of five years should be critically assessed. Given that the pilot initiatives have taken place in close collaboration with UNICEF, more detailed information is required with regard to the Ministry's capacity to supervise and implement a nation-wide upscaling. The appraisal must assess the possibilities for a strong national ownership and local foundation in for example Bangladesh Bureau of Statistics.

- An assessment of UNICEF's capacity to deliver the technical assistance that is needed in order to develop a nation-wide system should be made. The role of UNICEF in this process should be clearly specified.

- Further information is sought regarding the planned coverage of the project, and in particular with regard to death registration.

- Further clarification and specification is required with regard to the planned computerisation of data at the district level (to be forwarded and stored in the Ministry of Local Government) versus the much

more complex task of developing a national database. In this regard, the potential contribution of the project for enhancing the availability and quality of national statistics should be carefully considered, including the role of different government agencies in the collection dissemination and use of data, e.g. the role of the Bangladesh Bureau of Statistics.

Technical aspects of the collection, storing, sorting and dissemination of types of data, including appropriate technological aspects should be reviewed. In this regard, there is a need to clarify the link between the proposed project for birth registration, death registration and the eventual development of a post of a civil registrar. The potential use of data, beyond those related to the issue of a birth certificate, should also be further explored.

Annex 4: Registration of births in Victoria, Australia

The State of Victoria, Australia, has a total population of just over 4 million people with 65,000 new births each year.

This paper is presented to show the similarities between the early Victorian birth registration system and the system being recommended for Bangladesh; and what becomes possible as communication and literacy improve.

The *Registration of Births, Deaths and Marriages Act 1853* was based on British law and was very similar to the Act still in use in Bangladesh.

District registrars were appointed and parents went to them register the child's birth. Copies of new registrations were sent to the State Registrar of Births and Deaths. The district registrar was able to issue birth certificates.

In the early 1900s birth registration was required before a child could be immunised and the health workers would advise the district registrar when a child was not registered.

In 1960 district registrars ceased and notification forms were sent directly to the State Registrar.

Confirming Registrations
In Victoria most births occur in a hospital or with a midwife. The hospital administrator or midwife gives a new mother a form to complete and send to the Registry. Each month hospitals and midwives notify the Registry of all births that occurred during the previous month. The Registry checks if a notification form was received from the mother and, if not, sends a letter.

Because of this 99.6% of all births in Victoria get registered within 3 months of the date of birth and the rest usually before the child reaches 5 years.

Computerisation of Records
In 1990 the Victorian Registry commenced computerisation and developed a registration system (LifeData) that is now in use in all Australian States and a number of overseas countries.

LifeData registers births, deaths and marriages; prepares reports; and issues certificates and data. The system has full audit capabilities on the issue of certificates and data, with all monies being accountable.

The Registry has also completed the electronic data capture, by data entry and imaging, of all 12 million birth, death and marriage records held at the Registry. This means that all birth, death and marriage certificates requested can be issued immediately from the computer upon application.

This all became possible because of the revenue received from the sale of special commemorative birth certificates.

Use of Birth Certificates
In Australia you are required, as a minimum, to produce a birth certificate to attend school; play junior sport; get married; vote in elections; obtain a passport; obtain social security benefits; and open an account with a financial institution.

Use of Birth Data
All birth data are sent electronically from the Victorian Registry to the Australian Bureau of Statistics where it is integrated with data from all other Australian States and disseminated.

Annex 5: A brief description of population registration in Norway[17]

Civil registration of vital events in Norway was started by the church in the 17th century, which kept records of baptisms, marriages and funerals in the parishes. Local population registration offices were established in some municipalities in the beginning of the 20th century, the first in Oslo in 1906. The registers were used for administrative and statistical purposes. During the Second World War registers were established in all municipalities for management of food rationing. After the war the practice of maintaining population registers continued and has become regulated by law. The law states that a citizen must report the new address to the population register when moving.

For each person one "main card" contains all data concerning the person and his/her spouse and children. This card "follows" the person when he/she is moving to an other municipality, i.e. the local registration office sends it by mail to the office in the municipality that the person(s) have reported that they are moving to. The cards are grouped in families and sorted by address. A smaller "name card" are permanently kept in the municipality of birth, sorted alphabetically by name, and used to register the new address if the persons moves out of the municipality and as well as the date of death.

During the 1950s and 1960s the registration data were computerised by some municipalities and governmental bodies, for several purposes. The local population registers were still maintained on cards, for some municipalities until 1991.

In 1964 a computerised central register covering the total population was established on the basis of the population census in 1960. The register is continuously updated with data on births, deaths, marital changes, migrations, etc. When a person emigrates or dies the record is not removed from the register but the type and date of exit is recorded.

When the central register was established an 11-digit person number was introduced for all residents in Norway, regardless of citizenship. The numbers are permanent and unique for each person. The first six digits give the date of birth, the nest three are a serial number which includes information about the sex of the person and the century of birth, and the last two digits are control digits to detect wrong person numbers. The numbers are only changed if there is an error in the date of birth or sex. The person number is widely used by public and private institutions, like tax authorities, social security, driver's licence register, banks, insurance companies, the army, health facilities, schools and universities.

The central person register is extensively used for administrative, statistical and research purposes. The person number plays an essential role in this, as it enables the use of matched data from different sources, e.g. from the population register, other registers, population censuses and sample surveys. This has been done in a number of cases, including projects to study the mortality by social characteristics and the analysis of fertility patterns.

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[17] From Helge Brunborg and Erik Aurbakken (1997): Evaluation of Systems for Registration and Identification of Persons in Mozambique, Documents 97/8, Statistics Norway. More information about the system in Norway, as well as in other countries, including Australia, can be found in PLAN International South East Asia Regional Office (1999).

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