Towards Universal Birth Registration for Guyana:

Report of Assessment Legislation, Policy and Practice on Birth Registration

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RCC
Rights of the Child Commission

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Executive Summary

Birth registration in Guyana is a fundamental right afforded to every child: this right is enshrined in the country's constitution, reflected in national law and protected by key international covenants to which Guyana is a signatory - including the **Convention on the Rights of the Child** (CRC). Birth registration can be understood as an *end* in itself; a fundamental human right of every new born to an identity, as well as a *means* - a vital record linked to access to social services, a political identity and citizenship under the State.

Guyana has made significant gains in realizing the rights of children to an identity, but although birth registration is reportedly high and above international averages in Asia and Africa, universal birth registration in Guyana remains elusive.

This report, commissioned by the Rights of the Child Commission (RCC) and United Nations Children's Fund (UNICEF), presents the findings of a two-month research project to examine the situation of birth registration among children in Guyana. The study included a detailed desk review and field research in four of ten administrative regions of Guyana (Regions 1, 2, 7 and 10). The study engaged both Duty Bearers and Rights Holders at the national, regional and community levels. In total 618 households were interviewed and data for 1,770 children were recorded. In addition, the study engaged a wide range of stakeholders at the national level including leading experts and professionals within the government and non-governmental sectors. These include the Ministry of Home Affairs, which has responsibility for birth registration, the Ministry of Amerindian Affairs, the Ministry of Health; Ministry of Labour, Human Services and Social Security; Children's Legal Aid and regional officials.

The study examined various aspects of a child's identity rights including: an assessment of (i) legislation, (ii) policy and practice and (iii) attitudes and behaviors of care givers (parents and/or health workers). The major findings are grouped into three key categories; policy, prevalence and practice.

▪ Policy:

1. The current legal framework on identity rights for children is centered on Guyana's **Constitution** (1980 with reforms in 1996), the **Citizenship Act**, (1980, amended in 1998) and the **Registration of Births and Deaths Act**, (1973, final amendment 1990). This framework does provide a strong legal basis on which a child can uphold his or her fundamental human right to an identity, but does fall short in some key areas, especially when measured against the requirements of the Convention on the Rights of the Child. Though the Acts cited above relate directly to identity, there has been a range of other legislation in recent years that indirectly deal with identity issues such as the **Adoption of Children Act (2009)** and the **Status of Children Act (2009).**

2. The **Registration of Births and Deaths Act**, (1973, with several amendments) is antiquated and does not reflect new legislation and practice – for example in the area of adoption, which requires the establishment of an Adopted Children's Register and entitles a child to a birth certificate that is not distinguishable from those of other non-adopted children. This is currently not reflected in the current **Registration of Births and Deaths Act.** In addition

several mothers indicated the difficulty in affixing their surname (in addition to the father of their children) on birth certificates. The Act will therefore need to be reconciled with the content of Guyana's Marriage Act and vice versa.

- o Although several government ministries now play a key role in the birth registration process, including the Ministry of Amerindian Affairs and the Ministry of Health, this is not reflected in the Act or documented and streamlined in a strategic plan.
- o Parents/guardians/caregivers/the State are currently required to pay a nominal fee for birth registration, which is not consistent with the CRC and best practices.
- o The current process also places a strong emphasis on the role and responsibility of the mother but lesser so on the father of the child. Fathers of children born out of wedlock can potentially be omitted from the birth certificate of a child if the mother wishes.
- o Given the high prevalence of single mother births in Guyana, the ability of a child to access an identity is impaired if the mother herself does not have a source document to prove her own identity and this should be addressed prior to the birth of the child.

3. Guyana has introduced key legislation for children in recent years that are all premised on the ability of children to be able to prove their identity. With the exception of the **Adoption Act 2009** none of the other key legislation refers to the Registration of Births and Deaths Act. , although almost none of them state explicitly that the child must be able to prove their identity. The issue of being able to prove a child's identity is especially important for children involved in legal matters such as adoption, criminal and sexual offences and inheritance. This is of further significance since a recent MHSSS survey of children (October, 2011) in the twenty-two (22) care homes found that 44% of were not registered.

4. Policies in Guyana on birth registration are almost non-existent for birth registration and poorly provided for as birth registration is mainly subsumed under the general provision of social services. Whereas the **Poverty Reduction Strategy (2001)** does commit to decentralization of birth registration services, this is by no means comprehensive in its approach neither has this objective been realized. Birth certificate registration for children is conspicuously absent from key strategies within the Ministry of Health and Education though the proposed plans, in particular those in the Health Sector Development Strategy should indirectly bolster the birth registration process despite the lack of policy.

Prevalence:

5. Consistent with the findings of **PAHO-IIVRS (2001)** the **MICS** (2006)[1] and other reports, birth registration was found in the four-region survey to be high (91%) among children ages 16 and younger. This can be attributed to several factors including the increase in the number of registration facilities, improved awareness and the pervading view of birth registration as a 'means' - a necessary prerequisite to other vital

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1. A recent survey conducted by the Ministry of Human Services and Social Security in (2011) of 22 of children living in children's homes in four administrative regions 3 (Essequibo Islands-West Demerara), 4 (Demerara-Mahaica), 6 (East Berbice Corentyne) and 10 (Upper Demerara-Berbice) found that a significant number of these children (44%) did not have a birth certificate.

services.

6. The study found that registration rates were highest in non-hinterland regions: Region 10 (98%) and Region 2 (97%) recorded the highest registration rates. Region 7 recorded 96% registration rates however, the lowest number of registered children was found in Region 1 (79%). Overall hinterland registration was 86% and non-hinterland 97%.

7. The majority of registered children were female (51%) and no significant gender disparity was recorded in any of the regions.

8. Most of the children who were registered had been registered at birth (80%) followed by those registered less than one year old, 7%; 1-5 years old, 3% and between 6-16 years old 4%. The children who were not registered tended to be within the age range of 1-5 years old – 38% and 6-11 years old, 34%.

9. Poverty and education levels were not found to be factors that affected registration since the majority of families with children registered were in the 'very low' income bracket 55% and had primary education.

Practice:

10. Guyana's achievement of high birth registration rates is a culmination of several strategic efforts and investments by various agencies including government (social service spending, an increase in health facilities and training etc) and non-government agencies (increased awareness on children's rights, communication tools on the importance of birth registration). This also reflects the efforts and commitment of key persons in the system including nurses and midwives, registrars and GRO.

11. Linked to the first point, high registration rates also reflect a heightened sense of awareness among parents and guardians of children on the importance of registering their children and on the rights of their children (with regard to birth registration). In this study, across the four regions, parents overwhelmingly reported birth registration as being important, hence the *demand* for birth certificates is also reported as high. Many interviewees demonstrated familiarity with the birth registration procedure referring frequently to the "14 day" registration window, which they were informed of at the hospital.

12. Guyana observes several of the approaches outlined in UNICEF's Best Practice Working Paper for birth registration such as the placement of registrars within health institutions and the engagement of community health officers as outreach registrars. This has undoubtedly supported the country's achievement of high registration rates.

13. Poverty is often reported as a root factor in low birth registration rates, however the study found that poverty in itself was not a factor (poor families reported high registration rates) but when combined with other variables such as a weak infrastructure and ineffectiveness, distance and low levels of awareness, poverty then became a contributing factor to the absence of registration or the presence of errors on the birth certificate. For example, in some instances the birth certificates were not stamped and as such are invalid.
    o Some costs, such as the cost of registration, have been

eliminated by the Ministry of Amerindian Affairs, which underwrites this expense for applications made through the ministry.

14. There is a complex and unwieldy structure, which currently supports the registration process in the regions and this includes a multitude of actors including GECOM, MoHA, MoAA, MoE, MoH and even non-state actors such as JPs and Members of Parliament. There was little evidence of coordination though there was a high awareness of the importance of coordinating and streamlining of efforts especially among regional actors. Several personnel in the structure who serve as registrars, (CHWs, CDOs etc.) do not have this function outlined in their job descriptions and in some instances had little training provided to them – in one community the CHW asked the research team for guidance on the procedure if a person is born outside of the area in which they are being registered.

15. Efficiency of the current system is impaired by several factors including the salient fact that the system is almost entirely manual and highly centralized. This results in delays in many cases, loss of applications and original documents (whilst in the care of registration personnel), errors and invalidity of certificates, multiple applications for one child and increased transaction costs. There are also no means of tracking where an application is in the process, whether it has been received (birth certificate) or when the birth certificate can be expected to be issued.

16. In view the vital information that birth registration provides across sectors it was expected that data on registration would be more readily available and in use, at the community, regional and national levels, but there was very little evidence of data dissemination from the center to the periphery or data available on birth registration in the region.

17. There were also region specific trends that were documented; comparatively higher levels of home births in Region 1, comparatively higher levels of errors on birth certificates in Region 7 and inter-region disparities among coastal and riverain communities in Region 2.

Key Recommendations

The ability of Guyana to achieve universal registration rates will depend on a number of factors including a comprehensive legal framework, forward planning, innovative approaches and solutions that integrate technology; strong and efficient systems for delivering high levels of service to clients and high levels of commitment and coordination among key agencies. This , if achieved, Guyana would become one of the first countries in the English speaking Caribbean to attain universal birth registration, a milestone that will have a lasting impact on the quality of life of children and ensure an identity for every Guyanese child.

The recommendations presented in this section reflect several of the components listed above and include all three aspects. These recommendations, are to be read in conjunction with the Universal Birth Registration Strategy and Action Framework in the final section of this

document. A summary of the key recommendations are as follows:

1. Guyana's Constitution and key pieces of legislation should expressly state the inalienable right of all Guyanese children to a name, identity and nationality in line with the provisions of the Convention on the Rights of the Child to which Guyana is a signatory.

2. Despite several amendments, the **Registration of Births and Deaths Act** is outdated (1973, Amended 1976, 1980, 1982, 1985, 1990) and should be repealed to reflect key developments in Guyanese law related to children, as well as international best practices. The **Registration of Births and Deaths Act** should be consistent with new legislation such as the **Adoption Act (2009)** and should reflect the role of other key Ministries such as at Ministry of Health and the Ministry of Amerindian Affairs.

   o Primary among these, birth registration should be free and the law should require that all children be given a name at birth.

   o In instances where parents fail to register children (for example those who are abandoned or live in institutions) it should be the role of the State to ensure registration of the child, this is also consistent with the CRC.

   o Though the original **Registration of Births and Deaths Act** allowed for differences in time required to register children in Guyana there is currently a 14 day time period irrespective of where one lives therefore some additional time should be permitted for birth registration for communities that are difficult to access and remote areas[2].

3. Free legal and Justice of Peace services should be available to registrars in the region to deal with children's cases that are complex, require the use of legal services or as a provision for late registration and the preparation of affidavits. This will reduce transaction costs especially for poor families.

4. National goals, actions and programs required for universal birth registration should be supported by and reflected in key policy documents especially in those of key services such as health and education. In addition key campaigns for literacy, vaccination and immunization should also include a birth registration message.

5. Greater effort should be made to understand the information needs of key groups (single mothers, regional officials, registrars, persons living in remote areas etc) and to provide relevant information that support increased awareness, monitoring at all levels (Community, Regional, National) and the development of data driven programs and policies.

6. Priority should be given to the development of a national plan for civil registration (births, deaths and marriages) and this should include a plan for targeting children living in remote areas and ensuring they obtain a high level of service. Critical reflection on the current system and an understanding of the importance of modernizing and upgrading birth registration procedures in Guyana are essential.

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[2] The original Registration of Births and Deaths Act did allow for registration within 3-6 months (the latter for Second Schedule areas) but this no longer does so and permits 14 consecutive working days.

- o Part of this planning process should also include a review and understanding of international laws and practices in countries where Guyanese frequent. For example Guyanese children have had difficulty producing 'proof of birth' in some countries because of the illegal status of their parents.
- o Transient and migrant populations must also be considered since this is part of the phenomenon in Guyana and part of the consideration in keeping with CARICOM's migration initiatives.

7. GRO should consider having a priority desk for dealing with the registration of children (as opposed to adult applications), including children living in remote areas and children living in institutions. This priroty desk will be responsible for, among other things, for assisting the in the legal processes to ensure that children's needs are timely addressed and to support data collection and monitoring of service offered. This was a recommendation made in several of the focus groups and key informant interviews.

8. The current implementation structure is unsustainable and fraught with multiple layers, actors and therefore, there is potential for duplication, bureaucracy and reduced efficiency. Streamlining the system should be prioritized and there should be clear roles and responsibilities for all actors, however responsibility for registration of children should be placed with the Ministry of Health and for older children and adults with MoHA/GRO. MoHA has made great strides in the efficiency of other services, notably the issuance of a passport which currently takes one week and these systems and procedures should be extended to birth registration.

- o Decentralization should be considered as a possible mechanism for improving efficiency in the process, this is especially the case if it results in birth certificates being awarded at the regional level.
- o Greater coordination is required between all agencies at the national and regional levels who are involved in the birth registration process.
- o Civil society organisations and in particular those with a direct mandate relating to children and women should also contribute to ensuring universal birth registration.

9. Greater use should be made to improve strategic points of access in a child's life for birth registration, such as at birth and upon enrolment for school as well as during health campaigns. This provides a further opportunity for many actors including the government, non-governmental organisations and UN Agencies to get involved in targeting children and facilitating birth registration.

10. RCC's efforts to support birth registration must continue from the drafting and approval of a strategic plan with greater emphasis on empowering key agencies health, education and GRO to implement programmes rather than implementing them as agencies (e.g. developing communications tools on birth registration). Advocacy, technical expertise, monitoring and research are some of the key areas where RCC-UNICEF can make strong contributions. UNICEF's work with youth and communications presents an opportunity to raise the

profile of the rights of children to an identity.

NGOs and other non-government bodies working with women and children should also be encouraged to support and integrate messages and activities that promote and result in birth registration for children

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Acronyms and Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
RBD	Registration of Births and Deaths
RBDA	Registration of Births and Deaths Act
CARICOM	Caribbean Community
CCPA	Child Care and Protection Agency
CDO	Community Development Officer
CDI	Child Development Index
CRC	Convention on the Rights of the Child
CHW	Community Health Worker
COHSOD	Council for Human and Social Development
CSME	Caribbean Single Market Economy
E-HIPC	Enhanced-Highly Indebted Poor Country
GDP	Gross Domestic Product
GECOM	Guyana Elections Commission
GPO	Guyana Post Office
GRO	General Register Office
HIV	Human Immunodeficiency Virus
ICCPR	International Covenant on Economic, Social and Cultural Rights
IDB	Inter-America Development Bank
IT	Information Technology
IIVRS	International Institute of Vital Registration and Statistics
JP	Justice of the Peace
LCDS	Low Carbon Development Strategy
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
MIS	Management Information System
MoAA	Ministry of Amerindian Affairs
MoE	Ministry of Education
MoFA	Ministry of Foreign Affairs
MoH	Ministry of Health
MOHA	Ministry of Home Affairs
MOU	Memorandum of Understanding
NDS	National Development Strategy
NGO	Non governmental organization
OAS	Organization of American States
PAHO	Pan American Health Organization
PRA	Participatory Rural Appraisal
PRS	Poverty Reduction Strategy
RDC	Regional Democratic Council
RCC	Rights of the Child Commission
SIP	Perinatal Information System
SSI	Semi Structured Interviews
SWO	School Welfare Officer
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNICEF	United Nations Children's Fund

VC   Village   Council

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1. Introduction

"State parties undertake to respect the right of the child to preserve his or her identity, including nationality, name and family relations as recognized by law without unlawful interference."

Article 8: Convention on the Rights of the Child (1989)

1.1 Background

Birth registration in Guyana is a fundamental right afforded to every child as enshrined in the country's constitution, reflected in national laws and protected by key international covenants to which Guyana is a signatory[3]. Birth registration is defined as the "official recording of the birth of a child by a state administrative process"[4] and provides a permanent "record of a child's existence and is fundamental to the realization of children's rights and practical needs." The Guyanese state (duty bearer) has primary responsibility for ensuring that the births of all children (rights holders) are registered.

Birth registration can be understood as an *end* in itself; a fundamental human right of every new born to an identity, as well as a *means* - a vital record linked to access to social services, political identity and citizenship and maintaining vital statistics. In recent decades, key trends, both nationally and regionally, have heightened the importance of *universal birth registration* – these include the increase in social services accessible by birth certificate, the introduction of the CSME and increased migration, and awareness on the importance of an identity. It has also achieved increased visibility as a policy issue at the regional level **CARICOM** developed a *Regional Framework for Action for Children* which highlighted universal birth registration as a key goal and other regional actors such as the **OAS** and **IDB** have issued resolutions (AG/Res 2286 Adoption of Universal Registration) and held conferences (Conference on Birth Registration and the Right to an Identity) on the subject.

Internationally, several UN and non-governmental agencies have advocated for and supported the achievement of birth registration. Globally, it is estimated that 48 million babies[5] go unregistered every year; an unregistered child is unable to uphold their rights to socio-political recognition by the state. The Millennium Development Goals (**MDG**s) highlight the importance of birth registration a key child protection issue and as a key information source to measure progress in areas such as eradicating poverty and hunger (MDG 1), universal primary education (2), reducing child mortality (4) and combating HIV/AIDS (6).

The evidence to date suggests that birth registration has been comparatively high in Guyana, though importantly, not universal. In 2001, the International Institute for Vital Registration and Statistics (IIVRS) and the Pan American Health Organization (**PAHO**) conducted a regional study which placed

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[3] For example as the Universal Declaration on Human Rights and the Convention on the Rights of the Child
[4] Source:
[5] Source: Plan International

Guyana's birth registration rate at 80-89% completeness and in 2006 UNICEF's MICS3 reported the overall birth registration rate for children under-five years as 93%, with disparities in the interior (86%) relative to children on the coast (95%). The current research study found 92% of the children (less than 16 years old) surveyed were registered.

The increasing demand for an identity has also resulted in new developments in the birth registration process and how it is administered. These have originated from Ministry of Home Affairs and the Guyana Registration Office, which has responsibility for civil registration in Guyana. The changes have resulted in internal institutional strengthening measures (training of registrars, awareness raising through the use of communications tools like posters and messages about birth registration) and the introduction of new actors to support implementation such as the Ministry of Amerindian Affairs and its Hinterland Accelerated program. Universal birth registration (at least by 2015) will require critical reflection on the current system and the introduction of an efficient and streamlined process that is reflected in both policy and practice.

Within the context of achieving universal birth registration in Guyana, RCC and UNICEF commissioned a study to understand the status of birth registration in the country. The study, as reflected in content of this report, sought primarily to provide empirically generated knowledge which could support a greater understanding of key issues and a national drive and commitment to supporting national and regional goals for universal birth registration. Given the paucity of data on birth registration, as well as the lack of comprehensive analysis generally this is considered to be a critical first step. As such, this report is the first of its kind in recent years to comprehensively examine birth registration for children in Guyana. The main goal of the study was to "assess those factors that promote and challenge the right to an identity" (Terms of Reference: *Annex A*).

1.2 Research Objectives

The study aimed to examine various aspects of a child's identity rights including: an assessment of (i) legislation, (ii) policy and practice and (iii) attitudes and behaviors of care givers (parents and/or health workers). The study engaged both duty bearers and rights holders. RCC and UNICEF required information on Amerindian populations as well as disaggregated data based on based on gender, age, economic status and region.

RCC and UNICEF sought to generate four pre-defined deliverables:

1. Disaggregated data on birth registration (where/if available). Disaggregated data includes data based on gender, age, economic status and region.
2. Strengths facilitating factors and best practices of birth registration in Guyana (including legislation, policy and practice)
3. Barriers, challenges and lessons learned on birth registration (including with regard legislation, policy and practice)
4. Recommendations and strategies to achieve universal birth registration in the short to medium and long term for Guyana as a

whole, and within population groups with lower than the average national level/proportion of birth registration.

1.3 Report Structure

This report is organized to provide for the easiest and most accessible means of understanding key data that the study generated. There are two key areas, which were examined: first, the institutional framework which included policy and legislation and secondly, as well as practical situation of birth registration in Guyana. The first section of the report (Chapter 2) provides an outline of the institutional situation, as it currently exists.

This includes:
- Documentation of key policies
- Laws
- Legislation

The other sections of the report present the research that was done (Chapter 3 and 4) and concludes with an analysis of the findings. As stated in the outputs section above, one key aim of the study was to document "lessons learned and key challenges" and these can be found throughout the document in blue information boxes.

1.4 Human Subject Protection

During the course of this research no children were engaged or asked to participate in the study. In rare instances where young mothers (less than 18) were interviewed this was done with an adult present.

All of the persons who participated in the study were familiarized with the purpose and objectives of the study. In all instances where names and images are used this has been done with the expressed permission of the person or their parent or guardian.

2. Research Methodology

The research method was tailored to RCC and UNICEF's data and information needs. Specifically, RCC and UNICEF wanted to determine actual birth registration rates (quantitative) as well as more subjective data, such as perceptions and attitudes that require a qualitative approach. RCC and UNICEF also required recommendations for strategies that can be adopted to address the challenges identified in the study.

The following are key questions that the research hopes to be able answer:
- What is the rate of birth registration in Guyana?
- What is the current process (in theory and practice) for birth registration and are processes streamlined across the regions?
- To what extent is awareness high at all levels (national, regional, community) of the legal requirements for birth registration in Guyana?
- What is the current administrative and human capacity in place to support birth registration?
- What are the key factors that hinder universal birth registration in Guyana?
- What are the factors (demands and supply) that result in birth registration?

The research used multiple methods and incorporated Participatory Rural Appraisal (PRA) methods, the Focus Group method and representative survey sampling method to obtain data at the household level. The research fused both qualitative and quantitative research methods to obtain an understanding of the current situation.

Table 1: Data Collection tools applied by the research group

Category	What	Tool/Method
Birth registration service **providers and supporting organizations**	Legislation, policy and practice	Desk review and analysis
	Key organizations – (GRO, civil registrars district and local offices, Ministry of Health, Amerindian Affairs, Home Affairs, NGOs, Health Centers)	Semi-structured Interviews Institutional assessment
Birth registration service **users**	Parents	Focus Group Discussion
	Household	Household/cluster survey

2.1. Literature Review

A comprehensive literature review focused on issues of legal identity, as well as birth registration in Guyana. Extensive published works were consulted, as well as key experts in the fields of legal identity and key institutions such as the government ministries, NGOs and donors. These meetings were done at the national (Region 4) level.

2.2. Field Research (Rapid Assessment)

Purposive sampling was used to determine the regions in which field research was conducted. These included regions in which RCC and UNICEF- had active programs and it was felt more data was required on. Like the MICS the study also sought to reflect potential differences in hinterland and non-hinterland communities. Field research was conducted in four administrative regions – Regions 1 (Barima-Waini), Region 2 (Pomeroon-Supernaam), Region 7 (Cuyuni-Mazaruni) and Region 10 (Upper Demerara-Berbice) two of which are hinterland regions (1,7) and two are considered to be non-hinterland (2,10). In each region, the sample population was drawn from communities within one of more sub-districts. The study included areas where birth registration drives were undertaken, remote areas and areas where health centers were present. In total one week was spent in each region and the tools listed below were used to obtain data. The field research was conducted during a four-week period from July-August, 2011.

Diagram 1: Map showing four regions in which field research was conducted

2.3. Methods

2.3.1 Institutional Review and Organizational Assessment

A systematic approach was used to assess the current institutional framework for birth certification in Guyana. This was a multi-pronged process that examined both the institutional and organizational situation as well as the implementation situation among multiple actors and at various levels (community, regional and national).

- What are the context, history, goals, outcomes of policies
- Relevance and adequacy in addressing goals
- What are the key issues in translating from policy to action
- Address the needs of the poor and vulnerable

- Inadequacies in existing policies
- Economic and political considerations

Semi-structured Interviews (SSI) were used to obtain data from key informants as well as a review of current laws, policies and legislation.

2.3.2 Focused Discussion

A focus group is a facilitated discussion with a homogenous group of no more than ten persons that is designed to obtain *group perceptions* on a defined area of interest in an open, free, permissive, non-threatening environment. For the purpose of this research the focus groups method was used to identify the main obstacles community members faced in obtaining birth registration, experiences with the birth registration process in their area, and the value and importance of having a birth certificate to the community.

Photo: Most of the Interviews were conducted in people's homes for convenience by trained interviewers Kumarie Mohammed (right) Region 2

2.3.3 Household Level Survey

The quantitative component of the research was generated through a survey of which the household was the unit of study. The sample size of households was based on the total number of households in the community from which the field research teams aimed to obtain a sample 10-15% of the total number of households. This percentage is considered to be adequate to obtain a level of accuracy of the trends recorded. In most instances this sample size was exceeded.

Households were selected and interviews conducted based on whether the household was willing to be surveyed/available and whether there were children present in the household that were less than 16 years old. In instances where there were no children in the households these householders

were not skipped. The table below shows the total number of households interviewed was 618 in four regions.

Table 2: Communities studied and total number of households

Region	Community	Total # of HH	Sample HH	As a Percentage
1	White Water	175	79	45%
	Hobodia	60	42	70%
	Hosororo	172	59	34%
	Sub-total		**180**	
2	Red Village	120	48	40%
	Charity New Housing Scheme	500*	98	20%
	Hackney	265	30	11%
	Sub-total		**176**	
7	Waramadong	121	59	49%
	Kako	102	28	27%
	Warawatta/Kamarang	180	56	31%
	Sub-total		**143**	
10	Victory Valley	429	66	15%
	Rockstone	84	23	27%
	Mabura	250*	30	12%
	Sub-total		**119**	
	TOTAL	**2,450**	**618**	

* Estimated number of households (HH)

2.4. Research Limitations

- The researcher was unable to have meetings with, or obtain data and information from the General Registrar's Office in Georgetown. Therefore, the study does not reflect any of the experiences or opinions of the primary agency responsible for birth registration in Guyana. This is considered to be a key limitation of the study.
- There were some delays in starting which meant that the field research was conducted during the school vacation and meetings with teachers and school staff was difficult as persons were not available.
- As with any rapid assessment, the information cannot be viewed as comprehensive or global but rather, can provide insight into the general situation and key trends in birth registration in Guyana.
- In some riverain and remote communities where the houses are spread out it was difficult to get a large sample size. In Region 7 the research occurred at a time of regional sports activities and it was difficult to find many persons in the community including community leaders as they had travelled to participate in the week-long event.

Box 1: Case Study
Measuring Up: How does Guyana measure up to UNICEF's Birth Registration Best Practices?

In January 2010, UNICEF published a working paper on birth registration. The document, entitled – *UNICEF Good Practices In Integrating Birth Registration Into Health Systems (2000 –2009) Case Studies: Bangladesh, Brazil, The Gambia And Delhi, India*. The document reflects UNICEF's more than 60 years of experience in the area of birth registration for children. These best practices provide an opportunity to view experiences of other developing countries and for the purpose of this study to compare some of the approaches and best practices with those found in Guyana.

As outlined in the working paper UNICEF adopts the following approach:

1. **Placing civil registrars in health institutions**: this involved one of two options; placing civil registrars within the health system and mandating health officers to act as civil registrars.

2. **Engaging community health officers as outreach registrars:** In UNICEF's experience several countries had "opted for or recommend decentralizing the integration of civil registrars and health services to the village or sub-district level to ensure greater outreach."

3. **Including a birth registration component in public health campaigns** (for example, immunization and anti-malaria): This has proven to be a cost-effective approach to reaching large populations.

In Guyana this approach is largely followed. Registrars are placed at major hospitals across the country and this was verified during the field research. The MoH has also adopted as standard practice the usage of health officers as outreach registrars to support the registration of births. These include the use of Community Health Workers and Medex's in remote areas. Both of these approaches have proven to be effective. To a lesser extent, birth registration seems to have been included in health campaigns.

UNICEF also recommends that **births be registered immediately after birth** and this is widely practiced in Guyana however, it is an area that will require monitoring and improvement if Guyana is to realize universal registration. The MICS (2006) found that distance from a registration centre is an issue hindering immediate registration. **Clearing the backlog of unregistered children** is generally an area of strong performance in Guyana, GRO staff has worked tirelessly to do so and this was supported by joint campaigns with other agencies such as the Ministry of Amerindian Affairs.

In other key areas Guyana's performance is not as strong such as **making birth registration free of charge**. UNICEF also "supports the drafting, adoption and initial implementation of national plans of action and/or **specific plans of action** for excluded population groups, such as indigenous populations… migrant and stateless children," this is one of the key recommendations of this report but there is currently no coherent national plan in place though there have been programs such as the Accelerated Hinterland Program. UNICEF endorses **computerization of the system** and the use of technology as is now practiced in several developing countries but Guyana's system remains largely manual.

3. Legal Framework and Policy

By definition birth registration is an official recording of a birth, which provides an official record of a child's birth by the State and thereafter a child is afforded his or her legal identity and securing recognition before the law. Understanding the legal context in which birth registration is practiced is therefore important.

This chapter provides an outline of the children's birth registration including an overview of international and national agreements and covenants, as well as, a description of the legal framework for birth registration in Guyana. The information provided in this section is the result of the desk review that was carried out in the first phase of the research. The *Implementation Handbook for the Convention of the Rights of the Child (CRC)* is used to examine existing institutional arrangements and practices in relation to international best practices. A detailed list of documents consulted in provided in the bibliography section of the report. It is complemented by information obtained from key informant interviews with national stakeholders including lawyers, government officials and non-governmental agencies.

This section seeks to provide a general context and overview in which birth registration in Guyana can be understood. Section 3 of this report considers the following:

1. International Framework
2. Regional Framework
3. Guyana Local Policy Framework

This section outlines the first and second areas documenting the most significant policy developments and laws that are relevant to birth registration in Guyana. The local legislative and policy framework in Guyana is examined in greater detail and the section concludes with some preliminary analysis of the legal situation in Guyana based on document review and findings from the field research.

3.1 The International Framework

The international framework on birth registration of children is both comprehensive and clear: all children have the right to an identity. There are several international laws and Conventions that document and outline the fundamental human rights of children. The Conventions serve to provide an overall framework in which national efforts can be understood and measured. These covenants place great emphasis on the role of the state as a duty bearer, and as seen below often explicitly outlines the role of the state. Guyana endorses the **Universal Declaration of Human Rights** (UDHR) and has ratified several key conventions that relate to the rights of children (and particularly birth registration) and all of the following (date Guyana ratified in brackets[6]):

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[6] Source: Office of the UN High Commissioner on Human Rights (www.ohchr.org)

- International Covenant on Economic, Social and Cultural Rights (Ratified 15, February 1977)
- International Convention on Civil and Political Rights (Ratified on15 February, 1977)
- The Convention on the Rights of a Child (13 February, 1991)
- Optional Protocol to the CRC on Children in Armed Conflict (11 August, 2010)
- Optional Protocol to the CRC on Rights of Migrant Workers and their Families (11 August, 2010)

The UDHR is part of the International **Bill of Human Rights**, which also includes the International Covenant on Economic, Social and Cultural Rights, and the International Covenant on Civil and Political Rights and its two Optional Protocols. Guyana signed the ICCPR in 1968 and ratified it in 1977. The CRC was signed in 1990 and ratified in 1991 by Guyana. The CRC is also a human rights treaty, which sets out the civil, political, economic, social, health and cultural rights of children. The Optional Protocol Optional Protocol on the Involvement of Children in Armed Conflict prohibits states from conscripting child (aged less than 18) recruits[7].

International Covenant on Economic, Social and Cultural Rights is often not referred to in key documents on birth registration but it contains important provisions that are pertinent to anti-discrimination importantly on children being allowed entry into school despite not having a registered birth. The covenant protects the rights of children who are not registered at birth and are accessing a key social service – an education.

Year	Convention	Key Articles
1948	Universal Declaration of Human Rights (UDHR)	**Article 6** of the UHDR provides that, "Everyone has the right to recognition everywhere as a person before the l1aw." **Article 15(a)** provides that everyone has the right to a nationality.
1966	International Covenant on Economic, Social and Cultural Rights	Article 2(2) of the Covenant states that both direct and indirect forms of differential treatment can lead to discrimination. **Indirect discrimination** refers to laws, policies or practices which appear neutral at face value, but have a disproportionate impact on the exercise of Covenant rights as distinguished by prohibited grounds of discrimination. For instance, requiring a birth registration certificate for school enrolment may discriminate against ethnic minorities or non-nationals who do not possess, or have been denied, such certificates. Article 10 stipulates that, inter alia, mothers should be accorded special protection during a reasonable period before and after childbirth and that special measures of protection and assistance should be taken for children and young persons without discrimination.

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[7] In 2010, the Government of Guyana made a public declaration that under the Defense Act 15:01 Section 18(2), as amended, the age of recruitment into the national armed forces will be eighteen (18) years. Recruitment is permitted between the ages of 16 and 18 years but must be with the consent of the parent or legal guardian.

1976	International Convection on Civil and Political Rights (ICCPR)	**Article 24** provides that: **24 (2**) "Every child shall be registered immediately after birth and shall have a name", and that "every child has the right to acquire a nationality" **24 (3) "**Everyone has the right to acquire a nationality".
1990	Convention for the Rights of the Child (CRC)	In Article 7 and 8 of this convention it is provided as follows: **(7)** "The child shall be registered immediately after birth and shall have the right from birth to name and the right to acquire nationality" **(8)** "State parties undertake to respect the right of the child to preserve his or her identity including nationality, name and family relations as recognized by law without unlawful interference where a child is deprived of some or all of the elements of his or her identity.
2002	Optional Protocol on the Involvement of Children in Armed Conflict	Article 1: States Parties shall take all feasible measures to ensure that members of their armed forces who have not attained the age of 18 years do not take a direct part in hostilities.

3.2 Regional Framework

The presence of international norms has undoubtedly raised the profile and importance of birth registration for children in the Caribbean region. The CRC is frequently referred to in key documents and the rights of children enjoy a higher profile in many countries than previously. Most of the regional initiatives are driven by CARICOM and it's Council for Human and Social Development (COHSOD), which have specific responsibility for the promotion of human and social development in the region. Key, related issues such as HIV-AIDS and vital statistics, child protection, CSME and migration have directly and indirectly placed a spotlight on identity rights for children in the Caribbean.

In addition, several key conferences and agreements have reinforced the need for governments to achieve universal registration including:

- Resolution AG/Res-2286 (XXXVII – 0/07) of the Organization of American States, which adopted the Inter-American program for a Universal Civil Registry.
- First Latin American Regional Conference on Birth Registration and the Right to an Identity (Paraguay, 2007)
- MOU between the IDB, OAS and UNICEF in 2006, which aimed to achieve universal registration in Latin America and the Caribbean.

One of the landmark regional frameworks that addresses the rights of women and children and *inter alia*, the achievement of MDG targets in the Regional

Framework for Action for Children, which evolved from the COHSOD meeting in 2008. The focus of the meeting was on the rights of children and to identify policies and programs that would help to promote the social and economic wellbeing of children in the Caribbean. The **Regional Framework for Action for Children** developed specific goals and priority actions. The plan covers the period 2002-2015 and principally incorporates the MDG goals 3, 4, 5 and 6 and the Convention on the Rights of the Child articles on education, health and child protection. The framework has as one of its goals to "promote a culture of respect for the rights of children" under which, one of the 2008-2011 priority actions is to **"ensure universal birth registration in all member states".**

CARICOM also signaled the drafting of a **Protocol on Contingent Rights** which was meant to be accorded to spouses, children and other dependents of persons who exercised the right to move within the framework of the CARICOM Single Market (CSM) was being undertaken. Foremost among those were the rights to services such as education and health.

- The Regional Framework for Action for Children
- Protocol on Contingent Rights
- Inter American Convention on Human Rights

Table 3: Birth Registration among Select Caribbean States

Country	Percentage	Year
Dominican Republic	74	2006
Jamaica	89	2005
Guyana	93	2006-2007
Trinidad and Tobago	96	2006
Suriname	97	2006
Cuba	100	2005

Source: UNICEF

There is evidence to suggest that within the Caribbean birth registration rates are generally high (more than 80%) as reflected in 2002 study by International Institute for Vital Registration and Statistics (IIVRS) and the Pan American Health Organization (PAHO). This places the region above world averages and in particular Africa and Asia where rates are low. As the table below shows, apart from Cuba no Caribbean state has achieved universal birth registration.

One key question is what is the rate of birth registration in the Caribbean and what are the practical applications of the process in the region. The most comprehensive study found on the Caribbean to date was done by PAHO and IIVRS in 2001, which gives some insight into practices and experiences in the region. The study collected data on both birth registration and vital statistics in 16 of 21 English-speaking countries in the Caribbean.

- The study found that 63% of the countries surveyed managed birth

registration under the judiciary system (10 countries) followed by health (3) and home affairs (2)[8]. The organizational placement of civil registration usually in multiple ministries, most commonly the Ministries of Interior, Justice or Health.

- The birth registration system can be centralized or decentralized and the study found that in the Caribbean it tended to be centralized and the researchers "preferred" a centralized system. [9]
- The study noted the importance of the number and distribution of local registration offices and their accessibility to the public, this was in light of increasing the convenience of being able to access birth registration services.
- The study found that registrars have a "small workload" and register as few as one (1) vital event per day, it also stated that "registration is usually not a priority for them… which results in difficulties at the central level in improving accuracy and completeness of reporting".
- Vital statistics[10] and birth registration usually fall under two separate ministries that make coordination difficult. Caribbean states often lack the timely availability of vital statistics. There are no standards for the registration of births and deaths; the study cites one example of this from a country where the Central Bureau of Statistics "reported completeness of death registration to as 85% based on an indirect method of measurement.
- The most common area of improvement was the need for computerization, training and upgrading of local registrars and for records management, public awareness. Improvement was also recommended for the remuneration for registrars and for the generation of local area statistics and quarterly data.

3.3 National Framework: Legislation and Policy in Guyana

3.3.1 Introduction
The immediate national framework for birth registration in Guyana is ensconced in three key documents: (a) **Guyana's Constitution** and two relevant pieces of legislation: (b) the **Citizenship Act** and (c) the **Birth and Deaths Civil Registration Act**. These documents form the cornerstone for ensuring the identity rights for a newborn child and outline his or her legal and inalienable rights under the law.

Social-political context is also important. In recent years there has been a greater emphasis on the situation of children. Accordingly there are two government institutions which are central to the raised profile of children - the Child Protection has been a key result of this and the introduction of the **Childcare and Protection Agency (in 2009)** created through an act of law

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[8] In Guyana birth registration falls under the Minister of Home Affairs

[9] A centralized system is defined in the study as a system where "the regional and/or the local registration offices are part of the same ministry or department as is the national registration office". A decentralized system is one in which "the regional and/or the local registration offices are part of another department"

[10] Civil registration systems (births and deaths) are used to derive vital statistics data, which governments and other agencies then use to generate detailed health outcome data to support monitoring and improved health care.

(Childcare and Protection Agency Act - 2009) and the **Rights of the Child Commission (2010)** which is one of five constitutionally recognized human rights bodies. In addition several other key laws were introduced which will be examined in this section:

- Status of Children Act (2009)
- Adoption of Children Act (2009)
- Protection of Children Act (2009)
- Sexual Offences Act (2010)

3.3.2 The Constitution of Guyana (1973)

The Constitution of Guyana sets forth the basis of citizenship in the country. Citizenship is granted upon birth, by descent, through a naturalization process or through marriage to a Guyanese citizen. Chapter IV of the Constitution specifically states that:

> "Children born in Guyana are entitled to citizenship except in cases where neither parent is a citizen and one (or both) parents have been granted diplomatic immunity or in cases where one parent is considered an enemy alien and the child has been born in a place under enemy occupation (Guyana 20 Feb. 1980, Para. 43(a)-(b). Citizenship may be granted to a child born outside of Guyana's territorial boundaries if either the mother or the father is a citizen of Guyana (ibid, Sec. 44).[11]"

Guyanese nationality is therefore primarily obtained *jus soli* (by right of birth within the territory) and to an extent *jus sanguinis* (by blood).

> "Spouses of Guyanese citizens who were entitled to Guyanese citizenship by virtue of marriage prior to the commencement of the 1980 constitution retain the right to citizenship (Guyana 20 Feb. 1980, Sec. 42). Individuals who marry a Guyanese citizen following the enactment of the 1980 constitution are eligible to be registered as citizens by making an application and taking an oath of allegiance "as may be prescribed" (ibid., Sec. 45). Citizenship is not automatically conferred through marriage.[12]"

3.3.3 The Citizenship Act, (1980, Amended 1998)

The *Guyana Citizenship Act*, which was amended in 1998 and sets out the requirements for naturalization in the Second Schedule of Chapter 14 (Guyana 17 Dec. 1998). The Act states that a person may make an application for citizenship if he/she is born in Guyana, if the child's mother is born after independence at the time of his birth or born before 1966 in British Guiana to a mother who is a citizen of the United Kingdom.

An applicant must have resided in Guyana for a period of twelve months immediately prior to making an application in addition to having resided in Guyana for five out of the last seven preceding years before the twelve-month period. The authorized Minister may allow certain exceptions concerning specified residency requirements and time periods.

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[11] Source: UNHCR - Guyana: Citizenship laws, including methods by which a person may obtain citizenship; whether dual citizenship is recognized and if so, how it is acquired; process for renouncing citizenship and related documentation; grounds for revoking citizenship.
[12] Source: Ibid

3.3.4 Registration of Birth and Deaths Act (Year 1973; Amended 1976, 1980, 1982, 1985, 1990)

Birth registration law in Guyana stems from the British Guiana Ordinance (No. 10) of 1868, which governed the registration of births and deaths in British Guiana. The RBDA was adopted into law in 1973.

The Act pronounces on several aspects of birth registration including institutional arrangements, process, appointments and fines. Also, it deals with the key legal institution that governs birth registration in Guyana and as such it is presented and later assessed in great detail.

Key areas of the Act includes:

(i) Appointments & Staffing
- The Act appoints a Registrar General to oversee the process of birth registration in Guyana.
- The Registrar General is to be supported by a Deputy Registrar; the Deputy has similar powers except the power to "make, rescind or alter any general order, regulation, or form…"
- The RG is supported by an adequate contingent of clerks necessary to implement the functions of the registrar.
- The Minister appoints registrars and their deputies in the registration districts and may also appoint public officers to dispatch the duties of the registrar. Information on the appointment of registrars in each district is to be published in the *Official Gazette*.

(ii) Registration Process outlined in the Act
- The parent, nurse or someone present at the birth can notify the registrar of the birth of a child in the district where the child is born.
- A period of 21 days is allowed for this **notification** and 30 days for the person to travel to do the registration at the office of the registrar at the nearest registration centre.
- The Act also allows for persons living in the Second Schedule areas to notify the registrar in the closest district of the birth in writing and signed. This would be in lieu of a completed form and accompanied by the persons information (name, residence, and occupation). The registrar would then complete the required forms on receipt of the letter.
- If the 3/9 months period expires the person registering the child has until the end of 12 months to register the child with a declaration.
- After 12 months registration can only occur with the written permission of the Registrar General.

Within 3/9 months after Birth of a Child	Within a 12 Month period after birth	> 1 Year of the birth of a child
21 days for notification (60 in Second Schedule areas) -3 months for registration -9 for Second Schedule Areas	Grace Period for Registration	Late Registration
- Mother provides standard documents for the child -Sends to GRO - Birth certificate issues in 1 month	- File an affidavit to get changes made - Correct errors -Father's name on BC	- Late registration process - Two affidavits required

Diagram 2: Birth Registration as outlined in the RBD Act

During this period, in cases where there is "no name" on the birth certificate or if the name is changed, the name can be changed using a form provided. After 12 months this is to be done with the written permission of a **magistrate of the district**.

(iii) Management
- The Minister is charged with establishing registration districts and within them **registration centers**.
- Act empowers the Registrar General to make regulations for the management of the general registrar office. This is to be done with permission from the Minister.
- The Ministry of Foreign Affairs is acknowledged as being responsible for persons born overseas.

(iv) Administration
The Act requires the establishment of a General Register Office (GRO). In addition it does the following:
- Provides for an official seal to be developed and for all documentation disseminating from the Registrar General's office to carry that seal.
- The Registrar General is responsible for informing the public on the steps to be

> **Important Aspects of the Births and Deaths Registration Act**
>
> - Key Appointments
>   - Registrar General
>   - Deputy Registrar
>   - Empowers RG to appoint registrars
> - Process includes key roles for both rights holders and duty bearers.
> - Makes distinctions between different areas in Guyana (Second schedule).
> - Originally allowed 21 days for notification and between 3-9 months for birth registration depending on location.

taken to register a birth. The Act specifies that this be done in all the registration districts.

- The Registrar General must also supply adequate forms for the functioning of the registration office.
- First week in every month the registrar shall send a report to the Registrar General.
- Registrars are to be paid a fee at a rate fixed by the Minister for each registration completed.

(v) Fees and Fines
- If the registration is not done within the time period allotted, a fine of GY $900 is to be paid.
- If a person living in a Second Schedule area does not write to inform the registrar about a birth in the area he/she can be fined GY $1,500.
- The Act allows for fees to be charged for late registration.
- Two years in imprisonment if a person forges a birth certificate of a child.

3.4 Other Key Acts Related to Children's Rights

In recent years there has been a concerted effort to improve the legislative framework for children in Guyana. Several Acts have been introduced since 2005, some of which are discussed below. The list of statues enacted include the:

- Criminal Law Offences, 2005
- Child Care Protection Agency Act, 2009
- Status of Children Act, 2009
- Adoption of Children Act, 2009
- Protection of Children Act, 2009
- Sexual Offences Act, 2010
- Custody, Contact, Guardianship and Maintenance Act, 2011
- Child Care and Development Services Act, 2011

The Adoption of Children Act (2009) specifically relates to a child that is not yet eighteen (18) years old and therefore requires that the child's age be proven. In Part IV, Section 36 (1) that Act explicitly requires the establishment of an Adopted Children Register at the Registrar General of Births and Deaths. Section IV of the Effects of Adoption Orders states that the "date of birth of the child…the identity of the child to which entry in the register of Births and Deaths" be listed as "adopted". The Registrar general is required to prepare a birth certificate once requested by the adopted child, which should not be distinguishable from the birth certificate of another child.

Though this act expressly requires a child to prove their identity and requires an active role for the Registrar General this is not reflected in the current BDR Act and does not outline the procedure for adopted children. The Act also makes reference to other legal issues such as the estate of the parent of an adopted, which by implication, requires that the child should be able to prove their identity in order to uphold their legal rights under the law.

The **Child Protection Act (2009),** the **Status of Children Act 2009** and the **Sexual Offences Act** (2010) are all of significance in that they aim to protect children under the law. Each of these acts involves children below eighteen years of age. Like the **Adoption Act** these acts imply that a child is able to establish their identity thought it does not expressly mention a birth certificate as a key document or right of a child in protective custody or one requiring protection.

The **Protection of Children Act** recognizes the child's right to basic services stating, "Families shall be provided, to the extent possible, with services which support the safety, health, education and well being of their children". The Act like others mentioned above mentions key age milestones, for example; the Protection of Children Act allows the views of children under 12 to be heard; the child at 16 or 18 can apply to discharge with continuous custody and in the Sexual Offences Act discusses consent within the parameter of the complainant "being 14 years of age or over but under 16 years of age". A key prerequisite therefore, is that the child must be able to firstly assume their right to an identity in order to effectively have their rights observed within Guyana's legal system.

The **Protection of Children Act** and the **Sexual Offences Act** all involve legal proceedings and in the case of the former (Part IV, Section 3) allows for a judge to order a person to "produce information that is written, photographed, recorded or stored… or a certified copy of the record…where there are reasonable grounds to believe that the information is necessary for determining whether a child needs protective intervention,"

3.5 Policy

Guyana also has a number of macro development policies namely the National Development Strategy (NDS), the Poverty Reduction Strategy (PRS) and more recently the draft Low Carbon Development Strategy (LCDS).

The **Poverty Reduction Strategy (2001)**[13] was developed in order for Guyana to access E-HIPC funds and by developing the PRS, Guyana committed to the achievement of the MDGs which resulted in an increase in the quantity of social expenditure. Guyana's Poverty Reduction Strategy makes explicit reference to the birth registration and specifically within the context of increasing efficiency. The PRS deliberately refers to the decentralization process and refers to birth registration as part of a general process to decentralize public services in Guyana. The PRS envisions a greater role for local government institutions. However, to date, this decentralization has not occurred.

*"*The concentration of key public services in Georgetown is a source of major concern. Travel costs to Georgetown, especially from the hinterland and the more distant regions, are high, waiting time is costly, and frustrations are rife.

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[13] There is a Poverty Reduction Strategy 2011-2015 which was recently drafted and tabled in the National Assembly on August 4, 2011 this document was not reviewed for the study.

To deal with these problems, key services to the public will be provided in the regions, including (i) issuance of birth and death certificates; (ii) issuance of passports; (iii) issuance of house lots and land titles; and (iv) processing and facilitation of exports. The Government will strengthen RDCs and support agencies to establish regional offices to carry out these functions.[14]"

The Low Carbon Development Strategy (2009-2020) does not explicitly reference children or birth registration. It does highlight the fact that issues of human capital in Guyana persist and remains a key focus of the government and a seminal prerequisite for national development.

The strategy prioritizes 'enhancing the nation's human capital' and indigenous communities. The LCDS states that significant investments will be made in human capital and on social services. Specific areas include improving job prospects and private sector entrepreneurship; supporting social services, expanding communications as a means of accessing basic services and incorporating LCD and climate change in the national curriculum. Human capacity is addressed in several places in the document though it is not gender specific and does not overly address women or children.

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[14] Source: Guyana's Poverty Reduction Strategy

Box 2: Case Study
Transient populations, neglected children and the right to an Identity

"Some people say he was born in Bartica"
Audrey; accidental guardian

Jamal is a typical high-energy child; he likes playing outdoors with his friends and loves sweets. Everyday Audrey (aged 67) ensures that the little boy is fed; clothed and cared for to the best of her ability. Audrey loves the little boy and he loves her. She believes that it is important for children to go to school and so she sends him off to kindergarten every day and awaits his return.

They have lived this way since Jamal was a baby. Jamal may not be Audrey's biological mother but for him, she is his mother. Their relationship is not typical for other reasons. Unlike most mothers and guardians, Audrey has no idea how old Jamal is, when he was born or even where he was born. She heard that he might have been born in Bartica. She does not know his age and she's uncertain whether he has a birth certificate or not. She thinks that he doesn't have one.

Audrey is not a relative of Jamal's, his mother drifted into the community and worked there for a short time. One day she asked Audrey to keep an eye on him for a few days when she went to town to run errands. That was about three years ago or so, when Jamal was about one.

Jamal's mother has apparently moves to different places in Guyana in search of work and does not keep in contact with Audrey. The local school has allowed Jamal to attend and Audrey is happy that he can go to school. She has no idea how to go about getting a birth certificate for Jamal. She has no plans in the short-term to do so. Jamal therefore suffers from neglect and being the victim of the effects of a mobile work force.

The study found some evidence of mobile communities – entire areas that are populated by temporary labor, usually around logging and mining operations. The children of such parents are at risk of not being registered if they do cannot easily register their children without requiring significant outlays of time and money. It was found that among parents and even some registrars that the procedure was not clear on how these children are to be registered.

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3.6 Analysis

Legal Framework in relation to the CRC Implementation Checklist

The Convention on the Rights of the Child has specific legal requirements in order to ensure that a child's right to an identity has been upheld. The CRC states that the law should require parents to register children immediately and should be free. Guyana currently does require registration within fourteen (14) days after the birth of a child. Even though the cost of registering is a nominal amount (less than US $1), it is not free. It also requires that the law provide for child be given a name at birth. The current RBDA does not expressly require that a name be given to a child, what the Act does specify is:

*"35. (1) When any name is given to the child by its parents or guardians other that that by which it may have been registered, or **where on registration no name has been given** [emphasis added], the parents or guardians, within twelve months after its birth …."*

The CRC states that no stigmatizing information should be used this is partially covered in the **Adoption Act**,**2009** which stipulates that birth certificates of adopted children should not be different from other children. The CRC also requires that registration be made easy through improved access from mobile units. To some extent Guyana has made registration easier by appointing registrars in remote areas however coverage and the adequacy of personnel should be examined. The CRC requires states to ratify the Convention on the Reduction of Statelessness (1961), Guyana has not ratified this Convention.

Guyana's Legal Framework

The policy framework for **birth registration** is weak as it is included under social policy but not always explicitly mentioned and therefore it risks being neglected. The Low Carbon Development Strategy for example refers to a commitment to social spending, but does not explicitly refer to issues related to children or birth registration. The PRS does recognize the importance of birth registration, but approaches the issue from the perspective of decentralization and does not comprehensively look at all issues required for universal registration. The assumption is that decentralization will lead to greater efficiency.

The Ministry of Health is a key actor in the birth registration process for children. Registrars are placed within all hospitals and Community Health Workers and Medex's play a vital role in both awareness and the actual registration process (See Diagram 4). The Ministry of Health's, National Health Sector Strategy (2008-2012) aims to "guarantee a health care system that is of high quality, maintaining internationally recognized standards while preserving the health of the population". It contains several goals that are relevant to realizing universal birth registration – including the decentralization of health services[15], skilled health workforce (target 95% of births attended by

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[15] Decentralization is expected to occur through the establishment of Regional Health Authorities which will help reach the target 95% access to health services within one hour of where people live

skilled attendants), sector performance management process and strategic information systems. Maternal heath, children and family are key target groups in service priorities but don't explicitly state any steps that are directly aimed at achieving universal birth registration or improving processes and systems for birth registration.

Photo: Experienced Medex's like Brenda Hastings at Kamarang (Region 7) are a great source of information and guidance for mothers, and play a great role in ensuring early registration of newborns

The **Ministry of Education** is not mentioned in the Birth and Deaths Registration Act, but it is another key institution and does play both a facilitating and active role in birth registration in some regions. The Ministry of Education introduced a policy of allowing children to enter school without having a birth certificate. This was to ensure that children were not inhibited from accessing an education. This policy is in keeping with the **International Covenant on Economic, Social and Cultural Rights** anti-discrimination stance which requires that children being allowed entry into school despite not having a registered birth. Like the Ministry of Health's Strategy the Ministry of Education's function and role in the birth registration is vague and generally reflected in meetings with key officials. However, if universal registration is to be achieved MoE's role will have to be clarified and integrated within a national thrust to ensure all children are registered.

The **Ministry of Amerindian Affairs** based on it's cooperation with the Ministry of Home Affairs has actively played a role in the registration process and in particular for late registration.

Diagram 3: Agencies Involved in the Birth Registration Process

The legal framework is stronger than the policy framework. The constitution provides a strong basis for a child to establish and demand his/her right to an identity. Many of the recently introduced laws such as the **Protection of Children Act, 2009** assumes and implies that an identity can be established even though this is not stated explicitly. Although referred to in the **Adoption Act, 2009** – but this does not currently reconcile with the content of the Birth and Deaths Registration Act, which makes no direct mention to adoption.

Strengths

Photo: Suddie Hospital Registrar Shanta Springer has created a dynamic registration centre based on strong record keeping and high level of service to clients

- Guyana does have a civil registration Act in place.
- The structure remains largely intact as outlined in the BRDA; the Registrar General is in place and manages the General Registration Office. The RG is experienced and capable and the office is generally established and respected. The RG does appoint registrars as outlined in the Act.

- The notification process outlined in the Act is operational as is the process of issuing a birth certificate.
- In its existing form the Act addresses some of the key challenges faced in the birth registration process: it allows for decentralized mechanism and flexibility in the number of days in accordance with the difficulty in accessing remote areas.
- GRO has been able to issue a number of certificates.

Challenges

The Registration of Births and Deaths Act is outdated; it was introduced in (1973) and revised in (1976, 1980, 1982, 1985, 1990) and does not adequately reflect practice or integrate and give guidance in new areas such as adoption.

Adoption

The law does not reflect current practice nor provide guidance on areas such as adoption. The Adoption Act specifically states that the Registrar General will introduce a Registrar for Adoption but this is currently not included in the RBDA.

Inter Ministry Coordination

The RBDA provides for adequate personnel to support the registration process and despite having registrars throughout the country, this has proven inadequate to effectively ensure birth registration. As a result, since 2002 the Ministry of Amerindian Affairs began to play an active role in late registration in remote areas. Technically the Act does allow the Minister to appoint registrars but this inter-Ministry cooperation is not clearly defined or outlined in the Act.

Role of the Mother

There is a high emphasis on the role of the mother to register the child. There have been cases cited in which the mother died in childbirth and the registration process was hampered by this law. The father does not have much right to the child nor can he register the child.

Registration Birth and Deaths Act Summary (Law and Practice)	
Law	**Practice**
Managed by Registrar General and Deputy	Same
Birth registration through GRO	Same
Minister appoint registrars and their deputies for registration districts	Almost exclusively one registrar with no deputy
Notification within 21 days	Immediately or in a few days
Length of time allowed for registration 3 or 9 months depending on where person lives	14 days irrespective of where the person lives
Role of RG in notifying the public on steps for registration	Awareness raising done by non-GRO actors such as UNICEF and the former

	Rights of the Child Commission
Fines for various infringements	None enforced
Use of the seal	Same Some birth certificates found without a seal
Role of local magistrate	Role of JP
Fees largely dictated by Minister	Some costs (such as for a JP) are not regulated
Emphasis on nurses, sea captains (for births on water), governors, registrars etc to support registration	Left largely to the mother/parents of child to register birth of a child.

Distance

The RBDA reflects some consideration for the spatial dimension of communities that are difficult to access. The Second Schedule documents areas in Berbice, Demerara and Essequibo where special consideration is given. This allows for flexibility in the application process (hand written letter as opposed to completed forms) and the length of time required to register (9 months as opposed to 3 for non Second Schedule areas). This practice was abandoned and there is now no consideration to areas that are remote or difficult to assess this is despite the fact that connectivity and communications in these areas remain a challenge to the present day. The length of time has been streamlined to 14 days for registration of a birth.

Overseas Births

Births outside of Guyana are not adequately addressed as there are instances, for example in Venezuela, where children born to Guyanese parents who do not have Venezuelan citizenship are unable to register their children.

Implementation Structure

The RBDA outlines a straightforward structure for the implementation of births. This principally involves the Registrar General and a contingent of Registrars. However, this is changing as the chart below shows there is now a much more unwieldy structure of birth registration which involves multiple actors and ministries.
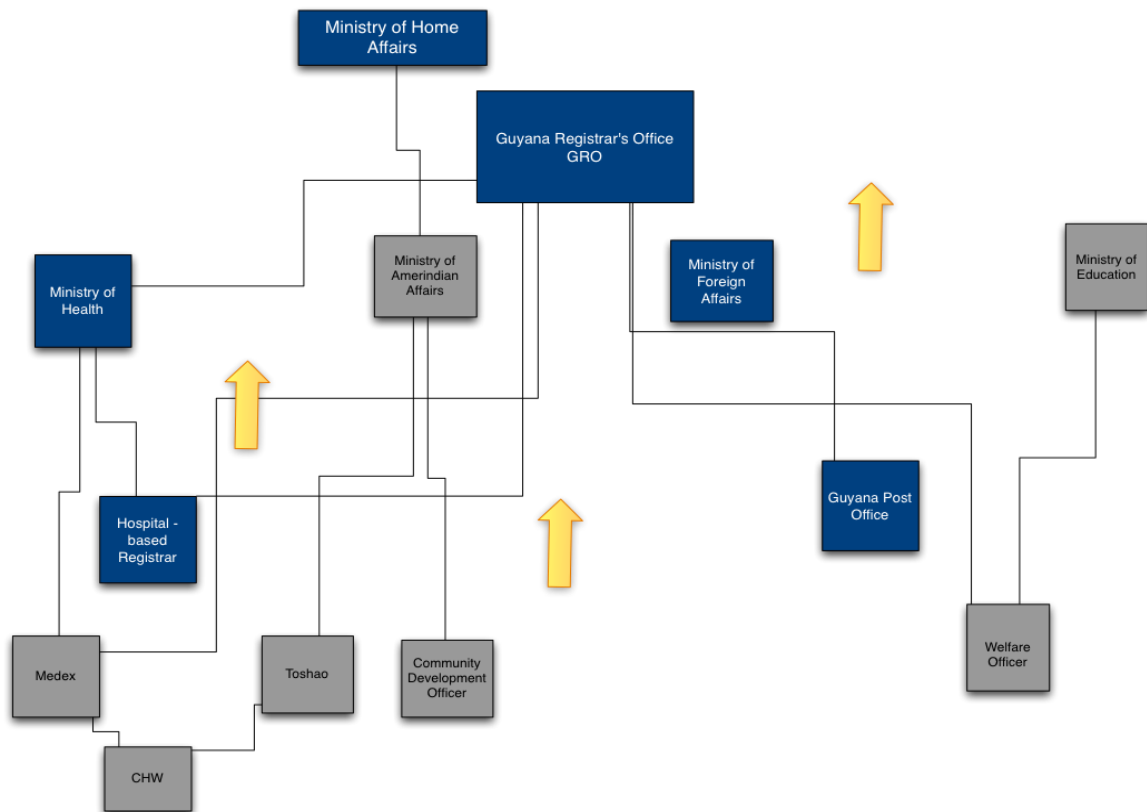
Diagram 4: Flow of birth registration forms from community to national level and key agencies involved

Actors not envisioned in the RBD Act

Actors in the RBD Act

Fees and Fines

The Act documents various fees and fines that are to be applied in the registration process. In practice these fines are not applied however there is a nominal cost involved in the application process. This cost-though nominal- is sometimes an inconvenience in remote areas where being able to obtain a revenue stamp is a challenge. The Ministry of Amerindian Affairs has dealt with this by wavering the fee.

Table 5 showing Current Registration Requirements and Costs

Registration	At birth (within 14 days)	Within 12 months and after 14 days	Late Registration, later than one year
Location	In district where child was born	GRO in Georgetown, Anna Regina or New Amsterdam	Facilitated through various offices GRO, MoAA, CDO etc.
Requirement	-Discharge card -Identification for mother and children - Particulars (child,	-Declaration form obtained from the hospital - Child particulars	- Statement from the hospital, or place of birth of the child - Affidavit (1) - usually

			from a JP - Affidavit (2) of support (from someone in the community) -Proof of birth (Baptism certificate, report from school, clinic card)
Costs	- $30 for registration - $2 revenue stamps	- $30 for registration - $2 revenue stamps	Requires a JP or lawyer and can cost from $2,000 to more than $10,000

Roles of duty bearers and rights holders

As the diagram below shows, the birth registration process contains several key roles at each stage. The first of which is the notification of births, which is handled exclusively by the state and almost exclusively done by health professionals.

The process of registration places emphasis on the role of the duty bearer and the rights holders. Rights Holders must initiate the process of registration. Similarly during the application process Rights Holders must initiate the process through their parents/guardians.

What is not expressly stated in the Act are the obligations of the Duty Bearers to provide a timely service, which was identified as a key gap in the field. This can be addressed through an improved birth registration process and management.
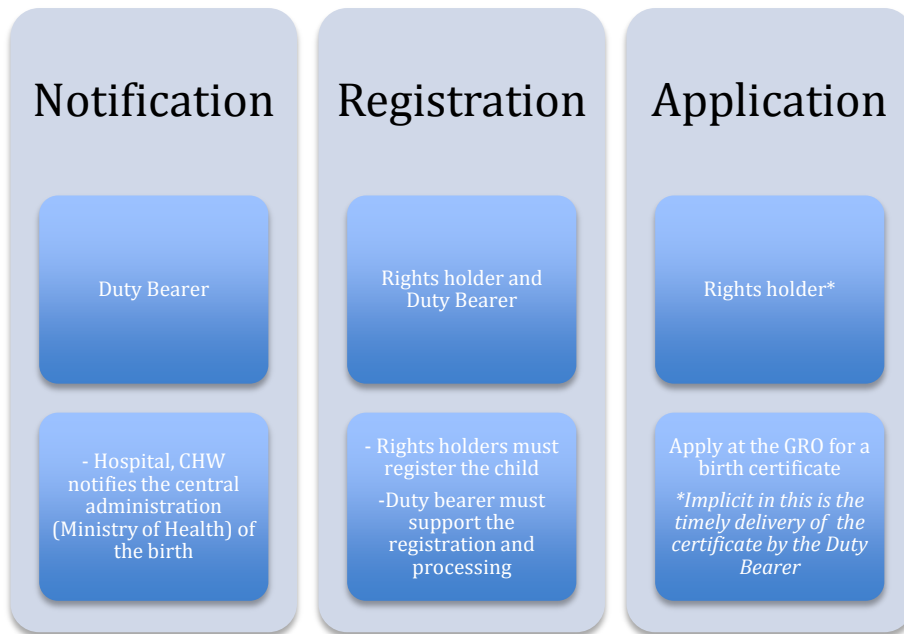
Notification	Registration	Application
Duty Bearer	Rights holder and Duty Bearer	Rights holder*
- Hospital, CHW notifies the central administration (Ministry of Health) of the birth	- Rights holders must register the child -Duty bearer must support the registration and processing	Apply at the GRO for a birth certificate *Implicit in this is the timely delivery of the certificate by the Duty Bearer*

Diagram 5 showing role of Duty Bearers and Rights Holders at key stages in the Birth Registration Process

Box 3: Case Study
Dynamic Birth Registration Centers: Suddie Hospital

The study found that birth registration was high in communities that were close to, or had easy access to birth registration centers (whether in a Community Health Post, Health Centre or hospital) that were dynamic, well resourced and efficient. In these cases several factors were present – the registrars had several years of experience in the position, there were adequate staff to support the work of the registrar, data collection and reporting, high levels of motivation and adequate resources to conduct the functions of the office. A well connected registration centre removed key challenges such as distance and cost especially in remote and hinterland areas.

The birth registration centre at Suddie is housed at the Suddie hospital, which is a centrally located, main hospital on Guyana's Essequibo Coast (Region 2). The office is in an accessible space with a sign outside that says "Registration of Births and Deaths" and provides the opening hours. The Suddie registration centre is manned by an experienced registrar, Shanta Springer, who is supported by a deputy and two other staff. The Regional Chairman immediately mentions her as a key source of information and in the communities she in referred to by name.

There is a close working relationship between the nurses and midwives at the hospital and the staff in the registrar's office, as they refer new mothers to them to have their babies registered. Thereis a steady stream of people into the office and requests for changes in names on birth certificates, request for copies of birth certificates –most of the information is at Shanta Springer's finger tips and she can direct her staff on where to get the required information.

Legers containing records of births and deaths take pride of place in the office and are well kept. Data is available very quickly – in responding to the question on the rate of birth registration Ms Springer can quickly compute information on the first two quarters of the year, she says that there have been 335 deliveries at Suddie, or which 95% (319) were registered, sixteen (16) babies, 5%, did not register. When asked why Shanta Springer says that most likely it would be because the mother has no documents, she was discharged over the weekend or has gone in search of the *pandit* for a name for her new baby.

All her records are up to date and Ms Springer has introduced her own filing system and other best practice to ensure efficiency and accuracy. The staff also ensures that all the ledgers are neatly bound. Ms Springer ensures that detailed records are kept of each birth; she has created an alphabetical ledger and has parents write the name of the child on a separate piece of paper to reduce the risk of errors on the birth certificate.

She says that generally some people are unaware of the 14 days required for birth registration, or since the father may be "in the bush" there may be a delay. Shanta actively tries to inform people and is considerate of persons living in remote areas, if someone comes from a riverain community she relaxes the working hours to accommodate them.

In instances where persons coming from far distances to request assistance… the opening hours are relaxed to accommodate them.

What is in place at the Suddie Hospital Registration Centre?
- Motivated staff with experience and know-how
- Knowledgeable registrar
- Well kept records and reporting
- Strong network with other regional, health and GRO staff
- Strong understanding of the birth registration policies and procedures

4. Overview of National and Regional Trends in Guyana

There are several key trends in Guyana, which are important for putting birth registration and the results of the fieldwork in perspective. This section is not meant to be exhaustive in providing a comprehensive analysis but rather to provide an outline of key trends. These are presented as follows:

- Guyana's poverty status
- Increases in Social Spending
- Improvement in the delivery of key services such as health
- Greater emphasis on legal framework surrounding children
- Migration that has affected social services
- Greater connectivity and developments in hinterland communities

4.1 Poverty

Guyana is considered to be one of the poorest countries in the western hemisphere but has made considerable progress. As the graph below shows Guyana's Human Development Index (HDI) has increased steadily (0.7%) from 1980 to 2010. In 2010,Guyana ranked 104 out of 169 (0.61) countries and has now achieved medium human development status.
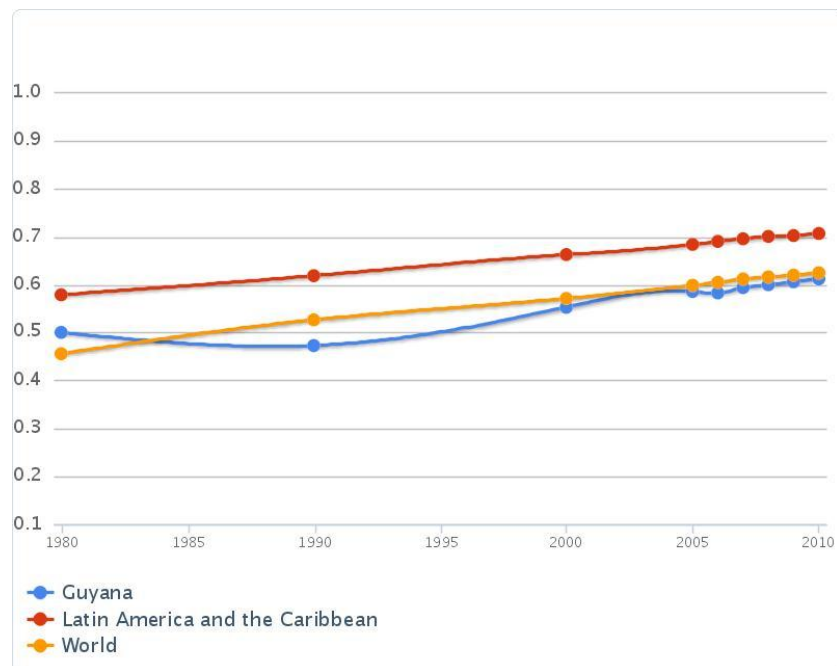
Source: UNDP (www.hrdstats.undp.org)

Poverty is considered to be comparatively higher among the Amerindian population. Guyana reported in the 2007 MDG Report (page 9):

"Absolute poverty of the population, as measured by the expenditure approach, declined from 43% to 35% and the poverty gap, measuring the depth of poverty, diminished from 16.2% to 12.4%. This reduction closely correlates with the growth of the economy over the same period, at an annual average of 5%. Since 2000, however, the economy has stagnated and,

33

although no recent poverty survey has been conducted, the growth-poverty relationship suggests that poverty has worsened."

4.2 Social Spending in Guyana

The 1990s and early 2000s there was greater emphasis on human capital development as reflected in the emergence of several key development strategies (National Development Strategy and the Poverty Reduction Strategy). In 2010, Economist Arjun Bedi conducted research on social spending in Guyana related to the PRS. Their research paper, *Guyana's Poverty Reduction Strategy and Social Expenditure[16],* reviewed social expenditure in Guyana and found an increase in central government spending in this area. In 1997 social expenditure totaled G$40 billion to over GY $100 billion in 2006. Bedi el at reported that "social spending according to the definition used under the E-HIPC initiative rose from 13.7% of GDP in 1997 (start of interim HIPC debt relief) to 19.2% of GDP in 2001." This is significant because it has contributed to significant improvements in access to key services by rights holders.

Figure 2: Guyana PSIP Social Sectors (Current G$ Million)
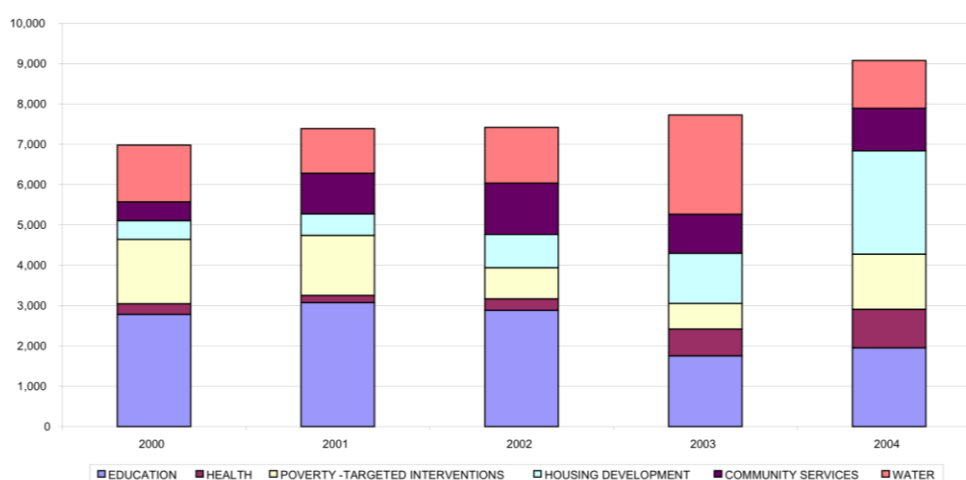
Source: PCPMU (2005).

4.3 Improvement of Social Services

Key ministries such as health and social services have increased their budgets and the services offered to clients. This has also directly contributed to advancing the birth registration process, for example:

- Through the introduction of more health centers and health posts across the country;
- Increase in the presence of Community Health Workers and Medex's – both of whom play a key role in birth registration in remote areas;
- Increase in the qunatitiy and quality of hospitals and their services;
- The introduction of School Welfare Officers.

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[16] Bedi, Arjun ,S., and Jong, de N., (2010), "Guyana's Poverty Reduction Strategy and Social Expenditure", Forthcoming in the *Journal of Development Research*, (2010).

The Ministry of Health has also been steadily increasing the computerization of their records. In 2009, with support from PAHO MoH introduced the Perinatal Information System (SIP). This allows for computer entering of key information on mother and child. The Ministry already has in place a Statistics Unit and a Management Information System (MIS).

4.4 Migration and Human Resources

The delivery of social services in Guyana is impacted by the flight of skilled persons especially among health and education professionals. Guyana has one of the highest migration rates for of health and education professionals in the Caribbean region[17] and these include nurses, doctors and health other health professionals.

The Ministry of Health's strategic plan (2008-2012) has, as a key objective, the retention of skilled staff. In 2010, the Ministry of Health announced that it spends GY $600 million (approximately US $3M) on nurses' education. In 2010, the Minister of Health stated, "It [migration] is a serious problem, we lose between 25 to 35 percent of our experienced nurses on an annual basis. So even though we have people who are emerging into the category of trained nurses we are losing equally or sometimes more".[18] In 2011, the minister reported that there were more trained health personnel but that expansion of services offered throughout the country was also creating a shortage.[19] In the same year the Ministry of Foreign Affairs reported the following figures for the period 1997-2011, the total 3,301 Skilled Nationals Certificates issued for movement within CARICOM during the period include – 2,404 graduates with university degrees, 124 trained teachers and 35 registered nurses.[20]

4.5 Greater connectivity and Developments in Hinterland Communities

Within hinterland and remote areas there has also been some improvement in the social provisions and infrastructure present. These include:
- Improved roads and social infrastructure;
- Increase training and awareness on key issues for staff;
- Improved communications (radio, telephone etc)
- Increase number of staff within key ministries – including Child Protection Officers being introduced in the regions; introduction of Community Development Officers by Ministry of Amerindian Affairs and greater presence of education and health officials. In 2002 MoAA's CDOs began to actively support late registration in hinterland communities.

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[17] Docquier and Marfouk (2008), van der Pilj, (2007).

[18] Source: Stabroek News Article – Workshop to devise 'action plan' to limit nurse loss. Wednesday 3, 2010

[19] Source: Kaieteur News article – "Guyana has more doctors and nurses than ever before." October 8, 2011

[20] Source: Ministry of Foreign Affairs

The study found small but significant developments in the computerization of the birth registration process. Computerization has been highlighted in key reports and presentations and this can been seen as being integral to improving the efficiency and effectiveness of the current system. One of the key gaps in the current system is the difficulty of Rights Holders and even persons within the system (registrars, CDOs) to track where an application is in the process.

For example, a CHW in a remote village may have completed an application form and sent it to the Medex. The Medex will then place it in the hands of a pilot or some trusted person to send the documentation out to GPO. When the parent of the child wishes to trace where the application is they have no way of knowing and become frustrated, unsure whether their application has been received and is being processed. In this case, the person will most likely reapply through a different source and may, as the study found – apply multiple times.

The Ministry of Health and- to a lesser extent- the Ministry of Amerindian Affairs are moving towards greater computerization of records. There are currently two key activities that are important – within the Ministry of Health's Statistics Unit staff have been entering all the birth notifications that they receive from around the country. Trained staff at the head office does data entry, but this process is also being piloted in other regions such as the hospital at New Amsterdam and will allow for more accurate, localized and timely information on births in the region.

In 2009, the Ministry of Health began a major computerization project under the Perinatal Information System (SIP). The SIP is being piloted in the five regions (2,3,4,6,10) and includes the introduction of computer units. Staff are expected to use these to enter vital information on the mother and child. Training has been provided to staff and it is planned that the SIP will be introduced in other regions. The SIP provides much of the information required in the birth registration process. PAHO Consultant Karen Roberts stated that the "SIP can form part of an integrated health information system" which is a key goal.

However, one of the key challenges has been human resource availability and capacity within the health care system. The SIP was originally intended to have data entered by the midwives however it was found that IT skills were lacking. Human resource turnover, capacity and the lack of critical human resources in the health sector is a major constraint.

5. Field Research Findings

5.1 Key Data and General Findings

This section presents the field research results. In total 618 households were surveyed in four regions obtaining data for 1,770 children. Of the 1,770 children for whom data was recorded 51% were female and 49% were male.

The study covered persons of various ethnic groups including Indo Guyanese (3%), Afro Guyanese (12%), Amerindian (39%) and Mixed ethnicities (36%).

The section integrates and compares the findings with other available data mainly from the Ministry of Health's Statistic Unit (2007-2008) and a recent survey conducted by the Ministry of Human Services and Social Security in (2011) of 22 children's homes in four administrative regions 3 (Essequibo Islands-West Demerara), 4 (Demerara-Mahaica), 6 (East Berbice Corentyne) and 10 (Upper Demerara-Berbice). A significant percentage of these children (44%) did not have a birth certificate.

Number of Children's Homes Surveyed by MHSSS (by Region)
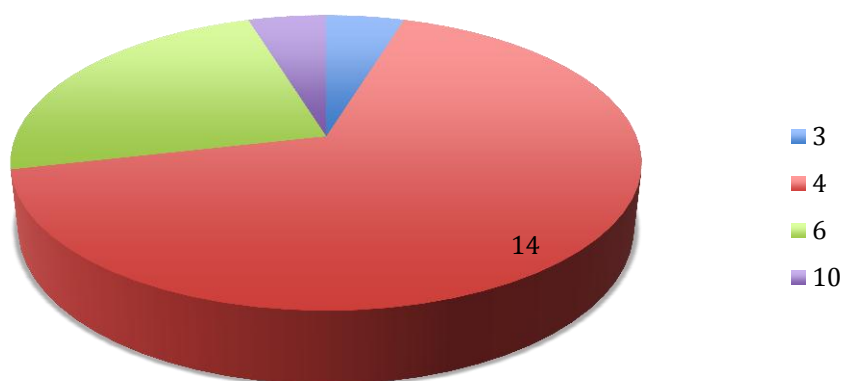
The study sought to obtain disaggregated data on birth registration where available. Disaggregated data includes data based on gender, age, economic status and region.

The section includes responses from interviews and focus group discussions during the course of the field-work.
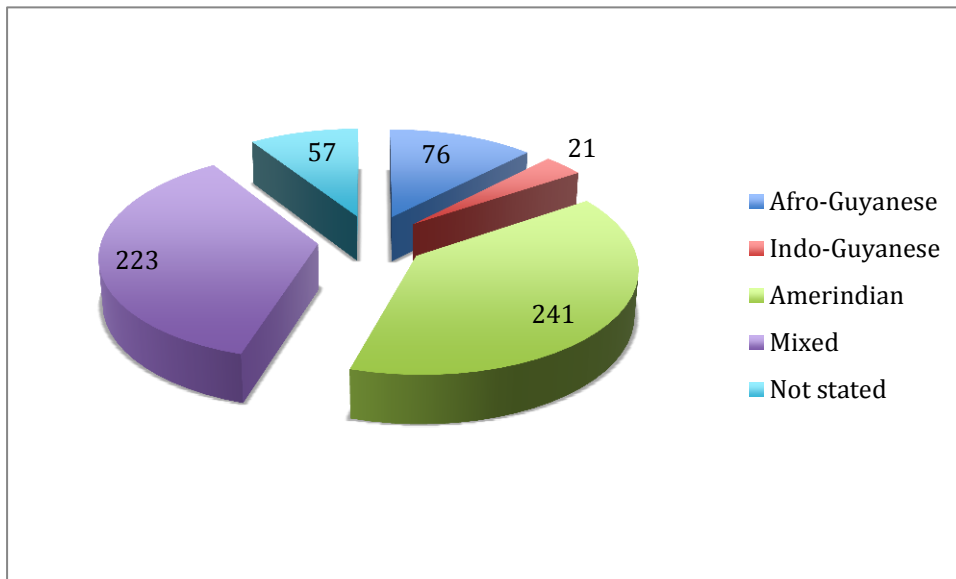
Chart showing Ethnicity of Interviewees

This section of the report presents:

- Data results of survey
- Capacity Assessment
- Perspectives of Rights Holders

Photo: Field researcher in Region 10, Jacklyn Kit

5.2. Profile of the Mother having a Baby in Guyana

5.2.1 Where are children born in Guyana?

Generally, it was reported that most births are done at the hospital. This is consistent with data from 2007-2008 collected by the Ministry of Health's Statistic Unit, which found hospital births to be the most common in all regions of Guyana. In the regions under study (1,2,7 and 10) home births were greater than the number of births in health centers. This improves the ability to target new babies at this key institution (hospital).
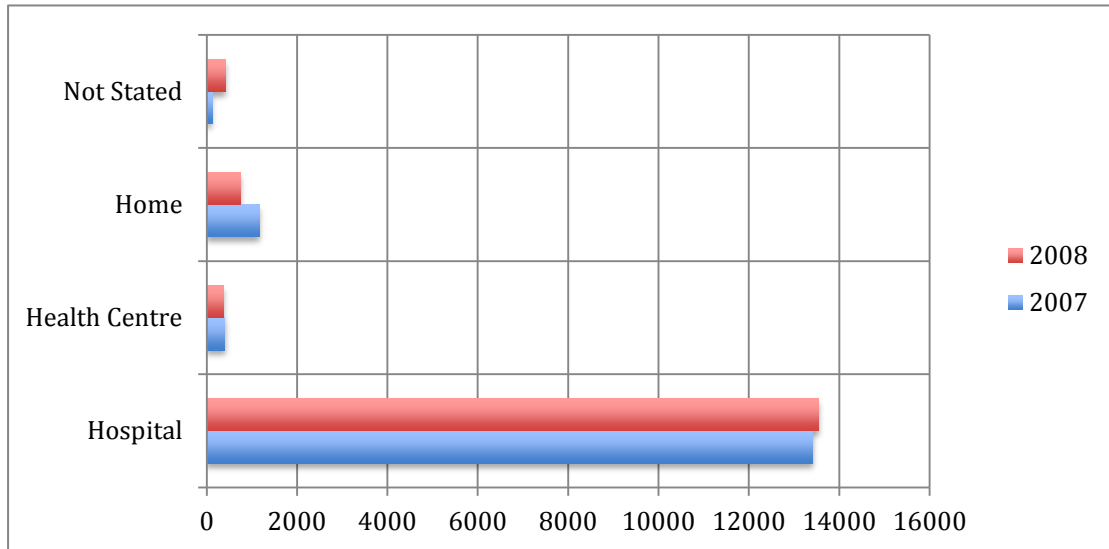
Chart showing Occurrence of Live Births in 2007-2008 in Guyana
Source: Ministry of Health, Statistics Unit (2011)

5.2.2 What family type are children born into?

The survey did not require respondents to provide information on their marital status. This information was only documented when it was volunteered. There is evidence to suggest that a significant number were single parents.

MoH has collected information on the marital status of mothers in their institutions. During the period for which the data is available (2007-2008) the majority of mothers were single parents – 70% and 73% respectively, while 28% and 26% were married for the same period.

5.2.3 What is the education level of new mothers?

The field research found that the majority of mothers interviewed had primary level education. This was standard across regions except for Region 10 where secondary educated mothers were more prevalent.

The study found no correlation between education level and the demand for birth registration suggesting that mothers, irrespective of their education status, mothers/guardians wanted to have their children registered.
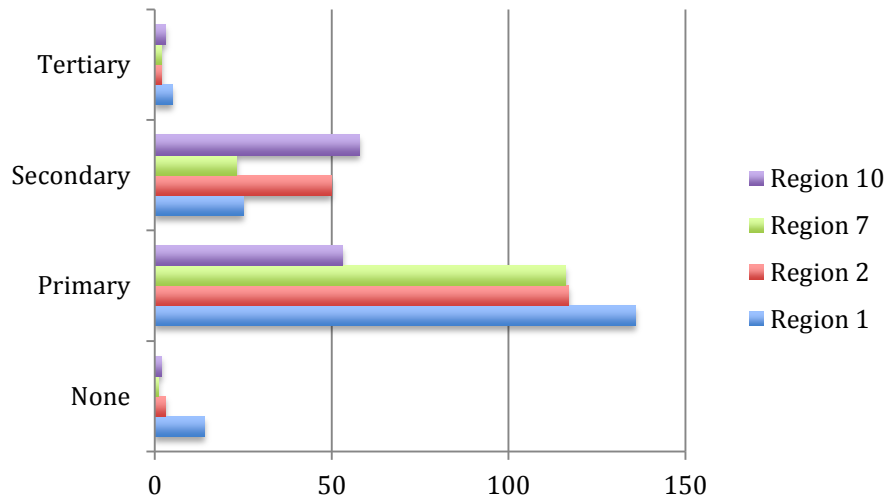
Chart showing level of Education of Mothers by Region
Source MoH Statistics Unit

The MoH statistics found that most mothers tended to have secondary level education followed by primary.

5.2.4 What is the age of mothers in Guyana?

The MoH data shows that most mothers (across regions) tend to be ages 20-24 and less than thirty (25-29). A significant amount of new mothers are in their teens (15-19) and possibly first time mothers. Programs that target mothers should consider this important demographic.
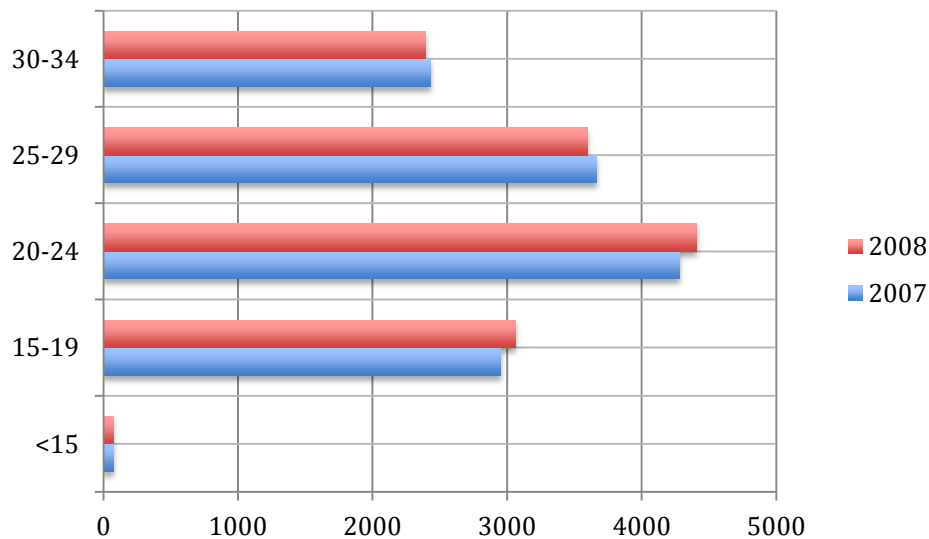

Chart showing age range of mothers in 2007 and 2008
Source MoH, Statistics Unit

5.3 Profile of a Child being registered
5.3.1 How many children are registered?

In 2001, the International Institute for Vital Registration and Statistics (IIVRS) and the Pan American Health Organization (PAHO) conducted a regional study which placed Guyana's birth registration rate at 80-89% completeness and in 2006 UNICEF's MICS3 reported the overall birth registration rate for children under-five years as 93%, with disparities in the interior (86%) relative to children on the coast (95%).

The field research revealed that of the 1,770 children for whom data was recorded in four regions 1,607 of them (91%) were registered. Of the total number of children who were registered, the majority (51%) were female.
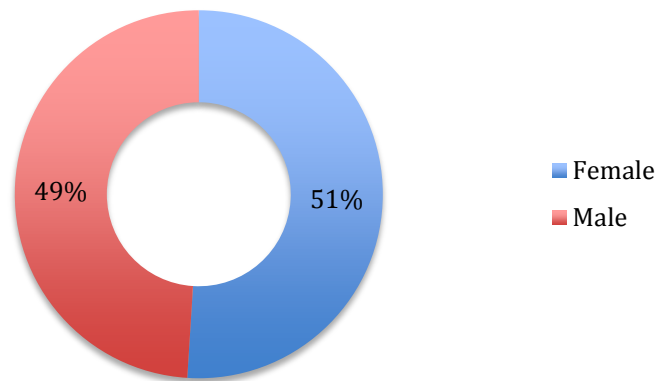

Chart (above) showing Birth Registration by Sex

Across regions, the study found trends consistent with the findings of the MICS 2006. Birth registration rates are high in non-hinterland regions, Region 10 recorded the highest rate of registration within the study. In hinterland regions the birth registration rate was high in Region 7 (96%), *en par* with other non-hinterland areas but, low in Region 1 (79%).
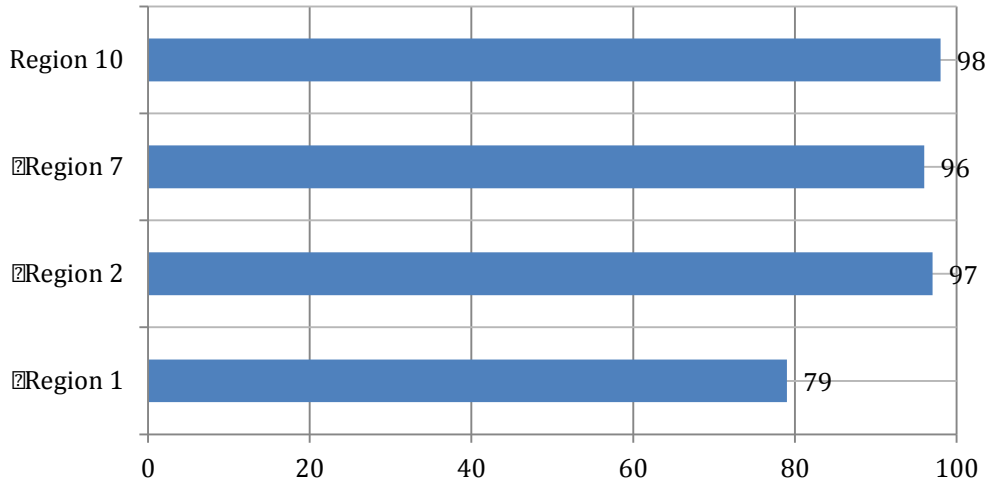
Chart (above) showing the Percentage (%) of Children Registered by Region

Three percent of the total number of persons registered had errors on their birth certificates rendering them invalid. In Region 7, a total of 8% of those registered had errors on their birth certificates.
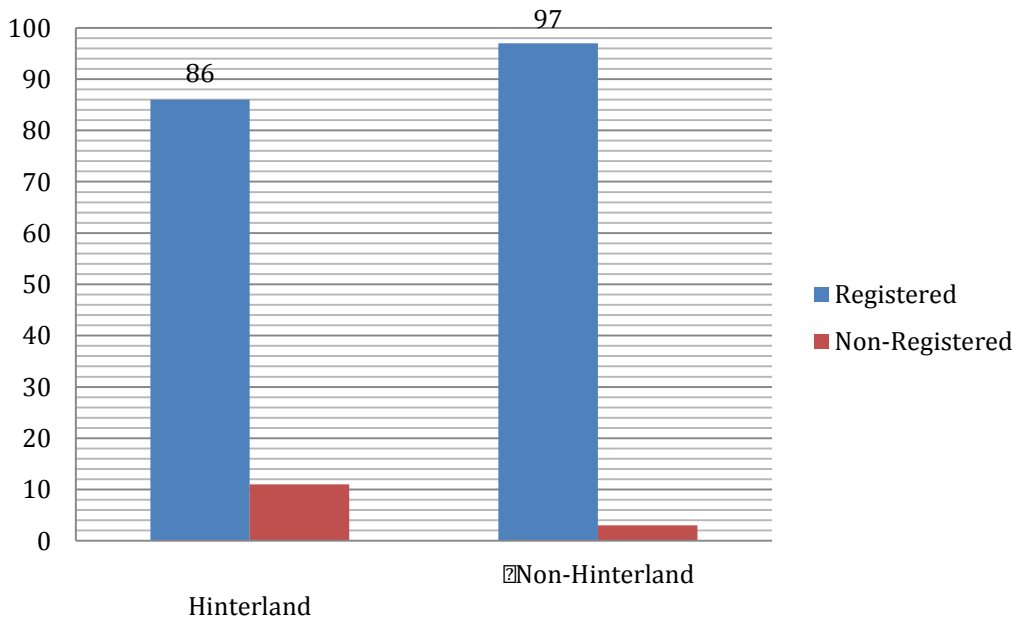

Chart (above) comparing registration among hinterland and non-hinterland regions

5.3.2 What is the Age at which they Register?

The age ranges of registered children were as follows:

Age of Birth Registration					
Sex	Birth	< 1 Year	1 - 5 years	6 - 11 years	12 - 16 years
M	640	52	23	21	5
F	648	63	32	30	7

5.3.3 Are orphans and vulnerable children in children's homes registered?

This section is informed by data generated by MHSSS from a survey conducted in 22 children's homes to examine the rate of registration among children in their care. In total 711 children were surveyed of which 343 respondents (48.2%) were boys and 368 respondents (52%) were female. The study found that the majority 56% was registered.
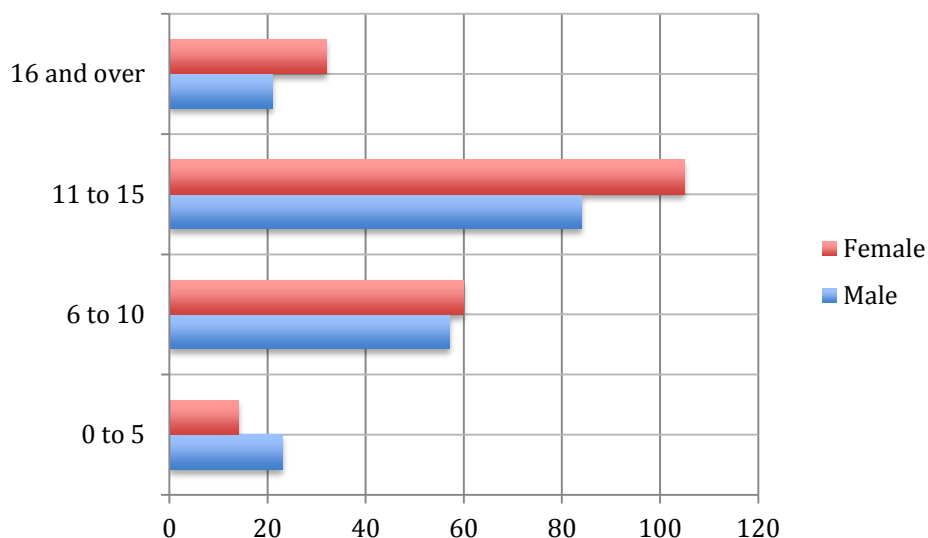
As the diagram above shows, there was no significant variance in the sex of children who were registered in various age ranges. This is consistent with the data generated in the field research.

5.3.4 How many children were not registered?
Of the total sample, 7% were not registered. Region 1 recorded the highest number of children that were not registered (15%). The community with the highest number (52) of unregistered children within Region 1 is 8 miles away from the centre (Mabaruma).
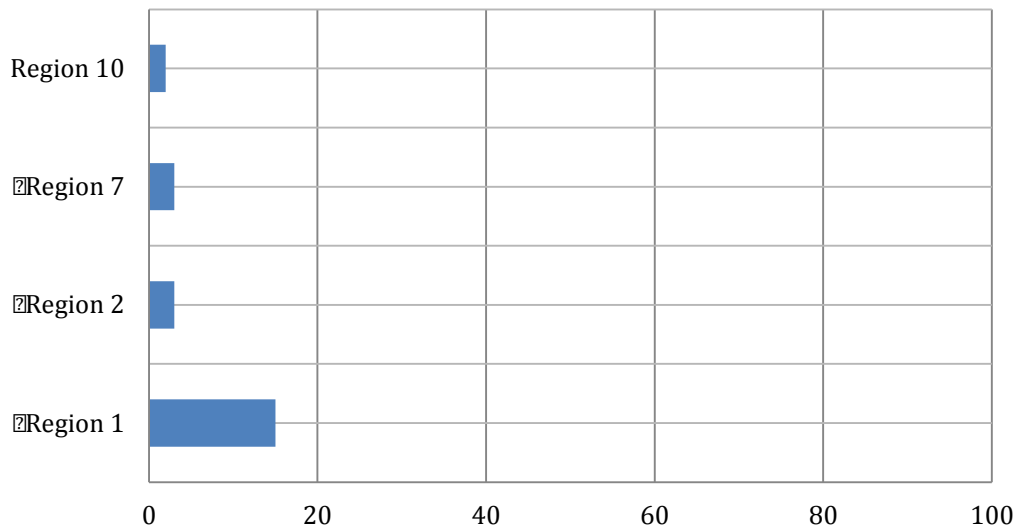
Chart (above) showing Non-Registration of Children by Region

One reason for the high non-registration rates in Region 1 is possibly the loss of documentation in the White Water community. Various sources reported that the Ministry of Amerindian Affairs had misplaced two batches of birth certificate applications and this had resulted in several original documents being lost. There were a high number of home births reported by respondents in Region 1 and this seems to contribute to high non-registration rates despite the presence of the health worker. Additional reasons given for non-registration included lack of identification of the mother and insufficient funds.
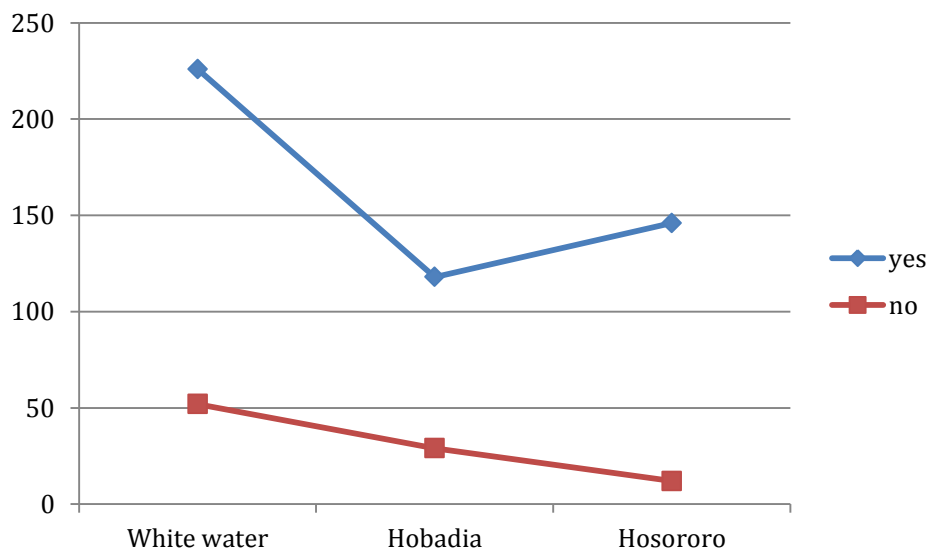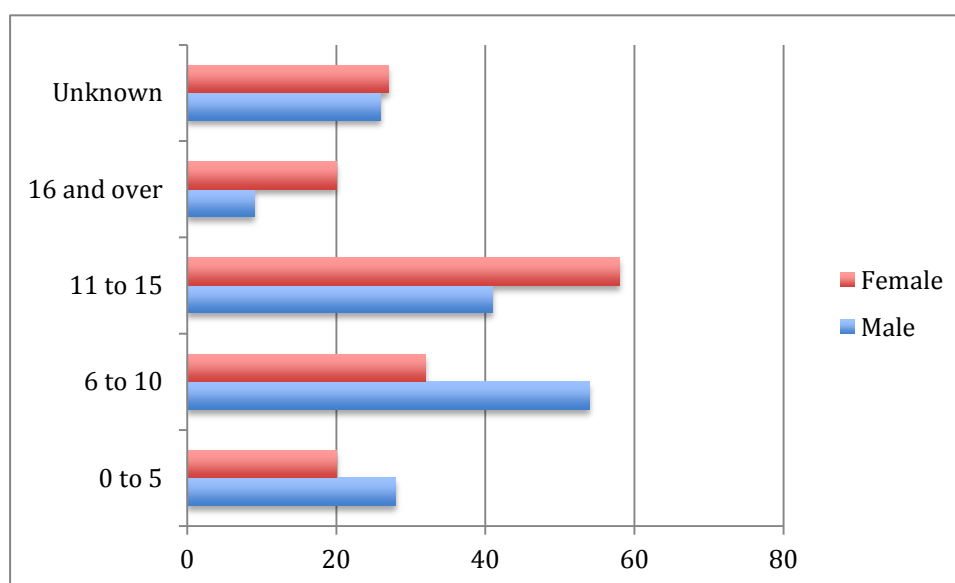

The children who were not registered were in the following age range:

Age of Children Not Registered					
Sex	Birth	< 1 Year	1 - 5 years	6 - 11 years	12 - 16 years
M	5	6	24	21	6
F	2	7	26	24	9

5.3.5 How many Orphans and Vulnerable Children living in children's homes are not registered?

In 2011, MHSSS found that of the 711 children in the care of 22 homes, 44% (315 respondents) were not registered. This is significantly higher than the results of the field research. The MHSSS study also found in Region 10 (a region in which field work was conducted) 20 of 22 girls (91%) in Haruni Girl's Home were not registered.

As the chart above shows, children in the care of homes who were not registered tended to be within the age range of 11-15 years old (31.4%) and 6-10 years old (27%). There was also greater disparity of across the sexes in these two age groups, with girls between the age of 11-15 being significantly higher than boys and in the 6-10 age range boys recorded the highest number of non-registrants.
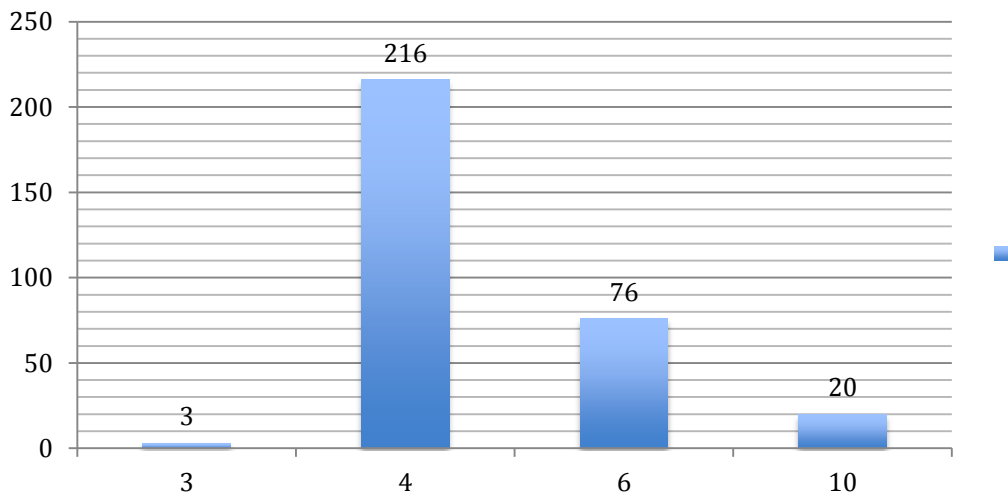
As the diagram above shows, Region 4 (14 children's homes surveyed) recorded the highest number of children without birth certificates followed by Region 6 (5 homes surveyed).

Of the total number of children without birth certificates (315) MHSSS had applied for birth certificates for 96 of them and had received 25% of them.

5.3.4 What are the income levels of families?
Overall, the study interviewed predominantly very low-income (less than $30,000 per month) families. In Region 2 the majority of families interviewed were Low Income. Like with education the study found no correlation between families who were very low or low income and the rate at which their children were registered.

Legend:
- Region 10
- Region 7
- Region 2
- Region 1

Chart axis labels: High >$151000, Middle $46-150000, Low $31-45000, Very Low - $30000

Values shown on chart: 18, 55, 67

X-axis: 0, 20, 40, 60, 80, 100, 120, 140, 160
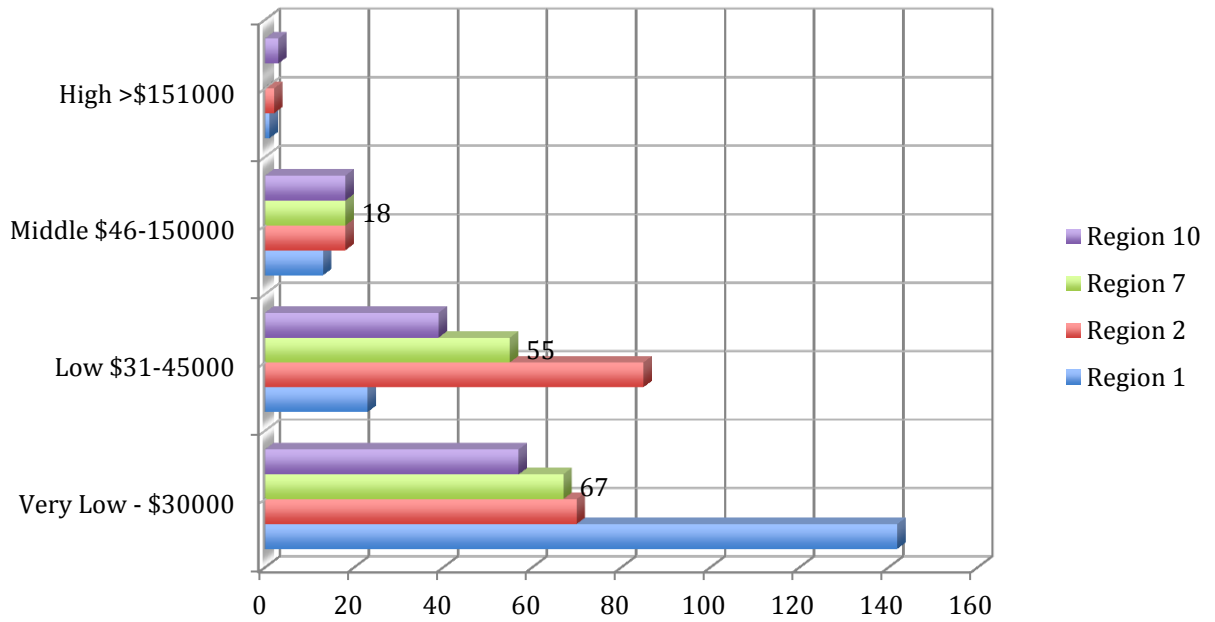
5.3.5 Is birth registration important?

The study found an overwhelmingly positive disposition of persons to birth registration. Of the total sample **92%** stated that birth registration is important.

5.3.6 What motivates a parent to have their child registered?

Overall the study found high demand for birth certificates, but what is the incentive for parents to get their children registered? This is an important question and the common responses suggest that persons view birth registration as a key to access services for their baby. ersons in interviews and focus groups felt that a birth certificate was necessary for an education (enrollment at school), to obtain a passport and identification card. Some parents also provided forward-looking reasons such as for marriage and to allow the child to get a job. Enrollment at school was the most frequently cited response.

In addition, parents who had themselves faced difficulties to obtain a birth certificate wanted to avoid the same fate for their children.

A child's education was the number one response among parents when asked why a birth certificate was important for their children

5.4 Capacity Assessment

The study also gathered data on the organizational capacity of key agencies involved in the birth registration process. These include registrars, Toshao's, Community Health Workers, school officials and Community Development Officers from the Ministry of Amerindian Affairs. This was done to gain some insight into what were the key deficits in capacity. The total number of assessments conducted in the four regions was not large enough (15 interviews) for a comprehensive review. Respondents were provided with a range of statements, which they were asked to rate their agreement with.

The capacity assessment measured five areas:
- Awareness (of laws and procedures)
- Human Resources
- Infrastructure
- Technical know-how
- Financial Resources

5.4.1 Awareness
Respondents were provided with statements on their awareness of birth and registration laws; birth registration procedures; awareness of their clients and availability of up-to-date information.

Key professionals like Keslyn Abrams; the new GRO clerk at Kamarang (Region 7) participated in the assessment.

The number of respondents who strongly agreed and on the other side of the spectrum, who agreed are comparable. In total, the majority 25% of respondents felt that they did not have high enough levels of awareness. However 25% of them felt that they did. Regions 1 and 7, the hinterland communities felt the strongest that they did not have enough awareness.
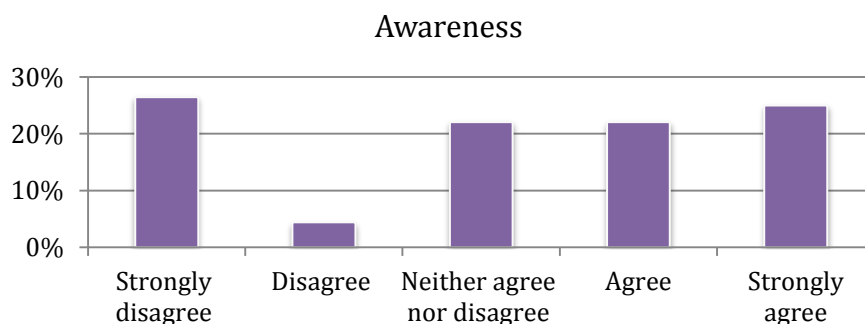
5.4.2 Human Resources
When respondents were read statements on whether they - have enough personnel to support the registration process, have enough time to register children, are motivated in their jobs and have adequate training the majority of respondents 29% responded positively, but 21% felt that they did not have adequate. In Regions 1 and 7 (hinterland) it was felt that the human resource capacity was not sufficient.

Human Resources
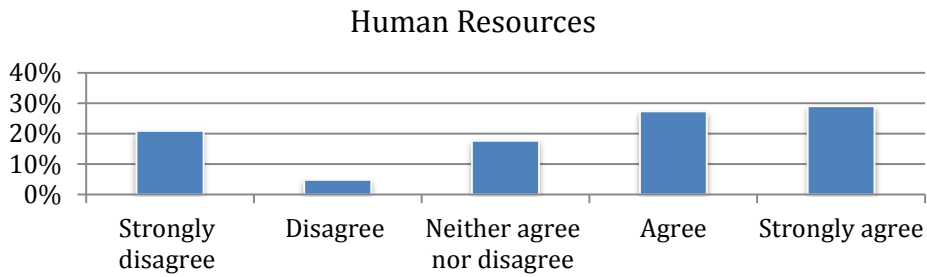
The chart below captures the response to the question of training specifically. The majority felt they had sufficient training (40%) but 33% felt that they did not have.
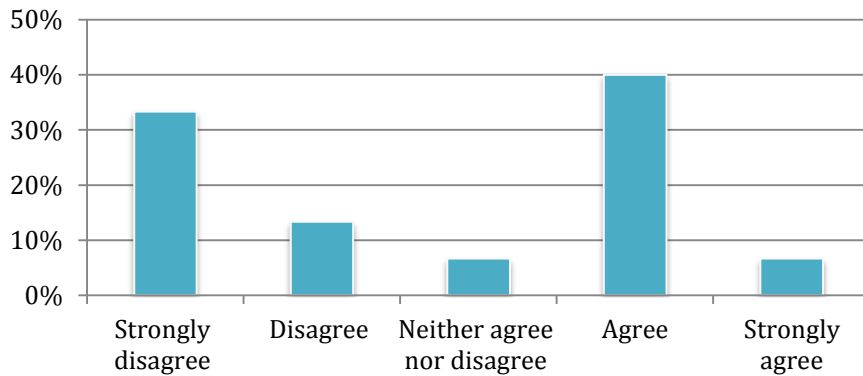
5.4.3 Infrastructure

When respondents were asked questions about whether they had the necessary equipment (photocopiers, computers etc) to do their jobs – the response across the region was consistent: no. Almost half of the respondents (49%) said strongly disagreed with the statement that they had enough equipment, office space and a strong network with other agencies.

These percentages were highest among the hinterland regions: Region 1, 89%; Region 7, 58%; Region 10 – 45% and Region 2, 22%.

Infrastructure
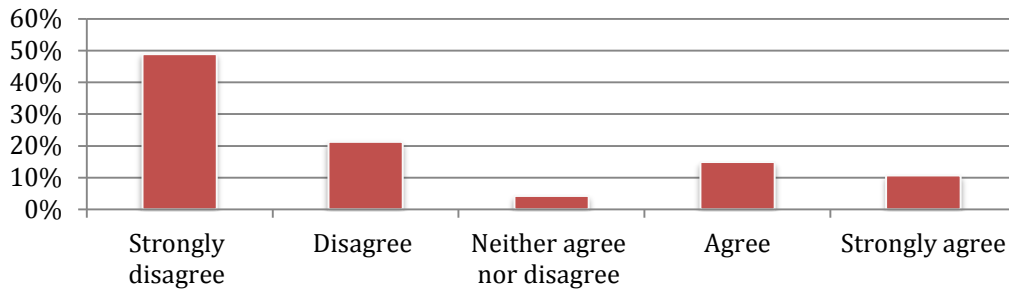
5.4.4 Technical know-how

Respondents were read statements on having access to technical expertise for complicated cases; those perhaps requiring legal advice or guidance from a senior member of staff at head office. The majority (29%) agreed that they had enough support from their superiors and could access technical expertise as needed. However, 26% of respondents felt that they did not have enough capacity and support in this area and this was highest in the hinterland regions.

Technical know-how
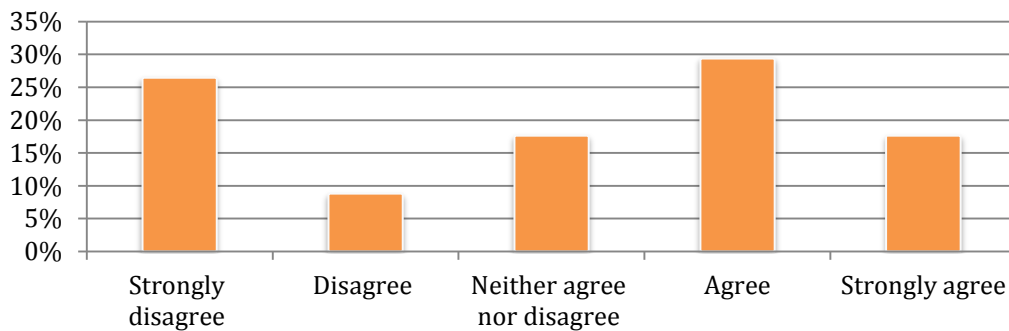
5.4.5 Financial Resources

Respondents were asked questions about whether they had enough financial resources to support their work. The majority, 38 per cent felt that they did not. This response was highest in Region 7 (60%).

Funding

5.5 Analysis

This section seeks to analyze and present some of the key findings of the field research. The section also summarizes the key challenges identified during the field research based on interviews with key informants, parents, guardians, and through the focus group discussions that were held in some of the communities.

5.5.1 Poverty and Distance

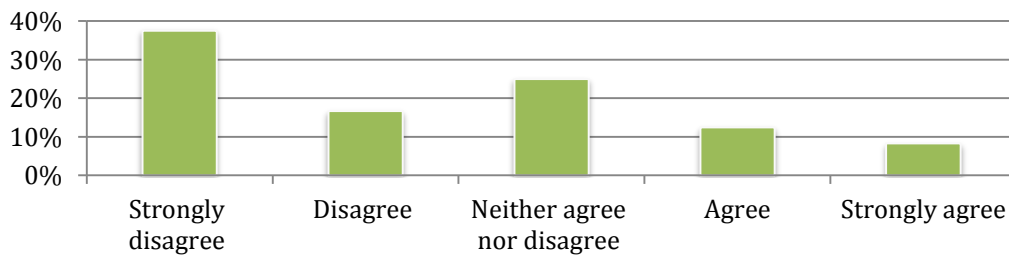As mentioned in the section above, the study did not find a positive correlation between poverty and birth registration rates. Low-income families, those earning less than $30,000 a month per family, had high registration. Several predominantly low-income communities such as Red Village (Region 2) and remote communities such as Rockstone (Region 10) recorded high rates of registered births and this is often attributed to the high value placed on birth certificates and the presence of a dynamic centre.

Anecdotal evidence suggests, that when poverty becomes a factor was when it was combined with other variables such as distance, lack of awareness or lack of or poor quality birth registration centers. If people are unaware of the procedure or perceive it to be arduous or costly then they would be less likely to travel.

Table 6 showing costs related to travel by Community and Region

Region	Village	Classification	Average Distance (Miles)	Cost to Centre	Centre to Georgetown
1	White Water	Hinterland	8	$500	
	Hobodia	Hinterland	30	$1,000	$25,000
	Hosororo	Hinterland	3.5	$100	*One-way
2	Red Village	Rural	<1	$300	
	Charity New Housing Scheme	Urban	<1	$500	$1,800
	Hackney	Rural	32	$1,200	
7	Waramadong	Hinterland	25	$2,500	$37,000
	Kako	Hinterland	20	$2,000	*Return
	Warawatta/Kamarang	Hinterland	1	$300	
10	Victory Valley	Urban	<1	$100	
	Rockstone	Hinterland	20	$5,000	$600-$900
	Mabura	Hinterland	87	$2,500 *Free with company bus	

5.5.2 Data Flow & Storage

One key challenge in the current system is the inability to track the status of an application. Once the registration form is submitted by the Rights Holder to a registration official they have no way of knowing where there registration is

and at what stage. GPO has a number that it allocated to each transaction including births but there is little evidence to suggest that this system is used for tracking. In addition, very often the registration official, particularly in hinterland and remote areas, is equally unaware. This leads to multiple applications, frustration and a reduced belief in the system.

Distance and communications are significant factors when considering the flow of information and applications from the local (community, regional) level to the national (centre) level. This was mentioned by several persons involved in birth registration, for example one CHW stated, "after we register them, we have to go and ask which boat is going down to Kamarang". Because of the distance and the difficulties with transportation, critical data – including application forms and original documents, are transported in whatever means is available. This has led to the loss of application forms and original documentation.

5.5.3 Efficiency
The study shows that one of the key variables in determining birth registration rates is a birth registration *system* that works. The birth registration process must be streamlined across Regions and processes institutionalized. Unlike other key identification services in Guyana, such as passport issuance, there is no guaranteed timeline for the birth registration process from the time of application to return. Reports in the field varied from within a few weeks, to months and years. This is symptomatic of many factors, which have been explored above, such as centralization of the system, manual nature of the system, costs; transportation and communication issues.

There is much to suggest that the current system should be streamlined and simplified to allow for reduced bureaucracy, loss of records and duplication of effort. Errors on birth certificates in particular, and incomplete certificates (without GRO stamp etc) to a lesser extent were found to be high in some regions.

The measurement of the systems efficiency should be the actual time it takes to receive a birth certificate, the quality of the service provided to the client and the accuracy of the birth certificate received (with stamp, correct spelling etc).

"GPO is a whole day and when you go to Georgetown is hotel and some time you don't get through and have to spend two to four days behind your papers."

It is difficult to conclusively say which agency is considered to be the most efficient in the eyes of the public. Opinions were mixed and varied across regions, persons cited the GRO head office as being the most efficient if they could get there directly, and others did not. Some officials mentioned their local Member of Parliament as a means to ensure a quick turn around other said they preferred to go via the Toshao or directly to GPO.

GRO and MoAA have both relied on birth registration drives or 'campaigns' to

deal with the backlog, however campaigns are usually *ad hoc* and unsustainable practices. The emphasis should be on greater efficiency within the system.

Researchers encountered babies from a few months to older children in their teens who had applied but never received their birth certificates even though they had applied. There is an increased likelihood of loss or damage as the data moves up the ladder from the community to regional center to government ministry and on to GRO.

5.5.4 Capacity Development and Technical Support
GRO has invested in training of registrars there is evidence to suggest that continuous training and mentoring of staff is needed. In some instances where a case was considered to be technical, for example when persons came from another region and their children had no birth certificates or where persons came from Venezuela and could not register their children there because they were not there illegally; CDOs and CHWs in some regions were unclear on what the procedure was. Some registrars also did not have access to a free JP or legal aid and had to require persons to pay for the service.

5.5.6 Monitoring
There is insufficient data being used to determine and guide actions – data that is channeled up to GRO is not necessarily channeled down to regional and community level institutions to identify gaps or lags in the system. Data and information generated through the system should be used to monitor and report on the situation of children in the region and country.

5.5.7 Proof of Birth
Proof of birth is a requirement for both mothers and children who are to be registered. In some instances children are deprived of a birth certificate because the mother of the child has no proof of identity. Children also, especially late registrants, still find it difficult in some instances to prove their date of birth. In these instances the availability of advice and support services is key to determining if the child will be registered or not.

5.5.8 Centralization
The birth registration process is highly centralized, if a parent fails to register their child within the fourteen day time span allowed they have to register the child in one of the main centers (Georgetown, Anna Regina, New Amsterdam). Many persons consider Georgetown to be the main destination if there is a problem. These factors all potentially present a significant barrier to the registration process.

5.5.9 Linkages and Networking
Because of the multiple number of actors currently involved in the birth registration process it is important that linkages and communication channels be open across agencies. This will support efficiency and reduce the duplication of effort. At both the national and regional levels it was found examples of poor communication, coordination and inter-agency cooperation. Often, in instances where this did not occur it was the result of good inter-

personal relationships or proximity, one official working close to another. At one regional focus group meeting of officials one official expressed surprise that there was a registrar in a central hospital. Several persons stated that communication and engagement among agencies was important but that there were few opportunities or forums to allow for this to occur.

There are two critical points of access in a young child's life – the first and preferred point, is when a child in born. During the first year of life the child will most likely come in contact with a nurse, mid-wife or registrar but if this fails the next point of contact will most likely be when the child enters the school system for the first time.

The research found that of all the agencies the Ministry of Education played the least direct role in supporting birth registration. The current role is to inform the parents of the importance of registration and not deny access to children when they enroll in school, which allows them **provisional registration** since the Ministry of Education does not deny children the right to access an education if they do not have a birth certificate. The children are then required to get registered as soon as possible and at the latest when they sit their final exams.

However, one important office that the Ministry of Education has introduced is the **School Welfare Department,** which is staffed by School Welfare Officers. The Welfare Officers are generally responsible for the welfare of children within the school system. They are not found in every region but during the research welfare officers were engaged in Regions 2 and 10.

The research found that both regions had officers who were dedicated and committed to the welfare of children in the schools. In Region 10 the staff worked closely with the Child Protection Officer to deal with various cases. The staff in Region 10 was aware of birth registration issues among children, which they said stemmed mainly from within the riverain areas. However the Welfare Officer in Region 2 played a much more active role in the birth registration of children deliberately monitoring birth registration of children within schools. Both regions described non-birth registration among children to be of a limited number, not a large problem.

The School Welfare Officers in Region 2 monitor the 75 schools (29 nursery, 38 primary and 8 secondary) in the region. The officers visit the school regularly, parents are aware of her visits and meet her on site. One SWO, Menawattie says she checks the registers and monitors which children do not have birth certificates or those that are frequently absent. She asks people in the community to call them if they find a child is not in school and she also visits the homes of children who are not in the school system. The SWOs also visit schools as part of a team at least once a month, which includes the Regional Education Officer, Regional Literacy Coordinator, Nursery, Primary and Secondary Education Officers and the Welfare Officer. According to one committed School Welfare Officer, Ms Menawattie, "if we visit a school and a child does not have one [birth certificate] we make it a priority". Menawattie walks with the forms and is fully aware of the registration process. She completes the registration form, has the school staff provide an affidavit and send the completed documentation to the local MP.

Menawattie believes that the Child Development Index (CDI) card is a key way to monitor birth registration and a copy of the birth certificate should be attached to the card to easily identify a child that does not have one.

6. Recommendations & Strategies for Universal Birth Registration

The ability of Guyana to achieve universal registration rates will depend on a number of factors including a comprehensive legal framework, forward planning, innovative solutions that integrate technology; strong and efficient systems for delivering high levels of service to clients and high levels of commitment and coordination among key agencies. However, if achieved Guyana would become one of the first countries in the English speaking Caribbean to achieve universal birth registration, a milestone that will have a lasting impact on the quality of life of children and ensure an identity for every Guyanese child.

This section was developed to deliver one of the key outputs of the study as stated in the TOR, that is, to provide UNICEF-RCC with "Recommendations and strategies to achieve universal birth registration in the short to medium and long term for Guyana as a whole, and within population groups with lower than the average national level/proportion of birth registration". The section therefore contains two components: recommendations and a Birth Registration Strategy and Action Framework. The Framework should not be viewed as comprehensive but rather to provide some guidelines on how UNICEF-RCC can better support the birth registration process.

Below are the key suggested recommendations made, these are presented in two sections: policy and practice (the actioning of policy).

6.1 POLICY:

1. Guyana's Constitution and key legislation should expressly state the inalienable rights of all Guyanese children to a name, identity and nationality in line with the provisions of the **Convention on the Rights of the Child** to which Guyana is a signatory.

2. Despite several amendments, the **Registration of Births and Deaths Act** is outdated (1973, Amended 1976, 1980, 1982, 1985, 1990) and should be repealed and redrafted to reflect key developments in Guyanese law related to children, as well as international best practices. The RBDA should be consistent with new legislation such as the Adoption Act (2009) and should reflect the roles of other key Ministries such as at Ministry of Health and the Ministry of Amerindian Affairs. In addition several mothers indicated the difficulty in affixing their surname (in addition to the father of their children) on birth certificates. The Act will therefore need to be reconciled with the content of Guyana's Marriage Act and vice versa.
   - Primary among these, birth registration should be free and the law should require that all children be given a name at birth.
   - In instances where parents fail to register children (for example

those who are abandoned or live in institutions) it should be the role of the State to ensure registration for the child. This is also consistent with the CRC.

- o Though the original RBDA allowed for differences in time required to register children in Guyana there is currently a 14 day time period irrespective of where one lives therefore some additional time should be permitted for birth registration for communities that are difficult to access and remote areas[21].

3. Free legal and Justice of Peace services should be available to registrars in the region to deal with children's cases that are complex, require the use of legal services or as a provision for late registration and the preparation of affidavits. This will reduce transaction costs especially for poor families.

4. National goals, actions and programs required for universal birth registration should be supported by and reflected in key policy documents especially in those of key services such as health and education.

6.2 PRACTICE:

1. Greater effort should be made to understand the information needs of key groups (single mothers, regional officials, registrars, persons living in remote areas etc) and to provide relevant information that support increased awareness, monitoring at all levels (community regional, national) and the development of data driven programs and policies.

2. Priority should be given to the development of a national plan for civil registration (births, deaths and marriages) and this should include a plan for targeting children living in remote areas and ensuring they obtain a high level of service. It is necessary that there is some critical reflection on the current system and an understanding of the importance of modernizing and upgrading birth registration procedures in Guyana.

- o Part of this planning process should also include a review and understanding of international laws and practices in countries where Guyanese frequent. For example Guyanese children have had difficulty producing 'proof of birth' in some countries because of the illegal status of their parents.
- o Transient and migrant populations should also be considered since this is increasingly common in Guyana and in keeping with CARICOM's migration initiatives.

3. GRO should consider having a priority desk for dealing with the registration of children (as opposed to adult applications), including children living in remote areas and children living in institutions, in legal processes to ensure that children's needs are addressed and to support data collection and monitoring of service offered to these service users. This was a recommendation made in several of the focus groups and key informant interviews.

4. The current implementation structure is unsustainable and fraught with

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[21] The original BDRA did allow for registration within 3-6 months (the latter for Second Schedule areas) but this is no longer does so and permits 14 consecutive working days.

multiple layers, actors and therefore, there is potential for duplication, bureaucracy and reduced efficiency. Streamlining the system should be prioritized and there should be clear roles and responsibilities for all actors, however responsibility for registration of children should be placed with the Ministry of Health and for older children and adults with MoHA/GRO. MoHA has made great strides in the efficiency of other services, notably the issuance of a passport which currently takes one week and these systems and procedures should be extended to birth registration.

- o Decentralization should be considered as a possible mechanism for improving efficiency in the process, this is especially the case if it results in birth certificates being awarded at the regional level.
- o Greater coordination is required between all agencies at the national and regional levels who are involved in the birth registration process.
- o Civil society organizations and in particular those whose mandate is on children and women can also contribute to ensuring universal birth registration.

- When a child is born and during infancy and childhood when the child/parent interacts with health institutions and personnel or accesses health services

Birth

- When a child enters school (kindergarten and nursery school), engages the law or is adopted also present critical opportunities to identify and support birth registration.

Childhood

- The child who is hardest to engage is the child that falls outside of the system; may not go to school or may be a shut in. This heigtens the importance of specialized agencies like Child Protection and police staff to safeguard their rights.

Neglect

5. Greater use should be made to improve strategic points of access in a child's life for birth registration, such as birth and upon enrolment for school as well as during health campaigns. This provides an opportunity for many actors including government, non-governmental and UN to get involved in targeting children and facilitating birth registration.

6. UNICEF's and RCC's efforts to support birth registration should follow on from the establishment of a strategic plan (as opposed to ad hoc activities), in support of which key programs and activities may be supported. Greater emphasis should be placed on empowering key agencies health, education and GRO to implement activities rather than

implementing them as agencies (e.g. developing communications tools on birth registration). Advocacy, technical expertise, monitoring and research are some of the key areas where UNICEF-RCC can make strong contributions. UNICEF's work with youth and communications presents an opportunity to raise the profile of the rights of children to an identity.

Universal Birth Registration Strategy and Action Framework (Guyana) UNICEF-RCC		
SHORT-TERM	**MEDIUM-TERM**	**LONG-TERM**
Objective: *To raise awareness on the importance of universal birth registration in Guyana and the region*	**Objective:** *Comprehensively review and develop national strategic plan for civil registration, including key programs and reforms.*	**Objective:** *Implement structural reforms; support capacity development and the implementation of the strategic plan.*
Key strategies: Use final report (An Identity for Every Guyanese Child) as a means of placing birth registration on the priority agenda of new government. Build on existing pledges and government commitments to birth registration for children both regionally and internationally (MDGs).	**Key strategies:** Strategically support key interventions that will potentially have a larger, long-term impact such as strategic planning and policy reform. Integrate birth registration into other key processes and reforms to ensure buy-in and support among key actors.	**Key strategies:** Leverage UNICEF-RCC support with interventions of other key agencies to ensure maximum return on investment in universal birth registration.
Key actors: ▪ Ministry of Home Affairs - *Guyana Registration Office* ▪ Ministry of Health ▪ Ministry of Human Services ▪ Ministry of Amerindian Affairs ▪ Ministry of Foreign Affairs ▪ UNICEF ▪ RCC ▪ CARICOM	**Key actors:** ▪ Government Agencies ▪ NGO agencies ▪ Rights Holders ▪ Private Sector ▪ UN agencies ▪ Donors	**Key Actors:** ▪ Government Agencies ▪ NGO agencies ▪ Private Sector ▪ UN agencies ▪ Donors

Universal Birth Registration Strategy and Action Framework (Guyana) UNICEF-RCC		
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- PAHO - NGOs engaged in children's issues		
Key tasks: - Final report dissemination as well as other key publications such as UNICEF's - Place universal birth registration on the policy agenda and market potential of Guyana as a model Caribbean state for universal birth registration - Raise awareness on birth registration targets within the region as stated in CARICOM's Regional Framework for Action for Children - Dialogue sessions with Ministry of Home Affairs or universal birth registration	**Key tasks:** - GoG issues declaration to achieve universal birth registration for children - MoHA supported to develop a consultative and participatory process for strategic plan development which includes the engagement of Rights Holders - MoHA supported to develop National Civil Registration Strategic Plan - Key ministries supported to integrate key tasks in their programs and plans - GRO and MoH provide baseline data for establishment of monitoring framework - New birth registration process developed and disseminated	**Key tasks:** - Support drafting of new Birth and Deaths Registration Act - Investment in infrastructural and human resource capacities of key agencies - Support key programs and investments in the national strategic plan. - Support monitoring and the integration of indicators in other sectors

Universal Birth Registration Strategy and Action Framework (Guyana) UNICEF-RCC		
SHORT-TERM	**MEDIUM-TERM**	**LONG-TERM**
Objective: *To raise awareness on the importance of universal birth registration in Guyana and the region*	**Objective:** *Comprehensively review and develop national strategic plan for civil registration, including key programs and reforms.*	**Objective:** *Implement structural reforms; support capacity development and the implementation of the strategic plan.*
- Acquire GoG commitment to review birth registration process and to proposed recommendations - Inter-UNICEF and UN discussion on how universal birth registration can be integrated across sectors - Involve key NGOs on children's Right to an Identity - Integrate and budget for key activities in new RCC strategic plan	- Initiate process for legal review and amendment - Support the development of capacity development tools (training manuals, training courses etc.) and communications and awareness tools - Technical assistance provided to ministries as needed - Identify opportunities for private-public partnerships to support potentially new software and equipment - Inter-agency cooperation to integrate vital statistics data collection across the country	

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