

Birth registration in Angola

Formative research



Nell Gray and Juliet Bedford

February 2016

Anthrologica

Acknowledgements

We extend sincere gratitude to the stakeholders who participated in this research for sharing their experiences and insights, and for giving their time so willingly.

We would like to thank the **Government of Angola** for their support of this research, particularly Dr. Claudino Filipe and his team at the Ministry of Justice, and representatives from the provincial and municipal Administrations who facilitated and supported the fieldwork.

Thanks also to **UNICEF Angola** for their on-going engagement with the research:

Clara Marcela Barona	Paulo Helio Mendes
Tatjana Colin	Manuel Francisco
Lidia Borba	Amelia Russo de Sa
Niko Manos Wieland	Christopher Ngwerume
Vincent van Halsema	Hammad Masood
Neusa de Sousa	Mario Manuel
Teófilo Kaingona	Vinicius Carvalho

And to **UNICEF ESARO** colleagues, Patricia Portela Souza, Milen Kidane and Mandi Chikombero, and to Debra Jackson at **UNICEF Head Quarters** in New York.

Anthrologica would like to thank our two partner organisations, **JMJ Angola** and the **Scenarium Group**.

JMJ Angola was a valuable collaborative partner at every stage of the project, and particular thanks are extended to the following colleagues for their positive inputs:

João Neves	Manuel Francisco
Margaret Brown	Mateus Correia da Silva
Idaci Ferreira	Rui Pascoal Figueiredo Junior Romeu
Ernesto Isidro	Amelia Tome
Simba Nevanda José	Martins Bota
Cristina Oliveira	Sabrita Velasco
Helga Sofia Borges da Silveira	Galdino Capembe
Amilton Neto	Jose de Lima Manuel
Pedro Teixeira	Murielle Mignot
Willy Piassa	Pedro Paposseco

From the **Scenarium Group**, we would like to thank Michael Thiede for supporting the management and analysis of quantitative data.

From **Anthrologica**, we would like to acknowledge the contributions of our colleagues:

Ginger Johnson	Alejandro Reig
Julianne Weis	Beth Vale
Katie Moore	Sylvia IIm
Yara Alonso Menendez	Lars Larsson (from Pronto Publishing Services)
Gefra Fulane	

Particular thanks are extended to Yara Alonso Menendez (Anthrologica) for translating the report from English into Portuguese and to Fernando Pacheco (JMJ Angola) for finalising the translation.

The front cover art and all graphics included in the report were produced by the children and adolescent participants during the workshops held as part of the research.

Executive summary

Background and objectives

Birth registration is the continuous, permanent and universal recording of the occurrence and characteristics of birth within national civil registries. As outlined in the Convention on the Rights of the Child that was signed and ratified by Angola in 1990, a name and a nationality at birth is every child's right. After four decades of conflict in Angola, however, birth registration rates remain low. In order to address this, registration services were expanded into municipal and communal administrations in 2007, and free birth registration was guaranteed for children under-five years of age.

In 2013, in recognition of the high number of unregistered adults and children over five, free registration was extended to all Angolan citizens until 2016. This was the basis for the Government's *Programa de Massificação do Registo de Nascimento e Atribuição do Bilhete de Identidade* (Programme for Universal Birth Registration and Identity Cards Assignment) that included a range of measures aimed at increasing the registration rate. In support of these efforts, the Angolan Ministry of Justice, with technical support from UNICEF are implementing the 'Birth Registry and Justice for the Children' programme. This aims to serve and protect the rights of children in birth registry and access to justice through the modernisation of the birth registration systems and related administrative procedures. The programme is based on three main streams of activity: strengthening the legal and policy context of birth registration in the Angolan Civil Registration and Vital Statistics; increasing technical-professional skills and material resources for local entities to plan, manage and monitor birth registration services in target province; and improving knowledge about correct birth registration procedures in target provinces.

UNICEF's core role lies in designing and implementing appropriate communication for development (C4D) strategies to increase caregiver and community demand for and utilisation of registration services. The aim is to emphasise enabling factors, incorporating new perspectives that take into consideration individual behaviours, perceptions and social norms, and involve families and communities in the design and implementation of the programmes.

Formative research was conducted to provide an evidence base to guide the design and elaboration of the C4D plan. The research had four core objectives: to analyse perceptions, knowledge, attitudes and practices in relation to birth registration (of parents and caregivers, children and adolescents (12 to 18 years old), key community figures with influence and registration and health staff involved in the provision of services related to registration); to analyse the dominant barriers and key drivers associated with birth registration; to identify the type and quality of messaging and existing gaps in information communication at different levels; and to determine preferences for modes of communication and media channels.

This research provides important new empirical data that contributes to our understanding of knowledge, attitudes and practices about birth registration in Angola, and related barriers and enabling factors. The report is structured to be of operational use to UNICEF and its partners at local, national and international levels. It outlines the methodology used in the study, presents a situational analysis of birth registration in Angola, and of the study sites and participants, and details the observations made at birth registration posts. The four subsequent chapters focus on: knowledge, attitudes and practices related to registration; barriers to birth registration; enablers leading to birth registration and solutions to barriers identified; and communication and collaboration. The final chapter presents the study's conclusions and recommendations.

Methodology

Permission to conduct the research was granted by the Angolan Ministry of Justice and all the relevant Provincial Delegations of Justice. The 'Birth Registration and Justice for Children in Angola' project has national coverage, but six priority provinces were selected for inclusion in the research due to their low registration rates: Uíge, Luanda, Moxico, Huíla, Bié, Kwanza Sul and Malange. The study comprised two

related components: a quantitative KAP survey (of registration and health staff) and observational data; and qualitative data collection using open, inductive and participatory methods (in-depth interviews, focus group discussions, and workshops with children and adolescent). Key interlocutors included central-level stakeholders; demand-side stakeholders (parents and caregivers, community leaders, traditional birth attendants, children and adolescents); and supply-side stakeholders (registration staff, health staff, education staff). Purposive sampling was used in each site and across the project. Saturation of findings was achieved. The study comprised a total of 456 activities involving 1,470 participants: 84 FGDs (934 participants); 115 in-depth interviews (115 participants); 20 child and adolescent workshops (213 participants); 208 KAP questionnaires (208 participants); and observations at 29 registration posts.

All qualitative data was fully transcribed and 53% of the material was translated into English. Full analysis of the qualitative data was conducted in three phases. In the first phase the English transcripts were analysed using thematic analysis. Salient concepts were coded by hand and labelled each time they occurred. The emerging trends were critically analysed according to the research objectives. Based on this, a matrix of dominant themes was developed and used for the second phase, deductive analysis of the remaining Portuguese transcripts. In the third phase analysis, the complete qualitative data set (incorporating all material in both English and Portuguese) was reviewed and data triangulated in order to maximise validity. The quantitative data (from the KAP survey and observational checklists) were cleaned, coded and then analysed using Stata software. The quantitative analysis was largely descriptive, using bivariate analyses and cross-tabulations to provide key insights. The results focused on supply-side knowledge and practices, and capacity-building needs and preferences, and was disaggregated by type of respondent. The observational data documented the infrastructure and service provision at selected facilities including computerisation, data management and storage; human resources; client organisation; process and efficiency; and communication materials.

Knowledge, attitudes and practices regarding birth registration

In analysing the key themes emerging in both the qualitative and quantitative data, a high level of corroboration between participant groups was noted. Previous studies have suggested 'lack of knowledge' to be a key factor leading to low birth registration rates in Angola, highlighting that much of the population perceived it to be an unimportant 'legal formality'. In contrast, however, this formative research revealed an almost universal knowledge of birth registration and its value, reported by both service user and service provider participant groups across all study sites. Many respondents, both service users and providers, spoke about a significant change in attitude over time, suggesting that communities now have more knowledge about birth registration and regard it with greater value. Several respondents observed that whilst there was not a 'culture of registration' in the past, this was now perceived to be growing.

As infrastructure and systems were being rebuilt, people were increasingly able to focus on issues such as registration that lost relevance and were not a priority during the war. In parallel, the practical necessity of registration increased as more services and opportunities required an identity document: to attend school, open a bank account, secure a job, and travel etc. Many commented on the importance of registration so that individuals could be 'counted' by the government and 'known' by society. One of the strongest and most consistent drivers of registration articulated by service users and triangulated with data from service providers, was the need to be registered in order to enter school. All participant groups explained the importance of registration in terms of the impact of non-registration, and exclusion from education featured prominently.

When analysing knowledge (type and accuracy of information), it was clear that gaps in knowledge existed and were common amongst all service user groups across study sites. Incorrect or missing information was often related to specific details of the registration process and documents required, and was linked to recent changes in legislation and procedures. When cross referenced with the KAP data, it was clear that many health and registration staff also had similar misunderstandings and knowledge gaps to the community participants, suggesting a lack of clear communication about the specificities of registration at all levels and local variations in procedures. When cross referenced with the KAP data, it was clear that

many health and registration staff had similar misunderstandings and knowledge gaps to community participants, suggesting a lack of clear communication about the specificities of registration at all levels and local variations in procedures.

All participant groups suggested multiple sources of information regarding birth registration, including mass media (predominantly radio), traditional and religious authorities, and registration and education staff. All groups, particularly those outside urban centres, emphasised the central role of 'word-of-mouth', sharing information between family members and across communities. It was apparent from both the qualitative and quantitative data analysed, that traditional and religious authorities were the most prominent source of information (on registration and other issues) for the majority of participants. Collaboration between different community actors was regarded as a valuable method to pass information by all participant groups, and teachers were seen to play a particularly important role in raising awareness by encouraging registration for school attendance.

The majority of participants agreed that the ideal time to register a child was straight after birth, or at least within the first year of life, but acknowledged that in practice, delayed registration was normal and there was a sense that there was no real urgency as long as a child was registered before five years of age (when it becomes a necessity for them to start their education). Both mothers and fathers were involved in decision-making about their child's registration, and the extended family, primarily a child's grandparents were seen to influence parents.

Although participants highlighted recent improvements in registration, observing that more posts had been established, that there were more registration staff and that services were implemented for free, community leaders and caregivers expressed their frustration that non-registration was an on-going problem and that people continued to face significant obstacles in securing registration. Such frustrations were exacerbated by the perceived ease with which other initiatives such as electoral registration and the census were facilitated, and several community-level participants questioned why issues of registration were proving so hard to resolve.

Barriers to birth registration

In the analysis of barriers to birth registration, findings were clustered according to six key themes: historical and contextual barriers; financial barriers; access barriers; knowledge and information barriers; socio-cultural barriers; and registration service deterrents.

Historical and contextual barriers. A consistent backdrop to the barriers identified and the different ways in which they were manifest, was Angola's return to peace after almost forty years of conflict that ended in 2002. Although some registration was ongoing during the conflict, it had a profound effect on registration infrastructure and service implementation and resulted in a huge backlog of unregistered Angolans. Generations of families remain unregistered, as each subsequent generation was unable to register without the documents of their parents. This was a dominant barrier expressed by service user participants across the study: many wanted to register their children but were unable to because they were unregistered themselves and were unable to fulfill the financial or procedural requirements for adult registration.

Financial barriers. Although registration was, in principle, free for all Angolans, financial issues emerged as a prominent barrier raised by all service user participants groups across the study. Three key areas emerged: the lack of awareness of free registration for all; the high burden of indirect costs; and prevalence of 'facilitation costs' or bribes. The majority of community leaders, care givers and child and adolescent participants did not realise that, according to legislation, registration should be free for all ages. It was striking that according to the KAP data, 50% of health staff (and 10% of registration staff) were also unaware that registration was free for persons over five years of age. Many service users discussed the charges associated with registering older children and adults, and the difficulties associated with registration of orphans and people who had lost their documents. Child and adolescent participants explained that the higher fees associated with older children led parents to alter their child's date of birth in order for them to fit into the cheaper payment bracket. Participants in all groups asserted that people were prevented from registering due to indirect and opportunity costs, including expenses associated with

transport, and food and accommodation costs for people attending registration posts that were distant from their homes. Paying bribes or '*gasosa*' was reported to be a common occurrence and discussed by all community-level participant groups, including children and adolescents in their workshops. Bribes were paid for a variety of reasons: in order to be attended to at a busy registration post; to register with less documentation than formally required; or to receive the registration document in a short timeframe. Whilst the costs related to registration were not significant for everybody, they were prohibitive for the high number of people living in poverty across Angola. For communities with little access to income and limited resources, registration was not always a priority in the face of competing demands, and this was recognised by both service users and providers.

Access barriers. As the majority of registration services were located in urban centres, distance and accessibility presented key challenges for much of the rural population. Issues of physical access emerged as a dominant theme across all groups in both the qualitative narratives and KAP data. Registration and health staff regarded access as the most significant reason for the low uptake of services. Roads were often in poor condition, and transport options limited and/or prohibitively expensive particularly in the rainy season, or for certain individuals such as the elderly or disabled. That access was of great concern for rural communities was recognised by urban-based participants and registration staff. Both service users and providers noted that difficulties in accessing services could also be a barrier in Luanda as people still had to navigate significant distances and incur considerable cost to attend a registration post. When issues of access were combined with indirect and opportunity costs and a lengthy or drawn-out registration process, the combined challenges often proved insurmountable.

Knowledge and information barriers. Although awareness about birth registration was high and, as discussed, the majority of respondents knew that it was free for children under five, a lack of clarity about the process involved in birth registration was evident in all participant groups and across all study sites. In some cases, misunderstandings were due to local procedural inconsistencies but in many instances, they resulted from limited communication and unclear messaging at the community level. Despite recent legislation making it possible to register a child in the presence of just one parent, the majority of service users were not aware of this provision, and community participants across the study clearly stated that both parents were required to be present. This represented a significant barrier as a parent was unlikely to attend alone. Critically, some registration staff did not know it was possible to register a child in the presence of only one parent, suggesting the new legislation had not been widely disseminated, understood or incorporated into daily practice. There was also confusion about registering children in maternity units. Many service users assumed that a mother needed to have given birth at that facility in order to be eligible for the service. It was also suggested by some participants (including service users and health staff themselves), that for registration at a maternity units, both parents had to be in attendance and this was also seen to be a barrier. Orphans were frequently cited as complex registration cases, and many community participants did not know how to register children in the absence of both parents. Some service users knew that the parents' death certificates were required for registration, but these were often perceived to be difficult to obtain, particularly if the parent(s) had died a long time previously. From a community perspective, gaps in knowledge made the registration process more complex and convoluted, and for some, actually deterred them from trying to register. Service providers also lacked key information. Although 93 % of registration staff in the KAP survey self-reported their level of knowledge to be 'good, very good or excellent', other survey questions highlighted gaps in knowledge and inconsistencies. For example, when asked 'what should be done if parents don't have civil registration documents', 40.3% responded that a child could not be registered. Only 17.5% responded correctly that the parents should first be registered and then the child.

Socio-cultural barriers. In comparison to other more structural barriers, socio-cultural factors were less frequently prioritised by participants when discussing their perceptions and reasons for non-registration. Two reoccurring issues were investigated, however: parenting and family structures; and naming practices. Changes in social dynamics and shifting family structures were discussed by all participant groups. Many grandparents acted as the primary caregivers to the children's children, and expressed concern about their ability to register a grandchild. Participants from all stakeholder groups also raised concerns about teenage pregnancy and the phenomena of '*fuga da paternidade*' ('escape from fatherhood') in which fathers did

not assume responsibility and children were referred to as 'orphans of living fathers'. The high rate of single mothers (raising their child without the father) was a theme particularly evident amongst female caregivers and child and adolescent workshop participants. Although the majority of service users confirmed that they did not know it was possible to leave the father's name blank on the registration document (and therefore for the mother to register alone), others discussed the sense of shame this would cause and thought that young women would be reluctant to follow such a course of action. The second socio-cultural theme that was investigated concerned naming practices. Previous studies cited the cultural practice of delaying the choice of a child's name as a significant barrier to registration, yet in this study, it was an issue that was rarely self-identified by demand-side participants as a challenge. Health and registration staff were more likely to cite it as a barrier to registration, suggesting that in some cases it had contributed to the suspension of registration services in maternity units.

Registration service deterrents. The primary barrier to registration, as discussed by all participant groups across the study, related to practical difficulties in registering given the structure and modus operandi of registration services. All groups perceived the current infrastructure to be inadequate, with too few, small and/or poorly resourced posts available. Although a number of service users noted an improvement in areas where *lojas de registo* had been established, most still highlighted that the services were insufficient to deal with the demand. The analysis of service deterrents highlighted three key themes: complex, inconsistent procedures and bureaucracy; lack of resources; and poor service provision and inter-personal communication.

Despite recent attempts to simplify the registration process through the introduction of new legislation, the procedures still proved to be complex and highly bureaucratic for the vast majority of service users, particularly for adult registration and 'unusual cases' such as registration for orphans or individuals who had lost their documentation. The situation was further compounded by local variations in which the registration process was observed to deviate from legal stipulations. Issues of 'name censorship' were also prevalent in many locations, and caregivers, TBAs and community leaders reported being told by registration staff that their child's chosen name was unacceptable or did not exist. Service providers also discussed the lengthy process involved in registration that often led to bottlenecks and delays to document issuance. Both service users and registration staff perceived that digitisation of registration had exacerbated procedural bureaucracy and caused further time delays. When conducting paper registrations, staff were able to move between different registration sites, but with the implementation of computerised systems, data entry could only occur at the central post. At many of the sites visited, staff explained that they conducted registrations in 'off mode', using paper forms and then entering the data into the computer system at a later date. Issues of computerisation were also raised by some service users in relation to the lack of transferability of documents between provinces. For many participants, particularly central stakeholders, such operational barriers arose from a lack of organisation and coordination and there was a generally held perception that the system needed to be simplified and standardised.

Both service providers and service users emphasised the lack of human and material resources at available at the registration posts, and suggested that this limited the number of sites where people could be registered, the number of people who could be registered per day per site, and could result in services being stopped altogether. It was common for news about shortages to travel quickly within the community, resulting in a registration post's negative reputation and discouraging people's attendance.

Some service users indicated that registration staff displayed negative attitudes towards their clients, and highlighted that this could serve as a deterrent for attendance. Many service users made a direct link between the treatment clients received and their social status, suggesting that people with higher standing, influence or personal contacts with registration post staff were likely to be given priority. Participants from all stakeholder groups acknowledged that vulnerable communities could find it difficult to access formal services such as registration for a range of reasons, in addition to their socio-economic status. Registration staff did not always speak local languages, and this was perceived to be a barrier to effective communication. The paperwork required was complicated for people who had limited literacy skills or were illiterate, and even the location of some registration centres were intimidating (for example, in a court house or administration building). Several service users with a lower socio-economic status spoke of

'*lacking courage*' to seek registration. In terms of the service provision, long queues at registration posts featured prominently in the narratives of service users. Many caregivers described spending the night outside the post or queuing from early in the morning to ensure they were there when it opened, yet they were not able to achieve their registration and had to return multiple times.

Enablers leading to birth registration and solutions to barriers identified

Having identified the barriers and deterrents preventing birth registration, participants were also asked to highlight key enablers and share ideas and possible solutions to overcome the challenges raised. They were encouraged to consider what, from their perspective, would lead to timely registration. All participant groups were adept in listing practical solutions to existing barriers and making suggestions to increase registration rates.

Contextual enablers and solutions. As several older stakeholders highlighted, registration was not a new phenomenon in Angola and it was recognised by both service providers and service users as an important action that both contributed to and benefited from national dynamics. A number of participants remained concerned about the political position of birth registration within Angola and suggested the need for increased advocacy to ensure the allocation of necessary resources, enhanced buy-in at different levels and to establish a more community-based approach. A key issue raised by participants in all groups across the study sites, was the need to resolve the bottleneck of unregistered adults. This would provide parents and caregivers with the required documentation to enable them to register their children.

Financial enablers and solutions. That registration is free was a major enabler and created higher demand for the service. Community participants in all study sites perceived it to be the main reason for the significant increase in people seeking registration in recent years. Many participants, both service providers and service users, also stressed that the deadline for free services (foreseen to end in 2016) should be extended. The need for on-going communication that registration was free was emphasised by many community participants. It was clear that many service users did not know the service was gratis and for others, the perception of cost remained a major deterrent. Removing the indirect costs associated with registration was emphasised by service users. For many, travel and transport to centralised services required a major financial outlay, and funds needed for additional documents (particularly in the case of adult registration) were prohibitive. When discussing bribes or '*gasosa*', most service users were resigned, and perceived '*facilitation costs*' to be part of the status quo. Some service users suggested that increased supervision to prevent service providers asking for and/or receiving financial incentive or additional remuneration was required. Others advocated that, in addition to clear messaging that registration was free, communities should be further empowered to expect and insist upon free services.

Access enablers and solutions. The primary suggestion from all participant groups revolved around the need to '*bring the service closer to the people*'. It was clear that demand for registration services existed and participants made a direct link between increased accessibility and increased utilisation of services. A variety of different mechanisms to enable improved access were discussed in detail and were strongly corroborated across stakeholder groups: decentralised services, specifically fixed posts in rural areas and mobile teams or *brigadas*; registration in other community locales including *maternity units*, health posts, churches and schools; and new large-scale campaigns.

Knowledge and information enablers and solutions. Although service providers frequently suggested that failure to attend registration posts was due to people's '*lack of knowledge*', this did not correlate strongly with the narratives of (potential) service users, many of whom knew about and valued birth registration. Whilst they more commonly attributed non-attendance to financial and access barriers and service deterrents, it was evident that information about the actual process involved in birth registration was still lacking. The need for more communication and clearer messaging at the community level was emphasised by participants in all groups. Respondents discussed the importance of focusing sensitisation and information-sharing on people perceived unlikely to register (specifically less educated, poor and rural populations) and on key messages (that registration was free; that single parents could register their children; that '*difficult cases*' such as orphans could be registered; and details on the process and the

documentation required). For many service users, improvements in knowledge and information were inherently linked to increasing the knowledge of registration staff, improving their interpersonal communication skills, and ensuring that the information shared with service users was standardised.

Socio-cultural enablers and solutions. The dominant socio-cultural enabler for birth registration was when registration was perceived as a social norm and had community support. Several respondents discussed how the tradition of registration was passed down from one generation to the next within the same family, and many participants in the child and adolescent workshops described the specific and important role that parents and family elders played in encouraging (and, at times, facilitating) registration. Participants from all stakeholder groups emphasised the important role of community leaders in supporting the registration process and ensuring community members sought registration. Traditional Birth Attendants could also play a significant role, following up new-born children and supporting their mothers to register them. In discussing specific socio-cultural issues, including teenage pregnancy and *'fuga da paternidad'*, participants made several key suggestions. Registration staff and service users who were aware of single parent registration (e.g. mother only registration) stressed that this option should be better communicated, and emphasised that mothers should be encouraged or motivated to do registration alone, even in the face of negative perceptions. The importance of family and community support in creating an enabling environment in which a woman felt able to register alone was seen to be crucial. Participants from all stakeholder groups also suggested tackling teenage pregnancy and *'fuga da paternidad'* in a more general sense, through advocacy and sensitisation within the broader landscape of gender issues and sexual education. In response to the challenges associated with delays in choosing a child's name, the recommendation from all participant groups was clear: sensitise the parents and families to choose a name during pregnancy. The majority of community level participants suggested that delayed naming practices were becoming less common and could be overcome in order to facilitate registration. In this sense, the perceived benefits of obtaining registration were seen to outweigh the traditional practice of naming.

Registration service enablers and solutions to service deterrents. Resolving registration deterrents was identified as key to improving registration rates. All participant groups agreed that *'If it was easier for someone to do the baby's registration, then they would'*. Streamlining the process of registration was seen to be critical. Service users routinely called for registration services to be more systematically organised. Reducing the administrative hurdles for adult registration was particularly emphasised by service users, in order to remove the significant barrier posed by non-registered parents being unable to register their children. They also stressed the need to facilitate the registration of 'unusual cases' and to communicate clearly about what was involved to register an orphan; for single parents to register; to overcome issues of name censorship, and to assist people originating from different provinces. Both service users and service providers suggested that if waiting times were cut, people may be more willing to overcome access barriers because both direct and indirect financial barriers would be reduced.

To increase the efficiency of services, many participants emphasised the need to improve resources to ensure the registration posts were adequately supplied, both in terms of human resources and materials. The need for a larger qualified staff was highlighted by many participants, both service users and providers. In the shift towards digitisation, participants from all groups also emphasised the need for computer equipment to be adequately supported, resourced and fully maintained, although some participants, particularly a number of central stakeholders, thought that managing such resources may be more of a challenge than a solution.

Both service providers and service users suggested that staff required more training and enhanced supervision. This finding was in line with the KAP survey in which 93% of participating staff affirmed that they wanted further training. The importance of improving customer service was clear and many service users suggested that staff should receive enhanced training on communication skills, as well as increased supervision. Participants from community groups highlighted that many of staff in more rural locations were not from that area and this led not only to a high turnover of staff, but the perception that staff were less connected to the communities they were due to serve. Many respondents, including registration staff, suggested that there should be an increased effort to recruit and build capacity locally, with staff being 'native' to the municipality in which they worked. One suggestion raised by several community-level participants was community-based monitoring of the registration services.

Communication and collaboration

Traditional and religious authorities. Both the qualitative and quantitative data revealed clear communication preferences amongst participants, with slight variation based on location and stakeholder group. All participant groups perceived the most effective communication channel to reach the majority of Angolans was through traditional and religious authorities, primarily through *sobas* (local chiefs) and church leaders. Both services providers and service users emphasised the role of the *soba* as influential and trusted source of information. The established structure that linked *sobas* to local administrations was well recognised, and ensured that an administrations had good access across its catchment area. Through their local networks, *sobas* were able to effectively convey information and messages even in more remote regions where mass communication mechanisms such as radio and television had less coverage. Registration staff also acknowledged that conveying information through the *sobas* was the most effective way to target their constituencies. The role of the church as a means for effective communication was also emphasised by all participant groups. The vast majority of the population attend church regularly and, like traditional authorities, the church was a trusted source of information and an important way to reach communities and spread messages rapidly.

Mass media and telecommunications. In the qualitative data, radio emerged as the most preferred method of media communication, and community-level participants confirmed they listened most to radio stations broadcasting in local languages. Although radio and television were mentioned by all participant groups, mass media tended to be the preferred mechanism for people with a higher economic status and those living in the provincial and municipal capitals. Comparatively few participants from any group mentioned mobile technology unprompted, and the majority expressed reservations about its impact and/or reach. Many people did not have mobile phones and/or did not know how to use them. Mobile network coverage was known to be limited outside the provincial and municipal capitals, and shortages in electricity made it difficult to maintain phone charge. Participants expressed concern about blanket messaging, and those in urban areas reported frequent instances of 'spam' messaging causing people to not pay attention to or trust mass SMS. In addition, several participants suggested that many people could not read SMS messages in Portuguese, and distributing information by mobile phone was seen to be a disadvantage for people who were illiterate. The internet was rarely mentioned by participants, with the exception of urban youth, some of whom suggested that, in the future, it would be useful to receive information 'through the internet'. Whilst internet usage is increasing across Angola, particularly due to smartphones becoming more common, it was acknowledged that the majority of the population do not yet have access to internet

Posters, leaflets and drama. Health and registration staff, rather than community members, suggested that posters and pamphlets were useful ways of conveying information. Whilst the majority of service users did not prioritise posters and leaflets as the primary channel through which to convey information about birth registration, it was emphasised that such materials were important tools to assist local-level actors in community sensitisation and would ensure the accuracy and consistency of messaging. Many service users proposed the use of theatre or dramatisations. By enacting scenarios the audience could relate to, focusing on challenges and presenting possible solutions, drama and participatory theatre were seen to be an effective way to communicate messages regarding registration

Cross sector collaboration. The need for collaboration across sectors and at different levels (national, provincial, municipal, commune) was emphasised by all participant groups. It was suggested that through collaboration there was potential to reduce barriers, improve access to services, supplement resources, and more effectively mobilise and sensitise the population. Collaboration was discussed in terms of inter-ministerial coordination, linkages between different sectors (primarily health, education and the church), and the role of civil society. Health services were regarded as an important entry point providing opportunities for both information sharing (for health staff to convey key messages to caregivers) and registration (in maternity units). Both service users and service providers regarded vaccination services, family planning consultations and antenatal check-ups as important contact points through which to share information about registration by both service users and staff. Participants also suggested that using existing community-based health networks such as *Agente de Desenvolvimento Comunitário e Sanitário*

(Community Health and Development Agents) was an effective way to raise awareness and convey key messages to communities.

Participants from all groups emphasised the importance of involving the education sector in registration. Many school directors and teachers discussed their role in encouraging and practically supporting parents to register their children, sometimes in collaboration with the local *soba*. Schools were also seen to play a role in exerting pressure on parents to register their children to permit attendance. In this way, teachers were seen to strong advocates for registration. Participants suggested that teachers were in a unique position to target unregistered children to facilitate access to education. Participants in the child and adolescent workshops emphasised the importance of teaching young people about the need and value of registration, and discussed their own role in conveying information to their families to influence and encourage registration practices. Some participants (both service users and service participants) suggested that as well as health posts, registration posts should be established in schools, particularly at the beginning of the school year to better facilitate the process. Decentralising registration services to other institutions was also discussed in relation to the church. The role of civil society organisations was also discussed by participants in terms of providing information, encouraging people to register, and providing practical assistance to collate the necessary documentation and attend registration posts.

Community engagement. The need to work with communities, for community members to be actively involved in the registration process was emphasised by all participant groups. It was felt that incorporating the views of communities (the intended beneficiaries of registration) could improve the provision of services by providing evidence about how services functioned on the ground and the challenges communities faced in accessing them. It was widely acknowledged that community organisations and community leaders were well placed to convey information through their networks, motivate and ‘give courage’ to people to register, and help facilitate access to registration services. In line with this, many service users also suggested that appropriate community members (community leaders, TBAs) should assume a more active role in registration, supplementing understaffed registration services and helping to decentralise services further into the community by establishing community-based registration. Many community participants discussed mechanisms that were already in place at the local level for the collection of data related to births. *Sobas* and TBAs regularly reported keeping lists of the newborn children in their community and sharing these with local health services, administrations and registration posts. In developing a more community-based approach to birth registration, participants suggested that such systems should be optimised. The role of communities in monitoring registration services was also discussed, and the need to make monitoring transparent and for there to be an effective information loop was raised by several respondents.

Effective messaging. In discussing the most effective communication channels and messaging, participants from all groups highlighted the need for a ‘combined effort’, using multiple mechanisms simultaneously to ensure optimum diffusion of key messages. Participants suggested many ways to improve messaging by making it more dynamic, and emphasised that lessons should be learnt from other successful campaigns. Service users expressed a clear preference for communication and messaging in local languages, as many people, particularly in rural areas, felt more comfortable communicating in local languages. When discussing ideas about content, the majority of participants emphasised that key messages should be related to the practical details of the registration process, most significantly what documents were required; how to register in specific situations (such as in the absence of one or both parents); and that registration was free of charge to all Angolans. Participants also suggested there should be a surge in messaging prior to the start of the school year as this would provide extra impetus for registration. In terms of motivating people to register, participants suggested that if the dominant access and financial barriers were reduced or removed, then motivational messages would not be needed as the majority of the population were perceived to accept registration and understand its value in terms of education, ensuring a good future, providing opportunities to the next generation, and contributing to the development of the country.

Conclusion and recommendations

This formative study was designed to provide an evidence base for the development of communication strategies in line with the implementation of the 'Birth Registry and Justice for the Children' programme. It is important to note, however, that C4D strategies should not be seen in isolation, but as a central pillar of programme and service delivery, at the interface between demand and supply.

A key finding of the study, expressed by all participant groups, was that the underutilisation of registration in Angola was primarily due to poor service infrastructure, rather than people's lack of knowledge or desire to register. It is essential, therefore, that the registration services are improved before a substantial community-based communication campaign is implemented.

The following recommendations are based on the empirical evidence generated through the research. In recognising the role of C4D across areas of intervention, they are framed by the socio-ecological model for behaviour change and are aligned to the three main streams of activity in the 'Birth Registry and Justice for Children' programme.

Advocacy

Key considerations for communicating with policy- and decision-makers through interpersonal channels to advocate for political leadership, commitment, and increased resourcing for birth registration. This is a critical component of creating an enabling environment for increasing the rate of birth registration.

- **Increase prioritisation and resource investment in birth registration.** If demand for registration increases through communication strategies, it is imperative that the structures and systems of birth registration be strengthened. Study participants clearly articulated their expectation in this regard, having seen the successes of other Government-led initiatives including the census, electoral registration and vaccination campaigns.
- **Decentralise services:** To ensure 'Registration of All', it is essential that access to registration services is equitable. Registration must be made available beyond urban centres and should 'meet the people'. Combining fixed posts at communal level with mobile registration teams would be the most effective approach, in addition to the development of a community-based registration system.
- **Simplify and standardise the registration process for service users:** The registration process should be standardised and streamlined for service users across Angola, ensuring a clear and simple dossier for adult registration; ready solutions for 'difficult cases' such as single parents, orphans, and those registering outside their province of origin; and the removal of or clear guidance regarding 'name censorship'.
- **Invest in organisation (over technology):** Many of the challenges raised by participants (both service users and service providers) were linked to weak organisation and the lack of interoperability between systems. The process of registration (including issuing documents, data management and supply chain oversight) should be reviewed and streamlined to improve efficiency.
- **Ensure continued gratuity of registration services and minimise associated cost:** In order to maintain an enabling environment for registration it is recommended that the deadline for free registration for all Angolans is extended beyond 2016. There should be a consolidated effort to remove or minimise other 'invisible costs' such as those linked to facilitation fees or for documents required for adult registration.
- **Computerisation:** It is clear that although the longer-term benefits of computerised registration services will be beneficial in terms of security and accessibility of registration data through a central database, digitisation is not a 'magic bullet' to improving registration services. In the study, the computerised system currently in place did not appear to significantly increase efficiency and in many cases was reported to add complexity to the process due to 'double registration' (i.e. paper registration

followed by computer registration). The computerised system suffered from an inadequate supply of electricity and materials and a lack of trained personnel. Future investments in IT must be strengthened to improve the interoperable infrastructure and be carefully resourced to mitigate local-level limitations.

- **Lobby for increased inter-sectoral collaboration and a community-based approach to registration.** (See below).
- **Link registration to broader initiatives.** Including increased resource allocation and capacity building at communal level, and communication initiatives

Behaviour Change (individual and social change)

Key considerations address the knowledge, attitudes and practices of specific target groups in relation to birth registration. The most relevant and audience-appropriate communication channels are identified.

- **Target gaps in knowledge identified.** Both service users and service providers lacked comprehensive knowledge about registration and registration services. Key areas to be purposively addressed through communication strategies include: confirmation that registration is free for everyone; details of the registration process and documents required (particularly for adults, orphans, single parents and people registering outside of the province in which they were born); confirmation that registration is possible in maternity units (including for babies born elsewhere); confirmation that parents do not require ID for registration; explanation about the roles of, and requirements for, different identity documents.
- **Ensure adequate supportive documents and communication material.** Communication materials should address key knowledge gaps and inconsistencies. Marketing and information tools should aim to increase the profile of registration and encourage utilisation of services. They should reflect current legislation (particularly highlighting free registration) and incorporate an infographic / edutainment approach using accessible images, designs and local languages. Supportive documentation for registration staff and other service providers involved in conveying information about registration should include clear and standardised reference checklists for registration, and a toolkit of job aids for educating potential beneficiaries.
- **Refresher training and supportive supervision for registration staff.** Registration staff requested refresher training focusing on current legislation and registration procedures, the management of 'difficult cases', and enhanced interpersonal communication skills (customer service techniques). Participants recommended it be formal training, supported by reference documents, and that on-going supportive supervision be implemented to sustain their daily practice.
- **Appropriate communication channels to target service users.** Orientate messages so that communication focuses on the positive and achievable. Stories of successful registration narrated by community members can be a powerful driver. Focus on 'word-of-mouth' communication messages to reach the maximum number of people. Mobilise existing structures and networks, predominantly traditional and religious authorities, NGOs and civil society organisations, and health and education staff. The role of TBAs, CHWs, and other community-based personnel should be emphasised. Consider creative strategies that could optimise the preference for community-level communication such as 'registration ambassadors' – parents who have achieved registration and are mandated to promote registration, and encourage and support unregistered community members to seek services. Radio should be used as the key channel for mass communication, specifically local stations using local languages. Use creative participatory methods such as theatre and community drama. Engage community members in two way dialogue activities, particularly in communal areas where people congregate as part of their daily routine. Although internet and mobile technologies are not widely accessible for the majority of the population and were not communication channels recommended by participants, it is important to monitor the development of this sector and emerging good practices in technology for development (T4D).

- **Messaging.** Messaging should emphasise that registration is a practical necessity for school and other opportunities, it should be linked to a child's future development and access to a better life. Messages should encourage people to register early, for example in maternity units. Expectant parents should be encouraged to prepare for registration: ensuring their own registration, choosing a name, managing time and resources. Messages should foster an enabling environment for registration and reinforce a 'culture of registration', stressing collective responsibility between individuals, households and communities. Specifically communication strategies should: encourage older people to register (whilst they may not perceive a tangible practical value it enables registration of subsequent generations); encourage both parents to be implicated in registration; encourage families to support single parents and other caregivers to register children in their care; encourage children to advocate for their own registration and that of their siblings and contemporaries; target families facing difficult decisions regarding prioritisation and resource allocation, by emphasising that short-term or immediate investment will have long term gain; capitalise on a sense of national identity (and when necessary counter any pre-existing political tensions around registration).

Social Mobilisation and collaboration

Key considerations for improved collaboration and coordination. Mobilising existing networks and inter-sectoral partners will strengthen and sustain awareness raising and demand for birth registration service.

- **Improve communication, collaboration and coordination within registration services.** There needs to be enhanced coordination between MINJUS and the administration at all levels in order to ensure challenges and problems can be quickly resolved.
- **Ensure inter-sectoral collaboration, specifically between education and health.** Inter-sectoral collaboration will support communication and sensitisation, and facilitate service provision. Registration at maternity units should be expanded. Registration services could be further aligned with routine health activities such as vaccination and ante-natal care. Registration services could be further aligned to schools, particularly through periodic 'back to school' campaigns. Light-touch systems for the referral, support and follow-up of community members who have been identified as unregistered by health or education staff should be established.
- **Co-opt other governmental, non-governmental and community based organisations.** Entities participating in the study expressed their willingness to collaborate with registration efforts. Mobilising their extensive networks would be a valuable way to convey information, advocate for and facilitate registration.
- **Establish participatory community engagement and active partnerships.** Collaboration with communities should be increased and should focus on fostering genuine partnerships with traditional and religious leadership, particularly to bridge the gap between communities and their local administrations. Initiatives should therefore incorporate feedback mechanisms that promote accountability and empower communities in terms of their rights to a consistent, transparent and free registration service.
- **Develop a model for community-based registration services.** Harnessing community networks is critical in bringing registration services closer to the population, in terms of physical access and using trusted mediators to advocate for and support registration at the local level. Records of births, often kept by *sobas* and TBAs, could complement registration processes, particularly if those individuals had a more active role to play in formal registration within the community.

Conservatoria



Contents

Acronyms	19
Glossary	21
Introduction	22
Aim and objectives of the research	23
Report structure and outputs.....	23
Methodology	25
Research team.....	25
Study sites	25
Participants and recruitment	26
Data collection.....	27
Data management, transcription and translation	30
Data Analysis	32
Methodological limitations	33
Situational analysis	36
Background and context in Angola.....	36
Telecommunications in Angola	36
Birth registration since the Angolan civil war.....	37
Current status of birth registration	37
Legislation and strategy	38
Organisational structure of registration services	39
Birth registration process.....	40
Overview of study sites	41
Sampling.....	43
Registration posts	47
Facilities, infrastructure and materials.....	47
Computerisation, data management and storage	49
Human resources	49
Client organisation	49
Process and efficiency	51
Communication materials	52
Registration in maternity units.....	52
Registration knowledge.....	54
Current information sources	55
Perceptions of the value of registration.....	57
Registration practices.....	60
Decision makers	61
Changing perceptions of registration services	61
Barriers to birth registration	66
Historical and contextual barriers	66
Financial barriers	67
Access barriers	71
Knowledge and information barriers	71
Socio-cultural barriers	73
Registration service deterrents	75
Enablers leading to birth registration and solutions to barriers identified	83
Contextual enablers and solutions	83
Financial enablers and solutions	84

Access enablers and solutions.....	85
Knowledge and information enablers and solutions.....	88
Socio-cultural enablers and solutions	89
Registration service enablers and solutions to service deterrents	92
Communication and collaboration	101
Traditional and religious authorities	101
Mass media	102
Mobile technology.....	102
Internet	103
Posters and leaflets	103
Theatre and drama	104
Cross-sector collaboration.....	104
Community engagement.....	107
Effective messaging.....	108
Conclusion and recommendations	113
Appendix 1 – Portfolio of research tools.....	121
Topic guide	121
Qualitative Research tools.....	122
In-depth interview framework – parent /caregiver	122
In-depth interview framework – community leader	124
In-depth interview framework – service provider.....	126
In-depth interview framework – central stakeholder	128
Focus group framework – parent /caregiver.....	130
Focus group framework – community leaders.....	132
Focus group framework – TBAs.....	134
Child and adolescent participatory workshop.....	136
Quantitative Research Tools	138
KAP survey with service providers	138
Registration centre observation/data collection checklist.....	144
Appendix 2 – Consent form	147
Appendix 3 – Quantitative data.....	148
Appendix 4 – Maps of field sites.....	159
Bibliography.....	161

Tables

Table 1: Pilot test sample size	28
Table 2: Summary of material translated from Portuguese to English	31
Table 3: Percentage of institutional births by province	36
Table 4: Percentage of the population's access to mass media and telecommunication by province	37
Table 5: Current and planned registration units, workers and mobile kits per province.....	39
Table 6: Document and processes required to complete birth registration	40
Table 7: Basic data on study sites.....	42
Table 8: Children under-five years old registered in the study's target provinces.....	43
Table 9: Overview of the study participants per data collection method	44
Table 10: Demographic information of participants	45
Table 11: Overview of registration posts visited	48
Table 12: Staff per registration post visited	50
Table 13: Knowledge, attitudes and practices identified by participant groups.....	63
Table 14: Barriers identified by participant groups.....	80
Table 15: Enablers identified by participant groups.....	96
Table 16: Summary of barriers identified and related enablers and solutions	98
Table 17: Communication and collaboration preferences identified by participant groups.....	110

Graphs

Graph 1: Observed mean quality of infrastructure by type of post (1: good, 2: adequate, 3: poor)	148
Graph 2. Observed mean quality of data management by type of post	149
Graph 3: Who is seeking services?	149
Graph 4: Human resources and number of registrations.....	150
Graph 5: Most common problems encountered during registration.....	150
Graph 6: Priority reasons for early birth registration	151
Graph 7: Perceived uptake of birth registration in area.....	151
Graph 6: Priority reasons for early birth registration	152
Graph 7: Perceived uptake of birth registration in area.....	152
Graph 8: Knowledge of free birth registration by staff category	153
Graph 9: Knowledge of free birth registration across different types of regions	153
Graph 10: Reasons for perceived low uptake of early birth registration provided by registration staff	154
Graph 11: Main perceived challenges linked to birth registration.....	154
Graph 12: Self-stated knowledge of registration process by staff category	155
Graph 13: What should be done if parents don't have civil registration documents?	155
Graph 14: Self-perceived training needs by type of staff.....	156
Graph 15: Area of capacity building needs.....	156
Graph 16: Perceptions on how birth registration rates could be improved	157
Graph 17: Capacity building preferences by location	157
Graph 18: Most effective potential sources of information.....	158
Graph 19: Main sources of birth registration information.....	158

Acronyms

ADECO	<i>Agente de Desenvolvimento Comunitário e Sanitário / Community Health and Development Agents</i>
ADRA	<i>Acção para o Desenvolvimento Rural e Ambiente / Action for Rural and Environmental Development</i>
APAI-CVRS	The Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics
C4D	Communication for Development
CAC	<i>Conselhos de Auscultação e Concertação Social / Municipal Level Consultative Councils</i>
CVRS	Civil Registration and Vital Statistics
DNRN	National Directorate of Registries and Notaries
ESARO	Eastern and Southern Africa Regional Office
EU	European Union
FGD	Focus Group Discussion
IBEP	<i>Inquérito Integrado sobre o Bem-Estar da População / Integrated Study on the Well-being of the Population</i>
ICT	Information and Communications Technologies
IDI	In-depth Interview
IEA	<i>Igreja Evangelica de Angola / Evangelical Church of Angola</i>
IECA	<i>Igreja Evangelica Congregacional em Angola / Evangelical Congregational Church in Angola</i>
IEBA	<i>Igreja Evangelica Baptista em Angola / Evangelical Baptist Church in Angola</i>
IERA	<i>Igreja Evangelica Reformada de Angola / Evangelical Reformed Church of Angola</i>
INAC	<i>Instituto Nacional da Criança / National Institute for Children)</i>
INE	<i>Instituto Nacional de Estatística / National Statistics Institute</i>
KAP	Knowledge Attitudes & Practices
KII	Key Informant Interview
MINARS	<i>Ministério da Assistência e Reinserção Social / Ministry of Social Assistance and Reintegration</i>
MINSA	<i>Ministério da Saúde / Ministry of Health</i>
MINFAMU	<i>Ministério da Família e Promoção da Mulher / Ministry of Family and Women Promotion</i>
MINJUS	<i>Ministério da Justiça e Direitos Humanos / Ministry of Justice and Human Rights</i>
MNCH	Maternal, Newborn and Child Health
MPDT	<i>Ministério do Planeamento e Desenvolvimento Territorial / Ministry of Planning and Territorial Development</i>
MPLA	<i>Movimento Popular de Libertação de Angola / People's Movement for the Liberation of Angola</i>
OMA	<i>Organização da Mulher Angolana / Organisation of Angolan Women</i>
PROMAICA	<i>Promoção da Mulher Angolana na Igreja Católica / Apostolic Movement for Promotion of Angola Women in the Catholic Church</i>

TBA	Traditional Birth Attendant (<i>parteiras tradicionais</i>)
SIAC	<i>Serviço Integrado de Atendimento ao Cidadão</i> / Integrated Services to Citizens
UNECA	United Nations Economic Commission for Africa
UNICEF	United Nations International Children's Emergency Fund
UNITA	<i>União Nacional para a Independência Total de Angola</i> / National Union for the Total Independence of Angola

Glossary

<i>Assento de Nascimento</i>	Pre-registration document completed by Registration Offices based on the information provided by parents and other required documents. Retained by Register Office
<i>Boletim de Nascimento</i>	Birth certificate (replacing the <i>cédula</i> as the document produced following registration in computerised registration posts)
<i>Brigadas</i>	Mobile registration team
<i>Brigadista</i>	A temporary registration technician with basic training.
<i>Cédula (Pessoal)</i>	The identity document produced as a result of birth registration (being phased out and replaced by the <i>Boletim de Nascimento</i> in computerised registration posts)
<i>Certidão Narrativa Completa de Nascimento</i>	A formal document given by the Register Office to confirm that a person was once registered at that office even if they no longer have the birth registration document.
<i>Colaborador(a)</i>	Collaborator, function as <i>Brigadista</i> above
<i>Comité de Bairro</i>	Neighbourhood Committee
<i>Comunas</i>	Third level administration unit in Angola, sub-divisions of municipalities
<i>Conservador</i>	Head of a Registration Office
<i>Conservatoria do Registo Civil</i>	Civil Registration Office
<i>Fuga da paternidade</i>	Escape from fatherhood
<i>Loja de Registo</i>	Literally translated as ‘registration shop’, new integrated and computerised civil registration posts
<i>Maternidade</i>	Maternity unit
<i>Parteira tradicional</i>	Traditional midwife or traditional birth attendant (TBA)
<i>Programa de Massificação do Registo de Nascimento e Atribuição do Bilhete de Identidade</i>	Programme for Universal Birth Registration and Identity Cards assignment, launched by the Angolan Ministry of Justice in 2013
<i>Regedoria</i>	Sub division of <i>Comunas</i> and usually headed by the Soba Grande (senior Traditional Chief)
<i>Sede</i>	Urban centre; provincial or municipal capital
<i>Servico Integrado de Atendimento ao Cidadão</i>	Integrated Services to Citizens
<i>Soba</i>	Traditional leader/chief

Introduction

'Birth registration is more than a right; it is the passport to child protection, development and participation, key pillars of the Convention on the Rights of the Child.'

Edina Kozma, UNICEF Angola Chief Child Protection¹

Birth registration is the continuous, permanent and universal recording of the occurrence and characteristics of birth within national civil registries. As outlined in the Convention on the Rights of the Child that was signed and ratified by Angola in 1990, a name and a nationality at birth is every child's right (UN Treaty Collection 2014).

After four decades of conflict in Angola, however, birth registration rates remain low. According to data from the *Inquérito Integrado sobre o Bem-Estar da População* (IBEP - Integrated Study on the Well-being of the Population) of 2008-2009, only 31% of children under five years of age had been registered, meaning that more than 2,484,000 children were unregistered (Government of Angola et al. 2011).

Barriers to registration are multidimensional, and according to previous studies challenges include: long distances to registration sites and protracted waiting times; opportunity costs and financial costs for registering children over five years; lack of awareness on the importance and procedures of birth registration amongst caregivers; lack of prepared documentation or correct information for registration (e.g. the child has not been named or the father is not present); lack of parental identification documents; unknown paternity; home births; and lack of trained birth registry professionals and materials (UNICEF Angola 2014). The poor and rural population, as well as vulnerable groups (including, for example, migrants, asylum seekers and refugees) are perceived to have the lowest registration rates.

In order to address the low rate of birth registration, registration services were expanded into municipal and communal administrations in 2007, and free birth registration was guaranteed for children under-five years of age (Council of Ministers 2007). In 2013, in recognition of the high number of unregistered adults and children over five, Presidential Decree 80/13 extended free registration to all Angolan citizens until 2016. This was the basis for the Government's *Programa de Massificação do Registo de Nascimento e Atribuição do Bilhete de Identidade* (Programme for Universal Birth Registration and Identity Cards Assignment) that includes a range of measures aimed at increasing registration rates (Government of Angola et al. 2014).

In support of these efforts, the Angolan Ministry of Justice, with technical support from UNICEF and financial assistance from the European Union, are implementing the 'Birth Registry and Justice for the Children' programme. This aims to serve and protect the rights of children in birth registry and access to justice through the modernisation of the birth registration systems and related administrative procedures. The programme is based on three main streams of activity:

- a) Strengthening the legal and policy context of birth registration in the Angolan Civil Registration and Vital Statistics (CVRS)
- b) Increasing technical-professional skills and material resources for local entities to plan, manage and monitor birth registration services in target provinces
- c) Improving knowledge about correct birth registration procedures in target provinces.

UNICEF's core role lies in designing and implementing appropriate communication for development (C4D) strategies to increase caregiver and community demand for and utilisation of registration services. The aim is to emphasise enabling factors, incorporating new perspectives that take into consideration individual

¹ Eight citizens in a day - a story on birth registration in Angola, 11th December 2013. Available from http://www.unicef.org/esaro/5440_angola_eight-citizens.html

behaviours, perceptions and social norms, and involve families and communities in the design and implementation of the programmes.

Aim and objectives of the research

Formative research was conducted to provide an evidence base to guide the design and elaboration of the C4D plan to contribute to the strengthening of the birth registration programme. The research had four core objectives:

- 1) Analyse perceptions, knowledge, attitudes and practices in relation to birth registration of:
 - i) Parents and caregivers (including relatives (e.g. grandparents) and non-relatives)
 - ii) Children and adolescents (12 to 18 years old)
 - iii) Key community figures with influence (community leaders, activists, social mobilisers etc.)
 - iv) Registration and health staff involved in the provision of services related to registration.
- 2) Analyse the dominant barriers and key drivers associated with birth registration (including social norms, influential factors, collective behaviour, decision making processes, agency to act, staff behaviour and service interaction).
- 3) Identify the type and quality of messaging and existing gaps in information communication at different levels.
- 4) Determine preferences for modes of communication and media channels (direct, indirect, interpersonal or mass media).

Permission to conduct the research was granted by the Angolan Ministry of Justice and all the relevant Provincial Delegations of Justice. Municipal Administrations were visited before the launch of the study to ensure their awareness and agreement.²

Report structure and outputs

This research provides important new empirical data that contributes to our understanding of knowledge, attitudes and practices about birth registration in Angola, and related barriers and enabling factors. The report is structured to be of operational use to UNICEF and its partners at local, national and international levels. UNICEF intends to use the findings as an evidence base to further develop their C4D strategy in 2016.

The report outlines the methodology used in the study. This is followed by a situational analysis of birth registration in Angola, and of the study sites and participants, and the next chapter details the observations made at birth registration posts. The four subsequent chapters focus on: knowledge, attitudes and practices related to registration; barriers to birth registration; enablers leading to birth registration and solutions to barriers identified; and communication and collaboration. The final chapter presents the study's conclusions and recommendations.

Prior to the report's finalisation, UNICEF was given the opportunity to provide written and verbal feedback that was incorporated as appropriate. The final report will be submitted to UNICEF in both English and Portuguese with accompanying Powerpoint presentations of the key findings. An electronic portfolio of all transcriptions, translations, consent forms and other materials generated during the research (including the drawings produced in the child and adolescent workshops), will be deposited with UNICEF at the end of the study.

² Visits were made to the Provincial Delegations of Justice in Bié, Huíla, K. Sul, Malange, Moxico and Uíge. The Luanda Provincial Delegation was not visited as they were informed by the Ministry of Justice.

Na Conservatória



Methodology

The formative research comprised two related components: a quantitative KAP survey and qualitative data collection using open, inductive and participatory methods. Adopting a mixed-methods approach allowed for triangulation of material and increased validity of findings. The study was able to provide insight at community, institutional and policy levels and develop an evidence base that could be transformed into practical actions to promote behaviour and social change on the ground.

Research team

This study was conducted by Anthrologica, a global research organisation specialising in applied anthropology in global health, in partnership with the Angolan consultancy organisation JMJ Angola. Anthrologica selected JMJ after a competitive process to ensure national level expertise and support throughout the research process (including managing logistics, securing research permission, conducting preparatory work, recruiting national research assistants and data collectors, transcribing data collected and translating a sub-set of transcripts).

The overall project was managed by Juliet Bedford, Director of Anthrologica, who contributed to each stage of the research and provided technical oversight. The research was conducted and coordinated by Nell Gray (NG), Research Associate with Anthrologica, in collaboration with Maggie Brown (MB) (Consultant, JMJ Angola) and João Neves (JN) (Director, JMJ Angola). In-country fieldwork was conducted by two teams: one led by NG supported by a researcher assistant (Idaci Ferreira) and two data collectors (Ernesto Isidro and Simba Nevanda José); and the second team led by Cristina Oliveira (CO) supported by two data collectors (Helga Sofia Borges da Silveira and Amilton Neto). A joint JMJ/Anthrologica team of 7 transcribers and 14 translators were involved in data entry, preparing the final transcripts and conducting preliminary analysis. The research was supported by the UNICEF and the Ministry of Justice, with particular support from UNICEF representatives in Moxico, Bié and Huíla, and representatives of the provincial and municipal Administrations in all study sites.

Study sites

The 'Birth Registration and Justice for Children in Angola' project has national coverage, but seven priority provinces were selected for inclusion in the research due to their low registration rates: Uíge, Luanda, Moxico, Huíla, Bié, Kwanza Sul and Malange. Further details about the study sites are presented as part of the situational analysis in the following chapter.

With the exception of Luanda, three sites per province were selected in collaboration with the UNICEF country office:

- a) A provincial capital
- b) A rural municipal capital
- c) An isolated rural municipality, including more remote villages

In Luanda four sites were selected and included municipalities with and without a *Loja de Registo*.³

³ 'Loja de registo' is literally translated as 'registration shop', and is a new integrated and computerised civil registration post. Throughout the report, we refer to this type of registration post using the Portuguese term.

Participants and recruitment

A comprehensive mapping of stakeholders was conducted and three main participant groups were defined: central stakeholders, demand-side stakeholders; and supply-side stakeholders.

Central stakeholders:

In consultation with UNICEF, key organisations at the central level were identified and representative stakeholders contacted.

- UNICEF
- Governmental ministries (MINJUS, MINSA, MINFAMU, MAT and INAC)
- Civil society (ADRA, African Innovation Foundation)
- Religious organisations (CICA, Pastoral da Criança)
- Other key stakeholders (UNHCR, OMA)

Demand-side stakeholders

- *Parents and caregivers:* People caring for children under five who had / had not been registered. Caregivers included mothers, fathers, non-parent care-givers (other family/adoptive parents), and male/female headed single-parent families. Whenever possible, disabled caregivers and caregivers of disabled children were included.
- *Community leaders:* People in positions of authority and/or individuals who are able to influence perceptions and practices within their communities. Leaders included chiefs (*sobas*) and other traditional authority figures, religious leaders (including *catequistas*), members of *Conselhos de Auscultação e Concertação Social* (CACs or Municipal Level Consultative Councils), activists, heads of women's associations, and representatives from various church groups.
- *Traditional birth attendants (TBAs):* Women (*parteiras tradicionais*) providing support to childbearing mothers before, during and after birth.
- *Children and adolescents:* Young people who may influence registration within their own families and have opinions linked to future parenthood. This group was divided into two age ranges: children (12-14 years old) and adolescents (15-18 years old).

Demand-side stakeholders were purposively selected to ensure a diverse range of perspectives and the inclusion of key interlocutors who may otherwise have been marginalised (for example vulnerable households and parents with disabilities). Different 'gatekeepers' were used to recruit the participants at the local level. UNICEF colleagues and a JMJ team made initial contact at the provincial level and directly with all municipal administrations.⁴ Appropriate gatekeepers were then identified to recruit specific groups and/or individuals. Churches and civil society organisations identified parents and caregivers; *sobas* and other leaders were usually identified directly through the local administration; TBAs were contacted through local health directorates or administrations; and child and adolescent participants were recruited through schools or churches.

Supply-side stakeholders

- *Registration staff:* Staff working in registration offices at provincial or commune level, including heads of a registration posts and registration offices), deputy heads of registration posts and registration

⁴ UNICEF colleagues made contact in the three Provinces where they have a presence: Moxico, Huila and Bié; and JMJ made contact in Luanda, Malange, Uige and Kwanza Sul.

offices, adjuncts, notaries, registration technicians, *brigadistas* (civil servants co-opted into registration services) and mobile registration teams.

- *Health staff*: Health professionals (obstetricians, nurses, midwives, community health workers) and *Agente de Desenvolvimento Comunitário e Sanitário* (ADECOS; Community Health and Development Agents) working in or linked to maternity units or health centres with a *sala de parto* (delivery room), either with or without allied registration services.
- *Education staff*: Teachers or school directors not directly mandated to provide registration services but involved in providing information and support to parents and families. This group may have greater involvement with registration services under new agreements with the Ministry of Education that are likely to be agreed in 2016.

Supply-side stakeholders were recruited through contact with UNICEF provincial representatives or local administrations. Institutional heads including hospital or school directors also suggested appropriate participants based on the sampling requirements.

Data collection

Data was gathered through a combination of the following methods:

- Desk review of data and literature, both qualitative and quantitative
- In-depth interviews (IDIs) with key informants and stakeholders (both demand and supply-side, and central-level stakeholders)
- Focus group discussions (FDGs) with key informants and stakeholders
- Participatory workshops with children and adolescents
- KAP questionnaire (for service providers)
- Observations (direct and participatory, using an observation guideline)
- Feedback workshop with UNICEF and the Ministry of Justice

The sampling framework, an overview of the data collected and the demographic analysis of respondents is presented in the situational analysis in the following chapter.

As outlined below, the methodology did not include quantitative activities with community-level/demand-side participants. Quantitative methods were only used with the service provider participant groups (as stipulated by UNICEF). As a result the findings of the study are primarily based on the qualitative data gathered (with all participant groups), triangulated with the quantitative data. The quantitative references are based on data gathered from either the observation questionnaire conducted in registration posts or from the KAP survey conducted with service providers.

Development of tools

Following the in-depth review of literature and programme documentation, a topic guide was developed highlighting key themes. This formed the basis of the series of research tools: in-depth interview and focus group frameworks per stakeholder group; KAP questionnaire; and observation checklist. The tools included a broad spectrum of research questions linked to knowledge, attitudes and practices regarding birth registration (the portfolio of final tools are presented in Appendix 1). Colleagues from UNICEF in New York, the Eastern and Southern Africa Regional Office (ESARO) and Angola Country Office provided feedback on the draft tools.

Preparation and testing of tools

Prior to commencing data collection NG and MB conducted a three-day training with the national research team that detailed the background and aim of the formative research on birth registration, built skills and

capacity about the research methodologies (including qualitative and quantitative methods, consent and confidentiality), and provided an overview of C4D and relevant UNICEF programmes in Angola. The team then pilot tested the tools over two days across four sites in Luanda: Maianga, Cacucaco, Golfe II and Funda. Table 1 (below) provides an overview of the sample size of the test. The pilot test also provided a valuable opportunity for the teams to use the tools in action and to ensure they were familiar with the tools and methods employed. Following the pilot, the tools were refined and methodological concerns addressed to ensure high quality and consistent data collection by all team members. No significant changes were made to the tools following the test. Some minor alternations were made to the Portuguese wording of the KAP questionnaire to ensure questions were clear, and a simplified qualitative framework with practical ‘tips’ about how to ask the questions and probes was prepared to complement the full interview/FGD frameworks.

Table 1: Pilot test sample size

Methodology tested	Location				Total activities	Total participants*
	Golfe II	Maianga	Cacuaco	Funda		
Workshops with children (ages 12 to 14)	1	-	-	1	2	20
Workshops with adolescents (ages 15 to 18)	1	-	-	1	2	20
FGDs with mother/father/other caregivers	1	-	-	1	2	20
FGDs with community leaders	-	1	1	-	2	20
FGDs with TBAs	1	1	1	-	3	30
Interviews with mother/father/other caregiver	1	-	-	1	2	2
Interviews with head of a registration post	-	1	1	-	2	2
Interviews with director of health centre / maternity	-	1	1	-	2	2
Interviews with community leader	-	1	1	-	2	2
KAP questionnaires with registration staff	-	4	4	-	8	8
KAP questionnaires with health staff	-	4	4	-	8	8
Observation checklist in registration post	-	1	1	-	2	-
Total	5	14	14	4	37	134

* An estimated 10 participants took part in each FGD, and child and adolescent workshop

Consent

During the pilot test, it became apparent that many participants preferred not to sign a paper consent form. It was therefore agreed that oral consent would be requested and confirmed on the audio recordings of each data collection session. Prior to commencing each activity, a full explanation of the study was provided and the voluntary, confidential and anonymous nature of participation emphasised. Permission to make an audio recording was requested and granted at the start of all qualitative sessions, with the exception of one interviewee who was willing to participate but preferred not to be recorded. In this case detailed notes were produced. All participants were given the opportunity to ask questions and request further explanations before decided to taking part.

At the start of each child and adolescent workshop, particular attention was given to the consent procedures to ensure that the study and individuals’ participation was explained in the most appropriate and accessible manner. In addition to oral consent from the children and adolescents, written consent was also obtained from the participants’ parents or school directors, in line with accepted ethical standards.

Participants received no remuneration or other benefits for taking part in this study, with the exception of child and adolescent workshop participants who were given light refreshments because of the longer duration of their activities.

The study's consent form is presented in Appendix 2. At the conclusion of the research, scanned copies of all completed consent forms will be submitted to the UNICEF country office in Angola. Anthrologica will securely retain the original hard copies of all consent forms for five years, after which they will be destroyed.

Interviews and FGDs

Activities were conducted in a variety of locations depending on what was available and appropriate in each study site. For the supply-side participants, interviews were usually conducted within their place of work (e.g. registration post, health post or school). For the demand-side participants, interviews and focus group discussions were mainly held in community spaces such as churches, schools and *regedorias*, and in health posts or facilities provided by the local administration. For all data collection sessions, efforts were made to ensure the space was as private and neutral as possible.

The majority of activities were conducted in Portuguese, with consecutive translation between Portuguese and English when necessary for NG. When participants were more confident communicating in local languages (Chokwe, Umbundu, Kimbundu, Kikongo) activities were conducted with the support of a local translator (generally a teacher, health worker or other Portuguese speaking community member). The local translator was selected with the intentions of minimising any potential impact they may have on group dynamics, for example using female translators for groups of mothers and, when possible, not using people in leadership roles. They were briefed on their role prior to the start of the activity and were instructed to give a word-for-word translation that avoided interpretation and did not include their own opinions. The majority of participants who preferred to speak in a local language did understand Portuguese so were able to validate the translation. One member of the core research team also spoke Umbundu.

Participants were encouraged to self-prioritise issues and lead the direction of the interviews and FGDs, although the relevant research frameworks were followed to ensure key themes were address in each activity to allow triangulation and analysis across study sites and participant groups. Follow up questions and prompts were used to obtain greater detail and clarity when necessary. Each interview lasted between 45 and 60 minutes, and each FGD between 60 and 90 minutes.

Child and adolescent workshops

Child and adolescent workshops began with a clear introduction to the study and an overview of the workshop session during which participants were encouraged to ask questions. Participants then agreed a set of 'rules' for the group work (respecting others, maintaining confidentiality etc.) and the team facilitated an energising 'ice-breaker' exercise. The workshops focused on three key activities designed to encourage participants to convey their experiences and perceptions of registration in accessible, appropriate and entertaining ways: a) a story circle using drawings to express experiences and stories of registration (graphics included in this report); b) an energising game exploring decision making and information sources about registration; and c) the development of a short drama in which participants acted out challenges linked to registration and how they could be resolved. After each activity participants discussed the content and follow up questions and probes were used to delve deeper or clarify certain points. Specific efforts were made to create an open and informal dynamic and remove any potential preconceptions linked to mobilisation through churches or schools. Workshops lasted for approximately two hours.

The workshops initially included all members of the research team in an effort to build the capacity of the national researchers in using participatory and youth-centric methods. The national researchers observed a workshop, then co-facilitated one and lastly conducted a workshop under supportive supervision of the team lead. Each subsequent workshop was then conducted by at least two members of the research team, one leading the activities and the second co-facilitating (providing practical support to the participants during group work and observing the participants to ensure all were able to contribute and positive group dynamics were maintained).

KAP survey

The KAP survey was administered to health and registration professionals. The questionnaire was strictly followed, with the researcher asking the question as written in the survey, then providing the respondent with all the answer choices, and ticking the relevant box. Certain questions allowed for open-ended answers, and the researcher would outline the key points of the response in the text box. Each questionnaire took approximately 20 minutes.

Observation checklists

Observation checklists reported data about each registration post visited. Factual information was obtained from an available staff member (either the *head of a registration post* or registration technician) and direct observations were recorded by the researcher. The checklist and observations took approximately 45 to 60 minutes to complete.

Mid-term review

Tools and methodological issues were reviewed and refined throughout the research, and new questions and arising themes were shared amongst the research team members for further follow up. A mid-term review was also held following data collection in Luanda and the first two provinces (Moxico and Kwanza Sul). This week-long review provided a valuable opportunity for the team to reflect on the work to date, share both practical and methodological challenges and lessons learned, to review data quality and discuss limitations faced in the first phase of the research. An initial analysis and iteration of emerging themes led to the further refinement of questions and probes. The mid-term review was an effective way of ensuring that all researchers adopted a consistent approach and method throughout the study period.

Feedback workshop with UNICEF and the Ministry of Justice

At the conclusion of the in-country data collection, key findings were presented to stakeholders from UNICEF and Ministry of Justice staff during a roundtable workshop. This was conducted by the JMJ/Anthrologica team led by CO with support from JN and NG. Following a PowerPoint presentation, a question and answer session was facilitated and included discussion about the preliminary findings and the subsequent phases of the research process. The workshop took place in the MINJUS office and was attended by three UNICEF and five MINJUS staff. The National Director of Civil Registration had intended to participate but was called to a high-level meeting. The workshop lasted for approximately one hour.

Data management, transcription and translation

The two team leaders collated the KAP questionnaires and observation checklists each day, and transferred the hard copies to JMJ at the end of each data collection phase. The JMJ team in Luanda undertook data entry in Excel. At the conclusion of the research, NG and a JMJ colleague double-checked all of the entries against the original documents and any inconsistencies were resolved. The copy of the final database was transferred to Anthrologica at the end of the data collection period.

During fieldwork, the recordings of all qualitative data collection sessions were backed-up every day by the two team leaders. The recordings were securely transferred to JMJ throughout the data collection period and at no stage were the audio files transferred through a third party. JMJ recruited six national transcribers at the outset of the study and oversaw the transcription of all Portuguese audio files into Word documents. As members of the research team, the transcribers participated in study's initial orientation and training, and received additional briefings on transcription techniques. They also participated in the mid-term review, providing input and suggestions as well as receiving feedback from the data collection team on their transcriptions to date. Anthrologica was responsible for transcribing the three interviews with central-level stakeholders that were conducted in English.

Given the large body of qualitative data collected and the timeframe of the study, it was not possible to translate all the interviews and focus group discussions from Portuguese into English. It was agreed, therefore, that 50% of the fieldwork transcripts would be fully translated. The transcripts for translation were purposively selected to ensure proportional representation across study sites, participant groups and data collection activities. In total, 116 translated transcriptions were produced. JMJ produced 56 Portuguese to English transcripts, and Anthrologica produced 57 Portuguese to English transcripts plus three transcripts of central-level stakeholder interviews conducted in English. The translations conducted by Anthrologica were checked and amended by JMJ for accuracy and to ensure Angolan Portuguese colloquialisms had been well captured. See Table 2 (below) for a summary of the material translated.

Table 2: Summary of material translated from Portuguese to English

Data transcribed and translated in English	Location							Total data transcribed in English	Total study data	% of data transcribed in English
	Luanda	Bie	Huíla	Kuanza-Sul	Uíge	Malange	Moxico			
Workshops with children (ages 12 to 14)	1	1	1	1	1	2	1	8	10	80
Workshops with adolescents (ages 15 to 18)	1	1	1	1	1	1	1	7	10	70
FGDs with mother/father/other caregivers	2	3	3	2	3	2	1	16	41	39
FGDs with community leaders	1	2	2	2	1	2	2	12	24	50
FGDs with TBAs	1	1	1	1	2	3	1	10	19	53
Interviews with mother/father/other caregiver	1	0	0	1	0	0	0	2	7	29
Interviews with <i>head of a registration post</i>	3	2	3	2	2	3	3	18	31	65
Interviews with director of health centre/maternity	2	2	3	1	2	2	2	14	25	56
Interviews with education staff	2	0	2	1	0	1	1	7	21	33
Interviews with community leader	0	1	0	3	1	0	3	8	16	50
Interviews with TBA	0	1	0	1	0	0	0	2	2	50
Interviews with central-level stakeholder	-	-	-	-	-	-	-	12	13	92
Total	14	14	16	16	13	16	15	116	219	53

Transcripts (in both Portuguese and English) and questionnaires were given individual identifying codes to ensure the anonymity of participants. All electronic material was backed up daily and all data was stored securely and confidentially throughout the study period. Upon completion of the research, all audio files will be destroyed. Electronic copies of all transcriptions, translations and KAP and observation data (in excel format) will be shared with the UNICEF Country Office. JMJ will destroy all their electronic files at the end of the project, whilst Anthrologica will store the full portfolio of electronic files and the original KAP and observation documents for five years.

Data Analysis

Preliminary analysis of qualitative and quantitative data was conducted throughout the data collection process. The teams continuously shared observations and explored emerging themes together, with specific moments for reflection built into the research process at the mid-point and end of data collection.

Full analysis of qualitative data

Full analysis of the qualitative data was conducted in three phases. In the first phase, NG undertook a detailed iterative analysis of the 116 English transcripts (113 transcripts translated from Portuguese to English, plus transcripts of the three central stakeholder interviews conducted in English) using thematic analysis. Salient concepts were coded by hand and labelled each time they occurred. The emerging trends were critically analysed according to the research objectives (Guest 2012; Bryman 2008; Ritchie and Lewis 2008). Based on this, a matrix of dominant themes was developed and used for the deductive analysis of the remaining Portuguese transcripts. This second phase of analysis was conducted by a five-person research team at JMJ. Each transcript was reviewed and coded by copying relevant segments of the transcription directly into the thematic matrix. MB provided a briefing for the team members and ensured quality control through supportive supervision. After the first day of analysis, NG reviewed the matrices and provided detailed feedback to individual team members, which was then followed up by MB. At the conclusion of the analysis, the completed matrices were transferred to Anthrologica for thorough review. Any questions, points of clarification or inconsistencies were resolved. In the third phase analysis, the complete qualitative data set (incorporating all material in both English and Portuguese) was reviewed by the Anthrologica team and data triangulated in order to maximise validity. Deviant cases were reanalysed to test emerging themes (Green & Thorogood, 2009). In addition, particular sections of narratives were drawn out for use *ad verbatim* in the report to ensure that the participant voice was captured and maintained. The analysis process was designed to be transparent, and the coding can be made available to UNICEF if required.

Full analysis of quantitative data

The analysis of quantitative data was primarily conducted by Anthrologica's collaborating partner, Scenarium Group, primarily by the Director, Dr Michael Thiede (MT). The data from the KAP survey and observational checklists were cleaned, coded and then analysed using Stata software. The analysis plan was based on the survey's key topics, and was then extended to include almost all variables found in the data. The quantitative analysis was largely descriptive, using bivariate analyses and cross-tabulations to provide key insights. The results focused on supply-side knowledge and practices, and capacity-building needs and preferences, and was disaggregated by type of respondent (i.e. registration staff or health staff), and by variables based on location. The observational data documented the infrastructure and service provision at selected facilities. (Quantitative analysis is presented in Appendix 3).

Mixed methods approach

Although MT was provided with a thorough briefing after the end of data collection (by NG and JB), the preliminary quantitative analysis was conducted independently. The key themes identified were then cross-referenced with the qualitative data analysis, and there was a high level of consistency between the emerging themes. Particular findings arising in one data set were purposively explored in the other. This triangulation approach followed the convergence model, and finally, the qualitative and quantitative findings with their respective demand-side and supply-side focus were merged into one completed analysis (Creswell & Plano Clark, 2011). Whenever possible, quantitative results were used to confirm or corroborate qualitative findings in order to provide a high level of validity to the analysis and evidence-based conclusions.

Generalisability

Given the size of Angola and the diversity it represents, results cannot be assumed to be generalisable. However, the saturation of findings per location and participant group, as well as across the study as a whole, indicates the data is representative. Where findings relate to a specific region or participant group they are indicated as such. The findings were also generally corroborated by the literature reviewed.

Methodological limitations

Sampling and recruitment

The large geographical scope of the study combined with its limited timeframe and budget imposed certain challenges in terms of sampling and recruitment. Difficulties accessing remote rural areas meant that, whilst the study met its target criteria, study sites and participants were purposively selected due to their relative accessibility in order to minimise travel time and ensure adequate sample sizes. As a result it was not possible to include the most remote and potentially vulnerable communities or individuals living at the extremities of the provinces and/or far from main roads. To address this limitation during the second phase of data collection, remoter villages where difficulties in terrain and/or transportation meant that the majority of residents rarely accessed centralised services, were purposively included. In general, these villages were 30 to 60 minutes travel in a four-wheel drive from the municipal capital.

Recruiting the majority of participants for the child and adolescent workshops through their schools may have led to a bias in the findings. At least in principle, children attending school are required to be registered and are also likely to be of higher socio-economic status. Efforts were made to diversify this sample by also recruiting participants through churches and local administrations. Workshops took place in 11 sites: in six sites participants were mobilised through schools; in three sites through churches, and in two sites through the local administration. Of the workshop participants, 173 of 213 (81%) had been registered.

Using various gatekeepers to facilitate recruitment meant that on some occasions the purpose of the interview/focus group had not been clearly conveyed to or understood by those mobilised to attend. Some potential participants did not know the objectives of the study, and in a few cases presented with the expectation of having their child registered. To overcome this, the research team was in regular contact with gatekeepers (through face-to-face meetings and telephone calls) to ensure they understood the study requirements and had detailed information to pass on to potential participants. The study was explained in detail and informed consent obtained from all participants prior to their involvement.

The gatekeepers themselves usually held positions of authority within the community, and in some cases were linked to the study topic (e.g. they were part of the municipal administration or UNICEF staff), although not directly to the study itself. This resulted in a potential bias as participants may have been reluctant to criticise certain institutions or their role in birth registration, if they had been recruited for the study by a representative of that institution. This risk was mitigated by using numerous gatekeepers in each study site and ensuring that participants were encouraged to speak openly and honestly (emphasising issues of confidentiality and anonymity). In addition, the triangulation of data meant that such potential bias could be highlighted and addressed in the analysis.

Throughout the data collection it was challenging to limit the number of participants to one per interview and ten per focus group discussion as planned because for the demand-side stakeholder groups, gatekeepers tended to mobilise more people than anticipated or requested. In order to manage this, a number of intended interviews became small focus group discussions (with 2-6 participants) and, when possible, larger focus groups were divided into multiple groups ran concurrently by different members of the research team. In the larger groups, the research teams made specific efforts to optimise contributions and facilitate discussion with all participants.

In a number of the focus groups it became clear that social status and hierarchy of participants affected individual contributions, with the potential for dominant respondent bias. In some instances, participants were observed to defer to others based on age, gender, position or level of education. In particular, women's participation tended to be more limited within mixed groups, and as a result caregiver FGDs became gender specific after the mid-term review. Efforts were also made to ensure groups were as homogenous as possible and skilled facilitation kept dominant participants engaged whilst encouraging all individuals to contribute as fully as possible. Gender bias was not evident in the child and adolescent workshops, so mixed groups were maintained for both age categories throughout the study.

With regards to the central stakeholder interviews, eighteen stakeholders were approached, but only thirteen interviews were conducted. Despite repeated efforts to secure a convenient meeting time, representatives from INE and MINARS were unable to participate.

Risk of socially desirable responses

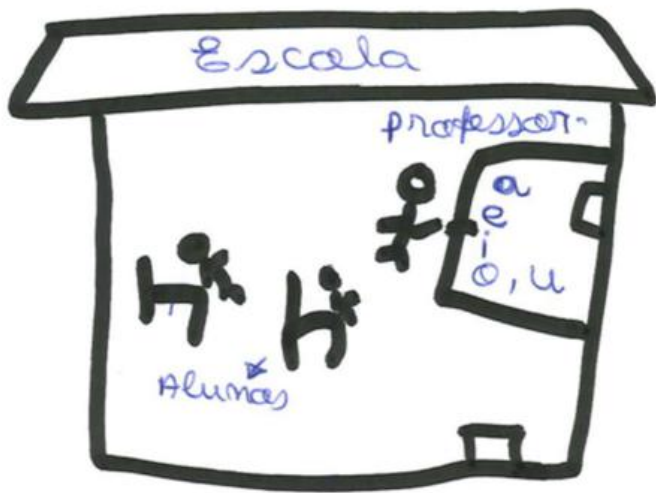
It was possible that participants may have provided answers that they perceived to be appropriate or socially desirable. This was noted by the research teams in terms of the expression of value judgements associated with registration (e.g. to register is 'good' and the responsibility of a 'good parent', with parents of unregistered children at risk of being perceived as ignorant, irresponsible or lazy). The issue of socially desirable answers was raised during the introduction to each activity and the candour with which the majority of participants discussed their individual and collective experiences and perceptions suggested such bias was minimal.

Communication, transcription and translation

For the majority of data collection sessions, Portuguese was used as the lingua franca of both researcher and respondent. When translators were used for local languages, risks associated with miscommunication or mistranslation were minimised by thoroughly briefing the translator prior to the start of the activity, and by repeating and cross-checking key elements of the dialogue for approval of the participants. MJM maintained quality control of all data entry and transcription, and a sub-set of transcripts were checked by the research leads who resolved any inconsistencies through an additional review of the original audio file. All transcripts translated from Portuguese to English were reviewed by MB/JN for coherence and accuracy and updated as necessary.

Quantitative data analysis

The KAP survey generated rich and comprehensive information from the providers of birth registration, however, given the diverse landscape of service provision and the breadth of the information captured, the resulting data set did not lend itself to inferential analysis. Thus, the quantitative analysis was largely descriptive, using bivariate analyses and cross-tabulations to provide key insights. Despite appropriately pilot testing the survey tool, there were three potential technical limitations due to the instrument's design. First, the version of the tool used in the first recorded age ranges, but was updated from the second week of data collection to record the actual age of the respondent. Secondly, a proportion of questions required respondents to provide ratings on comparison, influence or endorsement scales with an uneven number of options that could have resulted in central tendency bias (as respondents may have instinctively chosen the middle answer). This risk was reduced by findings being cross-referenced within the quantitative data set, and then triangulated with the qualitative data. Finally, a large number of close-ended questions were answered as 'other', suggesting that the answer options offered may have been insufficient to fully capture the range of possible answers. If a respondent answered 'other', they were then encouraged to provide a short open-ended response that was captured in the survey, and analysed appropriately, thereby providing additional qualitative information.



+ triste
porque não
tem Registo
De nascimento.

"They are sad because they don't have their birth registration."

Situational analysis

Background and context in Angola

At the time of National Independence in 1975, Angola and other Portuguese ex-colonies inherited an underdeveloped national birth registration system that was based on a Registry Code that was not fit for purpose given the country context.

In 2002, Angola concluded four decades of near continual conflict that had far reaching implications for its population (Government of Angola et al. 2014). During the war, an estimated one million people were killed; a third of the population was displaced; much of the country's infrastructure was destroyed; and the economy was devastated.

Since then, Angola has made considerable strides in rebuilding its physical infrastructure, and all provinces are now accessible by major road, although navigating secondary and tertiary roads remains challenging. Angola is one of Africa's leading oil producers, and oil exports combined with foreign loans spurred economic growth and fuelled a reconstruction boom in the post conflict period. During 2008-2009, however, the growth rate fell from over 10% to around 3% and currently remain at 3.9%, close to the sub-Saharan Africa average (World Bank 2015b). This largely resulted from the falling price of oil from 2013 that led to dramatic cuts in national public spending. Angolan society remains characterised by severe inequities and 43% of Angolans, largely in rural areas, continue to live in poverty (UNICEF 2011).

Despite significant decreases in maternal and under-five mortality rates over the last twenty years, access to healthcare remains limited, with significant disparities between rural and urban areas. There is a general shortage of skilled medical personnel with an estimated 0.08 doctors per 1,000 people. Only 58% of births are attended by skilled health personnel, dropping to 27% in the 'poor' quintile (IBEP 2013). Whilst there was historic collaboration between Traditional Birth Attendants (TBAs) and the formal health system, the Ministry of Health now prioritises the increase of institutional deliveries (Government of Angola et al. 2010). Table 3 presents the percentage of institutional births by province (based on information currently available, although it does not cover all the study's target provinces).

Table 3: Percentage of institutional births by province

Province	% institutional births
Luanda	62
Huila	30
Benguela	29
Huambo	39
Kwanza-Sul	47
Bié	24
Uíge	17

Source: *Programa de Saúde Reprodutiva* (Cavalcanti, 2014)

Telecommunications in Angola

Angola's telecommunication infrastructure was destroyed during the civil war, but regulations adopted by the government since 2001 have liberalised the industry and resulted in significant private investment. By 2012, Angola had one of the largest mobile telecom markets in sub-Saharan Africa and internet access has continued to grow steadily. The Angolan government is implementing a development plan for Information Communication Technology (ICT) between 2010 and 2017, with the aim of reaching the largest possible number of citizens and turning the sector into a national priority (Government of Angola, 2013).

In terms of telecommunication use, the most up-to-date data available was the IBEP (2011). According to this source, radios were the most common durable good owned by the poor and the non-poor (33% and 57% respectively), yet very few households owned computers or had access to the internet. Fixed-line telephones were almost non-existent. Comparison with previous studies showed a significant growth in mobile phone usage. At the time of the IBEP, four out of five households owned at least one mobile phone, but their distribution was aligned to wealth quintiles: 54% of non-poor households owned at least one mobile phone, compared to only 12% of poor families. An increasing number of families had satellite dishes, corroborated by increased ownership of televisions (Government of Angola/World Bank/UNICEF, 2011). Table 4 shows the percentage of the population's access to mass media and telecommunications by province.

Table 4: Percentage of the population's access to mass media and telecommunication by province

Province	Radio (%)	TV (%)	Mobile telephone (%)	Internet (%)
Luanda	67.1	92.8	93.5	11.2
Huíla	54.0	40.	47.	1.7
Kwanza-Sul	52.3	30.6	46.7	1.1
Bié	33.7	14.7	37.8	1.8
Uíge	58.5	25.9	40.4	0.1
Malanje	55.1	39.6	44.8	0.6
Moxico	36.1	28.1	28.1	0.0
Angola	57.3	49.4	56.9	4.0

Source: IBEP (2011)

Birth registration since the Angolan civil war

During the civil war various efforts were made to register children. When the war ended these strategies were instrumental in tracing displaced family members and reuniting children that had been separated from their families. Two birth registration campaigns were conducted in 1998 and 2001-2004, reaching more than 4.5 million children. These efforts aimed to increase registration rates in the post-war context. They sought to expand birth registration to: war affected zones; areas designated for demobilised military and their families; displaced population centers; and centers for refugee citizens in the process of returning to and relocating within the country.

Current status of birth registration

The most recent data available suggests that only 31% of births in Angola are registered (Government of Angola et al. 2011). This situation is compounded by the fact that even those children whose births have been registered do not always receive birth certificates. In 2009, it was estimated that only 25% of children under the age of five received a birth certificate, and less than 20% of the children living in the provinces of Malanje, Kwanza Sul and Bié (UNHCR et al. 2014). Further, the delay in registration means that by the time children are of school going age (6 years old) only 43.5% have been registered. Given that some schools have been reported to insist on civil registration as part of the enrolment system, many children have challenges in accessing education (UNHCR et al. 2014).

Legislation and strategy

By 2007, the Government of Angola had ratified the '11 Commitments for Children'. Commitment 3 seeks '*To increase measures that promote birth registration, including the free registration of children under five years of age, and expanding this service to the community level, in order to ensure that the Angolan child has easy and unconditional access to citizenship immediately after birth*' (Government of Angola et al. 2014). This reinforces Article 7 of the Convention on the Rights of the Child which itself maintains that '*All children should be registered at birth, that registration is essential to exercise of the child's rights, such as access to education, health care and other services, as well as to provide evidence of every child's age*' (OHCHR 1990). This legislation also ensures free registration for children under-five years of age.

As part of the country's National Development Plan 2012-2017, the government committed to providing '*Full protection for the rights of the Child with a view to the full, effective and permanent enjoyment of principles recognised in national legislation and in the international treaties of which the country is a signatory, establishing an effective Agenda for the Defence of the Rights of the Child*' (Government of Angola et al. 2014).

In 2013, the Presidential Decree 80/13 guaranteed free registration for all Angolan citizens until 2016 (Government of Angola et al. 2014). This was the basis for the *Programa de Massificação do Registo de Nascimento e Atribuição do Bilhete de Identidade (Programme for Universal Birth Registration and Identity Cards)* launched in the same year. It aimed to increase registration and decrease the backlog of undocumented citizens by providing free registration and identity cards for all, and to ensure the registration of all unregistered Angolans (estimated to be 8 million) by 31st December 2016 (Cavalcanti 2014). Various measures have been implemented, including:

- The simplification of birth registration procedures.
- The computerisation and digitalisation of services, including introducing biometric technology and creating a centralised database.
- Increasing number of registration posts and staff (see Table 5 below).
- The installation of civil registration posts in health facilities through the sub-programme '*Nascer com Registo*' (*Registration at Birth*) that included interventions for pre-natal sensitisation and the formal implication of *sobas*, TBAs and other agents through completing *livros de cadastro de nascimento* (birth registration books) at community level.
- The facilitation of registration through other actors such as teachers, with the vision that '*Sempre que existir uma criança sem registo deve facilitar o seu registo*' ('wherever there is an unregistered child their registration should be facilitated').
- The establishment of *brigadas* (mobile registration brigades).
- The provision of mobile kits to each province to facilitate mobile registration services.

The programme was reinforced in 2014 with the launch of Birth Registration and Justice for Children in Angola, led by the Government of Angola with the support of UNICEF and the European Union. This programme encompasses two key streams of action: increasing birth registration for children; and improving access and the quality of justice for children in Angola. The programme's strategy is based on an analysis of the problems encountered and has three key aims:

1. To strengthen the legal and policy context of birth registration in Angolan civil registration systems.
2. To increase the technical-professional skills and material resources for local entities to plan, manage and monitor birth registration services in target provinces.
3. To improve knowledge of correct birth registration procedures in target provinces.

Table 5: Current and planned registration units, workers and mobile kits per province

Province	Populations	Current registration units	Registration units by 2016	Provision of mobile kits	Mobile registrations by 2016	Current no. registration staff	Registration staff by 2016	Population to be recorded %
Luanda	5,851,161	39	117	14	403,200	592	638	14.0
Kwanza-Sul	1,353,828	12	27	24	345,600	53	151	40.8
Bié	1,143,709	9	23	18	259,200	77	130	36.2
Huíla	2,097,961	11	42	28	403,200	93	188	20.8
Moxico	565,020	8	11	18	259,200	23	112	70.3
Malanje	754,641	16	15	28	403,200	35	147	90
Uíge	1,101,199	17	22	30	432,000	23	112	70.3
Total target provinces	12,161,142	112	257	160	2,304,000	926	1,459	34.8
Total Angola	20,609,294	198	412	328	4,732,200	1,737	2,810	39.5

Source: Programa de Massificação do Registo Civil (Ministério da Justiça e Direitos Humanos 2013)

In May 2015 the government also issued a new law enshrining various measures to simplify birth registration. Measures introduced included: allowing both civil registrars and health units where births take place to register births; allowing either the parents or guardian of the child to register the birth; and facilitating the registration of births previously unregistered (Government of Angola 2015).

Organisational structure of registration services

The Civil Registration and Vital Statistics (CRVS) system in Angola includes the Ministry of Health (MINSa), the National Directorate of Registries and Notaries (DNRN) under the Ministry Justice and Human Rights (MINJUS), and the National Statistics Institute (INE) under the Ministry of Planning and Territorial Development (MPDT).

MINJUS is responsible for the design and implementation of registration services and oversees activities at a central level. A degree of organisation is decentralised to provincial level, overseen by the Provincial Government. Services are provided by a variety of entities located in provincial and municipal capitals.

- *Conservatory do Registo Civil (conservatory)*: Primary registration units that provide civil registration services at provincial level.
- *Lojas de registo* (literally translated as 'registration shop'): new computerised registration posts established as part of the MINJUS Universal Birth Registration Programme, that provide integrated registration and notary services, including civil and criminal identification (identity cards) and bank services.
- *Servico Integrado de Atendimento ao Cidadão (SIACs, Integrated Services to Citizens)*: units providing integrated services for various public and private entities, created in 2007 by the Ministry of Public Administration, Labour and Social Security with the aim of increasing efficiency.
- *Registration posts*: other registration posts established in municipal capitals providing civil registration services (but generally not Identity Cards).
- *Maternity units*: registration posts established in existing maternity units or health facilities with a labour room, that are able to register children after birth, and in some cases children born elsewhere.

Birth registration process

The birth registration process and documents required, specifically for adults, proved difficult to discern and many discrepancies were detected. The main birth registration document is the *cédula pessoal* although this is gradually being replaced by the *boletim de nascimento* in computerised services. In order to apply for an Identity card (ID) a *Certidão Narrativa Completa de Nascimento* (formal and notarised copy of the information held at the Registration Office) is also required, and parents often have to return to the registration post to obtain the notarised copy if they know their birth was registered but lack the certificate. The basic processes and documents required to complete birth registration are presented in Table 6 below (based on information in the leaflet '*Registo de nascimento/registo tardio/reconsituicao do assent de nascimento*', produced by the Massificacao do Registo Civil, the Government of Angola, and the Sistema Integrado de Registo, undated).

Table 6: Document and processes required to complete birth registration

	Children	Adults
Documents required	<ul style="list-style-type: none"> ID card of parents. If this is not possible, then the <i>certidao de nascimento</i>, <i>cédula pessoal</i> or other document (e.g. passport) is required to prove the child's parents are Angolan. If the child's parents are deceased, the child's appointed guardian can declare the birth. However, the paternity or maternity will not appear on the <i>assent de nascimento</i>, but must be dealt through the courts. 	<ul style="list-style-type: none"> Application to the head of the registration post in the applicant's area of residence, explaining why the applicant is unregistered. ID cards of parents, or if this is not possible, their <i>certidao de nascimento</i> or <i>cédula pessoal</i>. Confirmation of residence from the Municipal Administration Two passport photographs Two adult witnesses who must sign to confirm the applicant is Angolan. Any other documentation that can prove the applicant's status, e.g. refugee card, consular registration The application can be supported by the Certificate of Baptism if the applicant was baptised before 1975 If the applicant's parents died before 1975, paternity or maternity will not appear on the <i>assent de nascimento</i>, but must be dealt through the courts.
Process	<ul style="list-style-type: none"> If the child's parents are married, one parent can register by presenting both parents' documents. If the child's parents are not married, both parents have to be present. If the child's parents are not registered, they should complete their own registration prior to registering their child. When the child is over 14 years of age they can register themselves following the process for adult or 'late' registration. 	<ul style="list-style-type: none"> Applicant takes necessary documents to the Conservatory in their area of residence

Overview of study sites

Six priority provinces were selected for inclusion in the research due to their low registration rates: Uíge, Luanda, Moxico, Huíla, Bié, Kwanza Sul and Malange (see maps in Appendix 4).

Luanda is the capital of Angola, and the country's largest city. Located on the Atlantic Ocean, it is Angola's chief seaport and administrative centre. It is also the capital city of Luanda Province. The population has grown dramatically in recent years, due largely to wartime migration to the city. According to the 2014 census, 27% of Angolans now live in Luanda. The city is currently undergoing major reconstruction as much of its infrastructure (water, electricity, roads etc.) had become obsolete and degraded. This reconstruction has been prioritised by the post-war Government as the population of Luanda had surpassed the capacity of the city.

Bié Province is located in the central area of Angola and was heavily affected by the Civil War. Due to the conflict, agriculture ceased in several areas, and a proportion of the rural population fled to more urban centres. The provincial capital, Kuito, was partially destroyed by bombing, and roads and other infrastructure were similarly affected.

Huíla Province, located in the south-west of the country, was less directly affected by conflict than other areas, but the influx of thousands of Internally Displaced Peoples (IDPs) during the war had a lasting impact on the province's socio-economic fabric (Alden et al, 2007).

Kwanza-Sul is a coastal province and was badly affected during the Civil War. The area was heavily mined, and UNITA (*União Nacional para a Independência Total de Angola* / National Union for the Total Independence of Angola) opened its central front in the province. The conflict resulted in approximately 116,000 displaced people living in camps in Kwanza-Sul (Alden et al, 2007).

Malange Province in north-central Angola, borders the Democratic Republic of Congo (DRC). It was partially destroyed during the Civil War, but as an important agricultural centre, reconstruction efforts since the end of the conflict have rebuilt the city and its surrounds, and the province is now reconnected by train to Luanda.

Moxico is the largest and most sparsely populated province in Angola. It was the centre of much fierce fighting during the Civil War, and its long border with Zambia was a base of operations for UNITA and MPLA (*Movimento Popular de Libertação de Angola* / People's Movement for the Liberation of Angola). Many Moxico residents fled to neighbouring countries during the war, and despite being connected by train to Benguela, its roads and infrastructure are still very poor.

Uíge Province is in the northeast of Angola and borders with the DRC. It was one of the country's hardest-hit areas during the Civil War. A large proportion of the population was displaced and the infrastructure was severely damaged. It and has important mineralogical resources, and the mining industry has been revived in recent years.

Table 7 (below) outlines basic data on the study sites, and Table 8 presents the percentage of children under-five years old registered in the study's target provinces.

Table 7: Basic data on study sites

Province	No. municipalities per province	Total population 2015	Area (km2)*	Population density (people/km2)	No. registration posts**	Registration rate (%)	Target municipality	Total population 2015	Projected under 5 (20%)	Projected under 15 (47%)	Provincial capital	Rural municipal capital	Remote municipality	Luanda with loja	Luanda no loja
Luanda	12	6,726,146	2,417	2,783	39	26	Belas (Benfica)	1,094,929	218,986	514,617				x	
							Icolo e Bengo (Catete)	76,734	15,347	36,065				x	
							Kilamba Kiaxi (Kilamba)	653,902	130,780	307,334					x
							Quissama (Muxima)	25,788	5,158	12,121					x
Bie	9	1,376,412	70,314	20	9	18	Andulo	241,365	48,273	113,442		x			
							Cuito	436,046	87,209	204,942	x				
							Nharea	116,833	23,367	54,912			x		
Huila	14	2,420,322	79,023	31	11	21	Caconda	164,385	32,877	77,261		x			
							Chipindo	63,104	12,621	29,659			x		
							Lubango	752,059	150,412	353,468	x				
Kuanza-Sul	12	1,844,011	55,600	33	12	15	Amboim	241,471	48,294	113,491		x			
							Conda	92,193	18,439	43,331			x		
							Sumbe	275,188	55,038	129,338	x				
Malange	14	995,241	97,602	10	16	15	Cacuso	73,544	14,709	34,566		x			
							Kiuaba Nzoji	14,805	2,961	6,958			x		
							Malange	500,502	100,100	235,236	x				
Moxico	9	747,965	223,023	3	8	23	Cameia	28,418	5,684	13,356			x		
							Leua	31,608	6,322	14,856			x		
							Moxico	360,625	72,125	169,494	x				
Uige	16	1,466,292	58,698	25	17	28	Bembe	33,039	6,608	15,528			x		
							Songo	64,108	12,822	30,131			x		
							Uige	507,348	101,470	238,454	x				

Note: provisional population data based on the National Census, 2014.

* <http://www.geohive.com/cntry/angola.aspx>

** Source: *Programa de Massificação do Registo de Nascimento e Atribuição do Bilhete de Identidade*, Ministry of Justice, 2013.

Table 8: Children under-five years old registered in the study's target provinces.

Province	% children under 5 registered
Luanda	26
Huíla	21
Kwanza-Sul	16
Bié	18
Uíge	28
Malanje	15
Moxico	23

Source: IBEP (2011)

Sampling

As discussed in the methodology above, purposive sampling was used in each site and across the project. Saturation of findings was achieved. Table 9 (below) provides an overview of the study participants per data collection method used. The study comprised a total of 456 activities involving 1,470 participants:

- 84 FGDs (934 participants)
- 115 in-depth interviews (115 participants)
- 20 child and adolescent workshops (213 participants)
- 208 KAP questionnaires (208 participants)
- 29 observations at registration posts

81% of participants represented the 'demand-side' of registration, 18% the 'supply-side' and 1% were central stakeholders. 86% of respondents participated through qualitative methodologies and 14% through the KAP survey. Both FGDs and child and adolescent workshops had an average of 11 participants per group.

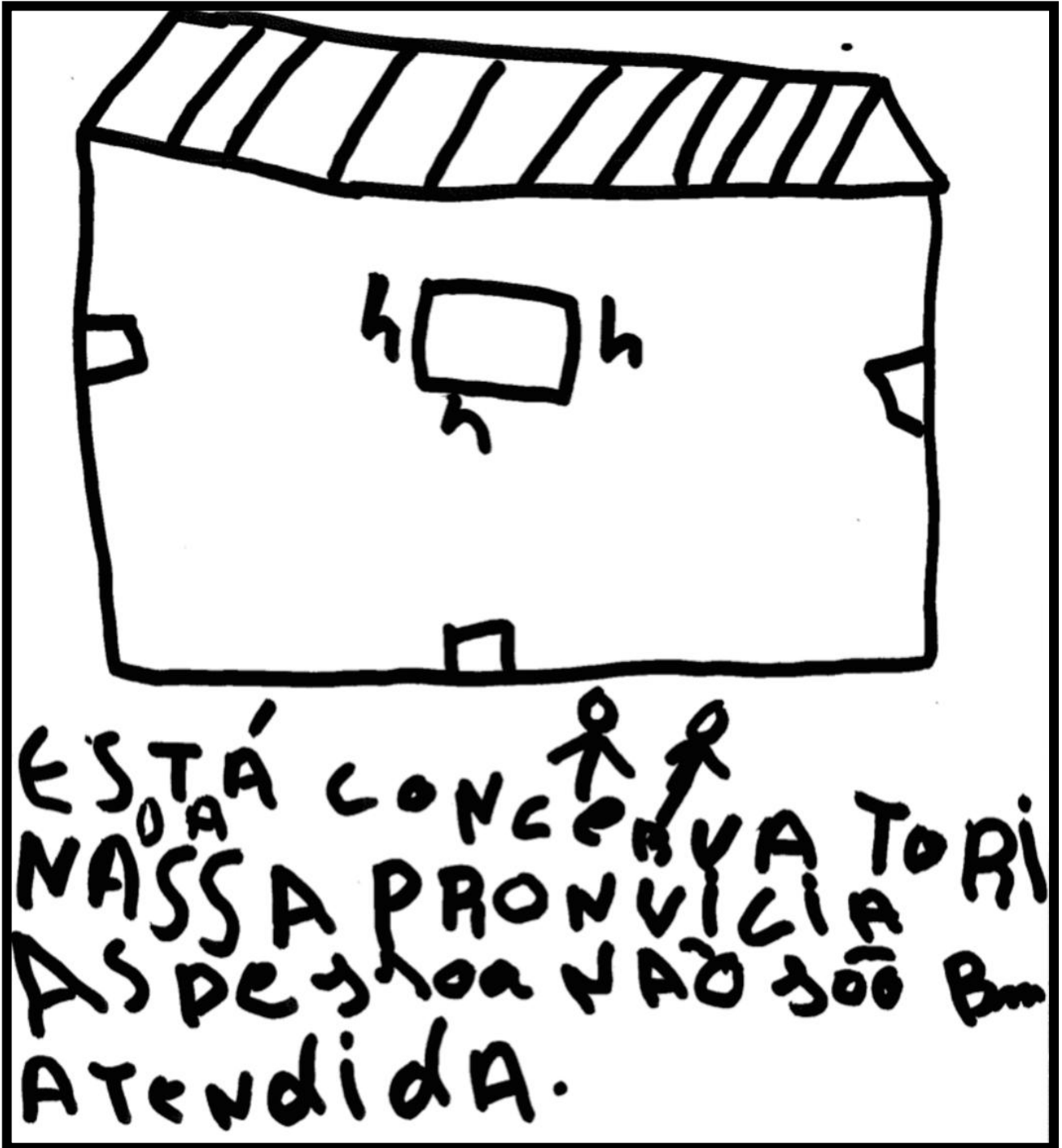
Table 10 (below) outlines the basic demographic information of participants per location and methodology. There was a similar distribution of male and female participants (49.6% were male and 50.4% were female). Participants represented a wide range of age groups, from 12 to 85 year old. In terms of occupations, the largest groups were unskilled workers (either street traders or those engaged in family agriculture).

Table 9: Overview of the study participants per data collection method

	DEMAND SIDE ACTIVITIES														SUPPLY SIDE ACTIVITIES							CS	Per participant type		Per methodology used		Total no. of study participants
	IDIs					FDGs					Workshops				IDIs			KAP			Obs	IDI	Total no. of demand-side participants	Total no. of supply-side participants	Total no. of qualitative participants	Total no. of quantitative participants	
	In-depth interviews with caregivers	In-depth interviews with community leaders	In-depth interviews with TBAs	In-depth interviews with education staff	Total no. of demand-side in-depth interviews	FDGs with caregivers	FDGs with community leaders	FDGs with TBAs	Total no. of demand-side FDGs	Total no. of participants in demand-side FDGs	Workshops with 12-14 year olds	Workshops with 15-18 year olds	Total no. of child and youth workshops	Total no. of workshop participants	In-depth interviews with registration staff	In-depth interviews with health staff	Total no. of supply-side in-depth interviews	KAP surveys with registration staff	KAP surveys with health staff	Total no. of KAP surveys	Total no. of observations at registration sites	Total no. of in-depth interviews with central stakeholders					
Luanda	1	2	0	4	7	3	3	2	8	66	3	4	7	72	6	5	11	13	20	33	5	13	145	44	169	33	202
Provincial capitals	2	3	1	8	14	11	6	5	22	253	6	6	12	131	11	8	19	34	32	66	11	0	398	85	417	66	483
Remote municipal capitals	1	8	0	7	16	12	5	5	22	285	0	0	0	0	7	6	13	28	34	62	6	0	301	75	314	62	376
Rural commune	3	3	1	2	9	15	10	7	32	330	1	0	1	10	7	6	13	25	22	47	7	0	349	60	362	47	409
Total whole study	7	16	2	21	46	41	24	19	84	934	10	10	20	213	31	25	56	100	108	208	29	13	1193	264	1262	208	1470

Table 10: Demographic information of participants

	Activity	Gender		Age								Profession										
	Qualitative / Quantitative	Male	Female	12 - 14	15 - 18	19 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65+	Student	Unemployed / retired	Unskilled work	Skilled labour	Traditional leadership	Religious leadership	Civil society/ NGO worker	TBA	Health/ registration/ education technician	Health/ registration/ education manager	Central stakeholder
Luanda	Qual	76	94	33	37	15	20	26	22	17	0	67	2	22	0	8	13	10	18	3	14	13
	Quant	11	26	0	0	1	11	11	10	4	0	0	0	0	0	0	0	0	0	35	2	0
Bie	Qual	134	126	10	18	35	48	67	55	22	5	20	12	103	9	29	19	14	37	9	8	0
	Quant	11	18	0	0	4	11	9	3	2	0	0	0	0	0	0	0	0	0	29	0	0
Huila	Qual	81	92	15	15	14	32	42	34	18	3	30	1	39	5	18	20	6	19	19	16	0
	Quant	16	9	0	0	2	4	7	8	4	0	0	0	0	0	0	0	0	0	25	0	0
Kuanza- Sul	Qual	72	71	10	11	13	15	19	43	26	6	21	10	22	4	10	18	5	28	17	8	0
	Quant	12	15	0	0	1	9	7	10	0	0	0	0	0	0	0	0	0	0	27	0	0
Malange	Qual	79	84	28	4	13	30	24	43	19	2	34	2	52	2	11	7	8	25	11	11	0
	Quant	17	8	0	0	7	9	3	6	0	0	0	0	0	0	0	0	0	0	25	0	0
Moxico	Qual	95	87	10	10	10	21	42	51	32	6	20	2	37	2	21	40	8	38	4	10	0
	Quant	28	6	0	0	2	9	11	10	2	0	0	0	0	0	0	0	0	0	34	0	0
Uige	Qual	75	96	12	10	6	38	24	35	29	17	21	1	81	5	17	4	6	16	11	9	0
	Quant	22	9	0	0	5	10	8	4	4	0	0	0	0	0	0	0	0	0	31	0	0
Total	Qual	612	650	118	105	106	204	244	283	163	39	213	30	356	27	114	121	57	181	74	76	13
	Quant	117	91	0	0	22	63	56	51	16	0	0	0	0	0	0	0	0	0	206	2	0
Total		729	741	118	105	128	267	300	334	179	39	213	30	356	27	114	121	57	181	280	78	13



"In the conservatory in our province, people are not well attended to."

Registration posts

This section gives an overview of registration services as observed by the research team during the study. It is based on quantitative data collected using the observation checklist, combined with field notes taken by the team and complemented by qualitative data where appropriate. It serves as a reference point for the findings presented in the report's following sections, and generally corroborates the findings of both qualitative and quantitative data sets.

During the study, 29 registration posts were visited across the six provinces:

- 10 conservatories
- 8 *lojas de registro*
- 5 registration posts in maternity units
- 3 civil registration posts
- 2 SIACs
- 1 municipal justice delegation

Table 11 (below) gives an overview of registration posts visited. At each post, a range of key indicators (space available at the centre; level of privacy / confidentiality; cleanliness of the centre; flow of service users; communication manner of staff; quality of data recorded; data storage system) were checked and scored as 'good', 'adequate' or 'poor'. During the training and following the testing of tools the team discussed these ratings, agreeing that 'poor' represented an inadequate standard that was observed to inhibit service provision, the efficiency of registration and/or significantly reduce the comfort of service users; 'adequate' meant that the level observed was sufficient but could be improved; and 'good' that it was observed to facilitate efficiency, service provision and/or service user comfort.

Registrations were observed in 24 of the 29 posts visited. Processes were not observed in three posts as registrations did not occur during the team's visit. In addition, two posts had only recently been established and were yet to open to service users.

Facilities, infrastructure and materials

Significant variations were observed between types of registration posts and registration posts in different sites. Overall, the SIACs and *lojas* had the best facilities, whereas posts in remote municipalities were generally poorly equipped, with limited space and materials available (see Graph 1 in Appendix 3). With the exception of *lojas* which benefitted from clear signage and branding, other types of registration posts were poorly indicated and most were not easily identifiable from the exterior.

At the time of visiting, activities in seven posts were temporarily suspended due to lack of materials (three posts) or computer system (four posts), and 12 of the 29 posts (41%) did not have electricity. There were tables and chairs available for staff in all posts, but rarely adequate seating for the clients queuing to register, and many had to wait outside the registration post in the sun. In observing the posts' functioning, the key indicators that most often scored poorly were the availability of space; the flow of service users; and privacy and confidentiality (see Graph 1 in Appendix 3). The cleanliness of the posts was also rated and deemed to be adequate across the posts visited.

The date of inauguration was given for 20 of the 29 posts, the oldest being established in 1977 and the most recent on 1st October 2015. The majority were inaugurated between 2011 and 2014. See Table 11 (below) for details.

Table 11: Overview of registration posts visited

	Province	Municipality	Type of post *	Inauguration date	Computerised	No. of staff employed	No. of staff present	Opening hours per day	List / no list	Service users present	Data recording Manual / Electronic	Time to register	Adequate table and chairs	Posters and information	Electricity	Computer	Printer	No. of people (children) registered previous day **	No. of people (children) registered previous month **
1	K.Sul	Conda	MJO	12/01/15	No	2	4	7.5	Yes	10	M	50	Yes	Yes	-	-	-	17 (7)	-
2	K.Sul	Sumbe	CRO	24/08/12	Yes	-	-	7.5	Yes	25	E	20	Yes	-	Yes	Yes	Yes	71	807
3	K.Sul	Amboim	CRO	-	Yes	5	-	7.5	No	50	M	15	Yes	Yes	Yes	Yes	Yes	98	628 (180)
4	Malange	Malange	SIAC	29/01/15	Yes	4	3	7.5	No	-	E	25	Yes	Yes	Yes	Yes	Yes	-	-
5	Malange	Malange	MU	30/06/12	No	2	2	7.5	No	15	M	10	Yes	Yes	-	-	-	15 (12)	209 (209)
6	Malange	Kiwaba	LdR	20/10/14	Yes	4	3	7.5	No	13	E	20	Yes	Yes	Yes	Yes	Yes	-	222 (32)
7	Malange	Kiwaba	MU	04/02/14	Yes	-	19	24.0	-	-	-	-	Yes	Yes	Yes	Yes	Yes	-	-
8	Malange	Cacuso	LdR	01/10/15	Yes	5	5	7.5	-	-	E	-	Yes	Yes	Yes	Yes	Yes	10 (5)	190 (84)
9	Bié	Andulo	CRO	-	No	7	7	7.5	Yes	-	M	5	Yes	Yes	-	-	-	62 (40)	2400 (1954)
10	Bié	Andulo	MU	-	No	1	1	7.5	No	10	M	20	Yes	-	Yes	-	-	10 (10)	27 (27)
11	Bié	Nharea	LdR	-	Yes	8	8	9.5	Yes	10	E	3	Yes	Yes	Yes	Yes	Yes	40	247 (56)
12	Bié	Kuito	CRO	-	Yes	19	10	10.0	Yes	20	E	10	Yes	Yes	-	Yes	Yes	17 (10)	350 (250)
13	Huila	Chipinda	CRO	-	No	3	3	7.5	No	9	M	10	Yes	Yes	-	-	-	18 (7)	333 (63)
14	Huila	Caconda	CRO	-	No	3	3	7.5	No	5	M	10	Yes	-	-	-	-	-	-
15	Huila	Lubango	CRO	-	Yes	15	15	11.0	Yes	-	E	30	Yes	Yes	Yes	Yes	Yes	-	1850
16	Luanda	Catete	CRO	08/07/13	Yes	10	6	10.5	No	-	E	25	Yes	-	Yes	Yes	Yes	20 (20)	488
17	Luanda	Muxima	LdR	20/10/14	Yes	9	5	7.5	No	15	E	15	Yes	Yes	Yes	Yes	Yes	92	169
18	Luanda	Benfica	CRO	10/03/11	Yes	3	-	9.5	No	100	E	20	Yes	-	Yes	Yes	Yes	20	1205
19	Luanda	Kilamba	CRO	10/03/11	Yes	3	3	9.5	No	100	E	-	Yes	Yes	Yes	Yes	Yes	-	-
20	Luanda	Kilamba	LdR	13/11/13	Yes	18	16	7.5	No	80	E	15	Yes	Yes	Yes	Yes	Yes	46	-
21	Moxico	Leúa	RP	01/01/14	No	10	4	7.5	Yes	100	M	15	Yes	Yes	-	-	-	15 (15)	898 (472)
22	Moxico	Leúa	MU	-	No	1	-	5.0	Yes	23	M	30	Yes	-	-	-	-	2	34
23	Moxico	Lumeje Kameia	RP	17/09/12	Yes	13	8	7.5	No	-	E	10	Yes	-	-	-	-	15	-
24	Moxico	Luena	RP	01/01/77	No	10	7	9.0	No	40	-	15	Yes	-	Yes	-	-	90	2320 (810)
25	Moxico	Luena	MU	13/02/15	Yes	2	1	-	No	0	M	-	Yes	-	-	Yes	-	18	-
26	Uige	Bembe	LdR	11/11/14	No	5	4	7.5	No	-	M	10	Yes	-	-	-	-	17	444 (51)
27	Uige	Uige	LdR	25/04/13	Yes	14	7	9.0	Yes	70	E	10	Yes	Yes	Yes	Yes	Yes	50 (22)	1059 (508)
28	Uige	Uige	SIAC	10/03/11	Yes	6	4	7.5	No	30	M	25	Yes	Yes	Yes	Yes	Yes	15	447 (253)
29	Uige	Songo	LdR	25/04/13	Yes	9	7	7.0	-	-	-	-	Yes	Yes	-	Yes	Yes	-	-

* MJO - Municipal Justice Office
CRO – Civil Registry Office

LdR - Loja de Registo
RP – Registration Post

MU – Maternity Unit
SIAC – Integrated Services to Citizens

** Where data disaggregated by age was available, the main figure is the no. of people registered, the figure in brackets is the no. of children under five years.

Posts were open to service users for an average for 7.5 hours per day. Registration posts in maternity units had shorter opening hours, and in several cases only opened on certain days of the week due to the limited availability of registration staff and/or the low number of births in that specific maternity unit.

Computerisation, data management and storage

Fifteen of the posts visited were reported to be using computerised systems to record and store data. Twelve were manual (using registration books to record registration data by hand). For the two posts that had not yet opened, no system was reported.

Twenty-one of the posts had up-to-date data, with either the computerised records or registration books fully completed up to the day of the visit. Nine posts were not able to provide data on the last month and seven were unable to provide data from the day prior to the research team's visit. Of the 15 posts that had up-to-date data on the past month disaggregated by age, 5389 children up to five and 4554 children over five and adults had been registered over that one month. Of the 22 posts that could provide data from the previous day, ten could disaggregate by age, and reported that 148 children up to five and 103 children over five and adults had been registered.

Quality of data and data management systems were also rated. Data storage system were rated according to the organisation, safety and confidential storage of registration data (books, computer database or both). Results indicated that, in general, data storage systems were of a poorer quality in registry posts and municipal justice offices, and a higher quality in *lojas* and SIACs (where the majority of records were computerised). Quality of data referred to the completeness of data within registration books/databases and the ability to easily provide disaggregated data. The results followed a similar trend to that of the data management systems (see Graph 2 in Appendix 3).

Human resources

Table 12 (below) reflects the number of staff that were employed by each post visited according to their role, and the number of staff present during the visit. Staffing varied significantly, with the highest numbers of staff present in provincial capitals and *lojas de registro*. The posts with the lowest number of staff were generally in remote municipalities and posts in maternity units.

In all posts except one, registration technicians were conducting the registration process. During the 24 registrations observed, the service provider's inter-personal communication with users was rated good in 11 cases, 'adequate' in 12 cases and 'poor' in one case.

Client organisation

The organisation set-up was observed in 26 of the posts visited (as two had not yet started operations) and it was clear that each adopted different systems to organise their clients. Nine of the posts operated a 'first come first served' basis, attending to people in the order that they arrived on any given day. Nine were observed to use a list that detailed the people to be registered that day, and five reported to be working with a list, although no list was observed. At one post, people marked their place in the queue using stones, placing a stone in the queue when they arrived and returning later in the day to assume their place. Two posts distributed a certain number of papers (*fichas*) for people to be served on a particular day.

Table 12: Staff per registration post visited

	Province	Site	Type of post	No. of staff linked to registration	Number of staff present	Head of registration post	Adjunct	Registration technician	Notary	Mobile team	Other
1	K. Sul	Conda	Municipal Justice Office	2	4	1	0	2-3	0	0	0
2	K. Sul	Sumbe	Civil Registry Office	0	0	1	1	0	0	0	0
3	K. Sul	Amboim	Civil Registry Office	5	0	1	0	4-6	0	0	0
4	Malange	Malange	SIAC	4	3	0	0	2-3	0	0	
5	Malange	Malange	Maternity unit	2	2	0	0	1	0	0	1
6	Malange	Kiwaba	Loja de Registo	4	3	1	0	4-6	0	0	0
7	Malange	Kiwaba	Maternity	0	19	0	0	0	0	0	0
8	Malange	Cacuso	Loja de Registo	5	5	0	0	4-6	1	0	0
9	Bié	Andulo	Civil Registry Office	7	7	1	0	7-10	2-3	0	0
10	Bié	Andulo	Maternity unit	1	1	0	0	1	0	0	0
11	Bié	Nharea	Loja de Registo	8	8	1	0	4-6	0	0	1
12	Bié	Kuito	Civil Registry Office	19	10	1	1	10+	0	2-3	
13	Huila	Chipinda	Civil Registry Office	3	3	0	1	2-3	0	0	0
14	Huila	Caconda	Civil Registry Office	3	3	1	0	2-3	1	0	0
15	Huila	Lubango	Civil Registry Office	15	15	1	2-3	10+	0	7-10	0
16	Luanda	Catete	Civil Registry Office	10	6	1	0	4-6	0	0	0
17	Luanda	Muxima	Loja de Registo	9	5	1	0	0	0	0	0
18	Luanda	Benfica	Civil Registry Office	3	0	0	1	2-3	0	0	0
19	Luanda	Kilamba	Civil Registry Office	3	3	1	0	2-3	2-3	0	0
20	Luanda	Kilamba	Loja de Registo	18	16	1	2-3	0	1	0	0
21	Moxico	Leúa	Registry Post	10	4	0	0	0	0	0	0
22	Moxico	Leúa	Maternity unit	1		0	0	1	0	0	0
23	Moxico	Lumeje Kameia	Registry Post	13	8	0	0	4-6	0	0	0
24	Moxico	Luena	Registry Post	10	7	0	0	7-10	0	0	0
25	Moxico	Luena	Maternity unit	2	1	0	0	1	0	0	0
26	Uige	Bembe	Loja de Registo	5	4	1	0	4-6	0	0	0
27	Uige	Uige	Loja de Registo	14	7	1	2-3	10+	1	0	1
28	Uige	Ulge	SIAC	6	4	0	0	4-6	0	0	0
29	Uige	Songo	Loja de Registo	9	7	0	0	7-10	0	0	0

A leader in Kwanza-Sul explained the system that was in use in his municipality.

Very early in the morning everybody writes his name on a piece of paper with his other details, the details he wants to be included in the registration, and puts the paper on a window. When it's time to open the doors, the officers count the number of papers they find and select the number of people they will be able to register that day. If the number of papers is beyond the number they can assist that day, they return the excess to their owners and tell them to try again the following day... They take the paper at the window on a Monday, and some of the people are assisted that day, others on the Tuesday, Wednesday and so on, until they have assisted everybody by Friday.

Some posts were observed to have specific timetables in use, allocating certain days of the week to the registration of adults or children, or to specific neighbourhoods within their catchment area. A representative from the Administration explained the timetable in his municipality in Moxico,

This municipality has been very engaged with this activity [birth registration] and now the population is filling the registration offices. What you saw today, how you saw it, it was full here. The population is flocking here. It is beyond a habit: today is the day of the child... everyone knows that Thursday is the day of registration for the children. We made a calendar so that everyone doesn't come at once. Taking into account the limited human resources, we wouldn't manage to respond adequately. So we scheduled things. Monday is for women's registration. Because they are more vulnerable regarding registration [there are] two days for women, one day for men [Wednesday] and Thursdays for children, which is today... Tomorrow, Friday, is for the elderly, the disabled and pregnant women, so they don't suffer from the pushing.

In many cases it was difficult to accurately calculate the number of service users present during the observation exercise due to the multitude of people coming and going. It was also not clear who was attending for birth registration and who was seeking other civil registration services. When an estimate was possible, however, an average of 36 people were reported as being present per registration post. The highest numbers were observed in posts in Luanda and provincial capitals and the lowest at posts in remote municipalities. Data on the number of families present was not recorded due to these estimation challenges, but mothers were observed to be the majority of service users present, followed by fathers, and both parents together (see Graph 3 in Appendix 3).

Process and efficiency

Of the registrations observed, the average length of time the client spent with the service provider was approximately 20 minutes. Based on the number of staff per post and the number of registrations processed, the average rate of registration (across the 29 posts visited) was five registrations per employee per day. The data indicated no correlation between the registration time at a post, the number of people registered and whether the post had a functioning computerised system. Considering the absolute number of registrations per month, however, there was a correlation between the number of people registered in the last month and the number of staff employed, and thus the size of the registration centre (see Graph 4 in Appendix 3).

When observing the process of registration, lack of documents was reported as a key problem, followed by issues with incorrect documents. When problems were encountered, the registration staff were observed to give a brief explanation in 13 cases, and a detailed explanation in four cases. In five of the registrations observed, no problems were reported (See Graph 5 in Appendix 3). Similarly, no observations were made of clients paying for the registration services.

Communication materials

Posters were observed in 19 of the 29 posts (66%). All were in Portuguese and were of two main types. One series were MINJUS posters appertaining specifically to legal articles (e.g. Article 119) linked to birth registration and late registration. This type of poster provided details about where to register, who could register, and what documents were necessary to register. They did not reflect, however, the most recent legislation and therefore did not mention free registration, the feasibility of single parent registration, or the details of documents required to register an orphan.

The second type of poster were large MINJUS wall signs with short messages such as '*Simplificar para desburocratizar*' (Simplify to reduce bureaucracy); '*A modernizacao da justiça e o nosso rumo*' (Modernising justice is the direction we are taking); or '*O registo e facil, rapido, e gratuito dos 0 aos 5 anos de idade*' (Registration is quick, easy and free for 0 to 5 years of age). These signs were only observed in the newer *lojas de registo*.

The use of leaflets was not observed in any post, with the exception of one maternity unit where out-dated UNICEF/MINSA/MINJUS leaflets were being used to sensitise mothers during prenatal consultations.

Registration in maternity units

Four maternity units were visited, but there was great variation between the facilities and services offered by each, depending on local-level prioritisation. In some maternity units a permanent room was allocated for registration, whilst in others registration staff registered people in the hall of the clinic one day per week. Many participants reported that in recent years maternity units had started to provide registration services, and both health staff and community members perceived this to be a positive development. However, participants also highlighted their frustration that the services could be stopped with no clear explanation given. A health centre director in Bié explained,

Registration functioned since 2010 and every mother who delivered her baby in this hospital was entitled to do her child's registration as soon as he was born. The baby was registered the next day after his birth, I think. Therefore, in 2014 we concluded the project. It was concluded then because the Ministry of Justice decided it was better for registration to be done directly at notary office rather than in the maternity... The Ministry of Justice thought it was necessary [to stop registration in maternities], but it does not mean it was not working well among us. It was working well and the people liked it so much. But the people at the Ministry of Justice thought differently. We depended on them but we do not know up to this day why they ended registration at the maternities.

Similarly, a community leader in Luanda concluded,

In 2013, when the birth registration process began, it started well because it was done in hospitals. But lately our mothers have not had this service and the children leave the hospital without being registered. Notaries at hospitals do not demand parents of the newborn babies to do the registration. At the beginning it was demanded but now it does not happen any longer, and I wonder why. Since you are here I want to tell me why.

REGISTO do NAS- CIMENTO.



Knowledge, attitudes and practices regarding birth registration

In analysing the key themes emerging in both the qualitative and quantitative data, a high level of corroboration between participant groups was noted. In the following descriptive analysis, every effort is made to distinguish between different participant groups to highlight divergences in knowledge, attitudes and practices. When the unqualified terms 'participants' or 'respondents' are used, it should be understood that both service user groups and service provider groups articulated similar perceptions. A summary table at the end of the chapter presents the key findings by participant group (Table 13).

Registration knowledge

Previous studies have suggested 'lack of knowledge' to be a key factor leading to low birth registration rates in Angola, highlighting that much of the population perceived it to be an unimportant 'legal formality' (Government of Angola et al. 2014). In contrast, however, this formative research revealed an almost universal knowledge of birth registration and its value, reported by both service user and service provider participant groups across all study sites. This was evident in the individual narratives about registration knowledge and experiences, as well as in the observations made by service providers and service users about other groups or community members. As the director of a health centre in Luanda emphasised, *'They do understand. Because they know that birth registration is important. Even that mother in the village who never went to school, she knows that her child must have a document to identify him. They know.'* Similarly, a caregiver in Luanda confirmed, *'Now they are opening their eyes and seeing the importance of birth registration. Even the people who sell, 'kitandeiras' (female street sellers), who undervalued the documents, nowadays acknowledged the importance.'*

Many respondents, both service users and providers, spoke about a significant change in attitude over time, suggesting that communities now have more knowledge about birth registration and regard it with greater value. Several respondents observed that whilst there was not a 'culture of registration' in the past, this was now perceived to be growing. Several factors influencing this change were highlighted. Many linked it directly to the post-conflict environment in Angola, suggesting that 'with peace everything is improving' and 'the country is getting itself organised'. As infrastructure and systems were being rebuilt, people were increasingly able to focus on issues such as registration that lost relevance and were not a priority during the war. In parallel, the practical necessity of registration increased as more services and opportunities required a *cédula* or identity document: to attend school, open a bank account, secure a job, and travel etc. As one central stakeholder concluded, *'a person needs documents to accomplish most things needed during his life time'*. Respondents, particularly registration staff attributed the increase in knowledge to direct sensitisation in recent years and commented that such sensitisation had been well received by communities. The head of a registration post in Kwanza-Sul confirmed, *'...because of the education, the mobilisation, the information we have been giving, nowadays we can see people heading to the registry office... Because they already understand the necessity of having their child registered. They understand that the civil register is an indispensable document for any citizen.'* This was reiterated by community leaders, and as a chief in Bié confirmed, *'It is, because [of] the tremendous work that the government has done... they gave a vision to everyone, that for school, one needs the *cédula* and other documents like birth certificate. So in our society now, everyone is preoccupied with the document. They know the value, they give value to this, that's what I see now.'*

A number of participants (both service users and service providers) highlighted limited knowledge about registration amongst certain groups, particularly subsistence farming communities living in poor rural areas. The director of health centre in Kwanza-Sul explained, *'In my point of view, those people [who] come from the district, away from the city, in rural areas, also lack knowledge. They wonder what registration is and what it is for.'* A community leader in Bié concluded, *'There are people who do not know the importance of registration, as they were born and continue living in the same place. They have never left*

that place, they have never been to school and ignorance is 100%.’ Such comments were mainly made by participants based in provincial or municipal capitals referring to a more remote ‘other’. These urban participants often perceived that the high rate of unregistered people in remote areas was due to communities placing no value on registration and being negligent in registering themselves and /or their children. The director of a registration post in Luanda concluded,

The perception of people who live here is a little more lucid compared to those who live in the periphery, in the communes, because there, in general, we still find people who don’t give importance or value to birth registration. We believe that people will have to go through sensitisation to start to realise the importance of birth registration.

Whilst it is possible that the most vulnerable and hard to reach communities with whom this research did not engage may have the lowest degree of knowledge about birth registration, participants from the poor rural demographic sampled emphasised their knowledge about registration and its importance. They attributed their non-registration to practical challenges including limited access to services and financial constraints (discussed further in the chapter on barriers below) and perceived registration to be of less practical value in the context of rural subsistence and their limited engagement with formal services or other opportunities.

When analysing knowledge (type and accuracy of information) in more detail, it was clear that gaps in knowledge, inconsistencies and misunderstandings existed and were common amongst all service user groups across study sites. Incorrect or missing information was often related to specific details of the registration process and documents required, and was linked to recent changes in legislation and procedures (e.g. free registration for all, registration by single mothers). When cross referenced with the KAP data, it was clear that many health and registration staff also had similar misunderstandings and knowledge gaps to the community participants, suggesting a lack of clear communication about the specificities of registration at all levels and local variations in procedures. Gaps in knowledge and information are discussed in further below.

Current information sources

All participant groups suggested multiple sources of information regarding birth registration, including mass media (predominantly radio), traditional and religious authorities, and registration and education staff. All groups, particularly those outside urban centres, emphasised the central role of ‘word-of-mouth’, sharing information between family members and across communities. Although some recollected recent registration campaigns, the majority of service user respondents found it difficult to articulate specific messages and referred more generally to ‘just knowing’ about registration as a process that had existed for generations.

It was apparent from both the qualitative and quantitative data analysed, that traditional and religious authorities, particularly *sobas*, were the most prominent source of information (on registration and other issues) for the majority of participants. Community members emphasised the central role played by *sobas*, who as trusted sources of information were able to exert influence and encourage people to register. This was particularly evident in remoter areas where people were less likely to obtain information from radio and television due to poor network coverage and limited electricity. The *sobas* who participated in the study explained that they collaborated with the local Administration to convey information back to their communities and act as the Administration’s representative within their locale. As a school director in Luanda confirmed,

Yes the community has this knowledge because there have been palestras (lectures), meetings with traditional authorities who talk about the issue of registration and other pertinent subjects. It’s the sobas who take information from the Administrations to the community, so they help to pressure people to do their birth registration.

Many registration staff also explained how they actively engaged *sobas* to pass information to their communities, and deemed this to be an effective approach. The head of a registration post in Bié Province concluded, *'We guided the sobas on what to do for their people to do registration. We gave them the... list of documents people had to put together to do their registration. So people were already very well instructed when they came here.'*

Collaboration between different community actors was regarded as a valuable method to pass information by all participant groups. Teachers were seen to play a particularly important role in raising awareness by encouraging registration for school attendance. A community leader in Kwanza-Sul confirmed, *'It is through the sobas, church leaders and some school directors that the message is often passed. When children are already attending school, directors play very important role as they advise the parents whose children do not have registration.'*

For the majority of service users, particularly outside urban centres, their information came by word-of-mouth - *boca a boca* - from families, friends and neighbours. Registration appeared to be a frequently discussed issue, and experiences and impressions were widely shared. This was also reflected in the high level of awareness child and adolescent workshop participants demonstrated about registration as they recounted stories from their community. When it came to actually registering, many service users recalled asking people in their social network about practical details and requirements. A TBA who participated in a focus group discussion in Luanda explained, *'While in a taxi I may hear women talking about on-going registration in Benfica; information can spread like that, from mouth to mouth.... And I heard my neighbours talking about it, she went with her son, so I asked her... how was it done?'*, whilst an adolescent workshop participant in Bié concluded, *'For me, friends are important. Those neighbours who are well informed, have an important role of transmitting information to their neighbour. Neighbours have better capacity of giving information to the neighbours who are not well informed.'*

It was clear that information passed quickly within and between communities, but that this could be both positive and negative. The experiences of community members who had registered or attempted to register were often adopted by many, both in terms of their general perceptions of accessing services and their understanding of the process and documents required. Such perceptions played an influential role in subsequent decision-making about registration, with examples of successful registration and minimal complications encouraging other community members to register. Conversely, negative experiences were likely to dissuade others from attempting registration.

In comparison, television and radio were less frequently cited by service users as sources of information about registration, and then mainly by those who lived in more established provincial or municipal capitals. Service providers generally placed a higher emphasis on mass media (likely due to their higher socio-economic status and greater access to mass media), although they maintained that information passed through community members and leaders was the predominant channel of information sharing about registration (see Graph 19 in Appendix 3). Few respondents from any participant group could remember the details of past mass communication campaigns, however some service user respondents did recall advertisements, specifically those aired during the launch of free registration. In this case, the content of the message (i.e. that registration was free) was key to its effectiveness and impact. A *soba* in Kwanza-Sul explained, *'It did have an impact, but I don't remember when it went on TV.... it said there was free registration for all ages... Yes, it [helped people] a lot. Because people saw money as hindrance to do registration.'* However, a caregiver in Kwanza-Sul concluded,

Television and radio... says there is a free registration going on. They speak more about it being free. But it is exactly when we need to baptize or take to school. Yes, it has [been helping], for the people who listen to the radio or watch TV, it has... but those parents who are concerned already know a child needs to be registered as soon as he is born.

When radio was mentioned, it was often with regard to local radio stations. Several participants in the child and adolescent workshops recalled hearing messages broadcast on stations including Radio Bié and

Radio Uige. An adolescent workshop participant in Uige explained, *'They were asking who didn't have the cédula, to go register because the cédula is really important. On the radio they also asked, who doesn't have the cédula, go and get one. They said that we Angolans must get our cédulas, in order to identify ourselves.'*

Perceptions of the value of registration

The majority of participants across all stakeholder groups demonstrated a nuanced understanding of the value of registration, explaining its importance in relation to the practicalities of everyday life, and in more abstract terms of citizenship, nationality and human rights. Many commented on the importance of registration so that individuals could be 'counted' by the government, 'known' by society and including in national statistics. A community leader in Kwanza-Sul concluded,

A registered citizen is somebody known by the government. A registered adult is somebody known by the society and his neighbours. A registered person is somebody who is known by his official name... Being registered means to be known by everyone, worldwide. He who is not registered does not count, and he is not known as far as citizenship is concerned.

Many participants (both service users and service providers) also recognised the use of registration data to inform government strategies and national development. A community leader in Uige explained, *'We feel that registration helps our government [to] have a count of the population. When we are registered, they know when someone is registered locally, and how many there are registered, so they can make proper plans for the population.'* The concept of registration as a human right or right of a child was also mentioned by a number of participants, mainly those with higher levels of education and greater social status (both service users and service providers). For example, the director of a health centre in Luanda confirmed that registration *'Is also good for both the new born and the family, because I believe this is a privilege and also a childhood right; it is a right that a baby deserves, it is a right that the family deserves, it is even a right for the society, for the citizens that are part of the society.'*

Several participants across all stakeholder groups also discussed the importance of registration as a means by which an individual could know and assert their identity, in addition to being recognised by society. As an adolescent workshop participant in Uige suggested, *'When a person doesn't have a cédula, they are both here in the world and not here.'* The concept of 'not forgetting', through the recording and preservation of data, had resonance for many, particularly in terms of an individual's name, age, and parentage. A traditional birth attendant in Kwanza-Sul emphasised *'The cédula is the first thing to be aware of who I am, where I come from, to have a document for life'*.

For the majority of community leaders, caregiver and child and adolescent respondents, however, the most significant value of registration and the biggest incentive to register was related to the practical necessity of having a *cédula*. As outlined above, it was perceived to be a key document for employment, education, travel, having a bank account, accessing services and social security, and being a member of an agricultural cooperative or association. The *cédula* was also considered the 'gatekeeper' to other documents including an identification card, driving licence and passport. The need to obtain the *cédula* was corroborated by the KAP data, as both health and registration staff prioritised it amongst the reasons for early registration (see Graph 6 in Appendix 3).

One of the strongest and most consistent drivers of registration articulated by service users and triangulated with data from service providers, was the need to have a *cédula* in order for a child to enter school. As a *soba* in Kwanza-Sul confirmed, *'Not all think there are other motives aside from school. For the farmer this thought might only arrive later. So from the start I think that the objective is the school, because he could have the ID card 2 or 3 years and not use it at all, but now because of the children, parents are seeing the need to register'*. For all community participant groups this appeared to be the key factor in converting theoretical knowledge about the value of registration into practical action to seek registration.

The necessity of documents in order to travel was also considered to be highly important, and particularly relevant in areas where this was a formal requirement due to local-level transport requirements (for example, in the municipalities in Moxico, which had access to the train line). Many service user participants highlighted the need of having documentation when travelling with young children to avoid accusations of child theft or trafficking. As a religious leader in Moxico explained,

Civil registration is very important for a person. Because an Angolan citizen must have a legal document. As the train has started moving, people who go to Luau, for example, need to have the cédula. When travelling with your wife or your child they also need to have the cédula; people without a cédula cannot get in a train. That's why the cédula is very important for the life of a human being.

Particularly for younger participants, registration was considered essential in accessing jobs and opportunities later in life. A child workshop participant in Luanda stressed, *'Our dreams require registration'*, whilst a participant in another child workshop in the capital confirmed, *'It also helps us in schools, for jobs, to find a good job and have a good life... But registration can do various things, we can get a job... All children must have to be registered to live in society and have a life in front of them.'*

Many caregivers and other community-level participants stressed the importance of registration in terms of ensuring that a child had an official name, identify and progenitor in case of the death of one or both parents and to avoid complications associated with registering orphans. A caregiver in Kwanza-Sul explained, *'Even if one of the parents or both are dead, the children are already registered and whoever will stay with the children will not have much trouble trying to get their documents. It is therefore important that children are registered as soon as they are born.'* The same community groups also highlighted the importance of registration in relation to identifying individuals who had been in accidents or had died. As a TBA in Malange suggested, *'In case of [accidents] during trips, you can be identified if you have your documents in your pockets. They will know the county you live in, the commune and the neighbourhood. If you don't have documents, they will just say someone unknown and they won't care about it because they will not be sure if you are Angolan or not.'*

All participant groups explained the importance of registration in terms of the impact of non-registration. Many service users expressed the sentiment that *'If you're not registered, you're nobody; practically, you don't exist'*. Some linked this to nationality, to not being identified as an Angolan national, or to non-registration *'disturbing the plans of the government'*. The majority of caregivers, community leaders and child and adolescent participants however, emphasised the practical limitations associated with not being registered. Exclusion from education featured prominently, and was a dominant concern across all participant groups. It was noted that whilst primary schools may accommodate unregistered children from grades one to four, in order to matriculate and attend secondary school they must present a *cédula*. A TBA in Bié confirmed, *'There are many children here who aren't studying, they study in pre-school, also in primary, they arrive in the fourth class and they don't have a cédula, there's no way for them to matriculate because in the schools they need cédulas, every time they are needed'*.

Community leaders and caregivers expressed apprehension about their children and children within their communities who were currently excluded from school due to their lack of registration. Child and adolescent participants showed a particular preoccupation with this issue, referring to friends or family members who unable to attend school because they did not have a *cédula*. The child and youth participants who were themselves unregistered spoke of the difficulties they faced as a result, as well as the emotional distress it could cause. A workshop participant in Luanda stressed, *'I want to study in a state school, but I'm not registered... I feel very bad, because my friends are registered, sometimes they bother my father and they tell me that I have to pay tuition.'*

Exclusion from education was also seen to have longer-term ramifications such as illiteracy, unemployment, teenage pregnancy, and the risk of becoming street children or petty criminals. Many participants shared such experiences from their community, referring to this *'waste of opportunity'*. A father from Malange explained, *'They stay, get stuck. They stay stopped without studying. Tomorrow, they*

become peasants. It is a waste. They will get the hoe. The father works with hoe. The son should not work with a hoe. He should be educated.'

This theme was frequently reflected in the drawings and short dramas child and adolescent participants developed during their workshops. The following narrative is representative.

[Describing drawing below]

Participant 1: *We drew a child in school, a woman that is taking her daughter to school, some boys going to school and a boy that was studying and gave up because of birth registration. These people here are the ones going to school. This boy used to study and gave up and now became a street boy... He is a person that studied, but when exams time came they expelled him because of the document thing... He gave up and became a street child.*

Facilitator: *And this really happens?*

Participants [all]: Yes

Facilitator: *Do you know anyone from the neighbourhood with a similar story as the boy?*

Participant 2: *I usually see them in the street... Aside from being a street kid he became thief and then he wanted to get into the school to assault the students, and the person that is at the door didn't let him in.*



Both community participants and service providers shared similar perspectives about the drivers leading to birth registration and the value with which birth registration was attributed. In the KAP survey, registration and health staff were asked why they felt it was important for parents and caregivers to register children early in life. The answer option most commonly selected was that children needed to register in order to access services and travel later in life, followed by the need to possess a registered family name so that

family and village membership could be appropriately documented. No significant divergence was observed between the perceptions of health and registration staff (see Graph 6 in Appendix 3).

Registration practices

Many participants (both service providers and service users) perceived the fact that people were willing to face numerous challenges in seeking registration, as indicative of the significant value to the service. As a caregiver in Huila concluded, *'Yes people know the value of birth registration because many people come from far away to register, walking long distances to get it, this means that they value birth registration.'* The KAP data demonstrated that 66% of registration and health staff believed service uptake in their area to be 'very high' (33.8%) or 'high' (32.3%) (see Graph 7 in Appendix 3). This was largely due to the fact that staff directly equated full registration posts with high service uptake.

Participants in all groups explained that many people, particularly from poor and/or remote areas, tended to delay registration until the last moment (e.g. shortly before a child should attend or matriculate from school), postponing the challenging process until it became absolutely necessary. Service providers with a higher social status and education level, however, explained their motivation for registration in terms of its theoretical value and were more likely to register at birth or in early childhood. As the head of a registration post in Kwanza-Sul reported,

I am married and our children were registered right after their birth... because we understood already the importance of registering the child after the birth. Only through it a citizen is given a Christian name, is part of the governmental statistics, has a nationality, a mother land. All of that happens only after registering, not before it. This is the reason why.

Such participants, whilst potentially attributing greater value to registration, were also more likely to register early because they faced fewer practical constraints in doing so than communities living in poorer and more remote areas.

The majority of service users agreed that the ideal time to register a child was straight after birth, or at least within the first year of life. A caregiver in a focus group in Kwanza-Sul explained, *'As I said, registration is to make the new being who's just arrived known or enter the society. Let us suppose this child unfortunately dies without having been registered, he is not known or counted in the society; as a human right, a person should be registered as soon as he is born.'* Another caregiver responded, *'I usually do my children's registration at three or two months; first of all I choose the child's name before he was born and after the two or three months we decide on a day to do the registration; we took our documents and went there with two godparents.'* A number of community participants also suggested that needing a *cédula* for baptism also prompted people register earlier. A community leader from Kwanza-Sul concluded, *'It makes people not to be relaxed to do the registration only when the child is at school age, but much earlier'*.

Many caregivers and community leaders acknowledged that in practice, however, delayed registration was normal and there was a sense that there was no real urgency as long as a child was registered before five years of age (when it becomes a necessity for them to start their education). Registration staff asserted that in reality, the majority of children were registered at five years old and all participants across the study described how registration posts were exceptionally busy immediately before school enrolment. For many, this was the point when having a *cédula* shifted from being desirable to a necessity, thus prompting caregivers to face challenges associated with registration. A community leader in Kwanza-Sul emphasised,

The real worry are the children that cannot go to school because they do not have the documents and cannot study. When they are still babies it is not so important, it won't make you move 30 kilometres up to the registration office. Everybody sees the need of registration, it is just not easy..... Yes, it has to be a first need. For someone to leave their house and do 12 km by foot, they must feel it is a great need, but with a newborn it is not so urgent.

A number of service users explained that if children were not registered and therefore not permitted to enter schools run by the State, some would endeavour to send the children to community or private schools.

Decision makers

Both mothers and fathers were involved in decision-making about their child's registration, and the extended family, primarily a child's grandparents were seen to influence parents (particularly younger parents). On further investigation it seemed that in many instances, mothers were the most implicated in registering their child, although this was the subject of much discussion between participants. In general, mothers were perceived to be closer to their children, and to worry more about them and their wellbeing. As registration technician in Huila reported, *'Well from what I have seen, it's much more the mothers, it's the mothers I have seen because they are the ones that come most to register. We require that the husbands come too, but the mothers are most preoccupied [with registration] because it's they who follow the children most closely.'* This finding was corroborated by the quantitative observation data as mothers were reported to be the predominant service users attending the registration posts (see Graph 3 in Appendix 3).

Participants from all groups described fathers as having the tendency to be disinterested, preoccupied with other matters, or absent altogether. It was suggested that men with multiple wives or those with children by different women may be more resistant to registration based on the financial outlay required. However, many participants believed that fathers had the most important part to play in registering their children as the head of the household, the main 'breadwinner', sometimes the most educated family member, and often the most exposed to external information. Participants also spoke of the role of mothers in pressuring the child's father because they were seen to be critical to securing registration. As a community leader in Luanda concluded, *'It's the father. Because the mother complains that the child should be registered, 'these men why don't they do the registration?' [until the father says] 'Fine, okay! I will plan to go next week according to my schedule'.* Child and adolescents participants also discussed their own role or potential role in encouraging their parent(s) to register. A workshop participant in Moxico recalled, *'It was the son who pushed [the father to do registration], the father was only thinking about buying a sack of rice, but the son said 'No father, in school they are asking for it [cédula] because I go to college this year and it's necessary to be registered.'*

Changing perceptions of registration services: 'Before it was easy... even a chicken could be registered'

Participants from all stakeholder groups discussed the changes in registration services over time. Community leaders and older caregivers drew comparisons with previous systems and noted that registration was easier and more effective under the colonial regime, primarily due to a community and household approach. A community leader in Bié explained, *'There was a registration system for the father and the mother and the children, in each house... They went from the cities until the villages that are far away, so... there was no chance that someone wouldn't be registered.'* The following account from a community leader in Luanda was representative.

In the past, when our parents got us registered they did not have any problems and the process was fast. But there is a terrible deadlock now... Because even during colonial time, despite the fact that not all of us had access to registration, the service reached the last person. Because if all services were close to the citizen, it would not be the citizen seeking the service but the service be taken to the citizen. Today it is different; they do not bring the services to citizens. The citizens go after the services and, even so he has no access to these services.

Participants also observed that, in the past, the process was more flexible, as other family members were able to register children in the absence of parents. The procedure was seen to be quicker and simpler with less queuing and fewer return visits required. An older caregiver in Uige explained,

In the past, to get an ID document, you didn't have to queue. You just had to go to do the registration and that was that. But now, you have to run here and there, in all that heat. It feels like you are in the rural areas. In those times, it was better. Even though things were bad in the colonial times, registration was not like it is today.

Across the study, participants from all groups observed that the registration process had been interrupted during the war, and emphasised the importance of registration in post-war Angola, *'In the time of our mothers, it was such a difficult time, in the time of the war. We didn't have ID cards, we didn't have anything. Now we already can have ID cards, we can register our children'* (caregiver, Malange). In relation to this, participants also noted that registration posts had become increasingly overstretched in recent years. A caregiver in Kwanza-Sul concluded, *'There were no many people as these days. These days we see the registration office doors very crowded, but it was not like that in the past. I do not know whether people then did not have this culture or knowledge. It did not used to get so crowded.... There is a bigger demand. But there was also an increase of number of staff'*.

Whilst some service users highlighted recent improvements, observing that more posts had been established, that there were more registration staff and that services were implemented for free, many community leaders and caregivers expressed their frustration that non-registration was an on-going problem and that people continued to face significant obstacles in securing registration. In a number of focus group discussions, community leaders appeared to be demoralised, stating *'It's a long time we talk about this'*. In several study sites leaders confirmed they had spoken with their local Administrations to request improvements, but that the service remained unchanged. Such frustrations were exacerbated by the perceived ease with which other initiatives such as electoral registration and the census were facilitated, and several community-level participants questioned why issues of registration were proving so hard to resolve. A central-level stakeholder commented, *'So I think that it's a big problem and to me it's not only a big problem, it's a shame that a country like Angola that has the resources, that has in the past made several investments in registering people for the elections, has not, as yet, made the effort that's needed to have everyone registered'*. Similarly, a community leader in Luanda asked,

Several times we sat down with the people... to complain about registration; whenever we sat down with them, there were also representatives from the Ministry of Justice. We wanted to know, if we are all Angolans, then why is the birth registration not working in the same way as the registration for elections?

Table 13: Knowledge, attitudes and practices identified by participant groups

	Knowledge, attitudes and practices: key findings	Dominant themes identified by participant group				
		Parents	Children and adolescents	Community leaders	Service providers	Central stakeholders
Registration knowledge	• The population generally know about and value registration	x	x	x	x	x
	• Attitudes about registration have changed over time as ‘the country is getting itself organised’ after the war	x		x	x	x
	• It is perceived that some communities have limited knowledge/give little value to registration (e.g. in poorer, more remote areas)	x	x	x	x	x
	• Participants living in more remote/poorer areas articulated the importance of registration but emphasised the practical challenges associated with seeking registration	x			x	x
	• Significant gaps in knowledge exist amongst service users		x	x		x
	• Procedures are unclear and inconsistent for service users	x	x	x		x
	• Significant gaps in knowledge and procedural inconsistencies exist amongst service providers	x	x			x
Current information sources	• There are multiple sources of information about registration including traditional and religious authorities and mass media	x	x	x	x	x
	• In general, the content of specific messages was not recalled in detail	x	x	x	x	x
	• Traditional and religious authorities, particularly <i>sobas</i> , were the most prominent source of information	x	x	x	x	x
	• Registration staff actively engaged <i>sobas</i> to pass information to their communities				x	
	• Radio and television could be limited due to poor network coverage and limited electricity	x	x	x	x	x
	• Teachers play an important role in sensitisation linked to school attendance	x	x	x	x	x
	• Trusted information comes by word-of-mouth from families, friends and neighbours	x	x	x	x	x
	• Negative experiences of individuals were widely shared and had the power to dissuade others from attempting to register	x	x	x		x
	• Radio was the most important mass media mechanism, largely local radio stations	x	x	x	x	x

Perceptions of the value of registration	• Registration was valued for a wide variety of reasons including identity, citizenship, national statistics, community membership and practical benefits	X	X	X	X	X
	• Practical necessity, notably access to education, was the main driver for registration	X	X	X	X	X
	• Non-registration was perceived to have significantly negative effects on an individual's opportunities and future	X	X	X	X	X
Registration practices	• Constant queues at registration posts were perceived as demonstrating high utilisation of registration services	X	X	X	X	
	• Recognition that a child should be registered soon after birth, and at least within their first year	X	X	X		
	• Registration was delayed until the last moment, often until it was required for school attendance, due to practical challenges and perceived lack of necessity	X	X	X	X	X
Decision makers	• Mothers and fathers were involved in decisions about registration, with variation depending on individual family dynamics	X	X	X	X	X
	• Generally, mothers were perceived to be the most preoccupied with registration, whereas fathers controlled the necessary resources to seek registration	X	X	X	X	
	• Extended family, particularly grandparents, played a strong role in influencing registration practices	X	X	X		X
	• Children themselves could influence their parents in terms of their own registration	X	X	X		X
Changing perceptions of registration services	• Registration was perceived to be easier during the colonial period as it took place in the community using a household approach	X		X	X	X
	• The registration process was simpler in the colonial period and other adults could register in the place of parents	X		X		X
	• Registration was interrupted during the war	X	X	X	X	X
	• Services are increasingly overstretched as demand for registration increases	X		X	X	X
	• Services were perceived to have improved in recent years with the increased numbers of posts and staff	X		X	X	X
	• People were frustrated that significant challenges to registration continued to exist and many people remain unregistered	X		X	X	X

Penso em registrar a minha filha de 18 anos, mas não tenho dinheiro suficiente.

Bem, tudo que eu posso sugerir é que diminuas a idade da filha.



Infelizmente em Angola a realidade do registro de nascimentos é muitas vezes críticas.

Muitos dos nossos irmãos em Angola são obrigados a diminuir a idade dos seus filhos por falta de dinheiro que a idade dessas crianças importa para registrá-las.

"I'm thinking of registering my daughter who is 18, but I don't have enough money."

"Well, all I can suggest is that you reduce her age."

"Unfortunately in Angola, the reality of birth registration is that often many of our people are obliged to reduce the age of their children because they don't have enough money and the age of children is important to register them."

Barriers to birth registration

In the analysis of barriers to birth registration, findings were clustered according to six key themes: historical and contextual barriers; financial barriers; access barriers; knowledge and information barriers; socio-cultural barriers; and registration service deterrents. This chapter seeks to highlight the key issues identified for each barrier. In analysing the key themes emerging in both the qualitative and quantitative data, a high level of corroboration between participant groups was noted. In the following descriptive analysis, every effort is made to distinguish between different participant groups to highlight divergences in perceptions and experiences. When the unqualified terms ‘participants’ or ‘respondents’ are used, it should be understood that both service user groups and service provider groups articulated similar insights. A summary table at the end of the chapter presents the key findings by participant group (Table 14). At the conclusion of the following chapter, Table 16 summarises the barriers and solutions discussed.

Historical and contextual barriers

A consistent backdrop to the barriers identified and the different ways in which they were manifest, was Angola’s return to peace after almost forty years of conflict that ended in 2002. Although this theme was less pronounced amongst child and adolescent participants, both community-level stakeholders and service providers perceived the current status of registration to be an inevitable consequence of the war, which was the attributed root of many other barriers. Although some registration was ongoing during the conflict, it had a profound effect on registration infrastructure and service implementation. Many registration posts were closed and registration files lost or damaged, and at the same time many people lost or destroyed their own documents resulting in a huge backlog of unregistered Angolans. Simultaneously, the conflict had a drastic impact on the country’s social fabric: many people were displaced, families were divided and children separated from their parents. In addition to internal relocation, many people also fled to neighbouring countries. As a consequence, many people still found it difficult to produce necessary documents (including *cédulas*, ID cards and death certificates). Some service user participants were resigned that this was ‘normal’ in the aftermath of decades of conflict, but others expressed frustration that these problems were still being faced. The following extract from a community leaders’ focus group in Luanda was representative of such discussions.

Participant 1: *If you look at our situation of 30 years or 27 years of war, registration would always be difficult due to the number of people without documents.*

Participant 2: *Our problem is that we only have 13 years of peace. For places where bombs were thrown, development takes time to catch up, as people were scared. It takes lots of sensitisation and approaching for things to get to normal...*

Participant 3: *We understand why they were not able to do it before, as we were at war; but now the war is over but we still have these problems and we are also not able to register the children!*

Generations of families remain unregistered, as each subsequent generation was unable to register without the documents of their parents. This was a dominant barrier expressed by service user participants across the study: many wanted to register their children but were unable to because they were unregistered themselves and were unable to fulfill the financial or procedural requirements for adult registration (see further discussion in sections on financial barriers and service deterrent barriers). As a community leader in Kwanza-Sul emphasised, ‘*Many fathers are not registered, so their children are also not registered and this can be a cycle that can go up to the grandchildren not being registered when the grandfather is not registered. There are many people in this situation.*’ This finding was corroborated by the observation data as the primary barrier observed in the registration posts visited was lack of documentation (see Graph 5 in Appendix 3).

In specific regions, particularly those areas that were strongholds of the opposition, both service users and service providers discussed mistrust of registration in terms of the legacy of the war. Some perceived registration to be linked to membership of specific political parties and reported that parties were known to either directly encourage or dissuade people to register. A community leader in Bié explained,

Yes here in the community, there are many people who don't accept for political party reasons. It's frequent that type of case, because some parties don't understand that the registration that the Government asks us to do, it's for the children to study, to be able to have a job, to travel and get health treatment. Those who don't accept, they think that it's the Government, or in this case the MPLA, which is asking people to get registered so that after they will be counted as members of the party.

Other participants countered this and acknowledged that with sensitisation and improved government services *'people are slowly learning the difference between party and public interests'*.

Financial barriers

Although registration was, in principle, free for all Angolans, financial issues emerged as a prominent barrier raised by all service user participants groups across the study. Three key areas emerged: the lack of awareness of free registration for all; the high burden of indirect costs; and prevalence of 'facilitation costs' or bribes.

Whilst the majority of service user participants appreciated that registration was free for children under-five years of age, a proportion remained unaware that this was the case. The majority of community leaders, caregivers and child and adolescent participants did not realise that, according to legislation, registration should be free for all ages. The confusion was well illustrated in discussions between a group of community leaders in Bié.

Participant 1: Birth registration is only being done until five years old, I mean for free.

Facilitator: But our friend here was saying that it's from 5 to 10 years. This is an important question that always comes back. If you go to be registered for the first time, do you have to pay?

Participant 2: Yes, from a certain age, you pay.

Participant 3: Those who are 17 or 18, to go and get registered, they will have to pay and those who don't have money, they stay without any document, without registration.

It was striking that according to the KAP data, 50% of health staff (and 10% of registration staff) were also unaware that registration was free for persons over five years of age. Interestingly, the highest proportion of participants who correctly responded that registration was free for those 6 years and older, came from the more remote and rural municipalities (see Graphs 7 and 8 in Appendix 3).

Many service users discussed the charges associated with registering older children and adults, and the difficulties associated with registration of orphans and people who had lost their documents. Community leaders and caregivers recounted their own experiences of paying for registration for older children and suggested that the amount they had to pay was often directly linked to the age of the child (i.e. the number of years above the five year old threshold). A TBA in Malange asserted, *'It depends on the age. For instance, my baby is 7 years old. They have asked me 11,000 per each child. One is 7 years old and the other is 6 years old... They have asked 11,000 per child so that I can get them registered and get their cédula.'* Child and adolescent participants explained that the higher fees associated with older children led parents to alter their child's date of birth in order for them to fit into the cheaper payment bracket. The participants regarded this as having a negative impact on their contemporaries, particularly when children were placed in a school year that was inappropriate for their actual age (see image on page 64).

The majority of service users associated adult registration with a high fee (usually between 1,000 and 7,000 Kwanza (USD 7.50 and USD 52), but up to 20,000 Kwanza (USD 148) in some cases. All service user stakeholders clearly articulated that compiling the dossier required for adult registration involved significant outlay, a factor that was also recognised as a deterrent by registration staff. As one caregiver in Kwanza-Sul concluded,

The difference [in registering adults is] that you need documents from the soba, a statement from the soba. He has to put together various documents: a statement from the soba, his photographs, residence certificate... The soba issues a statement and then you go the municipal Administration that issues you. Before that you pay some fees at the bank and then the document is issued... I don't know [what the fee is], it is to pay to get the residence certificate.

Such costs were particularly significant in the context of the high rates of the non-registration of adults, as parents were supposed to register themselves before they registered their children. Service users explained that in addition to the *cédula*, it was necessary for parents to have an ID card, implying that prior to registering their children, adults had to secure two different documents and outlay the corresponding funds. As a father in Huila emphasised, *'Child registration is free but for you to do his registration you need to have his parents' documents. Parents need to pay for them to have those documents and some of them cannot afford it and since they do not have documents, the children also end up not being able to their registration.'* Fathers in another focus group in Bié also stressed that both parents needed to be registered, implying that an unregistered couple would have to incur double the expense to complete the free registration for their child(ren).

In some cases, service users confused costs associated with birth registration and costs associated with the issuing of identity cards. A group of fathers and male caregivers in Uíge discussed,

Participant 1: Free registration would be good, as we saw in past experiences. One can manage to register the children, but what about adult people who are unable to get something? How can they pay 7000 Kwanza (USD 52)? You cannot even have a good meal at home, imagine 7000 kwanzas?

Participant 2: We shouldn't mix the issues. Birth registration is free for those who register for the first time. What we ask is to have a registration office here. Let's separate: registration is different from an Identity Card. If we say that registration costs 7000, we are wrong. Registration is free. 7000 is charged to get an Identity Card.

A large number of service users also reported the need to pay for declarations issued by the *soba* or the municipal administration, as community leaders in Uíge explained,

Participant 1: When you register for the first time, they charge practically nothing, but to complete the whole process, there is always a cost. Because you have to make copies, get the declaration from the soba, an administrative declaration. You have to take photographs, and copy the testimonial. To finish the entire process, there is always a cost and a value. First is the declaration from the soba, and you pay 500 Kwanzas (USD 3.2). After, you come here, and get an administrative declaration. Here in XXX you don't pay anything, but in other counties you do pay, even in Uíge, but here in XXX you pay nothing....

Participant 2: To get the declaration from the soba is 500 Kwanzas, [and when you] come to the Administration to pick up the administrative declaration, is it free. But when you come, to give the application is 500 Kwanzas, and to do the photocopies of the witness report, three times, three times, it's 300 Kwanzas (USD 1.9). For you yourself, the registration of your father and mother, to make photocopies, three times, three times it's 300 Kwanzas, then to go down there, pick up the photograph, it's 500 Kwanzas.... [They say] registration is free. But this is not free registration.

Participants in all groups asserted that people were prevented from registering due to indirect and opportunity costs, including expenses associated with transport, and food and accommodation costs for people attending registration posts that were distant from their homes. A community leader from Kwanza-Sul recounted,

Recently I went somewhere and I met an uncle of mine who has five children who are not yet registered. He said he has made various attempts, spent so much money on transport that he ended up not having any money left to continue trying. He has not succeeded until now. He is now trying to find somebody who might know people in the notary office to help him, as he can no longer afford going there every day. I asked one of his children, who happens to be my namesake, if he was studying, he said he was but he was worried because they [the school] were already asking for his cédula.

Families with a large number of children and polygamous families also faced an increased financial burden for registration. A community leader in Uige commented, *'There are parents with five or six children, and when it comes to registering, they themselves don't have their own registration. The amount of money to transport everyone to come to register is too much, so time passes.'* Similarly, a father in Huila explained, *'Now imagine for some of us who have two or three wives, to take them all at the same time, you would spend a lot of money. We do not have this money as we depend on our ploughs.'*

Paying bribes or *'gasosa'* was reported to be a common occurrence and discussed by all community-level participant groups, including children and adolescents in their workshops. As a number of participants asserted, *'if you do not bribe, you will not get registered'*. Bribes were paid for a variety of reasons: in order to be attended to at a busy registration post; to register with less documentation than formally required; or to receive the *cédula* in a short timeframe. Some people also paid an intermediary to help facilitate the registration process (which may result in higher costs than going directly to the registration post), and participants expressed frustration that people could *'pay for a place in the queue'*. As elsewhere, community leaders in Luanda openly discussed such issues.

Participant 1: Corruption is the other factor causing difficulties in the registration. I have two children that I wanted to register with the normal procedures the government had stipulated, but I am not being able to. But somebody came to me and said that I just needed to give him 3,500 Kwanzas (USD 26) and everything will be done. How about those who cannot afford?'

Participant 2: One must follow a queue to get registered. Then there are those people who simply bribe the registration technical staff members; they do not have to stand in the queue. Those in the queue end up being assisted late. You may be the first person in the queue but you will not be the first to be assisted. This causes some people to get lazy and starting complaining, 'I'm up early and I end up not being assisted!'

A teacher in Malange province reported, *'I have heard that people go to the registration 2 or 3 times and cannot even manage to get the registration form. For this, they prefer to pay 2000 or 3000 kwanzas (USD 13 to 19) to the cleaning lady for her to get a form. That's bad; it is corruption! What about a farm worker who is a widow? How can she manage this?'* A number of service users suggested that registration staff set the precedent for such practices, whilst others suggested that it was the reputation of the prevalence of bribes that propagated their use – by both service users and providers – and created an on-going cycle of low-level corruption. A group of fathers in Huila concluded,

Participant 1: First of all I would like to thank the government to giving us free registration. They said it was free but the people who are leading the process are creating many constraints so that they can make money out of it and that is harmful for us, the people, who do not have a salary and depend on the field.

Participant 2: People are willing to do the registration, but the officers who are assigned to assist the people are only interested in receiving bribe. So for us as peasants, we are the most sacrificed and we end up not having documents. And then they say peasants are not interested in doing registration. This is not right, because we know its importance and we would like to have it.

Participant 3: I had to take a chicken that I offered them so that I could not suffer by being told to wait for a long time just to end up not being able to do the registration. I know what I did is wrong but that's the only ways we sometimes have left.

Some service users perceived that, in certain cases, fees were linked to the material shortages faced by registration staff. A religious leader in Moxico suggested,

In my idea, the government should feel sorry for our people, because when the people go there to get registered they are told there is no paper and you are asked to pay more money. For you to get cédula or birth certificate you need to pay money. If registration is free, then why should people pay? They cannot give us the documents but are charging us... Some days it is free but on the other days it is not... Because they say they do not have papers to work with.

Whilst the costs related to registration were not significant for everybody, they were prohibitive for the high number of people living in poverty across Angola. For communities with little access to income and limited resources, registration was not always a priority in the face of competing demands, and this was recognised by both service users and providers. As a director of health centre in Luanda asserted, *'If you have nothing to eat, will you be thinking about registration? I doubt it'*. This view was echoed by mothers in Malange,

Participant 1: If you have 6 children, 11,000 per child and 24,000 for you as the mother. How is it going to be for you? It is going to be hard.

Participant 2: How many cassava sacks are you going to make into flour? How many potato sacks are you going to sell? Or are you work with your hands, as a 'mubanga' (agricultural labourer). We do not have this possibility [to go for registration].

The issue of prioritisation was also reflected in the KAP data, as registration staff perceived one of the most significant reasons for non-registration was that it was 'not a priority' (see Graph 9 in Appendix 3). All participant groups recognised the delicate balance that had to be maintained at a household level in terms of prioritising limited resources and the place of registration within a hierarchy of need. Participants in an adolescent workshop in Uige agreed that,

The mother, father, at the moment of going to the conservatory, they feel overwhelmed. They discuss these things inside their homes. And when the mother asks, 'Husband, let's go to the conservatory' the father will say 'no my wife, I don't have the money to go there'. Another will say, 'no, let's do this, have courage, get the money'. But at times no, the money will already be spent. They will have bought something with it.

Registration staff also acknowledged that prioritisation was a significant issue, even for families living in close proximity to registration posts. As the head of a registration post in a provincial capital explained, *'There are parents who may not live very far from here but who have the dilemma of deciding whether they should take a taxi to come to do their registration, or if they should buy food with that money. So parents may have other needs'*.

Within their calculation of resource allocation, many service users emphasised a 'cost versus benefit' ratio, considering the various opportunity costs and the impact or practical necessity of registration at a given moment in time. This also influenced the point at which people decided to register (themselves and/or their children). Describing the situation in his community, a *soba* from Kwanza-Sul concluded, *'It depends on the person's situation. If he is to register a newborn and it rains, he will attend to the problems of the farm, and if it is a child that cannot study because he is not registered, then the sacrifice in this situation is bigger.'*

Some community leaders and caregivers had heard about costs associated with registration from other services users, and in such cases it was the perception of cost, or the risk of incurring costs that was a barrier, because registration was reputed to be a 'costly process'. A mother in a focus group in Malange emphasised, *'We don't know the process because we do not need [to] and we are not ready to go there, since we do not have money. If you are ready, go ask another lady what is requested. When you are not ready, there is no point.'* Parents of unregistered children discussed waiting for sufficient funds in order to register, and a participant of an adolescent workshop in Uige explained that a lack of funds was what had prevented his own registration, *'My father always says to us that we will go when he has money, in order to complete the registration... Always every time the teacher asks me for the cédula, and I don't give it because I don't have it, I feel bad.'*

When registration staff discussed their own experiences of seeking registration, financial issues did not feature prominently in their narratives. When service providers were asked about reasons for low uptake of services, cost did not emerge as a primary barrier in the KAP data (just over 5% of respondents selected this answer, see Graph 8 in Appendix 3). This is likely due to the fact that registration and health staff generally fell within a higher socio-economic quintile, and were not directly exposed to elevated costs associated with adult registration (as they had been registered as children, and they ensured their children were registered early in life). For most service providers, the process of registering their own children was easy, and no service provider made direct reference to having paid a *gasosa*.

Access barriers

As the majority of registration services were located in urban centres, distance and accessibility presented key challenges for much of the rural population. Issues of physical access emerged as a dominant theme across all groups in both the qualitative narratives and KAP data. Registration and health staff regarded access as the most significant reason for the low uptake of services (see Graph 9 in Appendix 3). Roads were often in poor condition, and transport options limited and/or prohibitively expensive particularly in the rainy season, or for certain individuals such as the elderly or disabled. That access was of great concern for rural communities was recognised by urban-based participants and registration staff. Both service users and providers noted that difficulties in accessing services could also be a barrier in Luanda as people still had to navigate significant distances and incur considerable cost to attend a registration post.

When issues of access were combined with indirect and opportunity costs and a lengthy or drawn-out registration process (discussed further below), the combined challenges often proved insurmountable. As one community leader in Kwanza-Sul concluded,

Imagine if a person has to walk 30 km to do registration, when he returns, he will have done 60 km, which is too much. Some people walk that distance but are still not assisted when they arrive at the registration office. They go there for more than four times before they succeed. Many people quit the first day they do not succeed, as they cannot afford to walk 60 km more than once in a very short span of time.

Health care staff, TBAs, caregivers and community leaders explained that attending registration posts involved many of the same challenges that people faced in accessing healthcare at hospitals and health posts. Access issues influenced the location of childbirth and consequently the chance of a newborn being registered in maternity units. A central stakeholder explained,

A mother when she [goes] into labour cannot walk 20 or 30km, otherwise she will give birth on the road, as it often happens. So this is why, up until now, these midwives [TBAs] are still doing this work, taking care of those women who are in the community. Now, many [women] are going to maternities, they are, but they can't go when they live too far away from one.

Access issues were also raised by registration staff who described limitations in terms of transport and outreach. The head of a registration post in Bié concluded,

So for us this is a problem. The conservatory doesn't have transport to reach those more distant quimbos [sub-village], because if we had transport we would have a larger number of registered people. The real problem we have here is transport because in this moment our focus is mass registration... If there was transport, we would have almost half of the communes registered, and maybe also some quimbos of the communes too. We are stopped because of transport.

Knowledge and information barriers

Although awareness about birth registration was high and, as discussed, the majority of respondents knew that it was free for children under five, a lack of clarity about the process involved in birth registration was

evident in all participant groups and across all study sites. In some cases, misunderstandings were due to local procedural inconsistencies (discussed further in the section on service deterrents below), but in many instances, they resulted from limited communication and unclear messaging at the community level. According to the KAP data, health and registration staff perceived communities' 'lack of knowledge' about the process of birth registration to be a significant reason for non-registration (see Graph 10 in Appendix 3). The director of a registration post in Luanda emphasised the lack of communication about or 'marketing' for birth registration.

The other thing that I would like to mention that is very important and relevant is the lack of advertising and marketing. If I go from here to Mutamba there is no advertising signs saying 'Register your child!', 'Register yourself and get your ID card!' Radio does not mention registration, TV does not talk about registration, there is no publicity...it is an issue less talked about.

For some community leaders, the lack of effective communication resulted from limited engagement with the community more broadly. A community leader in Luanda explained,

There is lack of communication, the Ministry of Justice does not interact with the communities and this is one of the most important factors. This is a big mistake... If you are the minister, as a leader you should not be afraid of walking within your people because he knows he has responsibilities before them. He should not be afraid of communicating with the people. They need to walk in the neighborhoods, liaise with the elderly. You cannot hide leadership.

When discussing the attitudes of communities living in neighbouring rural areas, a group of caregiver in Uige concluded, 'They don't always receive it [information] clearly. They come here, but are still confused about what to do to get registration, [although] they heard people talking about registration.' Many community-level participants did not know what documents were required for registration, specifically whether parents required an ID card in addition to a *cédula* to register their child. Similarly, respondents (including registration staff) did not know at what age the process for adult registration began.

Despite recent legislation making it possible to register a child in the presence of just one parent, the majority of service users were not aware of this provision, and community participants across the study clearly stated that both parents were required to be present. This represented a significant barrier as a parent was unlikely to attend alone. Critically, some registration staff did not know it was possible to register a child in the presence of only one parent, suggesting the new legislation had not been widely disseminated, understood or incorporated into daily practice. This was corroborated by the observation data, as the absence of a parent was a problem frequently observed at the registration posts.

There was also confusion about registering children in maternity units. Recounting her own experience, the director of a health centre in Luanda explained, 'I had some [children] who were registered in the maternity unit. I could not register the others there because they were born in the weekend or holidays'. In many of the health facilities that incorporated registration posts, it was possible for any parent to register their newborn child. Many service users assumed, however, that a mother needed to have given birth at that facility in order to be eligible for the service. It was also suggested by some participants (including service users and health staff themselves), that for registration at a maternity units, both parents had to be in attendance and this was also seen to be a barrier. As the director of a health centre in Kwanza-Sul concluded,

The difficulty maybe was to bring the father from the house to here. It was not a problem for those fathers who had already taken their wives to the maternity unit. But there were fathers, there is always one, who stayed at home while the wives are suffering here. When it was needed, at the time of discharge, the father is not here in hospital. So we had to call him from his house to bring him here. Because he is the one with the mother who should give the name to the baby.

Orphans were frequently cited as complex registration cases, and many community participants did not know how to register children in the absence of both parents. Several expressed a sense of powerlessness

and perceived the situation to be unsolvable, as a TBA in Malange stated, with orphans *'you don't register, there is nothing you can do.'* Some service users knew that the parents' death certificates were required for registration, but these was often perceived to be difficult to obtain, particularly if the parent(s) had died a long time previously. A TBA in Bié explained,

We are finding a lot of families of orphans, they don't have a father, don't have a mother, sometimes there are ten in their family, but they don't have a cédula. So, from that situation, to manage to get them cédulas is even more difficult, because the father has died, the mother has died, so they stay with their grandmother. The grandmother has no way to do it. So I am asking for opinions on what can be done for us to get more support. Because for a person to study, they need a cédula.

From a community perspective, gaps in knowledge made the registration process more complex and convoluted, and for some, actually deterred them from trying to register. Service providers also lacked key information. Although 93 % of registration staff in the KAP survey self-reported their level of knowledge to be 'good, very good or excellent' (see Graph 11 in Appendix 3), other survey questions highlighted gaps in knowledge and inconsistencies. For example, when asked 'what should be done if parents don't have civil registration documents', 40.3% responded that a child could not be registered. Only 17.5% responded correctly that the parents should first be registered and then the child (see Graph 12 in Appendix 3). In addition to the issues discussed above (not knowing that it was possible to register a child in the presence of only one parent; not knowing that registration was free for persons over six years of age), a significant number of service providers described local-level variations and procedures that were not aligned with legislation. In responding to the KAP survey, 99% of registration staff confirmed they needed further training, with refresher training focusing on legislation (44%) and registration processes and practices (31%) (see Graphs 13 and 14 in Appendix 3).

Socio-cultural barriers

In comparison to other, more structural barriers, socio-cultural factors were less frequently prioritised by participants when discussing their perceptions and reasons for non-registration. Two reoccurring issues were investigated, however: parenting and family structures; and naming practices.

Changes in social dynamics and shifting family structures were discussed by all participant groups. Respondents explained scenarios in which one parent may move to a different town for work or other opportunities, or parents may separate and remarry. As highlighted above, the issue of polygamy was discussed, and instances of men fathering children with several different women (both in and out of wedlock). Cases of child abandonment were also raised. In relation to birth registration, the underlying issue in all these scenarios, was that registration was perceived not possible in the absence of one or both parents.

Many grandparents acted as the primary caregivers to the children's children, and expressed concern about their ability to register a grandchild. As a grandfather from Bié explained, *'I have children and grandchildren. The children are registered, but the grandchildren are not, due to the absence of the parents. Due to the lack of registration, none of them are studying, as when we went to the registration office they told us that nothing can be done if the children's parents are not present.'*

Many participants from all stakeholder groups also raised concerns about teenage pregnancy and the phenomena of *'fuga da paternidade'* ('escape from fatherhood') in which fathers did not assume responsibility and children were referred to as 'orphans of living fathers'. The high rate of single mothers (raising their child without the father) was a theme particularly evident amongst female caregivers and child and adolescent workshop participants. In one workshop in Bié, the group portrayed the story of a particular case with which they were familiar. The girl who presented the illustration to the group explained,

Here we are depicting a young man drinking alcohol and smoking cigarettes because he isn't able to do his child's registration. He had abandoned his child before the baby was born. He did not have the capacity or courage to take the responsibility and he would not be prepared to do the child's registration. This is something that happens very often in this society where the youth are attracted by modernity and all they want is to have fun and get girls pregnant, just to abandon them later. This drawing portrays a frustrated young man who is now addicted to alcohol and cigarettes because of not being able to fulfil his duty as a father.

Although the majority of service users confirmed that they did not know it was possible to leave the father's name blank on the *cédula* (and therefore for the mother to register alone), others discussed the sense of shame this would cause and thought that young women would be reluctant to follow such a course of action. A community leader in Kwanza-Sul stressed,

In these situations they should register only with the mother's name, and the father's box should be left blank until the day he appears. But even then not all mothers have the courage of facing registration without the father... although there is a little difference between the countryside woman and the city woman. It is not so easy to go there [to the registration post] and sometimes they do not find people that want to talk directly to her [the mother] and they lose courage.

Many registration staff had observed this in the course of the work. As the head of a registration post in Luanda recounted, a mother '*Does not feel comfortable in doing registration only with her details... There are mothers who agree to do it right there, but there are also those who say they would try to reconcile or convince the father to come do the child's registration.*' Both service user and provider participants were aware that, in some instances, people resolved this issue by registering the child under the name of adults who are not their parents, but who could present at the registration post with the required documentation. As a community leader in Kwanza-Sul highlighted,

The risk here is that many children may end up being registered by parents who are not their own, just because their father cannot do it. Because when the child reaches grade 4 the dilemma starts right there. The parents may be faced with challenge of finding an easy and quick solution or to see their child getting out of school. So they may decide to ask somebody who has documents to do the registration as though the child was his own. This can be dangerous.

The second socio-cultural theme that was investigated concerned naming practices. Previous studies have cited the cultural practice of delaying the choice of a child's name as a significant barrier to registration (UNICEF et al. 2010), yet in this study, it was an issue that was rarely self-identified by demand-side participants as a challenge. Health and registration staff were more likely to cite it as a barrier to registration, however, suggesting that in some cases it had contributed to the suspension of registration services in maternity units. When directly questioned about delayed naming, community leaders, caregiver and TBAs suggested a range of potential reasons (customary beliefs that a name should only be chosen after the baby is born and/or the umbilical cord stump has fallen off; the need for the extended family to choose an appropriate name; to be sure that the child will survive; to ensure that the father can see the child's resemblance before assuming paternity), but confirmed that it only had real ramifications in relation to registration at maternity units. As one central-level stakeholder explained,

Children who are born in maternity wards should be registered right there, immediately after being born. The biggest constraints about women who go to maternity wards is that when asked to do their child's registration, sometimes they say that have to wait for the husbands consent whether to register the child or not. Then the husband comes and says 'We haven't held a meeting with the family yet to know what name we will give the child'.

Registration service deterrents

The primary barrier to registration, as discussed by all participant groups across the study, related to practical difficulties in registering given the structure and *modus operandi* of registration services. All groups perceived the current infrastructure to be inadequate, with too few, small and/or poorly resourced posts available. Although a number of service users noted an improvement in areas where *lojas de registo* had been established, most still highlighted that the services were '*not enough*' to deal with the demand. As one caregiver in Huila concluded, '*Many people would like to be registered but are facing difficulties, mainly when they go the centre they come across many constraints*'.

Whilst issues of financial deterrents (including bribes or '*gasosa*') were discussed in detail above (see section on financial barriers), this section clusters the analysis of service deterrents into three key themes: complex, inconsistent procedures and bureaucracy; lack of resources; and poor service provision and inter-personal communication.

Complex, inconsistent procedures and bureaucracy

Despite the recent attempts to simplify the registration process through the introduction of new legislation, the procedures still proved to be complex and highly bureaucratic for the vast majority of service users, particularly for adult registration and 'unusual cases' such as registration for orphans or individuals who had lost their documentation. The situation was further compounded by local variations in which the registration process was observed to deviate from legal stipulations. Variations in process and practice were found between different posts, and even between different staff at the same post. As one central-level stakeholder suggested, '*So it varies from province to province, and I think it depends on which conservatory, the level of understanding, of flexibility that you actually meet. It's really like that.*' Service users reported being given contradictory information by different staff members and asked to adhere to additional requirements (such as speaking the local language), provide more documentation (including a vaccine card or record of baptism), or attend with an additional witness, on an apparently ad hoc basis. A community leader in Uige asserted that '*Here for those children who are less than 5 years old, the documents come from the province, from the headquarters in Uíge... [for] many children needing to register here in the conservatory, they need their vaccine card, and the baptism record.*' Many service users expressed frustration that the same documents could be turned down by some staff, yet accepted by others, and that certain documents were non-transferrable between provinces. A community leader in Luanda recounted his own recent experience in attempting to secure registration,

Two months ago... I heard they were doing registration in Camama. I prepared my documents and submitted them. I was told a copy of my parents' documents was missing. I am an orphan of both parents, where am I going to get this document? They said I needed to go to my province to find out if I had been registered. I do not have relatives from whom I could gather information about my parents. This is complicating. They even asked me if I could speak my mother tongue. I told them I could very well, but they said they could not do anything. I did not stop there, I went there again on another day and I was assisted by a different person who told me my documents were complete and I am back there after fifteen days to collect my identity card; I hope I will be successful.

Several respondents who had relocated to Luanda from the provinces explained that they had to return to their province of origin for registration or to collect certain documents. As one community leader in Luanda explained,

When I was registered, when it was time to apply for the identity card, I was told my name was not in the registry book. So, I needed to get a new registration. Problems started right there. I was obliged to get out of Luanda and go to Malanje, where I was born. I went to the soba and he issued me a statement that allowed me to get registered. Without that statement I would not be able to get registered.

Issues of 'name censorship' were also prevalent in many locations, and caregivers, TBAs and community leaders reported being told by registration staff that their child's chosen name was unacceptable or did not exist. Child and adolescent participants also recounted this happening in their communities. A mother in Luanda recounted,

When you are in the notary office and give the name you want for your child, they make it very difficult for you. They may say 'There is no such a name'. When I went to have my daughter registered, I wanted her to carry the same name as me, but I was told that that name did not exist! I gave them another name and I was told 'This has never been a human being name'. I had to seek another name and it was only after that it was accepted.

Some service users had been told that names should be Portuguese or African, whilst for others, the reasons certain names were or were not permissible remained unclear. A group of community leaders in Kwanza-Sul questioned the criteria for accepting a name, 'If they had clarified how things worked or if they at least persuaded people on how to choose names, things would have been different. But sometimes we wonder how come some names are accepted and others are not. We wonder if it is because of the officer's interpretation or if there is a general rule?' A teacher in Malange expressed resignation with the situation,

Yes, the conservatory refuses some names. For example, I planned the first name of my last daughter and they refused it. I prepared another name, but they again said no. So with their help I found one... You take time and choose a name for your child, but when you are there that name doesn't work. That's sad. But as the time passes, we get used to it, nothing can be done.

Such issues combined with mistakes or modifications during the registration process meant that it was not uncommon for participants to use different names to those on their registration document.

Service providers also discussed the lengthy process involved in registration that often led to bottlenecks and delays to document issuance. For example, each *cédula* had to be signed by the head of the registration post, and this could cause a backlog, particularly if the documents had to be sent to the provincial capital to be executed. The head of a registration post in Bié explained the reasons for delays in issuing documents in his conservatory,

They have to wait because after registration, there are processes that need to be done. I mentioned that we require supporting paper documents and once those documents are presented, we do the inscription of the registration. After that, documents are presented in paper, are scanned and introduced in the system so that they can be part of our archives. After this, registration is deferred, that is to say, in terms of hierarchy the person who does registration is lower level officer and deferments must be done to a higher-level officer, one who has more knowledge and experience as far as registration is concerned. This is the person who tells the officer whether the registration was well done or not. After deferment, there is approval of preparations. After preparations, the documents are ready to be issued and signed. It takes time, mainly in situations where there is a need for many approvals. But the system was designed to enable the registration to be issued after some minutes if we work only and exclusively for that registration. But there are so many registrations and it is not easy to cope with that.

Both service users and registration staff perceived that digitisation of registration had exacerbated procedural bureaucracy and caused further time delays. When conducting paper registrations, staff were able to move between different registration sites (such as communes, maternity units and other registration posts), and services could be more responsive to local needs. With the implementation of computerised systems, data entry could only occur at the central post. At many of the sites visited, staff explained that they conducted registrations in 'off mode', using paper forms and then entering the data into the computer system at a later date. Registration staff perceived that this duplicated effort and slowed the process of registration. As the head of one registration post explained,

In the neighbourhoods we have all the posts open on Monday, Tuesday and Wednesday, because we are not working with books. If it were with books we would be working every day, because it is registering and

then just signing. But now, with this work of computerisation of the posts, we have double the work because they go over there with the declarations to gather all the data, and when they arrive back here they have to transcribe. [They] take the same data of the declaration [and put it] into the system, and it nearly duplicates the workload. So that is why we prefer three days over there at the posts and 2 days reserved for them to stay here at the computers and transcribe the declarations.

Issues of computerisation were also raised by some service users in relation to the lack of transferability of documents between provinces. A community leader in Luanda questioned, *'If you got registered in Malanje and you want to apply for the identity document in Luanda, they will not accept it, why? If we have computers and all the data is in the computer, why do I need to move if they can do it here?'*

For many participants, particularly central stakeholders, such operational barriers arose from a lack of organisation and coordination and there was a generally held perception that the system needed to be simplified and standardised. As one central stakeholder concluded,

Organisation. I would say its organisation, organisation, organisation. It's not lack of technologies, it's not resources in a sense... Unfortunately, sometimes the problem, the root problem, is put as a problem of technology: put in computers and so on. When the problem is not there. Of course if you have computers and people that can use computers, everything will be much easier. But it's not that without computers you cannot register people... Many people that were born many years ago, that were registered by the Catholic Church, they relied on that service and it worked... So for me the root problem is organisation.

To both service providers and users, the limitations of a computerised system in an operational environment of frequent power outages and limited stocks of paper and ink were evident.

Many participants were similarly confounded by the existence of multiple identity documents (*cédula*, *assento*, ID card etc.) Several referred specifically to the lack of synergy with electoral registration, and as one community leader in Luanda stated, *'When people were registered for elections and got the cards, they thought the cards would make it easier for them to get the birth registration and apply for the identity card. But we were told after that it was not like that.'* The establishment of *lojas de registo* should eventually enable services to be integrated using a fully digital system, but at the time of the research, the various databases were not interoperable and whilst service users could obtain different documents related to civil registration under one roof, they still had to follow individual procedures for each.

Lack of resources

Both service providers and service users emphasised the lack of human and material resources (*cédulas*, registration books, printers, ink, computers, electricity etc.) available at the registration posts, and suggested that this limited the number of sites where people could be registered, the number of people who could be registered per day per site, and could result in services being stopped altogether. It was common for news about shortages to travel quickly within the community, resulting in a registration post's negative reputation and discouraging people's attendance. As one religious leader in Moxico confirmed, *'There are many children herein the municipality... who do not have cédulas. When they go to the registration offices to do the registration, they are told there is no paper, there is not this or that etc.'* These sentiments were corroborated by the KAP data in which registration staff reported the major impediments to their work were lack of material resources (see Graph 10 in Appendix 3).

Human resource difficulties were experienced in both Luanda and across remoter locations in the provinces. In many sites staff from other services were coopted to work in registration posts, referred to as *brigadistas* (members of a brigade) or *colaboradores* (collaborators). Many registration staff mentioned the lack of financial incentives as a challenge to these colleagues' motivation. Contracts for registration staff were also of limited duration and there was a high staff turnover. In more remote areas, staff could be required to commute longer distances, and participants noted that staff may worker shorter hours, be

absent for prolonged periods and, in some cases, were perceived as having poor relations with the local communities (discussed further below).

Service provision and inter-personal communication

Some service users indicated that registration staff displayed negative attitudes towards their clients, and highlighted that this could serve as a deterrent for attendance. As one central stakeholder concluded,

You could put there the question of efficiency of the services, of the personnel to be really committed there... I know one problem that people face now when they go to services is they are not properly treated. Like you can go one time and there is one thing missing, you solve that problem, you go another time, they say no, they tell you that you are also missing that [other thing]. So this kind of [thing], not having a service that is sensitive to the person and to the problem... The problem of communication is a big problem. The capacity to communicate.

A *soba* in Kwanza-Sul suggested, 'Staff think that everybody should be like him. They don't respect. Sometimes they look at you like an animal... I don't know if it is the crowds of people or what. Many witness these things and give up.' In contrast, a community leader in Malange suggested that such impressions were the purview of communities.

[There is] a belief that these city people think better of themselves and in the meantime you want to attend them...sorry, this is the image that people in the villages, in the neighbourhoods, have of us in the city. To say that, 'Look these think so highly of themselves and don't attend to us well' because they have this declared image, it is a limitation, a barrier.

Many service users made a direct link between the treatment clients received and their social status suggesting that people with higher standing, influence or personal contacts with registration post staff were likely to be given priority. Community respondents across the study suggested that staff 'choose from the faces' of those seeking registration, facilitating a more rapid registration process based on familiarity or even the appearance of an individual and how they were dressed. A participant in an adolescent workshop in Bié explained how poor people were discriminated against.

In my point of view, people have not been able to do their children's registration due to social conditions. As we all know, there are classes that are more favourable in our society and the poor who are not favourable. Let's suppose I do not know anybody at the notary office. When I get there to do my child's registration, I may not be assisted or kept to wait for a long time. While he who knows someone there, or who is well economically, will have the priority of being assisted first. It is therefore frustrating for me to be going to the notary office over and over again without being able to do my child's registration simply because I am poor.

Participants from all stakeholder groups acknowledged that vulnerable communities could find it difficult to access formal services such as registration for a range of reasons, in addition to their socio-economic status. Registration staff did not always speak local languages, and this was perceived to be a barrier to effective communication. The paperwork required was complicated for people who had limited literacy skills or were illiterate, and even the location of some registration centres were intimidating (for example, in a court house or administration building). Several service users with a lower socio-economic status spoke of 'lacking courage' to seek registration. Referring to the situation in his community in Kwanza-Sul, a *soba* explained,

We [community leaders] met with those caregivers who are afraid and who do not have their registration up to now. They are shy and do not come but there are those who come, even mothers... They are afraid of the questions they might be asked by the people who interview them. Sometimes they get so nervous that they start changing their sentences and are not consistent. I have already seen that. It takes so long because the information the person brings in the paper is different from that he says. He gets nervous and

he is not at ease. For example, her name may be Maria Antonia, but she says Antonia Maria and she ends up being bombarded with questions. She gets scared... People know false statements are a crime and they get scared if what they say is considered to be as false statement. So when there is a hard question the person gets confused and he is no longer consistent with his details.

In terms of the service provision, long queues at registration posts featured prominently in the narratives of service users. Many caregivers described spending the night outside the post or queuing from early in the morning to ensure they were there when it opened, yet they were not able to achieve their registration and had to return multiple times. The delay in obtaining the *cédula* was also a frustration for many, and was perceived to have a negative impact on the uptake of registration as people reported having to wait weeks or even months, and again had to make repeat trips to the registration post which (as discussed above) was challenging due to access and financial barriers. As a teacher in Malange suggested, *'I think all people would like to register their children. The problem is the attendance at the registration office, it is sad. You can go today and again tomorrow and... we need to improve the functioning, it is bad, so bad.'* Similarly, a *soba* in Kwanza-Sul concluded, *'[People] feel sad because imagine these days people are waiting for the rains to come and when they go to the registration office and [they] tell them to wait four or five days and [they] have to stay at relatives' home... It is complicated, I think the feeling is of sadness'*.

Many participants, predominantly service users, explained that in the face of such barriers, people often became demoralised and *'gave up trying'*. Some would not return to collect their *cédula*, whilst others did not attempt to register at all. Whilst many service users had personally experienced challenges with registration, it was clear that the poor reputation of services and people's negative perceptions were also significant deterrents. Given the predominance of oral communication within communities, for some simply hearing about such challenges was sufficient to prevent them from registering. In this way, the negative experience of one caregiver could be magnified and have a detrimental effect on the decisions and actions of a whole community.

Table 14: Barriers identified by participant groups

	Identified barriers	Dominant themes identified by participant group				
		Parents	Children and adolescents	Community leaders	Service providers	Central stakeholders
Historical and contextual	• Generations of unregistered people; cycle of non-registration	x	x	x	x	x
	• Politicisation of registration and mistrust due to perceived link with party membership			x select regions	x select regions	x select regions
Financial	• Lack of knowledge that registration is currently free for everybody	x	x	x		
	• High indirect costs involved in preparing the dossier for adult registration including fees to be paid to <i>soba</i> /administration for declarations	x	x	x		
	• Prohibitive indirect and opportunity costs (transport, accommodation, food etc.)	x	x	x		
	• Bribes, ' <i>gasosa</i> ' and facilitation costs expected by registration staff/service users	x	x	x	x	x
Access	• Long distances for rural population to travel to centralised registration posts (poor roads and expensive travel)	x	x	x	x	x
Socio-cultural and religious	• ' <i>Fuga da paternidad</i> ' and difficulties registering in the absence of one or both parents	x	x	x	x	x
	• Reluctance of women to register their child without the name of the father	x		x	x	x
	• Delays in choosing a name as a barrier to registration in maternities	x if prompted		x if prompted	x	x
Knowledge and Information	• Lack of/gaps in knowledge about registration and registration process	x	x	x	x	x
	• Lack of communication or 'marketing' about birth registration	x	x	x	x	x
	• Lack of clear information and messaging	x	x	x		
Registration service deterrents	• Inconsistent and complex processes (adults, orphans, those that have lost documentation, those from a different province; 'name censorship')	x	x	x		
	• Lengthy and delayed process, queues and delays receiving documents	x	x	x	x	x
	• Challenges of computerised service	x		x	x	x

	• Internal bureaucracy causing delays			X	X	X
	• Lack of human resources	X	X	X	X	X
	• Lack of material resources	X	X	X	X	X
	• Poor service provision and interpersonal communication	X	X	X		
	• Preferential treatment of acquaintances/those with status	X	X	X		
	• 'Lack of courage' amongst some groups to attend formal services	X		X		



"What would have become of me I hadn't abandoned my child?"

Enablers leading to birth registration and solutions to barriers identified

Having identified the barriers and deterrents preventing birth registration, participants were also asked to highlight key enablers and share ideas and possible solutions to overcome the challenges raised. They were encouraged to consider what, from their perspective, would lead to timely registration. All participant groups were adept in listing practical solutions to existing barriers and making suggestions to increase registration rates. Registration, health and education staff as well as representatives of civil society organisations and communities gave animated and detailed responses, expressing both general solutions and those relating specifically to the potential future role of their particular institution. Overall, participants appreciated the opportunity to discuss their opinions and ideas for improving birth registration, and emphasised the importance of relaying their messages to both UNICEF and the government. As a caregiver from Huila concluded, *'Since your information will reach the government, please inform them what we are saying here as solution for these problems.'*

All suggested solutions were analysed in relation to the qualitative and quantitative data gathered throughout the study. For ease of reference, the solutions raised by participants are presented according to the six thematic barriers identified in relation to birth registration: historical and contextual barriers; financial barriers; access barriers; knowledge and information barriers; socio-cultural barriers; and registration service deterrents. In the following descriptive analysis, every effort is made to distinguish between different participant groups to highlight divergences in perceptions and experiences. When the unqualified terms 'participants' or 'respondents' are used, it should be understood that both service user groups and service provider groups articulated similar insights. A summary table at the end of the chapter presents the enablers identified by participant group (Table 15). Following this, Table 16 summarises the barriers and solutions discussed.

Contextual enablers and solutions

In November 2015, Angola celebrated 40 years of Independence and in the current phase of post-conflict recovery, many participants expressed a strong sense of national identity and citizenship: *'people feel part of this country and its development'* (community leader, Luanda). Against the backdrop, registration was recognised by both service providers and service users as an important action that both contributed to and benefited from national dynamics.

As several older stakeholders highlighted, registration was not a new phenomenon in Angola. The concept was well understood and perceived to be a feature of an *'organised country'*, thus the population was, in general, willing to be registered and support registration. In discussing the historical precedent of registration Angola, a group of religious leaders in Huila concluded,

It's not a new process in Angola, point one. Point two, the churches that come to register and do the baptism, pass on the message. I am speaking about the churches because we are part of that work, but a good part of the Angolan population, in the viewpoint of history, have been together. We Christians have always heard about registration, we know that in that time, when Jesus Christ was born in Bethlehem in Judea, he had to go there to register the birth. This means that registration is not only in Angola. They've always done birth registration. Here as well, the priest was saying that in the colonial times it was more efficient to register because the registrar came to the village, and they registered periodically. I don't know any more about Angola's history of registration, but it's always existed since the kings separated and it was the Portuguese colonials who made Angola a more or less modern country. But for all intents and purposes, the function of registration has been here like any normal country.

In contrast, a number of participants from all stakeholder groups remained concerned about the political position of birth registration within Angola and suggested the need for increased advocacy to ensure the

allocation of necessary resources, enhanced buy-in at different levels and to establish a more community-based approach (discussed further in following chapter). As one central-level stakeholder asserted,

I think that from the point of view of political discourse, we've advanced. Lets see in the future. In terms of advocacy and such things, about the importance of registration, the Ministry [of Justice] always talks about this... But the problem is in practice. I still don't understand...why there is resistance... Some say we have to take care because of our brothers from the Congo [i.e. immigrants], [that] everybody will have an ID card. I don't know if this is really a risk, if it's dangerous for the country. These are more macro questions, [we need] to lobby, advocate for this cause. There are many things which come in front of registration... I don't believe that the question of IDs will go forward in the matter in which we want it to advance if the broader questions of the involvement of the rural community aren't answered.

A key issue raised by participants in all groups across the study sites, was the need to resolve the bottleneck of unregistered adults (an issue linked to financial enablers and strategic registration procedures discussed below). This would provide parents and caregivers with the required documentation to enable them to register their children. As the head of a registration post in Huila suggested, *'I think it would be ideal if the adults were registered so children or their children could also be. In the future, have their registration status regularised'*. Similarly, a central stakeholder concluded, *'We need to start the process on the women, the mothers, who do not have documents'*.

Financial enablers and solutions

That registration is free was a major enabler and created higher demand for the service. Community participants in all study sites perceived it to be the main reason for the significant increase in people seeking registration in recent years, although notably, service providers did not. In the KAP survey, when asked 'how can registration rates be improved?' service providers did not prioritise free registration as a major influencing factor (see Graph 15 in Appendix 3). This suggests that service providers were not fully aware of the financial implications of registration (possibly as the amounts involved were less significant for people in their position), and/or that the majority of service users were not aware that it is free. As a community leader in Bié affirmed, *'Linked to free registration, once we saw that children were not registered because it wasn't free, but now it can be seen, at the municipal level and in commune capitals, it is notable that children already have their documents, cédulas and assento de nascimento are often spoken about...'* Many participants, both service providers and service users, also stressed that the deadline for free services (foreseen to end in 2016) should be extended. As a school director in Malange confirmed, *'Considering that we had war times and only now people from villages are coming to the cities and caring more about registration, I think it should be free. I think registration shouldn't be charged, or if so, it should be cheap, not as expensive as it is.'*

The need for on-going communication that registration was free was emphasised by many community participants. It was clear that many service users did not know the service was free and for others, the perception of cost remained a major deterrent. As a community leader in Bié concluded, *'These farmers, these people who before didn't get registered because you had to pay, if they hear it's for free now, even the elders who don't have their documents will come to register.'* For service users who were not aware that registration was free for everybody, the cost implied in registering older children was a major incentive to register them before they reached five years old.

Removing the indirect costs associated with registration was also emphasised by service users. For many, travel and transport to centralised services required a major financial outlay, and funds needed for additional documents (particularly in the case of adult registration) were prohibitive. A father in Kwanza-Sul suggested, *'It should be good to reduce some of the requirements to do registration because of the invisible costs involved. For example, to get the soba statement involves costs, the form as well, plus the transport to ad from the registration office'*. This sentiment was echoed by another father in Huila who explained, *'If birth registration will continue to be in town, we do not have [financial] conditions to do so.'*

We will not go there because it is too much suffering for us and the officers will continue to charge us money, that's why things should change.'

When discussing bribes or 'gasosa', most service users were resigned, and perceived 'facilitation costs' to be part of the status quo. Some service users suggested that increased supervision to prevent service providers asking for and/or receiving financial incentives or additional remuneration was required. Others advocated that, in addition to clear messaging that registration was free, communities should be further empowered to expect and insist upon free services.

Interestingly, a few service providers proposed the idea of offering incentives to encourage people to register, although not in terms of direct remuneration. A central-level stakeholder suggested,

Maybe we should adopt those methods that we see in certain countries whereby people who do registration are given two liters of cooking oil per month. This will attract many people to do their registration. This would probably be useful for the most remote regions. During registration campaigns people will be given soap or sugar to do their birth registration. Many people would be attracted to do their registration.

Access enablers and solutions

In overcoming access barriers, the primary suggestion from all participant groups revolved around the need to 'bring the service closer to the people'. It was clear that demand for registration services existed, and both service users and providers reiterated, 'If you bring the services, people will come'. Participants made a direct link between increased accessibility and increased utilisation of services, 'The closer the services are to the population the better results we will have'. A variety of different mechanisms to enable improved access were discussed in detail and were strongly corroborated across stakeholder groups: decentralised services, specifically fixed posts in rural areas and mobile teams or *brigadas*; registration in other community locales including *maternity units*, health posts, churches and schools; and new large-scale campaigns.

As the majority of registration posts were located in provincial or municipal capitals, both service users and service providers stressed the need to provide services directly at the commune level. They explained that other essential services had provincial, municipal and communal representation and suggested that registration services should follow the same pattern. A community leader in Malange asserted, 'Our suggestion is that registration has to return to the community and not be here in the city, and that is that'. The director of a registration post in Luanda also emphasised, 'I insist, if there is a registration office in each commune, registration indicators will be higher and there will be fewer difficulties... Children may be one year old and they keep postponing the visit to the registration office, but when services are close... things will change'. The director of a health centre in Luanda echoed this opinion,

Many registration offices must be created in short distances so that people may not find it difficult to get there... I think as more centres are set up almost everywhere, like the government has started doing right now, it will minimise [the barriers] as the service will be closer to people. I think this is also something that will improve [the situation], because even if a person has not thought about registering his child, as he often passes by a place where registration is taking place, he will be motivated to do so.

The head of a women's association in Kwanza-Sul explained, 'We only have one notary office here, but we have one [post] that is located in a commune which is 30km away. There is an Administration working and I believe it was aimed at relieving those people, and some staff were taken from here to be relocated there'. Other central stakeholders, however, raised concerns that the administrative structure and capacity was insufficient to fully support decentralised services and stressed the need to build resources at the communal level. One central stakeholder highlighted,

Of course, you need to strengthen the capacity of the systems that you have. And for me, one of the problems we have in the public administration is that the lower level of the public administration – the

communal level – many times has very basic resources. But that's a... much bigger [problem]. I think its not only around registration, its around everything. You need to create capacity of the structures at local level.

Several service users discussed the inauguration of *lojas de registo* in selected areas, and the positive impact they had by providing an additional location. As a school director in Luanda confirmed, 'More registration posts should be opened to ease the crowds. I've seen the model of the *lojas de registo* here, that helps the old conservatory a lot because we can see that Luanda has grown a lot and is very big.' Although *lojas* were a key component of the government's *Programme for Universal Birth Registration and Identity Cards Assignment*, currently most were based in urban centres and would not immediately increase accessibility for much of the rural population.

Participants from all groups and across all study sites emphasised the need for mobile registration teams (or *brigadas*) that would be linked to the registration post, but would be equipped with resources to travel and conduct registration within the community. As a community leader in Kwanza-Sul stressed, 'It is imperative for registration [that] brigades be created to shorten people's distance. These brigades must encounter the people in the neighbourhood and districts. A father in Kwanza-Sul emphasised,

We need to have more registration offices here, including ambulatory registration...that will go to the remote areas to meet the people. There are places of difficult access where there's not even access to radio or television; the sobas would be the spokesmen in those areas. Brigadas should go to those areas, to fulfill the saying that 'Mohamed does not go to the mountain, but the mountain comes to meet Mohamed'. That is what needs to be done, otherwise we will continue facing the same problems over and over again.

As well as overcoming issues of geography and distance, both service users and providers thought that mobile services would 'help clear the backlog of cases' and facilitate registration for people who lacked confidence or the 'courage' to access centralised services. As a mother in Kwanza-Sul asserted, 'I think, since there are so many fathers who are not courageous to send their children to do registration, maybe if there was an organisation that could go in[to] the neighbourhood and do the registration on the spot, maybe those who have not been able to would manage to do it'. This logic was also applied to people who were perceived to not prioritise registration, or who were deterred by the negative reputation of services. A community leader in Malange explained,

It is difficult for those working on farms. For instance, my mother goes to the farm every day, except on Sundays as it is a sanctified day. She is old and sick, but still insists on working on the farm. If she hears people saying that they went to the registration office but did not succeed, she won't try. But if she hears that registration is done at the soba, she can postpone her farm activity in order to get the registration.

Many registration staff also raised the importance of overcoming access barriers by implementing services that 'reached the people'. According to the KAP survey, health and registration staff suggested improving registration rates through 'more centres' and 'taking the service to the people' (see Graph 15 in Appendix 3). As the head of a registration post in Bié explained, 'Other communes are not yet doing 'off' registration but whenever we are requested by the communal administration, we sent out team there to do registration.' The head of a registration post went onto describe how they had been able to organise themselves at the local level, allocating specific days to register different groups of service users in different neighbourhoods,

There were people who arrived here [the conservatory] and sometimes left this place without doing their registration. To avoid people coming here [all] at once, we adopted the strategy of doing registration in the neighbourhood, and only [the] number of people we knew [that] we were able to assist per day...at the notary office. This strategy worked very well and today, everybody who comes to do registration, as long as he meets all the requirements, is registered without any problems.

Some service providers were concerned about the time and resources it required to do 'off' registration (gathering the necessary data at the commune level and transferring it to the computerised system at the central registration post) and stressed that to offer this service, registration teams must be provided with

adequate transport to reach the more rural locations. Other participants, particularly service providers and central stakeholders, were also wary of the resources mobile teams would require, and thought increasing the number of fixed posts was more feasible and sustainable. Most, however, suggested that combining fixed posts in communes with mobile outreach teams would be the most effective approach. As a religious leader in Moxico concluded, *'We should do both things at the same time. There should be permanent offices in places people can go at anytime they want, and also ambulatory offices that could go everywhere, including in remote areas.'*

Participants from all stakeholder groups also suggested that registration services should be established and maintained at other types of centres, particularly at maternity units. Many regarded the opportunity to register directly after birth and *'leave the hospital with a cédula'* to be inherently positive and concluded this was significant development in enabling registration, as it avoided many of the challenges associated with later registration. As a mother in Bié concluded, *'Registration in maternity units is very important, [if] straight after the birth the baby is registered, it would help resolve the situation.'* Participants were aware, however, that registration services had been available at a greater number of maternity units in the past, but that the service had been curtailed in some locations. A mother in Huila stressed, *'There should be more registration posts... like in the past, when my children and I managed to be registered at the maternity hospital. Children should do registration at the...maternity hospital, and adults remain at the conservatory.'* Service providers who had conducted registration, including health staff at maternity units, confirmed that it was well received by community members and that the service was well utilised. The director of a health post in Bié concluded,

Just to tell you that mothers liked this registration so much [because] they knew they did not have to go [through] the long queues at the notary office. As soon as the mothers delivered, they had the right to do their baby's registration. If the newborn baby was fine, we sent for a witness to come and sign, and we concluded the registration right there. We also found the service to be better, as the mother did not have to go to the notary office... It was very good, because every mother accepted registration. They all love it. The babies' fathers also loved it, and they have been asking for the project to continue.

Both service providers and service users expressed frustration that registration at some maternity units had ceased without any clear explanation. The director of the health post in Bié continued,

I would like the Ministries of Justice and Health to again implement birth registration in maternity units. They should send people here to do registration as it used to be done... We also wonder why there is no longer such registration? We tell them there will be such registration again in the future, but we cannot say exactly when. It would be important if these two ministries thought a little bit more about us and the women. Maternity units need birth registration to be restarted in order to make things easier for the newborn children and the parents.

Even staff working in institutions without a registration post reported receiving requests to start the service. The director of a health facility in Luanda explained, *'There are mothers who are interested because they know already [that] other maternity units are doing registration. They are interested and ask us when it will be here, they ask everything. We tell them, we are waiting.'* The director of a health post in Luanda went further, *'I would recommend it [registration] does not stop at the maternity units.... The maternity units without registration must set it up, and in places without maternity units but with paediatric consultants, registration could be set up there. Hence, registration posts will be closer to the people.'*

Participants confirmed the importance of giving women who had delivered at home the opportunity to register in maternity units or health posts, but noted the shift towards institutional births and uptake of other maternal, newborn and child health services such as vaccinations, with mothers often being encouraged to attend and even accompanied by TBAs. In this regard, both service users and services providers regarded registration at maternity units to be a valuable 'part of the package' that was in itself an incentive to give birth at a hospital.

Participants from all groups suggested adopting a cross-sector approach, to combine registration with other services. The link between registration and community-based MNCH initiatives was made by many community participants as well as health and registration staff, particularly in relation to vaccination campaigns. The director of a health centre in Luanda explained,

A vaccination campaign could also be done together with registration, since people adhere to vaccination campaigns, they already know... Everybody knows vaccination is very important because they can see the benefits of vaccines. We could make the most of these campaigns as this [registration] is aimed at children and vaccinations are also for children. We could join them together. We could say, 'Listen, free registration will also go to you, just like vaccination'. Every child taking vaccination who is not registered could also do the registration. If we did it this way, the next time there is a vaccination campaign, which happens very often, the mother whose child has not done registration yet will say to herself, 'My neighbour's baby was registered in the previous campaign, will they not register in this campaign as well?' Then she will know this is important.

A number of participants across the study also suggested that registration should be established in schools, as a way of facilitating the process for older children and ensuring their access to education. Service providers also emphasised the importance of responding to local needs and opportunities for registration. The head of a registration post in Bié explained how they linked registration to micro-credit and livelihood initiatives.

Last month we were at XXX and we interviewed children [who were] at the age of writing school exams [and] to transit to another level... need[ed] documents. Right now we are doing [a] similar process in the commune of XXX because there is a programme of granting agriculture credit for the peasant women. Most women there do not have documents and without documents they cannot be entitled for the credit, they cannot be assisted by the bank. So the Administration from XXX asked us to go there and register those women.

Participants discussed previous registration campaigns that had systematically facilitated the process of registration, but had also targeted specific groups such as former soldiers and returning refugees. In proposing suggestions that increased the coverage of services at the local level, participants also drew on other examples including the census, electoral registration and features of birth registration under the colonial regime. The common feature of these interventions was their ability to access people within their communities, even in the most remote and hard-to-reach areas. A father in Huila concluded, 'I think the process should be similar to that of the general census, whereby inquirers went everywhere and everything went well. Why is it not done in the same way also for the registration? The same method could be used.' Several participants expressed frustration that other nation-wide government-led initiatives were mounted with apparent success, yet birth registration continued to be so problematic. When discussing the use of *brigadas* on a large scale, a community leader in Malange highlighted that the priority should be to decentralise fixed registration services.

There is one point I don't agree with... If you propose to copy the population census strategy, that can take time. How many people and materials do we have to prepare? ...Can the government afford this? So for me, the most important is the decentralisation [of registration services] to the communes and sectors, to have one conservator who can manage all offices. That is my opinion.

Knowledge and information enablers and solutions

Although service providers frequently suggested that failure to attend registration posts was due to people's 'lack of knowledge', this did not correlate strongly with the narratives of (potential) service users, many of whom knew about and valued birth registration. Whilst they more commonly attributed non-attendance to financial and access barriers and service deterrents, it was evident that information about the actual process involved in birth registration was still lacking. That said, participants concluded that the

level of information shared at the community level had increased over recent years and had encouraged people to register. An optimistic community leader in Kwanza-Sul concluded, *'The situation is improving because of the various information that has been passed. People now understand how things work and that there is no reason to be afraid. More and more people have been going to the court [where the registration post is located in this municipality] to try to register themselves and their children.'* Past registration campaigns were also seen to have contributed significantly to this growing knowledge base and as a health worker in Huila explained, *'The population has knowledge about registration because, when the massive campaign was done, much awareness was created among the populations and communities.'*

The need for more communication and clearer messaging at the community level was emphasised by participants in all groups. Respondents discussed the importance of focusing sensitisation and information-sharing on people perceived unlikely to register (specifically less educated, poor and rural populations) and on key messages (that registration was free; that single parents could register their children; that 'difficult cases' such as orphans could be registered; and details on the process and the documentation required). As discussed in the following chapter, the need to use trusted and respected communication channels (such as community leaders and churches) was emphasised by participants in all stakeholder groups across the study, as was the specificities of language. As the director of a health centre in Huila stressed, *'It is always important that there is truly care of the language used, and if this is the case then there will be a lot of adherence, but if the explanation is not like this, exact and precise, we will not have acceptance.'* It was also suggested that sensitisation should be conducted in community settings, specifically venues where people congregated during their normal daily life. As a religious leader from Moxico suggested, *'Mothers should be met at the markets, rivers and other places they usually go to. That's the place they can be met and told about registration and other plans the government may have.'*

For many service users, improvements in knowledge and information were inherently linked to increasing the knowledge of registration staff, improving their interpersonal communication skills, and ensuring that the information shared with service users was standardised. These issues are discussed in more detail in the section on overcoming service deterrents (below) and in the subsequent chapter on communication.

Socio-cultural enablers and solutions

The dominant socio-cultural enabler for birth registration was when registration was perceived as a social norm and had community support. Several respondents discussed how the tradition of registration was passed down from one generation to the next within the same family, and many participants in the child and adolescent workshops described the specific and important role that parents and family elders played in encouraging (and, at times, facilitating) registration. Discussing his own family, the head of a registration post in Kwanza-Sul concluded,

I always advised my sons-in-law, my children to register their child. It is a good habit, a good principle having their child registered. Through this awareness, this message, we see our grandchildren registered. And when they grow up, they will already have their registration documents ready, because their parents took my advice... So it turns out to be a good habit, a good initiative that children once grown, have the responsibility of registering their own children.

Participants from all stakeholder groups emphasised the important role of community leaders in supporting the registration process and ensuring community members sought registration. As a leader in Kwanza-Sul explained,

People are concerned about doing registration as the soba is attentive [to] complaints of children who are not attending school. So he goes to our neighbourhood and informs everybody of the need to do registration. He informs about the benefits of registration so that everyone may know. Our soba also

informs the people whenever there is something everyone needs to know. The same happened during election registration and vaccination campaigns.

TBAs also played a significant role in some cases, following up new-born children and supporting their mothers to register them. A mother in a focus group discussion in Bié recounted an example from her own community.

So the midwife did the treatments that she had to and the mother had her twins. They were born healthy, but the belly button hadn't fallen and they had to wait. The midwife went to the hospital to ask if they could give the equipment to do the registration at home, but they said no, and [said] to wait until it [the umbilical stump] falls and then to come with the mother who had the baby, and then [she] could do the registration. So when it fell, the midwife went with the mother and the twins, and they went to the hospital and they registered them.

The importance of registration being regarded as a social norm and the need for community leaders and community members to advocate for and be involved in registration is discussed further in the following chapter.

In discussing specific socio-cultural issues, including teenage pregnancy and '*fuga da paternidad*', participants made several key suggestions. Registration staff and service users who were aware of single parent registration (e.g. mother only registration) stressed that this option should be better communicated, and emphasised that mothers should be encouraged or motivated to do registration alone, even in the face of negative perceptions (many service users and a percentage of service providers remained unaware that single parent registration was possible). As a mother in Moxico highlighted, '*To register the baby without the father's name is better than not registering at all, at least like this he can go to school*'. The importance of family and community support in creating an enabling environment in which a woman felt able to register alone was seen to be crucial. A number of caregivers and community leaders recalled instances in which the community had applied collective pressure to persuade a father to assume paternity or to reconcile issues between estranged parents, even taking recourse to the law in order to resolve specific situations. A mother in Kwanza-Sul explained, '*Sometimes for us to do children's registration, we have to use some force, coercion, notify and go to the court. We have already done that four times and the fathers had to register the children. The most important [thing] is for them to turn up as they have documents but do not want to give them.*' The facilitation of individual cases through a third party was not uncommon, and representatives from the community, civil society and governmental organisations promoted their role in mediating between parents. As one central stakeholder concluded, '*Single women have been approaching the Ministry to encourage the father, or talk to him, so that he takes responsibility for the child, registers him or her and gives them the necessary assistance. Really, there have been many cases [like] those.*'

Participants from all stakeholder groups also suggested tackling teenage pregnancy and '*fuga da paternidad*' in a more general sense, through advocacy and sensitisation within the broader landscape of gender issues and sexual education. A central-level stakeholder explained,

If we go there and sensitise on the consequences of such parenting denial, one of them being birth registration, the consequences of child abandonment, we'll prevent these prospective parents who tomorrow will be more lucid and [have] clear consciousness towards their responsibility. So we carry this message to secondary schools, universities and military and paramilitary units to ensure people are educated on children's rights and the responsibility each person should have.

Another central stakeholder reiterated a similar concept, emphasising the importance of increasing sexual education amongst children and youth,

This [failure to take responsibility for children including their registration] has a lot to do with the lack of sexual education, and these are the things that require a lot of work to be done, mainly with girls. The boys also need to be educated on sexuality. I am sorry, I do not like putting girls down, but usually end up

blaming them when these things happen. This is an education related problem that we have, but what I wanted to say related to this issue, is that it is not a problem related to the most vulnerable or poorest families only... And there is education related work that has to be done with men so that they can value their family commitment to know the various things involved when there is a child out of their household.

In contrast to the issues of nepotism and challenges of low socio-economic status discussed as barriers to registration, some service users highlighted how their personal contacts enabled a smooth and easy registration process. A mother in Kwanza-Sul recounted how she was able to use her connections to solve the potential problem of her husband being absent.

I am lucky to have a sister at the notary office and who knows the situation that I was going through. If it was another person, they would ask me to look for the father until he appeared so that he could sign the documents. The father [would] not only have to appear, but he would have to bring documents along with him. Hence, if a person does not have good advice, or if they do not [have] anybody working at the court, they may never do their children's registration.

Similarly, participants with a certain social status and/or educational level generally acknowledged that they did not encounter the same challenges in registering their children as faced by poorer and less educated Angolans. This finding was corroborated by the KAP data, as the vast majority of health and registration staff reported that they had registered their own children without significant problems. A community leader in Bié observed, *'It is easier for those who work in the Ministries of Health, Education and in other institutions for example'* and a school director in Malange concluded, *'In my case I haven't had many problems, because they [the registration staff] know who I am and I don't take it easy, I don't permit certain behaviour. When I am at the registration, they know that they must be calm with me. I don't have problems.'*

Finally, in response to the challenges associated with delays in choosing a child's name, the recommendation from all participant groups was clear: sensitise the parents and families to choose a name during pregnancy. The majority of community level participants suggested that delayed naming practices were becoming less common and could be overcome in order to facilitate registration. In this sense, the perceived benefits of obtaining registration were seen to outweigh the traditional practice of naming. Community leaders discussed this in a focus group in Bié.

In the past, after the birth, the child and the mother had to stay at home, they didn't leave, they simply had to wait until a certain age, or until the belly button falls, and after, some family members from the father's side and others from the mother's side would be called in to meet and give a name, and this could take a few days... In the way I see our society here in XXX, and the way we see the system that is being adopted to develop the [registration] service, we should abolish that practice, but also it doesn't put in question our tradition, it doesn't. Because what we want is that when the baby comes, then automatically you give a name, it should be automatic and it would correspond to the process that's underway now in the country. That system of waiting until the belly button falls and only after you give a name, it's an old system, outdated. But now I think that when the people do that they close the way and they shouldn't complicate things. For them it won't be complicated, what we know is we need to advance.

In order to facilitate registration at maternity units, community-level participants stressed that delays because of naming practices were overcome. As one mother in Moxico explained, *'Pregnant women, when they come to pre-natal consultations, health workers should give them lectures, talk with the mothers, to prepare a name, give birth in the maternity unit and register their child.'* Similarly, health and registration staff acknowledged that overcoming such practices and improving registration rates at maternity units required increased communication. This need for effective sensitisation was emphasised by the director of a maternity unit in Bié,

Sometimes, in the first days or the first years, we had these cases they would say the baby did not yet have a name, we have to wait because his father is not here, he's in another province and we have to wait for him. After our many workshops, we started educating the mothers when they came here for pre-birth

consultations. Even the traditional midwives from the villages were instructed on birth registration. We also carried out sensitisation workshops in the neighbourhoods so, every woman knew what to do when it was time for her to give birth.

Registration service enablers and solutions to service deterrents

Resolving registration deterrents was identified as key to improving registration rates. All participant groups agreed that *'If it was easier for someone to do the baby's registration, then they would'*. In line with the discussion on registration deterrents as barriers (see previous chapter), the analysis of service enablers and solutions to service deterrents is structured around three key themes: simplifying the registration procedure; increasing resources; improving service provision and interpersonal communication.

Simplifying the registration procedure

Streamlining the process of registration was seen to be critical. Service users routinely called for registration services to be more systematically organised. As a school director from Kwanza-Sul suggested, *'Less bureaucracy... less paperwork, then I believe that the entire population should be able to go to register.'* Removing some of the bureaucracy and improving internal organisation was also stressed by the central stakeholders interviewed. One concluded,

If you have the organisation... [you] create a system... and we can deploy it. If you don't have the organisation and you put in computers, the computers will not solve your problem like organisation. So if you don't have organisation there are no solutions. If you don't invest in organising, all the solutions will not function. So it's better to invest in organising.

Reducing the administrative hurdles for adult registration was particularly emphasised by service users, in order to remove the significant barrier posed by non-registered parents being unable to register their children. A group of fathers in Kwanza-Sul asserted,

We have complained many times, demanding adult registration to be simplified because children will suffer if adults are not registered. We raised these concerns in some forums, but we were not listened to. So we welcome this conversation. It may take 10 or 15 years, but our grandchildren will live in a different reality.

Service users also stressed the need to facilitate the registration of 'unusual cases' and to communicate clearly about what was involved to register an orphan; for single parents to register; to overcome issues of name censorship, and to assist people originating from different provinces. In relation to the challenges faced by single mothers, for example, a mother in Kwanza-Sul concluded,

They should also register without a father, in [the] case of those ladies whose fathers are not known or do not want to take the responsibility. I would love if there was another method much easier that did not make it difficult for the people, because what makes people not to go there is to think about the kind of questions he will be asked and [then] not being assisted at the end. For example, let's suppose I am the mother and the father does not care if the child exists, but I want my child to be registered. Therefore, I think there should be a way of making things easier in these situations so that the child may not suffer.

Repeatedly, service users across the study requested simple processes and standardised criteria that would enable smooth registration. The need to support communities to register was particularly highlighted in relation to vulnerable groups, including poorly educated or illiterate people. As a school director from Malange explained, *'The bureaucracy [of registration] is huge. Literate people are registered, but illiterate aren't. If we all want to achieve the goal of registration, considering that from 2016 on it will be charged [i.e. there will be a cost charged], the registration service should be facilitated.'* In this facilitating registration, some participants noted that central-level directives could have a positive impact, particularly in terms of 'unusual cases' such as refugees. One stakeholder recounting a recent incident explained, *'We*

obtained a letter from the national director [who] basically wrote to the provincial delegation telling them, 'yes there are refugees, yes there are asylum seekers. You are obliged to register them as well as their children who are born in Angola. So it was really positive.' The stakeholder concluded by emphasising, 'It would be best if the Minister could issue a general circular to all conservatories in the country so that you have a clear document and...it would be easier in terms of advocacy'.

Participants from all groups also requested that the process and requirements of registration be more clearly communicated. This, they asserted, would enable service users to plan and prepare themselves appropriately. The director of health centre in Luanda explained that registration posts could,

Decide on a number to be assisted that day, [then] people could put their names on a list and they would know exactly which day to be assisted. For example, if one thousand people wrote their names on a list and your name is, let's suppose nine hundredth, you would know when to go to the notary office or to the registration office, based on the number of people assisted every day. On that day, you would be aware that you will not go to work and you must prepare a certain amount of money for meals and water since you may spend the day there with your child. That is the way we should organise things.

Both service users and service providers suggested that if waiting times were cut, people may be more willing to overcome access barriers because both direct and indirect financial barriers would be reduced. Several registration staff also acknowledged the necessity of reducing waiting times, and emphasised the need to speed up the process of preparing the *cédula*. As the head of a registration post from Huila confirmed,

*If we could just improve a little the time it takes to receive the *cédula*, improve a little the process for the population. This has been a constraint for them, not all of them live in the centre of the city but far from it, so they apply for the *cédula*, it takes the time it takes, maybe they also have financial difficulties, so it's not possible for them to come from their neighbourhood to pick it up. When they come for the first time it's not ready, maybe they come a second time and it's not done. This starts to create a laziness, a discontentment on the part of the applicant, so if processes were strengthened to provide the population with *cédulas* in good time, it would be much better.*

Increasing resources

To increase the efficiency of services, many participants emphasised the need to improve resources to ensure the registration posts were adequately supplied, both in terms of human resources and materials. As a religious leader in Moxico stated,

*There are many children here in the municipality of XXX who do not have *cédulas*. When they go to the registration offices to do registration they are told there is no paper, there is not this or that, etc. so people go there many times but the answers are almost the same over and over again. That's why we think the government should make sure there is enough materials for the people to do their work and register those who need... The work of registration is not going well because of lack of paper, lack of *cédulas* booklets, and lack of computers to do the work... The government should add more of those resources.*

The need for a larger qualified staff was highlighted by many participants, both service users and providers. The same religious leader from Moxico continued, 'There are few workers to do the required job. There are too many people waiting for an opportunity to do registration for such a small number of staff. So the government should increase the number of staff, or increase their salary, so that our children can be registered'.

In the shift towards digitisation, participants from all groups also emphasised the need for computer equipment to be adequately supported, resourced and fully maintained. A central stakeholder concluded, 'If you put a computer, there are some [things] like the ink [that are needed] or if there is a break in the computer or something, that has to be repaired... So it is better... to go to a low cost thing that will not be

dependent on much technology that we don't have.' Some participants, particularly a number of central stakeholders, thought that managing such resources may be more of a challenge than a solution.

Improving service provision and interpersonal communication

Both service providers and service users suggested that staff required more training and enhanced supervision. As the head of a registration post from Bié explained,

Every man needs capacity building as he progresses in educating and assisting people... There is shortage of staff in the whole province. In 2013, we received some staff for the entrepreneurship bureau but all of them had no training and were clueless about registration. It is only they are learning with the help of head of the sector but I think that is not enough, they need proper training led by qualified personnel.

This finding was in line with the KAP survey in which 93% of participating staff affirmed that they wanted further training, of which 76.4% stated formal trainings were their preferred method (as opposed to on the job training or reading materials) (see Graphs 13 and 16 in Appendix 3).

The importance of improving customer service was clear and many service users suggested that staff should receive enhanced training on communication skills, as well as increased supervision. A community leader from Kwanza-Sul emphasised,

It is important for UNICEF and the Ministry of Justice to make an effort to ensure that more registration officers are trained to have open minds when working with people from various backgrounds. For there is a feeling [that] some officers are insensitive and not qualified to do this kind of work, they are too harsh.

Similarly, a central-level stakeholder confirmed,

Talking about communication, it's not only communication to educate the beneficiaries or the clients. [You need] to have good communication campaigns [i.e. training] for all the civil servants at different levels to have a common understanding and common message and a common procedure. That type of communication I think is needed as well. Probably more needed than to tell people 'go and register'... They should have clear instructions on [how] to deal with the situation. But dealing [with it], not to say people go home...because you don't have all the requirements to register. Because that is not solving the problem, its postponing the problem. It's postponing the solution.

Health and registration staff who participated in the KAP survey reported that 'a lack of supervision' was a barrier to their work (see Graph 10 in Appendix 3). Other participant groups also stressed the need for increased supervision and for staff to treat all service users equally (i.e. not to take bribes, or show favouritism or nepotism). A participant in a child workshop in Bié highlighted that '*they should register first the people that arrive first, and not their acquaintances or relatives*', whilst a teacher in Malange concluded,

The technician will rather attend another person, a friend, just because they know each other. For instance, if I have a friend in the conservatory and a friend of mine wants to be registered, I will take him there: 'What are you doing here?'; 'Just following my friend'; 'Oh, tell him to come in'. These behaviours must be eliminated, as it is happening in Education and Health sectors. At school, if the director sees that a teacher is just sitting down without doing anything, he will approach him and ask why if there are students waiting. The registration director should do the same, because there are people who just pretend that they are working.

Several service users suggested that increasing resources to prevent services from being overstretched and overcrowded (as discussed above) would also improve staff attitudes. A community leader from Malange explained,

When we have many posts there will not be mistreatment because not everyone will stay in a crowded post; often when the crowds are too much they frustrate the civil servants and they don't know how to tell them, how to speak to them. This means this has a cost for everyone, but I would like there to be more posts; with more posts I think this would be resolved, they will stop mistreating people.

Participants from community groups highlighted that many of staff in more rural locations were not from that area and this led not only to a high turnover of staff, but the perception that staff were less connected to the communities they were due to serve. Many respondents, including registration staff, suggested that there should be an increased effort to recruit and build capacity locally, with staff being 'native' to the municipality in which they worked.

One suggestion raised by several community-level participants was community-based monitoring of the registration services. This and other aspects of community engagement are discussed in the following chapter, but it is worth noting that open communication between communities and the Administration regarding service delivery was seen to have a positive impact. As a community leader in Kwanza-Sul recalled, *'[The problem] was really the bad behaviour of some of the staff in the registration office. But we sobas took this to the Administration and the new Administration managed to solve this.'*

Participants emphasised that, just as a poor registration experience could quickly perpetuate negative perceptions, news of a positive experience could rapidly circulate at the community level and be a powerful determinant in encouraging friends, family and neighbours to seek registration. As a father in Luanda explained, *'So, the ones already holding their ID card, those that are registered, when they arrive in their neighbourhoods they spread the word saying, 'Look at my ID card' and others will feel brave.'* Similarly, a community leader from Kwanza-Sul confirmed that the experience of his nephews had had a positive impact on the community's collective perception of registration, *'My nephews...were told to come back on Friday since the other days had already been booked. They were very happy because they were assisted on the day they had been told to come back. They also got the Certidão Narrativa Completa de Nascimento (the formal copy of the registration documentation) in the same day and applied for the identity document thereafter.'*

Table 15: Enablers identified by participant groups

	Identified enabler	Dominant themes identified by participant group				
		Parents	Children and adolescents	Community leaders	Service providers	Central stakeholders
Historical and contextual	• Target registration of adults to clear backlogs (through campaigns)	x	x	x	x	x
	• Involve all actors in sensitisation including all church groups and political parties	x	x	x	x	x
Financial	• Communicate about and safeguard gratuity of services	x	x	x	x	x
	• Reduce/remove dossier costs for adults, particularly linked to facilitation fees charged by <i>sobas</i> and local administrations	x	x	x		x
	• Extend deadline for free services for all beyond 2016	x	x	x	x	x
	• Increase supervision of staff to reduce bribes and related practices	x	x	x		x
	• Communicate clearly about free services so they are expected and upheld by service users			x		x
Access	• 'Bring the services closer to the people'; decentralised posts; campaigns & mobile brigades	x	x	x	x	x
	• Expand registration in maternities	x	x	x	x	x
	• Combine with other campaigns/services e.g. vaccination	x	x	x	x	x
	• Establish registration posts in schools	x	x	x	x	x
	• Learn from previous successes (e.g. census, electoral campaign, vaccination campaigns)	x	x	x	x	x
Socio-cultural and religious	• Communicate and encourage single-parent registration	x	x	x	x	x
	• Conduct broader sensitisation around teenage pregnancy and 'fuga da paternidad' linked to gender and sexual education	x	x	x	x	x
	• Sensitise parents to choose a name early to facilitate registration in maternities	x	x	x	x	x
Knowledge and Information	• Clear and targeted messaging for those least likely to register, tackling key 'information gaps'	x	x	x	x	x
	• Use trusted and respected communication channels (primarily through local religious and traditional leadership), local languages and community-based sensitisation	x	x	x	x	x
	• Improve registration staff' knowledge and use of standard and consistent procedures	x	x	x	x	x

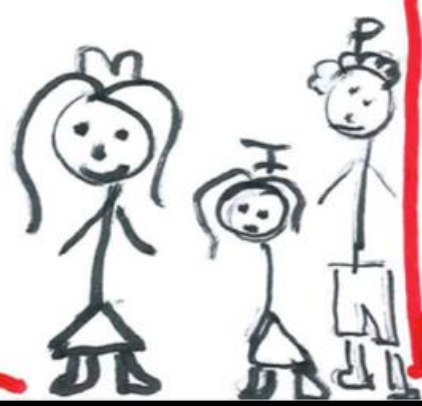
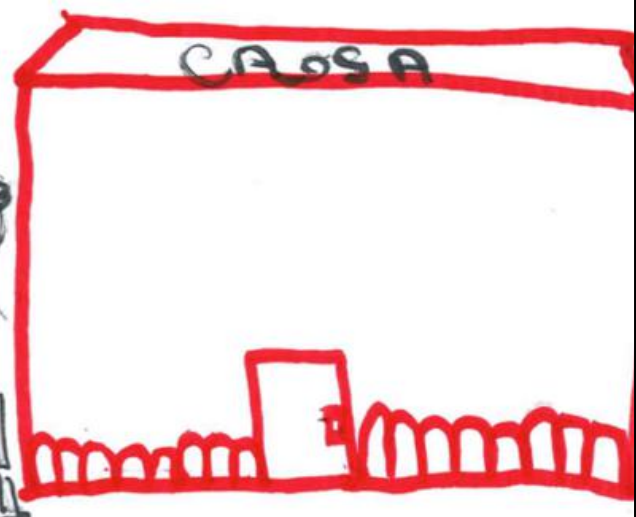
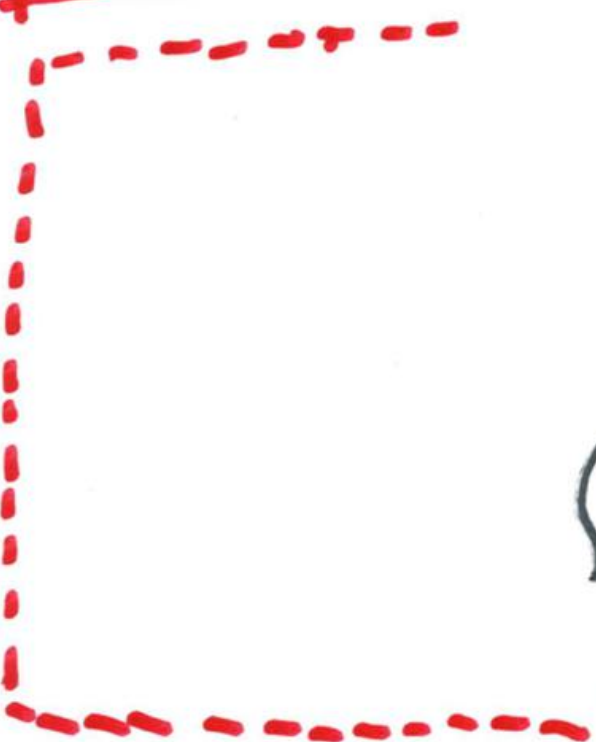
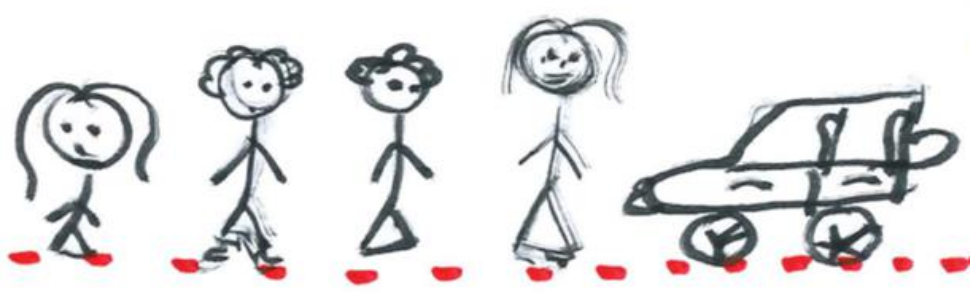
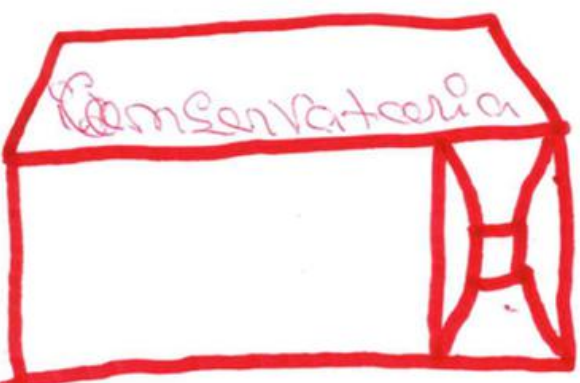
	• Increase marketing and visual information (posters, leaflets etc.)	x	x	x	x	x
Registration service deterrents	• Streamline, simplify and standardise registration process, specifically for unregistered adults	x	x	x		x
	• Improve internal organisation of posts in order to increase efficiency				x	x
	• Improve timeliness of registration process and the release of documents	x	x	x	x	x
	• Facilitate and communicate clearly on the management of 'unusual cases'	x	x	x	x	x
	• Establish parameters of 'name censorship' and communicate clearly	x	x	x		
	• Produce government circulars with clear and simple information for all registration posts	x				x
	• Increase both human and material resources available for registration	x	x	x	x	x
	• Improve service provision and interpersonal communication, and reduce nepotism	x	x	x	x	x
	• Enhance supervision of staff	x	x	x	x	x
	• Recruit registration staff locally	x		x	x	x
	• Establish community based monitoring systems	x		x		x

Table 16: Summary of barriers identified and related enablers and solutions

	Identified barriers	Suggested solutions
Historical and contextual	<ul style="list-style-type: none"> • Generations of unregistered people; cycle of non-registration • Politicisation of registration and mistrust due to perceived link with party membership 	<ul style="list-style-type: none"> • Target registration of adults to clear backlogs (through campaigns) • Involve all actors in sensitisation including all church groups and political parties
Financial	<ul style="list-style-type: none"> • Lack of knowledge that registration is free for all • High indirect costs involved in preparing the dossier for adult registration including fees to be paid to <i>soba</i>/administration for declarations • Prohibitive indirect and opportunity costs (transport, accommodation, food etc.) • Bribes, '<i>gasosa</i>' and facilitation costs expected by registration staff/service users 	<ul style="list-style-type: none"> • Communicate about and safeguard gratuity of services • Reduce/remove dossier costs for adults, particularly linked to facilitation fees charged by <i>sobas</i> and local administrations • Extend deadline for free services for all beyond 2016 • Increase supervision of staff to reduce bribes and related practices • Communicate clearly about free services so they are expected and upheld by service users
Access	<ul style="list-style-type: none"> • Long distances for rural population to travel to centralised registration posts (poor roads and expensive travel) 	<ul style="list-style-type: none"> • 'Bring the services closer to the people'; more decentralised posts; campaigns and mobile brigades • Expand registration in maternities • Combine with other campaigns/services e.g. vaccination • Establish registration posts in schools • Learn from previous successes (e.g. census, electoral campaign, vaccination campaigns)
Socio-cultural and religious	<ul style="list-style-type: none"> • '<i>Fuga da paternidad</i>' and difficulties registering in the absence of one or both parents • Reluctance of women to register their child without the name of the father • Delays in choosing a name as a barrier to registration in maternities 	<ul style="list-style-type: none"> • Communicate and encourage single-parent registration • Conduct broader sensitisation around teenage pregnancy and '<i>fuga da paternidad</i>' linked to gender and sexual education • Sensitise parents to choose a name early to facilitate registration in maternities
Knowledge and Information	<ul style="list-style-type: none"> • Lack of/gaps in knowledge of health and registration staff (gratuity; ID or <i>cédula</i> needed by parents; single parents; orphans; registration in maternities for babies born elsewhere etc.) • Community's gaps in knowledge about process and documents required • Lack of communication or 'marketing' about birth registration • Lack of clear information and messaging • Lack of knowledge of service providers 	<ul style="list-style-type: none"> • Clear and targeted messaging for those least likely to register and tackling key 'information gaps' • Use trusted and respected communication channels (primarily through local religious and traditional leadership), local languages and community-based sensitisation • Improve registration staff' knowledge and use of standard and consistent procedures • Increase marketing and visual information (posters, leaflets etc.)

Registration service deterrents	<ul style="list-style-type: none"> • Inconsistent and complex processes (adults, orphans, those that have lost documentation, those from a different province; ‘name censorship’) • Lengthy and delayed process, queues and delays receiving documents • Challenges of computerised services • Internal bureaucracy causing delays • Lack of human resources • Lack of material resources • Poor service provision and interpersonal communication • Preferential treatment of acquaintances/those with status • ‘Lack of courage’ amongst some groups to attend formal services 	<ul style="list-style-type: none"> • Streamline, simplify and standardise the registration process, specifically for unregistered adults • Improve internal organisation of posts in order to increase efficiency and timeliness of registration process and the release of documents • Facilitate and communicate clearly on the management of ‘unusual cases’ • Establish parameters of ‘name censorship’ and communicate clearly • Produce government circulars with clear and simple information for all registration posts. • Increase both human and material resources available for registration • Improve service provision and interpersonal communication • Enhance supervision of staff and reduce nepotism • Recruit registration staff locally • Establish community based monitoring systems
--	---	---

5 e 6 da manha



Communication and collaboration

Both the qualitative and quantitative data revealed clear communication preferences amongst participants, with slight variation based on location and stakeholder group. This chapter outlines preferred channels of communication and discusses cross-sector collaboration, community engagement and effective messaging. Table 17, at the end of the chapter, presents the communication preferences by participant group.

Traditional and religious authorities

All participant groups perceived the most effective communication channel to reach the majority of Angolans was through traditional and religious authorities, primarily through the *sobas* and church leaders. Both services providers and service users emphasised the role of the *soba* as influential and trusted source of information. As a community leader in Bié explained, *'Only the soba can announce to his people. So the sobas organise a way to distribute the information to the people. The person in charge of ensuring the relation is the soba'*. The established structure that linked *sobas* to local administrations was well recognised, and ensured that an administrations had good access across its catchment area. Through their local networks, *sobas* were able to effectively convey information and messages even in more remote regions where mass communication mechanisms such as radio and television had less coverage. A participant in an adolescent workshop in Uige concluded, *'Yes [communication via the soba] helps a lot because not everybody hears the radio, so that information given us by the soba, also helps people who are distracted [i.e. not prioritising registration] and here in the villages.'* In a workshop in Bié, the drama developed by participants emphasised the role of the *soba*. Playing the part of a community elder one participant exclaimed, *'Soba, we heard you speaking about registration and the need for all of us to do our children's registration in the community. I decided to invite the entire community to come to you so that you can explain the process well. I have already invited the registration staff to help explain.'*

Registration staff also acknowledged that conveying information through the *sobas* was the most effective way to target their constituencies. In the KAP survey, when asked what the best way was to convey information about registration, 49% of respondents answered providing information through community members'. Information from community leaders was not specified in the survey as an answer option, but of the 'other' responses, the majority (45%) specified through traditional or religious leadership (see Graph 17 in Appendix 3).

The role of the *sobas* was particularly relevant, not only in conveying information, but as the gatekeeper to mobilising other influential actors in the community. The head of a registration post in Bié suggested,

To work on sensitisation, we need to work with the sobas. It has to be with the sobas, the traditional authorities in the distant neighbourhoods, it is very important. It is very important because to transmit it [information] to a traditional midwife we need to first go through the soba. We cannot call the midwife without the soba knowing. The soba has young people and in the sobado (area covered by soba) there is the soba, the seculo, the secretary, and the two youth that work with him. And so we should work with all this team to raise awareness because the soba doesn't work alone. He has a team ready to work in the neighbourhoods, a well-trained team to work on sensitisation. I believe that with the soba the work would be done.

In Luanda, influences were more diffuse and the role of the *soba* was perceived to be less absolute, although their involvement was still thought to be critical. As a central stakeholder concluded, *'One should say that in Luanda, sobas' action is more diluted than in other provinces, but it is well defined, because there are even sobas associations here in Luanda. But in the other provinces, the sobas are the second government.'*

The role of the church as a means for effective communication was also emphasised by all participant groups. The vast majority of the population attend church regularly and, like traditional authorities, the church was a trusted source of information and an important way to reach communities and spread messages rapidly. A community leader in Luanda explained that even in Luanda, *'Not everyone has access to the internet, radio or television. This is the problem. But if there is a church inside a community, clarification and information will get there much faster.'* In areas where perceptions about registration were politicised due to the complex recent history of the country (for example, linking registration to political allegiance), participants suggested that sensitisation through the church was key as it was regarded as a more neutral source of information than other channels.

Mass media

In the qualitative data, radio emerged as the most preferred method of media communication, and community-level participants confirmed they listened most to radio stations broadcasting in local languages. The KAP survey corroborated this, with respondents suggesting that radio was the second most effective way of communicating messages related to registration after community members/leadership. Participants explained that people who listen to the radio are likely to pass the information they hear onto others. A *soba* in Bié explained, *'I think the radio [is the most effective]. Even though many don't listen to it, those that do can transmit the information about registration to those who are less informed about registration.'*

Although radio and television were mentioned by all participant groups, mass media tended to be the preferred mechanism for people with a higher economic status and those living in the provincial and municipal capitals. The director of a registration post in Luanda explained,

The best way is the media, radio and TV. Mainly the radio because TV broadcasting does not reach all the places. Like Coke is doing, we should also do our advertising in order to let citizens know because publicity makes people aware: 'Listen they are talking about registration I have two children and I have not registered them yet...let me do it...' Because it [radio] is what people constantly listen to that it makes [them] conscience, [it] reminds them that 'I have children without documents...'

In contrast, a community leader in Luanda asserted, *'Radio and television are not usually the means we get information from. This is because of power failure or absence. For example, I am already five days without watching television because there is no power. Where am I going to get the information, then?'*

Mobile technology

Comparatively few participants from any group mentioned mobile technology unprompted, and the majority expressed reservations about its impact and/or reach. Many people did not have mobile phones and/or did not know how to use them. Mobile network coverage was known to be limited outside the provincial and municipal capitals, and shortages in electricity made it difficult to maintain phone charge. This was supported by the KAP data as only 4% of respondents cited telephone messaging as a current source of information regarding registration (although 15% suggested it as an effective potential channel of communication) (see Graphs 17 and 18 in Appendix 3).

Participants expressed concern about blanket messaging, and those in urban areas reported frequent instances of 'spam' messaging causing people to not pay attention to or trust mass SMS. In addition, several participants suggested that many people could not read SMS messages in Portuguese, and distributing information by mobile phone was seen to be a disadvantage for people who were illiterate.

In contrast, some service providers shared positive experiences of using mobile technology for other interventions such as vaccination campaigns. As one central level stakeholder explained,

We already have used SMS, especially during vaccination campaigns. So a message arrives on your mobile phone 'Get your child vaccinated on 23rd, 24th, 25th'. It is another way to reach people who do not listen to the radio, who were not at mass, because we also pass information through the messages that are given after mass in the churches. So you can use mobile phones, because everybody is always attentive to the messages coming in. Also because many people don't use their phone for direct calls because it is too expensive, so it is easier to communicate by messages. As soon as an SMS comes in, people wake up.

In general, however, it was perceived that phone messaging would not effectively reach the communities most vulnerable to non-registration, but would rather inform people who were already likely to register their children. A health worker in Luanda asserted, *'How many people have mobile phones? Those who do have mobile phones are usually the ones who can go to notary offices. How about those who do not have them? They would require other methods.'*

Rather than a way of conveying messages to the general population, a number of participants, including some health staff and TBAs, suggested the potential use of mobile phones to pass targeted information to designated community representations for them to pass on to their communities. A health worker in Kwanza-Sul confirmed, *'Many sobas have mobile phones in the rural areas. Therefore, mobile phones could be used to sensitise people. Messages could be passed on through mobile phones and sobas could then meet with their people to inform them.'* Using phones to record and pass registration data was also raised by a number of participants. A community leader in Uige proposed that *'The team of activists could go to more remote areas, collect the data, do the work there and then send it directly to the loja de registo. So, when we go there, we will already find our documents ready.'*

Internet

The internet was rarely mentioned by participants, with the exception of urban youth, some of whom suggested that, in the future, it would be useful to receive information 'through the internet'. Whilst internet usage is increasing across Angola, particularly due to smartphones becoming more common, it was acknowledged that the majority of the population do not yet have access to internet.

Posters and leaflets

Health and registration staff, rather than community members, suggested that posters and pamphlets were useful ways of conveying information, *'Because everyone pays attention to any picture on the wall'*. A central level stakeholder suggested,

Another means that could also be interesting to use would be pamphlets. Handouts in various languages which would be sent to the various municipal and communal administrations throughout the country. This would be a very good method of spreading the importance and urgency of people doing birth registration. If we did this, maybe we will very quickly come out from this rate of 40% to 80% of registered people.

The director of a health centre in Kwanza-Sul also emphasised the value of posters and leaflets, recounting their use in a successful campaign about registration after the war.

In the notary, there was that process of 'Who am I?', free registration... After the end of the war, there was free registration. So, the notary stuck-up some pamphlets, I forgot what was written on the pamphlet, but the people adhered to this process. Many were registered in this phase.... They used to stick-up a pamphlet showing a child and the title 'Who am I?'. The people saw that and went for registration and it influenced a lot. [They stuck it] right on the streets. And the soba took some to stick on the walls across the district, each soba... This helped a lot. In the rural areas it helped a lot.

Whilst the majority of service users did not prioritise posters and leaflets as the primary channel through which to convey information about birth registration, it was emphasised that such materials were important tools to assist local-level actors in community sensitisation and would ensure the accuracy and consistency of messaging. In a rural health post in Moxico, for example, a staff member showed an old UNICEF leaflet and described how they used it as a tool to instruct mothers about registration during their pre-natal consultations at the facility, *'We can give out pamphlets, we explain, look at this pamphlet, look at this baby. For example we show the pamphlet, this baby was born to a mother who took good care, he was born in a maternity and straight away he got his cédula. So the mother leaves with her baby and his cédula. This helps us give the example to people'*. That service providers were using old leaflets was problematic as the information being shared was not up-to-date in terms of stating current registration requirements or that the service was free for everybody.

Theatre and drama

Many service users proposed the use of theatre or dramatisations. By enacting scenarios the audience could relate to, focusing on challenges and presenting possible solutions, drama and participatory theatre were seen to be an effective way to communicate messages regarding registration. The head of a women's association in Kwanza-Sul explained, *'Yes, theatre also facilitates understanding... [It motivates people] Because they watch a play that shows all the practical aspects that help them adhere.'*

Cross-sector collaboration

The need for collaboration across sectors and at different levels (national, provincial, municipal, commune) was emphasised by all participant groups. It was suggested that through collaboration there was potential to reduce barriers, improve access to services, supplement resources, and more effectively mobilise and sensitise the population. Collaboration was discussed in terms of inter-ministerial coordination, linkages between different sectors (primarily health, education and the church), and the role of civil society.

Health services were regarded as an important entry point providing opportunities for both information sharing (for health staff to convey key messages to caregivers) and registration (in maternity units). As discussed above, increasing the knowledge and inter-personal communication skills of health and registration staff was key. As a community leader in Luanda suggested,

We are usually attentive in talking about cholera, AIDS and breast cancer, then we should also use the same methods to talk about registration. For every child that is born the mother should be informed of the need of registering the baby. Every hospital staff member, starting from the management, doctors or workers should have this obligation.

Both service users and service providers regarded vaccination services, family planning consultations and ante-natal check-ups as important contact points through which to share information about registration by both service users and staff. Ante-natal visits were particularly emphasised as a direct link could be made between childbirth and registration at maternity units.

This is a great opportunity and it could also be an opportunity to increase access. The focus would be [that] who gives birth at the maternity will have as one of the benefits that the child goes out registered, you won't have to queue in the registration unit. So I think that the communication strategy development should be channelled there. We have a coverage that is still inferior to what our objective is, which was to guarantee that at least 60% of births could be done in a health unit. We are at less than 40% of births. Therefore, we could join these two opportunities to increase access to maternity birth and civil registration coverage, to help the families.

Participants also suggested that using existing community-based health networks such as *Agente de Desenvolvimento Comunitário e Sanitário* (Community Health and Development Agents) was an effective way to raise awareness and convey key messages to communities. As a central stakeholder from the health sector confirmed,

We have [activists] who are based in the communities. As I said, each activist accompanies 10 to 15 families, informs them about adhering to vaccination and registration. If he finds a sick child or a pregnant woman in a family, he'll visit constantly to accompany the child's treatment or pre-natal medical visits. He will check how the mother is giving the medication to the child. By now, the activists play a very important role in the communities.

Similarly, the director of a health centre in Huila explained a local initiative developed to promote registration,

After receiving the birth registration programme in relation to the conservatory, we created a group and we spoke with the coordinators of education for health and formed a group of activists that gave explanations. These talks were first done in the health units and then in venues chosen by the sobas. So we, in healthcare, made use of health activists in collaboration with the coordinator of the activist's nucleus, and in the administration they have their own teams. But I am speaking concretely of us in healthcare, we have our own teams that have given these talks locally, in centres, health units and other places chosen in the 'forum' by the coordinating agents and the population coordinators.

Linking registration to other health initiatives was seen to increase opportunities to provide information, but also to encourage positive behaviour. For example, the 'Family Competencies' project developed a short booklet providing information linked to child and maternal health for families, and to help activists sensitise communities. In discussing the project's impact, a central stakeholder concluded, '*[Activists] were more at ease to give explanations, and we see that even now, the visited families have other [improved] behaviours in comparison with the other [non-engaged] families.*'

Participants from all groups emphasised the importance of involving the education sector in registration. Many school directors and teachers discussed their role in encouraging and practically supporting parents to register their children, sometimes in collaboration with the local *soba*. The head of a school in Moxico recounted,

For example last year I heard of a child that wasn't registered, and he had long wanted to study but couldn't due to his lack of registration. I did everything possible to manage to register this child. I met with the parents and we succeeded, and this child is now in sixth class. I was proud of this.

Schools were also seen to play a role in exerting pressure on parents to register their children to permit attendance. A TBA in Kwanza-Sul explained,

They already warned us, get the children's cédulas so they can study... From the start of last year teachers were already warning, 'look out for children who don't have cédulas', and the people opened their eyes. Early in the morning they are here with their children, they have cédulas. Yes, some parents are worrying about it, because the child that has no cédula does not study.

In this way, teachers were seen to strong advocates for registration. Participants suggested that teachers were in a unique position to target unregistered children to facilitate access to education. The director of a health centre in Luanda concluded, '*Teachers must be sensitised to help out with the campaign. Teachers could work with students and their parents telling them 'Listen you should go to X street, X neighbourhood to get registered'. The teacher would allow students to miss classes on one specific day so that they can get registered.*'

The education sector was also seen to have an important role to play in raising awareness about registration from a young age. A central stakeholder suggested,

The Ministry of Education... can introduce very early the idea of registration, children's right to have a name... Then children would be growing up with these questions in mind and would think about it later as adults, in their relation with other members... they will be able to talk about it in a more open way. So, they would grow up with a conscience that is more open about this.

Participants in the child and adolescent workshops emphasised the importance of teaching young people about the need and value of registration, and discussed their own role in conveying information to their families to influence and encourage registration practices. As one adolescent participant concluded it was essential that projects aiming to increase registration rates 'enabled the integral participation of youth in civil registration'.

Some participants (both service users and service participants) suggested that as well as health posts, registration posts should be established in schools, particularly at the beginning of the school year to better facilitate the process. Decentralising registration services to other institutions was also discussed in relation to the church. As discussed above, church authorities were seen to be trusted sources of information and a central focal point within communities. As a community leader in Luanda concluded,

I completely agree that the Ministry of Justice could at least work with churches, since churches are places we can find various problems related to what we are dealing with here. Why does the Ministry of Justice not cooperate with churches? This would facilitate their work, just as it was with the election cards. You should do the same thing, by inviting the churches and setting up registration offices in the churches... It would be a good idea to tackle the needs of the people and the churches could help address some of these problems. Even if the offices were to be set up temporarily, since these churches have literacy classes and [other] strategies, that would be of big help for the Ministry of Justice.... With churches you would avoid these problems of corruption that are there [at registration posts] due to the overcrowding.... Things would be faster and within a year would reach a positive point on this issue.

The role of civil society organisations was also discussed by participants in terms of providing information, encouraging people to register, and providing practical assistance to collate the necessary documentation and attend registration posts. Several participants confirmed that the support of local organisations had 'given them courage' to attempt registration. Organisations that participants discussed included *Acção para o Desenvolvimento Rural e Ambiente* (ADRA - Action for Rural and Environmental Development), *Organização da Mulher Angolan* (OMA - Organisation of Angolan Women) and *Promoção da Mulher Angolana na Igreja Católica* (PROMAICA - Apostolic Movement for Promotion of Angola Women in the Catholic Church). Representatives from these organisations who participated in the study were unanimous in their willingness and desire to be involved in and support work related to birth registration, 'Our common objective is to improve the lives of the people in our country, together we can do it without problems.' Participants recognised that civil society and community-based organisations provided significant opportunities because of the size and reach of their networks, and also because of the positive relationship and influence they had with communities. A representative from OMA confirmed,

That means OMA can have a more active enabling role in all this process... As soon as we say we are OMA, we easily mobilise and sensitise people just as we do with vaccination. We are willing to participate in such a noble initiative. Since we are structured in the seven municipalities of Luanda, and in its 25 communes, we have a structure that could be useful for this entire process.

Service providers acknowledged that in addition to increasing the reach of communication initiatives, collaborating with other entities and across sectors also provided increased resources. As the head of a registration post in Kwanza-Sul explained,

We are the employees aware of this [registration] service and we are responsible, but sometimes we do not have this availability to pass the message to the whole municipality... Let us say Health and Education, people that cope with a lot of people, [could hold] periodical meetings with parents, for example. [This] would help make the message more fluent. When we went there, we would consolidate the information.

Collaboration at a local level enabled the co-option of staff from other sectors to supplement registration teams in the face of human resource shortages. These ‘*colaboradores*’ (collaborators) were general civil servants from other Ministries, such as Education and Administration, and representative from agencies like *Balcão Único do Empreendedor* (BUE – a ‘one stop shop’ to support entrepreneurs). Their working at a registration posts was seen to improve the service by increasing the number of people a post could attend to per day.

This inter-ministerial cooperation was seen to be positive, particularly as it helped to coordinate activities. As a member of the administration in Uige reported, ‘*Before in the past, things were really bad but thanks to the intervention of the senior governor, who brought many agencies together to help those people who had to travel really far to do the registration process, it made things easier*’. A number of participants stressed that whilst collaboration was inherently positive, care must be taken to use existing structures and not duplicate efforts. A central stakeholder concluded,

There are already clear examples in the country of commissions that function. One of these platforms could be the National Council for Children, which is a consultative organisation in which all these ministries are present. In order not to proliferate, not to create more structures, this one already exists and functions in the provinces, [so supporting registration] could be done through this organisation.

Community engagement

The need to work with communities, for community members to be actively involved in the registration process was emphasised by all participant groups. It was felt that incorporating the views of communities (the intended beneficiaries of registration) could improve the provision of services by providing evidence about how services functioned on the ground and the challenges communities faced in accessing them. As a central-level stakeholder acknowledged, it was no good telling communities ‘*Now it’s very easy to register, go and register [because] people will say these guys don’t have a notion of what the situation [really] is*’. In a focus group in Luanda, community leaders concluded,

We have discussed a lot about it, what could be done. The government itself should work with the community to see if this process improves; the task must be assigned to the neighbourhood... Local organisations usually have many ideas and projects. These organisations do not receive support from the government, but are often supported by foreign organisations who have no links with the government. If the government was to focus on the community-based organisations when addressing problems, they would understand what the main problems are. One cannot identify problems affecting a community sitting in an office. It is important to work with those people living in targeted areas so as to know what is happening, and hear what the people will say... The Ministry of Justice has been working alone but if it works in cooperation, things will get better... people are interested in working; we just need openness from the government.

It was widely acknowledged that community organisations and community leaders were well placed to convey information through their networks, motivate and ‘give courage’ to people to register, and help facilitate access to registration services. In line with this, many service users also suggested that appropriate community members (community leaders, TBAs) should assume a more active role in registration, supplementing understaffed registration services and helping to decentralise services further into the community by establishing community-based registration. As a community leader in Kwanza-Sul asserted,

I agree that the notary office does not have enough staff to engage in the kind of activities we are suggesting. Maybe teachers, pastors, people with an acceptable qualification and catechistas (local committee members) could also be trained to help out in the process. As school holidays are approaching, two officers could come out from here and go train those people who would then lead campaigns. An expert officer from the notary office would act as supervisor to see to it the procedures were being followed.

A central-level stakeholder supported this idea, recounting that a municipal administrator had advised him that *'This service should be at least in the community, registration, it should be in the community, and we should create conditions in the community for themselves to operationalise it.'*

Many community participants discussed mechanisms that were already in place at the local level for the collection of data related to births. Sobas and TBAs regularly reported keeping lists of the newborn children in their community and sharing these with local health services, administrations and registration posts. In developing a more community-based approach to birth registration, participants suggested that such systems should be optimised. A community leader in Luanda confirmed, *'Traditional authorities are always recording in their files the names of people who are born and when its time for civil registration, they could just use this data and take it to the notary office to do the registration to issues the cédula and the identity card.'* As central level stakeholder confirmed,

[Traditional authorities] know the most births that are done outside of the maternity units, together with traditional midwives. Imagine if they were trained and better used, I think we would manage to reach high levels of success. I have good experience with the vaccination process where I counted a lot on the traditional authorities and midwives, because they know the community so well.

The role of communities in monitoring registration services was also discussed, and the need to make monitoring transparent and for there to be an effective information loop was raised by several respondents. Community stakeholders emphasised that the process of monitoring registration and registration services should be participatory, and as a community leader in Luanda concluded, *'UNICEF should create a process monitoring group, as the partner of the Ministry of Justice. There must be a dialogue space at the community.'*

Effective messaging

In discussing the most effective communication channels and messaging, participants from all groups highlighted the need for a 'combined effort', using multiple mechanisms simultaneously to ensure optimum diffusion of key messages. As a community leader in Kwanza-Sul confirmed,

I think, for communication, it is important for the media to continue sensitising the people to do their children's registration. There should also be coordination between civil registration and administration to see if the sobas are able to sensitise people. Since schools host many children, they should also play very active roles in sensitising students and tutors to do registration. Churches must also give their contribution to see to it that children have their registration rights safeguarded.

A health worker in Luanda agreed that multiple methods must be adopted and suggested that communication for birth registration should follow a similar format to that used in vaccination campaigns,

The message is all of us, we all have to work. We could start in organisations, mainly in schools and in hospitals, everywhere, in markets, churches. I think we could imitate a little bit the sensitisation that is carried out for vaccination campaigns. When a vaccination campaign is carried out, in addition to being broadcast on radio and television, there are also signs in markets, in communities, in hospitals and everywhere else.

This was also reiterated by a central-level stakeholder who emphasised that differences in communication between urban and rural settings should be taken into account,

I would say [to] probably [use] a combination of radio and informal networks like churches... Of course you can do leaflets or television, but this kind of medium would be more effective in urban areas, but these are the areas where people already have the information that's needed. The areas that you need more to inform people [are where] they are more far away from the knowledge... where this type of media like

leaflets and television would be less... But radio and the churches... [and] also health services. I'd say the places where people go to have birth and schools...

Another central stakeholder advocated for the use of multiple modes and channels of communication, but commented that using widespread participatory techniques had resource implications,

It is known that radio and television, in spite of its relevance, are not very inclusive... Our main preoccupation is with communities that have difficulties accessing communication. The information is there, but what is the percentage of our mothers and female family leaders who have access to it? Therefore it is necessary to find a strategy that ensures the message reaches the women in the villages and communities. The way we are training activists who are members of the churches and can facilitate a broader distribution of the message. Another possibility we could look at is through plays, via community theatre, but this implies costs and the country has financial difficulties. The pace with which projects are implemented is decreasing.

Participants suggested many ways to improve messaging by making it more dynamic, and emphasised that lessons should be learnt from other successful campaigns. One example that was shown to have positive impact was 'Estrelinha Cuia', a polio vaccination campaign in which the vaccine known as 'estrelinha' (little star) was made more acceptable to children and parents by linking it to the taste of 'sambapito' (sweets and lollies) as well as an Angolan colloquial term 'cuiar' meaning 'to be okay'. As a central stakeholder explained,

The experience of the Estrelinha Cuia creation, we tried and created this branding, which is now an experience that will never end in Angola. Right now if you arrive in a village and shout 'a Estrelinha cuia!' people are going to answer back like crazy. So, yes, we can use our experience for registration. These things even go through borders. You remember when we organised a campaign together with the DRC, Zambia and other countries? That's why I say that it would work out, yes, because we know well our population's strong and weak points.

Service users expressed a clear preference for communication and messaging in local languages, as many people, particularly in rural areas, felt more comfortable communicating in local languages. A participant in an adolescent workshop in Bié explained, 'The government has to expand the message to people who live in remote areas and in various languages, because there are many different languages in these areas. There should be daily broadcast in various local languages'.

When discussing ideas about content, the majority of participants emphasised that key messages should be related to the practical details of the registration process, most significantly what documents were required; how to register in specific situations (such as in the absence of one or both parents); and that registration was free of charge to all Angolans. Participants also suggested there should be a surge in messaging prior to the start of the school year as this would provide extra impetus for registration. A community leader in Kwanza-Sul concluded, 'This is the best time to do it, because it is September now, and if things are done well, students can use their new *cédulas* to make enrollment in the new school year starting in February.'

In terms of motivating people to register, participants suggested that if the dominant access and financial barriers were reduced or removed, then motivational messages would not be needed as the majority of the population were perceived to accept registration and understand its value in terms of education, ensuring a good future, providing opportunities to the next generation, and contributing to the development of the country. A community leader in Luanda emphasised that all key messages should reiterate that registration was 'Close, free and easy', and thought that with this knowledge, 'everybody would adhere to registration'.

Table 17: Communication and collaboration preferences identified by participant groups

	Communication and collaboration preferences	Dominant themes identified by participant group				
		Parents	Children and adolescents	Community leaders	Service providers	Central stakeholders
Traditional and religious authorities	• Traditional and religious authorities were perceived to be the most effective communication channels, particularly <i>soba</i> due to their reach and influence	x	x	x	x	x
	• The <i>sobas</i> influence is more diffuse in Luanda but still important	x	x		x	x
	• Radio and television has limited utility due to low coverage outside of urban centres	x	x	x	x	x
	• The church represents a trusted, neutral and far reaching network for passing information	x	x	x	x	x
Mass media	• Radio is the preferred mass media communication mechanism	x	x	x	x	x
	• Television viewership is increasing and popular in urban centres, but limited elsewhere	x	x	x	x	x
Mobile technology and internet	• Mobile phone messaging has limited utility due to lack of coverage, illiteracy and mistrust of mass messaging, and is not reaching those least likely to register	x	x	x	x	x
	• Mobile technology could potentially facilitate service provision through community engagement		x	x select areas	x	x
	• Children and adolescents in urban centres showed a higher preference for ‘new technology’		x			
Posters and leaflets	• Registration posts currently have limited visuals such as posters and leaflets	x		x	x	
	• Posters and pamphlets were useful ways of conveying information	x	x	x	x	x
	• Tools to assist local-level actors in community sensitisation would ensure the accuracy and consistency of messaging				x	
Effective messaging	• Multiple communication channels and messaging should be used in a ‘combined effort’	x	x	x	x	x
	• Modified mechanisms should be used for rural and urban sites linked to accessibility of mass media	x	x	x	x	x
	• Messaging should be dynamic and draw on successes from other sectors	x	x	x		
	• Local languages should be used	x	x	x		
	• Messaging should clearly convey practical details of the registration process	x		x	x	x

	<ul style="list-style-type: none"> • Campaigns prior to the start of the school year would optimise motivation to register 	x	x	x	x	x
	<ul style="list-style-type: none"> • Messages that linked registration to the value of education, ensuring a child's future etc. were seen as most likely to drive registration 	x	x	x		
	<ul style="list-style-type: none"> • 'Close, free and easy' were key messages that would encourage people to register (providing this was supported by adequate services) 	x		x		
Cross-sector collaboration	<ul style="list-style-type: none"> • Cross-sectoral collaboration between education and health offered important opportunities for improving registration services and utilisation rates 	x	x	x	x	x
	<ul style="list-style-type: none"> • Registration in maternity units should be expanded 	x	x	x	x	x
	<ul style="list-style-type: none"> • Other health entry points (vaccination, family planning consultations and ante-natal check-ups) should be used to generate demand for registration, particularly through community-based health staff 	x	x	x	x	x
	<ul style="list-style-type: none"> • The education sector should play a more active role in conveying information and facilitating registration, particularly at the beginning of the school year 	x	x	x	x	x
	<ul style="list-style-type: none"> • Young people should be sensitised and engaged with registration 		x			
	<ul style="list-style-type: none"> • Registration services should be decentralised into entities such as schools and churches 	x		x		x
	<ul style="list-style-type: none"> • Collaboration with civil society and community-based organisations would offer country-wide networks that could be mobilised to encourage registration 	x	x	x		
	<ul style="list-style-type: none"> • Existing structures should be used to avoid duplication of efforts 					x
Community engagement	<ul style="list-style-type: none"> • Meaningful community engagement should be developed 	x	x	x	x	x
	<ul style="list-style-type: none"> • Community leaders and other key figures such as TBAs should be involved in operationalising community-based registration (ie. beyond their sensitisation role) 	x	x	x	x	x
	<ul style="list-style-type: none"> • Existing mechanisms for recording births (by <i>sobas</i> and TBAs) should be optimised to facilitate registration 	x	x	x	x	
	<ul style="list-style-type: none"> • Community-based monitoring of registration services should be developed 			x		x



"Registration is the act of identifying a citizen to know their nationality.

It is an important act to identify the nationality of each individual.

Some citizens face the problem of not being able to register their children because they live in rural areas or because they don't have the means to pay the fees they are requested."

Conclusion and recommendations

Since the late 1990s, the international community has accelerated efforts to promote birth registration and improve global registration rates. These efforts have intensified in recent years with momentum to strengthening Civil Registration and Vital Statistics (CRVS) services. Against this background, the Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics (APAI-CRVS) is an important regional initiative through which national governments have been working with UNICEF, other agencies and non-governmental partners to improve rates of birth registration and other CRVS functions.

The Angolan Government emphasised its commitment to this goal by including birth registration in its '11 Commitments for Children' ratified in 2007, and through practical mechanisms as part of the 'Programme for Universal Birth Registration and Identity Cards' launched by the Ministry of Justice in 2013, and the complementary 'Birth Registry and Justice for the Children' programme implemented in collaboration with UNICEF and funded by the European Union.

A central element of this programme is the development of a comprehensive C4D strategy that aims to facilitate behaviour and social change linked to birth registration, and so improve registration rates in Angola. With regards to birth registration, C4D strategies can strengthen the identification and analysis of who is being left out and why; support analysis of both the technical and interpersonal capability of frontline workers; build a broad coalition of partners to develop and implement advocacy strategies for birth registration; develop appropriate strategies and techniques for raising awareness and fostering positive change in attitudes and social norms; mobilise children and young people; and support demands for transparency and accountability (Portela de Souza, 2013, UNICEF 2005).

The formative research detailed in this report provides a strong evidence base for the development of a robust C4D strategy rooted in deep and nuanced knowledge about its target audience and intended beneficiaries; is integrally linked to service components of the programme; and that facilitates the implementation of creative messages through effective communication channels.

The study was conducted in seven priority provinces in Angola, and documented new empirical data on perceptions, knowledge, attitudes and practices related to birth registration from the perspectives of service users and service providers.

Summary of key findings

Participants from all stakeholder groups observed that there had been a positive change in knowledge of and attitudes towards birth registration in the post-conflict era, and that people were increasingly aware of the importance and necessity of registration in contemporary Angola. Registration was valued for a variety of reasons including: establishing citizenship, identity and nationality; and to inform statistics, i.e. to be 'counted' by the government and 'known' by society. For the majority of participants, however, the most significant driver for registration was the practical necessity of an identity document to access services and opportunities, primarily education. Because proof of registration was often not required until a child started to attend school, caregivers would frequently delay registering children until it became absolutely necessary due to the complicated and time-consuming process and the perception of cost.

Significant barriers to registration emerged with a high degree of corroboration between different groups of participants. The civil war was seen to have contributed to have contributed to the weak registration infrastructure and to the number of high number of unregistered Angolans. Significant financial and access barriers combined with registration service deterrents were described by service users as the most significant reasons for non-registration. The requirement that both parents be registered in order to register a child was a highly problematic and led to a cycle of non-registration that could continue for

generations. Service providers discussed the challenges they faced in providing adequate services with limited human and material resources.

Whilst general awareness about registration was found to be high, a number of significant knowledge gaps were observed amongst both service providers and service users. Details about the process and the documents required for registration were not well known, and registration staff reported high numbers of service users presenting with incorrect or insufficient documentation; many regarded the challenge of registering 'difficult cases' (e.g. registration by a single parent, or registration of orphans) to be insurmountable; and critically, many users and some providers were unaware that registration was free for everybody. Socio-cultural barriers were less evident amongst participants' narratives, although the phenomenon of 'escape from fatherhood' was a clear obstacle as mothers were not aware they could register alone or were reluctant to do so. In addition, some participants, predominantly service providers, saw cultural practices linked to delays in choosing a child's name to be a barrier to early registration and registration in maternities units.

In terms of enablers and solutions recommended by the participants, improved access to registration posts emerged as a dominant theme, either through more decentralised posts, mobile brigades, mass campaigns or a combination of these approaches. A simplified registration process, increased resources for registration and improved quality of service provision were also seen as key to improving registration rates, plus the need to reduce or remove costs associated with registration (both direct and in-direct costs) and preventing bribery. Clear communication to target specific gaps in knowledge and in order to guarantee a consistent, transparent and equitable process was seen to be crucial, as was emphasising the fact that registration is currently free for all. Encouragingly, the momentum of post-conflict recovery and an emerging sense of strong national identity as Angola celebrates 40 years of Independence was seen to provide an enabling environment for registration.

Regarding communication mechanisms, a clear preference was observed for word-of-mouth communication within communities and for information to be passed through traditional and religious authorities, or by registration and education staff. This was effective due to the influence and respect such figures commanded, and personal communication networks were particularly valued in areas with limited radio, television and mobile phone coverage. In terms of mass media, radio was clearly the preferred and most trusted channel, particularly amongst participants in urban areas and those with higher socio-economic status. Using mobile phone technology was the least popular channel, due to limited ownership and lack of coverage combined with high rates of illiteracy and a widespread suspicion of mass messaging. Participants suggested improving visual communication materials including posters, and emphasised that communication should be done in local languages, not only Portuguese. In addition, some stakeholders recommended using more participatory methods to convey information about registration, such as theatre and community drama.

All participant groups stressed the importance of collaboration between the different sectors and actors involved (or with the potential to be involved) in registration services. Partnership between the health and education sectors was recommended as it could provide increased opportunities for sensitisation, expand routine health services and campaigns such as vaccination, and facilitate access to registration services. Various governmental and non-governmental organisations expressed their willingness to support birth registration, and offered to mobilise their extensive networks throughout the country. The need to proactively collaborate with communities was also emphasised by participants from all groups. The potential for traditional and religious leaders and TBAs to be more involved with registration was frequently raised, and a shift towards community-based registration that optimised the involvement and networks of local stakeholders was recommended.

Recommendations

This formative study was designed to provide an evidence base for the development of communication strategies in line with the implementation of the 'Birth Registry and Justice for the Children' programme. It is important to note, however, that C4D strategies should not be seen in isolation, but as a central pillar of programme and service delivery, at the interface between demand and supply.

A key finding of the study, expressed by all participant groups, was that the underutilisation of registration in Angola was primarily due to poor service infrastructure, rather than people's lack of knowledge or desire to register. It is essential, therefore, that the registration services are improved before a substantial community-based communication campaign is implemented. Failure to strengthen service provision prior to generating increased demand could be highly detrimental. Existing posts were already under-resourced and participants suggested that an increase in client numbers would lead to a corresponding decrease in the quality of service provision, thereby perpetuating the service's negative reputation. This scenario also had the potential to increase mistrust in communication campaigns and lead communities to doubt their leaders as conveyors of information, as people would be *'told one thing and see [or experience] another'*. As one central stakeholder concluded, if there is *'Increased demand, so the services strengthening has to be a priority... There has to be this correspondence, because otherwise we are going to put our objective at risk, we are pushing the demand but we are not making the [services] correspond.'*

The following recommendations are based on the empirical evidence generated through the research. In recognising the role of C4D across areas of intervention, they are framed by the socio-ecological model for behaviour change and are aligned to the three main streams of activity in the 'Birth Registry and Justice for Children' programme.

1. Advocacy

These are key considerations for communicating with policy- and decision-makers through interpersonal channels to advocate for political leadership, commitment, and increased resourcing for birth registration. This is a critical component of creating an enabling environment for increasing the rate of birth registration.

a) Increase prioritisation and resource investment in birth registration

If demand for registration increases through communication strategies, it is imperative that the structures and systems of birth registration be strengthened. Study participants clearly articulated their expectation in this regard, having seen the successes of other Government-led initiatives including the census, electoral registration and vaccination campaigns. This necessitates a particular focus on registration in more remote and rural settings and requires:

- **Sufficient trained human resources**, with an emphasis on local recruitment and capacity building in order to minimise future turnover and bridge the gap perceived to exist between service users and registration staff
- **Adequate infrastructure and materials**, including electrical supply, transport for mobile activities and basic materials such as paper, registration books, printer ink etc.

b) Decentralise services

To ensure 'Registration of All', it is essential that access to registration services is equitable. Registration must be made available beyond urban centres and should 'meet the people'. Combining fixed posts at communal level with mobile registration teams would be the most effective approach, in addition to the development of a community-based registration system (see below). It would also be highly beneficial to conduct a **mass registration campaign** in order to reduce the 'backlog' of unregistered adults and the barriers they face in registering their own children. Such activities need to be adequately resourced and capacity built at a decentralised level. Careful consideration must be given about how to integrate decentralised services into broader registration processes, notably in terms of data management.

- c) **Simplify and standardise the registration process for service users**
 The registration process should be standardised and streamlined for service users across Angola, ensuring a clear and simple dossier for adult registration; ready solutions for 'difficult cases' such as single parents, orphans, and those registering outside their province of origin; and the removal of, or clear guidance regarding, 'name censorship'. Procedures should be clearly communicated to registration staff and service users and endorsed by clear documentation such as government circulars, posters etc. Clear timeframes for registration should be put in place that encourage people to plan for registration and better manage associated opportunity costs.
- d) **Invest in organisation (over technology)**
 Many of the challenges raised by participants (both service users and service providers) were linked to weak organisation and the lack of interoperability between systems. The process of registration (including issuing documents, data management and supply chain oversight) should be reviewed and streamlined to improve efficiency. Related services, such as birth registration and the issuance of identity cards, should be better integrated.
- e) **Ensure continued gratuity of registration services and minimise associated cost**
 In order to maintain an enabling environment for registration it is recommended that the deadline for free registration for all Angolans is extended beyond 2016. There should be a consolidated effort to remove or minimise other 'invisible costs' such as those linked to facilitation fees or for documents required for adult registration. A broader anti-corruption campaign may also benefit registration processes and increase registration rates and a confidential system could be established to safely denounce malpractice.
- f) **Computerisation**
 It is clear that although the longer-term benefits of computerised registration services will be beneficial in terms of security and accessibility of registration data through a central database, digitisation is not a 'magic bullet' to improving registration services. In the study, the computerised system currently in place did not appear to significantly increase efficiency and in many cases was reported to add complexity to the process due to 'double registration' (i.e. paper registration followed by computer registration). The computerised system suffered from an inadequate supply of electricity and materials and a lack of trained personnel. Future investments in IT must be strengthen the interoperable infrastructure and be carefully resourced to mitigate local-level limitations.
- g) **Lobby for increased inter-sectoral collaboration and a community-based approach to registration**
 See social mobilisation section below.
- h) **Link registration to broader initiatives**
 Including increased resource allocation and capacity building at communal level, and communication initiatives targeting sexual and gender education (see further below).

2. Behaviour Change (individual and social change)

The following key considerations address the knowledge, attitudes and practices of specific target groups in relation to birth registration. The most relevant and audience-appropriate communication channels are identified.

- a) **Target gaps in knowledge identified**
 Both service users and service providers lacked comprehensive knowledge about registration and registration services. The following are key areas that should be purposively addressed through the communication strategies outlined below.
- Confirmation that registration is free for everyone

- Details of the registration process and documents required (particularly for adults, orphans, single parents and people registering outside of the province in which they were born)
- Confirmation that registration is possible in maternity units (including for babies born elsewhere)
- Confirmation that parents do not require ID for registration, that a *cédula* is sufficient
- Explanation about the roles of, and requirements for, different identity documents (*cédula*, *assento*, ID)

b) Ensure adequate supportive documents and communication material

Communication materials should address key knowledge gaps and inconsistencies. Marketing and information tools should aim to increase the profile of registration and encourage utilisation of services. They should reflect current legislation (particularly highlighting free registration) and incorporate an infographic / edutainment approach using accessible images, designs and local languages. Supportive documentation for registration staff and other service providers involved in conveying information about registration should include clear and standardised reference checklists for registration, and a toolkit of job aids for educating potential beneficiaries.

c) Refresher training and supportive supervision for registration staff

Registration staff requested refresher training focusing on current legislation and registration procedures, the management of 'difficult cases', and enhanced interpersonal communication skills (customer service techniques). Participants recommended it be formal training, supported by reference documents, and that on-going supportive supervision be implemented to sustain their daily practice.

d) Appropriate communication channels to target service users

- Orientate messages so that communication focuses on the positive and achievable. Stories of successful registration narrated by community members can be a powerful driver. Messages that emphasise registration difficulties, or that reinforce negative stereotypes of unregistered children and adults could lead to further marginalisation of vulnerable groups and should be avoided.
- Focus on 'word-of-mouth' communication messages to reach the maximum number of people. Mobilise existing structures and networks, predominantly traditional and religious authorities, NGOs and civil society organisations, and health and education staff. The role of TBAs, CHWs, and other community-based personnel should be emphasised.
- Consider creative strategies that could optimise the preference for community-level communication such as 'registration ambassadors' – parents who have achieved registration and are mandated to promote registration, and encourage and support unregistered community members to seek services. These individuals should be equipped with clear messages and information, ideally supported by written tools or other visuals, and officially supported to sensitise their communities and advocate for registration. Individuals who work at a community level (e.g. TBAs, CHWs) should be supported to incorporate advocacy for birth registration within their normal activities.
- Radio should be used as the key channel for mass communication, specifically local stations using local languages. This can be combined with 'word-of-mouth' communication by radio listeners cascading messages and information to other community members.
- Use creative participatory methods such as theatre and community drama.
- Engage community members in two way dialogue activities, particularly in communal areas where people congregate as part of their daily routine. These could be formal settings, such as church, or informal settings such as the market place, river or water wells.
- Although internet and mobile technologies are not widely accessible for the majority of the population and were not communication channels recommended by participants, it is important to monitor the development of this sector and emerging good practices in technology for development (T4D) given that younger generations showed a higher preference for such technologies, and that coverage and availability will increase. Internet and mobile technologies should be incorporated into communication strategies in the longer term.

e) **Messaging**

- Whilst registration is a human and child right, this is not a practical motivator for most service users. Messaging should emphasise that registration is a practical necessity for school and other opportunities, it should be linked to a child's future development and access to a better life (as a workshop participant in Luanda suggested, *'Our dreams require registration'*)
- Messages should encourage people to register early, for example in maternity units. Expectant parents should be encouraged to prepare for registration: ensuring their own registration, choosing a name, managing time and resources.
- Messages should foster an enabling environment for registration and reinforce a 'culture of registration', stressing collective responsibility between individuals, households and communities. Specifically communication strategies should:
 - Encourage older people to register. Whilst they may not perceive a tangible practical value it enables registration of subsequent generations.
 - Encourage both parents to be implicated in registration. Mothers tend to be the primary caregiver, whilst father often control household resources.
 - Encourage families to support single parents and other caregivers to register children in their care.
 - Encourage children to advocate for their own registration and that of their siblings and contemporaries.
- Target families facing difficult decisions regarding prioritisation and resource allocation, by emphasising that short-term or immediate investment will have longterm gain.
- Capitalise on a sense of national identity (and when necessary counter any pre-existing political tensions around registration).

3. Social Mobilisation and collaboration

Key considerations around collaboration and coordination are outlined below. Mobilising existing networks and intersectoral partners will strengthen and sustain awareness raising and demand for birth registration service.

a) **Improve communication, collaboration and coordination within registration services**

There needs to be enhanced coordination between MINJUS and the administration at all levels in order to ensure challenges and problems (for example supply shortages) can be quickly resolved.

b) **Ensure inter-sectoral collaboration, specifically between education and health**

- Inter-sectoral collaboration will support communication and sensitisation, and facilitate service provision. However, activities would need to be properly resourced enhancing the knowledge and capacity of staff to support these activities may require significant investment.
- Registration at maternity units should be expanded.
- Registration services could be further aligned with routine health activities such as vaccination and ante-natal care. For example, during ante-natal consultations health staff could sensitise service users about the importance of registration but also activate the facilitation of their registration to ensure they obtain the necessary documents in time for the child's birth.
- Registration services could be further aligned to schools, particularly through periodic 'back to school' campaigns.
- Establish light-touch systems for the referral, support and follow-up of community members who have been identified as unregistered by health or education staff.

c) **Co-opt other governmental, non-governmental and community based organisations**

Entities participating in the study expressed their willingness to collaborate with registration efforts (for example ADRA and OMA). Mobilising their extensive networks would be a valuable way to convey information, advocate for and facilitate registration. Again, such collaborations would require support

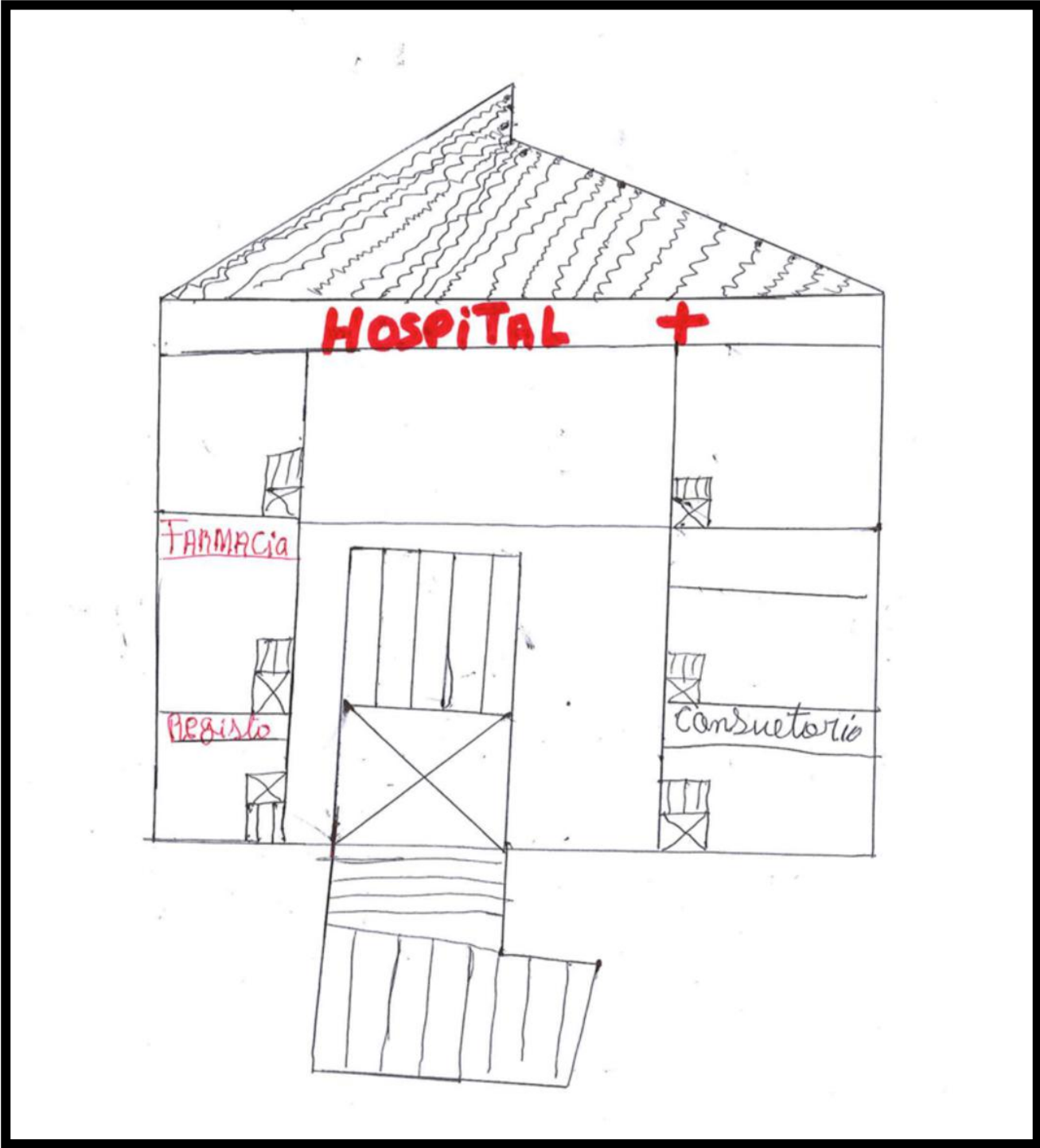
and clear guidance, but communication strategies could be developed to be agile and respond to local contexts and needs.

d) **Establish participatory community engagement and active partnerships**

Collaboration with communities should be increased and should focus on fostering genuine partnerships with traditional and religious leadership, particularly to bridge the gap between communities and their local administrations. Initiatives should therefore incorporate feedback mechanisms that promote accountability and empower communities in terms of their rights to a consistent, transparent and free registration service. If goals for registration were developed in partnership with communities, they may be motivated to achieve the target rates for child and adult registration, and could monitor progress towards the goal.

e) **Develop a model for community-based registration services**

Harnessing community networks is critical in bringing registration services closer to the population, in terms of physical access and using trusted mediators to advocate for and support registration at the local level. Records of births, often kept by *sobas* and TBAs, could complement registration processes, particularly if those individuals had a more active role to play in formal registration within the community.



Appendix 1 – Portfolio of research tools

Topic guide

Social-cultural issues around birth

- Socio-cultural, attitudes, beliefs and practices around birth – choice of delivery services, naming, assignment/acceptance of paternity, adoption (formal/informal) in terms of barriers / drivers.
- Social relationships, decision making continuum and agency to act
- Household and village (priorities and negotiation)
- Decision making practices
- Perception of medical/justice services

Knowledge & understanding

- Socio-cultural significance of registration
- Knowledge about birth registration and its process; benefits and perceived added value of registering a child; right to registration?
- Gaps in knowledge, questions and unclear aspects
- Language related to birth and registration
- Perceptions of birth registration; local/community social norms
- Factors influencing registration: understanding of advantages; why register?; understanding of barriers/constraints; why not register?
- Decision making, decision makers and influencers
- Interactions between individual and collective behaviour, the relationship and influence of each
- Perceptions of unregistered; who is not registered and why? What happens as a result?

Experience & practice

- Personal experience of birth registration (as service user or provider); if do it why, if not why not?
- Decision making practices
- What would motivate to do so in the future / for other children?
- Practical challenges and enabling factors
- Changes seen over time
- Interlocutors and interactions: with registration personnel, staff of other related services and community-level stakeholders
- Prompts to register / consequences of non-registration
- Factors taken into consideration when making choices related to MCH
- Factors taken into consideration when making choices about birth registration, prioritisation
- Divergence between theory and practice (e.g., know what should do, but don't – why?)

Information sources

- Information sources about MCH
- Information sources about birth registration; credible and trusted interlocutors
- Different modes of communication: interpersonal (influenced by *soba*, priest, a relative or other family member), mass communication (Radio-TV), including ICT (mobile, SMS), formal and informal communication
- Quality of messages disseminated
- Impact of messages; influence on practice

Improvements

- Most reliable sources of information for the future
- In/effective ways to receive information
- Suggestions to improve registration process/rates in the future

Qualitative Research tools

In-depth interview framework – parent /caregiver

Introductory/demographic questions

- Gender: (male/female)
- How old are you?
- Are you married?
- Where do you live?
- How many people are there living in your household?
- What level of schooling do you have?
- How many children do you have?
- How old are they? Boys / girls?
- How many additional children do you care for under your care?
- What is your relationship to those children?
- How old are they? Boys / girls?
- Do any of your children have disabilities?

Knowledge, understanding & perceptions

- What is birth registration? What does it mean?
- What you know about the birth registration process?
- When do people think they should register a birth (at birth/1 month/1year etc.)?
- Where do people think they can register births?
- What are the benefits to birth registration?
- What are the disadvantages to birth registration?
- Who can help people register a birth and obtain a birth certificate?
- Who is involved in birth registration services? What is their role?
- Is this a good job? Why / why not?
- Is there anything about birth registration that is unclear to you, any questions you have about it?
- Do you think people in your community know about birth registration?

Information sources/messaging

- How did you learn about birth registration (mass media, community, health workers etc.)?
- Who/what do you think is most reliable source of information? Why?
- How good/useful do you think these messages are? What works, what doesn't work?
- How much did these messages / channels of information influence your decisions/practice?
- Are you aware of any programmes/initiatives that target birth registration? What did they do?

Experience & practice

Individual experience/practice

- Tell us about when you had your last child (socio-cultural and practices around birth; choice of delivery service; naming; assignment/acceptance of paternity; adoption (formal/informal)?
- Did you register them? If so, tell us about the experience. *Elicit narrative.*
- Why did you register them? If not, why not? What factors influenced this decision?
- If you did register them, what have been the benefits of registration? Have there been any negative consequences?
- If you did not register them, are you happy with this decision? Why / why not? What have been the benefits of not registering them? Have you experienced any negative consequences of not registering them?
- How did the registration staff treat you? Positives / negatives? Challenges?
- What would motivate/make it easier for you to register your children in the future?

Social experience/practice

- Do people in your community usually register births? Why / why not? If they do, where /when/ how?
- If people know about it but still don't register, why?
- Do more people register births now than in the past, why?

Influence

- Who influenced your decision about birth registration? Did you discuss it with your husband / mother / mother-in-law etc.? What were their opinions?
- Generally who influences decisions about birth registration in your community? What are the positives/negatives of this?
- Did the health staff / registration staff influence you? In what ways?

Suggestions/improvements

- Do you think the process of birth registration could be improved? How? What should be changed?
- Do you think we should encourage people to register births? Why / why not?
- How can we overcome the barriers to birth registration (*go through what they listed previously*)
- What would be the most effective ways to encourage you / your community to do birth registration?
- If we wanted to improve people's knowledge / understanding of birth registration, what key messages should we tell them? What channels should we use?

Conclusion

- What do you feel have been the most important things that we have spoken about? (*recap key points*)
- Is there anything else that you would like to discuss?
- Do you have any questions for us?
- Thank you and close

In-depth interview framework – community leader

Introductory/demographic questions

- Gender: (male/female)
- How old are you?
- Are you married?
- Where do you live?
- How many people are there living in your household?
- What level of schooling do you have?
- How many children do you have?
- How old are they? Boys / girls?
- How many additional children do you care for under your care?
- What is your relationship to those children?
- How old are they? Boys / girls?
- Do any of your children have disabilities?

Knowledge, understanding & perceptions

- What is birth registration? What does it mean?
- What you know about the birth registration process?
- When do people think they should register a birth (at birth/1 month/1year etc.)?
- Where do people think they can register births?
- What are the benefits to birth registration?
- What are the disadvantages to birth registration?
- Who can help people register a birth and obtain a birth certificate?
- Who is involved in birth registration services? What is their role?
- Is this a good job? Why / why not?
- Is there anything about birth registration that is unclear to you, any questions you have about it?
- Do you think people in your community know about birth registration?

Information sources/messaging

- How did you learn about birth registration (mass media, community, health workers etc.)?
- How do people in your community learn about birth registration?
- Who/what do you think is most reliable source of information? Why?
- How good/useful do you think these messages are? What works, what doesn't work?
- How much did these messages / channels of information influence your decisions/practice?
- Are you aware of any programmes/initiatives that target birth registration? What did they do?

Experience & practice

Individual experience/practice

- Tell us about when you had your last child (socio-cultural and practices around birth; choice of delivery service; naming; assignment/acceptance of paternity; adoption (formal/informal)?
- Did you register them? If so, tell us about the experience. *Elicit narrative.*
- Why did you register them? If not, why not? What factors influenced this decision?
- If you did register them, what have been the benefits of registration? Have there been any negative consequences?
- If you did not register them, are you happy with this decision? Why / why not? What have been the benefits of not registering them? Have you experienced any negative consequences of not registering them?
- How did the registration staff treat you? Positives / negatives? Challenges?
- What would motivate/make it easier for you to register your children in the future?

Social experience/practice

- Do people in your community usually register births? Why / why not? If they do, where /when/ how?
- If people know about it but still don't register, why?
- Do more people register births now than in the past, why?
- Do you play a role in birth registration? If so what?

Influence

- Who influenced your decision about birth registration? Did you discuss it with your husband / mother / mother-in-law etc.? What were their opinions?
- Generally who influences decisions about birth registration in your community? What are the positives/negatives of this?
- Do the health staff / registration staff have influence? In what ways?
- Do you have influence? In what ways?

Suggestions/improvements

- Do you think the process of birth registration could be improved? How? What should be changed?
- Have you or other community members already tried to improve access to birth registration? What has been done? What was the effect?
- Do you think we should encourage people to register births? Why / why not?
- How can we overcome the barriers to birth registration (*go through what they listed previously*)
- What would be the most effective ways to encourage you / your community to do birth registration?
- If we wanted to improve people's knowledge / understanding of birth registration, what key messages should we tell them? What channels should we use?

Conclusion

- What do you feel have been the most important things that we have spoken about? (*recap key points*)
- Is there anything else that you would like to discuss?
- Do you have any questions for us?
- Thank you and close

In-depth interview framework – service provider

Introductory/demographic questions

- Gender: (male/female)
- How old are you?
- Are you married?
- Where do you live?
- How many people are there living in your household?
- What level of schooling do you have?
- How many children do you have?
- How old are they? Boys / girls?
- How many additional children do you care for under your care?
- What is your relationship to those children?
- How old are they? Boys / girls?
- Do any of your children have disabilities?

Knowledge, understanding & perceptions

- What is birth registration? What does it mean?
- What you know about the birth registration process?
- When do people think they should register a birth (at birth/1 month/1year etc.)?
- Where do people think they can register births?
- What are the benefits to birth registration?
- What are the disadvantages to birth registration?
- Who can help people register a birth and obtain a birth certificate?
- Who is involved in birth registration services? What is their role?
- Is this a good job? Why / why not?
- Is there anything about birth registration that is unclear to you, any questions you have about it?
- Do you think people in your community know about birth registration?

Information sources

- How did you learn about birth registration?
- How does the community you work in learn about birth registration (mass media, community, health workers etc.)?
- Who/what do you think is most reliable source of information? Why?
- How good/useful do you think these messages are? What works, what doesn't work?
- How much did these messages / channels of information influence your decisions/practice?
- Are you aware of any programmes/initiatives that target birth registration? What did they do?

Experience & practice

Individual professional practice

- Why did you start to work in birth registration?
- Tell us about your job? What are the challenges? How could this be improved? (*elicit narrative*)

Individual experience

- Tell us about when you had your last child (socio-cultural and practices around birth; choice of delivery service; naming; assignment/acceptance of paternity; adoption (formal/informal)?
- Did you register them? If so, tell us about the experience. *Elicit narrative.*
- Why did you register them? If not, why not? What factors influenced this decision?
- If you did register them, what have been the benefits of registration? Have there been any negative consequences?
- If you did not register them, are you happy with this decision? Why / why not? What have been the benefits of not registering them? Have you experienced any negative consequences of not registering them?
- What would motivate/make it easier for you to register your children in the future?

Social experience/practice

- Do people in your community usually register births? Why / why not? If they do, where/When / how?

- Do more people register births now than in the past? If so, why?
- What would motivate/make it easier people to register their children in the future?
- What are the benefits of registration? What are the negative consequences of non-registration?

Influence

- Who is involved in making decisions about registration in your community? What are the positives/negatives of this?
- What influence do you/other related staff have? How effective is it?

Individual experience

- Who influenced your own decision about birth registration? Did you discuss it with your husband / mother / mother-in-law etc.? What were their opinions?
- Did you have influence? In what ways?

Improvements

- Do you think the process of birth registration could be improved? How? What should be changed?
- Have you or other community members already tried to improve access to birth registration? What has been done? What was the effect?
- Do you think we should encourage people to register births? Why / why not?
- How can we overcome the barriers to birth registration (*go through what they listed previously*)
- What would be the most effective ways to encourage you / your community to do birth registration?
- If we wanted to improve people's knowledge / understanding of birth registration, what key messages should we tell them? What channels should we use?

Conclusion

- What do you feel have been the most important things that we have spoken about? (*recap key points*)
- Is there anything else that you would like to discuss?
- Do you have any questions for us?
- Thank you and close

In-depth interview framework – central stakeholder

Introductory/demographic questions

- Gender: (male/female)
 - How old are you?
 - Are you married?
 - Where do you live?
 - How many people are there living in your household?
 - What level of schooling do you have?
 - How many children do you have?
 - How old are they? Boys / girls?
 - How many additional children do you care for under your care?
 - What is your relationship to those children?
 - How old are they? Boys / girls?
 - Do any of your children have disabilities?
-
- What is your position and how does it relate to birth registration?
 - How long have you held it for?

Knowledge, understanding & perceptions

- What is birth registration? What does it mean?
- What you know about the birth registration process?
- When do people think they should register a birth (at birth/1 month/1year etc.)?
- Where do people think they can register births?
- What are the benefits to birth registration?
- What are the disadvantages to birth registration?
- Who can help people register a birth and obtain a birth certificate?
- Who is involved in birth registration services? What is their role?
- Is this a good job? Why / why not?
- Is there anything about birth registration that is unclear to you, any questions you have about it?
- Do you think people in your community know about birth registration?

Information sources/messaging

- How do people learn about birth registration (mass media, community, health workers etc.)?
- Who/what do you think is most reliable source of information / has the greatest impact? Why?
- How good/useful do you think these messages are? What works, what doesn't work?
- How much do these messages / channels of information influence people's decisions/practice?
- Are you aware of any programmes/initiatives that target birth registration? What did they do?

Experience & practice

- What motivates people to register?
- What are the reasons that people do not register? Who is unregistered and why?
- What factors influence this decision?
- Do you think there's a divergence between theory and practice (e.g., people know what should do, but don't)? If so – why?
- What would motivate/make it easier people to register their children in the future?
- What changes have you seen in the registration process over time? (positives/ negatives)
- What challenges have you faced linked to registration in your role? What works/doesn't work?

Individual experience

- Tell us about when you had your last child (socio-cultural and practices around birth; choice of delivery service; naming; assignment/acceptance of paternity; adoption (formal/informal)?
- Did you register them? If so, tell us about the experience. *Elicit narrative.*
- Why did you register them? If not, why not? What factors influenced this decision?

- If you did register them, what have been the benefits of registration? Have there been any negative consequences?
- If you did not register them, are you happy with this decision? Why / why not? What have been the benefits of not registering them? Have you experienced any negative consequences of not registering them?
- What would motivate/make it easier for you to register your children in the future?

Influence

- Who was/would be involved in making community-level decisions about registration? Who influences individual/community decisions and priorities? What are the positives/negatives of this?
- Who is involved in influencing birth registration at a higher policy/advocacy level? What works/doesn't work?

Individual experience

- Who influenced your own decision about birth registration? Did you discuss it with your husband / mother / mother-in-law etc.? What were their opinions?
- Did you have influence? In what ways?

Improvements

- Do you think the process of birth registration could be improved? How? What should be changed?
- Have you or other community members already tried to improve access to birth registration? What has been done? What was the effect?
- Do you think we should encourage people to register births? Why / why not?
- How can we overcome the barriers to birth registration (*go through what they listed previously*)
- What would be the most effective ways to people to do birth registration?
- If we wanted to improve people's knowledge / understanding of birth registration, what key messages should we tell them? What channels should we use?

Conclusion

- What do you feel have been the most important things that we have spoken about? (*recap key points*)
- Is there anything else that you would like to discuss?
- Do you have any questions for us?
- Thank you and close

Focus group framework – parent /caregiver

Introductory/demographic questions

- Gender: (male/female)
- How old are you?
- Are you married?
- Where do you live?
- How many people are there living in your household?
- What level of schooling do you have?
- How many children do you have?
- How old are they? Boys / girls?
- How many additional children do you care for under your care?
- What is your relationship to those children?
- How old are they? Boys / girls?
- Do any of your children have disabilities?

Knowledge, understanding & perceptions

- What is birth registration? What does it mean?
- What you know about the birth registration process?
- When do people think they should register a birth (at birth/1 month/1year etc.)?
- Where do people think they can register births?
- What are the benefits to birth registration?
- What are the disadvantages to birth registration?
- Who can help people register a birth and obtain a birth certificate?
- Is there anything about birth registration that is unclear to you, any questions you have about it?

Information sources/messaging

- How did you learn about birth registration (mass media, community, health workers etc.)?
- Who/what do you think is most reliable source of information? Why?
- How good/useful do you think these messages are? What works, what doesn't work?
- How much did these messages / channels of information influence your decisions/practice?
- Are you aware of any programmes/initiatives that target birth registration? What did they do?

Experience & practice

Individual experience/practice

- Tell us about when you had your last child (socio-cultural and practices around birth; choice of delivery service; naming; assignment/acceptance of paternity; adoption (formal/informal))?
- Did you register them? If so, tell us about the experience. *Elicit narrative.*
- Why did you register them? If not, why not? What factors influenced this decision?
- If you did register them, what have been the benefits of registration? Have there been any negative consequences?
- If you did not register them, are you happy with this decision? Why / why not? What have been the benefits of not registering them? Have you experienced any negative consequences of not registering them?
- How did the registration staff treat you? Positives / negatives? Challenges?
- What would motivate/make it easier for you to register your children in the future?

Social experience/practice

- Do people in your community usually register births? Why / why not? If they do, where /when/ how?
- If people know about it but still don't register, why?
- Do more people register births now than in the past, why?

Influence

- Who influenced your decision about birth registration? Did you discuss it with your husband / mother / mother-in-law etc.? What were their opinions?
- Generally who influences decisions about birth registration in your community? What are the positives/negatives of this?

- Did the health staff / registration staff influence you? In what ways?

Suggestions/improvements

- Do you think the process of birth registration could be improved? How? What should be changed?
- Do you think we should encourage people to register births? Why / why not?
- How can we overcome the barriers to birth registration (*go through what they listed previously*)
- What would be the most effective ways to encourage you / your community to do birth registration?
- If we wanted to improve people's knowledge / understanding of birth registration, what key messages should we tell them? What channels should we use?

Conclusion

- What do you feel have been the most important things that we have spoken about? (*recap key points*)
- Is there anything else that you would like to discuss?
- Do you have any questions for us?
- Thank you and close

Focus group framework – community leaders

Introductory/demographic questions

- Gender: (male/female)
- How old are you?
- Are you married?
- Where do you live?
- How many people are there living in your household?
- What level of schooling do you have?
- How many children do you have?
- How old are they? Boys / girls?
- How many additional children do you care for under your care?
- What is your relationship to those children?
- How old are they? Boys / girls?
- Do any of your children have disabilities?

Knowledge, understanding & perceptions

- What is birth registration? What does it mean?
- What you know about the birth registration process?
- When do people think they should register a birth (at birth/1 month/1year etc.)?
- Where do people think they can register births?
- What are the benefits to birth registration?
- What are the disadvantages to birth registration?
- Who can help people register a birth and obtain a birth certificate?
- Who is involved in birth registration services? What is their role?
- Is this a good job? Why / why not?
- Is there anything about birth registration that is unclear to you, any questions you have about it?
- Do you think people in your community know about birth registration?

Information sources/messaging

- How did you learn about birth registration (mass media, community, health workers etc.)?
- How do people in your community learn about birth registration?
- Who/what do you think is most reliable source of information? Why?
- How good/useful do you think these messages are? What works, what doesn't work?
- How much did these messages / channels of information influence your decisions/practice?
- Are you aware of any programmes/initiatives that target birth registration? What did they do?

Experience & practice

Individual experience/practice

- Tell us about when you had your last child (socio-cultural and practices around birth; choice of delivery service; naming; assignment/acceptance of paternity; adoption (formal/informal)?
- Did you register them? If so, tell us about the experience. *Elicit narrative.*
- Why did you register them? If not, why not? What factors influenced this decision?
- If you did register them, what have been the benefits of registration? Have there been any negative consequences?
- If you did not register them, are you happy with this decision? Why / why not? What have been the benefits of not registering them? Have you experienced any negative consequences of not registering them?
- How did the registration staff treat you? Positives / negatives? Challenges?
- What would motivate/make it easier for you to register your children in the future?

Social experience/practice

- Do people in your community usually register births? Why / why not? If they do, where /when/ how?
- If people know about it but still don't register, why?
- Do more people register births now than in the past, why?
- Do you play a role in birth registration? If so what?

Influence

- Who influenced your decision about birth registration? Did you discuss it with your husband / mother / mother-in-law etc.? What were their opinions?
- Generally who influences decisions about birth registration in your community? What are the positives/negatives of this?
- Do the health staff / registration staff have influence? In what ways?
- Do you have influence? In what ways?

Suggestions/improvements

- Do you think the process of birth registration could be improved? How? What should be changed?
- Have you or other community members already tried to improve access to birth registration? What has been done? What was the effect?
- Do you think we should encourage people to register births? Why / why not?
- How can we overcome the barriers to birth registration (*go through what they listed previously*)
- What would be the most effective ways to encourage you / your community to do birth registration?
- If we wanted to improve people's knowledge / understanding of birth registration, what key messages should we tell them? What channels should we use?

Conclusion

- What do you feel have been the most important things that we have spoken about? (*recap key points*)
- Is there anything else that you would like to discuss?
- Do you have any questions for us?
- Thank you and close

Focus group framework – TBAs

Introductory/demographic questions

- Gender: (male/female)
- How old are you?
- Are you married?
- Where do you live?
- How many people are there living in your household?
- What level of schooling do you have?
- How many children do you have?
- How old are they? Boys / girls?
- How many additional children do you care for under your care?
- What is your relationship to those children?
- How old are they? Boys / girls?
- Do any of your children have disabilities?

Knowledge, understanding & perceptions

- What is birth registration? What does it mean?
- What you know about the birth registration process?
- When do people think they should register a birth (at birth/1 month/1year etc.)?
- Where do people think they can register births?
- What are the benefits to birth registration?
- What are the disadvantages to birth registration?
- Who can help people register a birth and obtain a birth certificate?
- Who is involved in birth registration services? What is their role?
- Is this a good job? Why / why not?
- Is there anything about birth registration that is unclear to you, any questions you have about it?
- Do you think people in your community know about birth registration?

Information sources

- How did you learn about birth registration?
- How does the community you work in learn about birth registration (mass media, community, health workers etc.)?
- Who/what do you think is most reliable source of information? Why?
- How good/useful do you think these messages are? What works, what doesn't work?
- How much did these messages / channels of information influence your decisions/practice?
- Are you aware of any programmes/initiatives that target birth registration? What did they do?

Experience & practice

Individual professional practice

- As a TBA how are you involved in birth registration?
- Tell us about your job? What are the challenges? How could this be improved? (*elicit narrative*)

Individual experience

- Tell us about when you had your last child (socio-cultural and practices around birth; choice of delivery service; naming; assignment/acceptance of paternity; adoption (formal/informal)?
- Did you register them? If so, tell us about the experience. (*elicit narrative*).
- Why did you register them? If not, why not? What factors influenced this decision?
- If you did register them, what have been the benefits of registration? Have there been any negative consequences?
- If you did not register them, are you happy with this decision? Why / why not? What have been the benefits of not registering them? Have you experienced any negative consequences of not registering them?
- What would motivate/make it easier for you to register your children in the future?

Social experience/practice

- Do people in your community usually register births? Why / why not? If they do, where/When / how?

- Do more people register births now than in the past? If so, why?
- What would motivate/make it easier people to register their children in the future?
- What are the benefits of registration? What are the negative consequences of non-registration?

Influence

- Who is involved in making decisions about registration in your community? What are the positives/negatives of this?
- What influence do you/other related staff have? How effective is it?

Individual experience

- Who influenced your own decision about birth registration? Did you discuss it with your husband / mother / mother-in-law etc.? What were their opinions?
- Did you have influence? In what ways?

Improvements

- Do you think the process of birth registration could be improved? How? What should be changed?
- Have you or other community members already tried to improve access to birth registration? What has been done? What was the effect?
- Do you think we should encourage people to register births? Why / why not?
- How can we overcome the barriers to birth registration (*go through what they listed previously*)
- What would be the most effective ways to encourage you / your community to do birth registration?
- If we wanted to improve people's knowledge / understanding of birth registration, what key messages should we tell them? What channels should we use?

Conclusion

- What do you feel have been the most important things that we have spoken about? (*recap key points*)
- Is there anything else that you would like to discuss?
- Do you have any questions for us?
- Thank you and close

Child and adolescent participatory workshop

Introduction (10 mins)

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

Energiser to introduce group (5 mins)

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

Story circles/timelines about registration (20 mins)

- Children/adolescents are separated in pairs (larger groups with facilitator for younger age bracket)
- Each tells a story/timeline of non/registration in their families: what they have experienced and what happened as a result; benefits and/or drawbacks; drawing/writing a timeline to illustrate
- Group comes back together and presents their timelines back to whole group through story circle
- Discussion

Information and decision making (energiser) (15 mins)

- Put signs around the room representing different people/groups that might influence decisions or provide information, eg:
 - Parents
 - Mother
 - Father
 - Grandparents
 - Extended family family
 - Community peers
 - Community leaders
 - Church
 - Health staff
 - Teachers
 - Radio
 - Other technology
 - Government
 - I don't know
 - Other
- Call out a series of choices e.g.
 - How do you know about birth registration?
 - How do people in your community know about birth registration?
 - Who do you think is most important in deciding whether to register or not?
 - Who decides whether to register a baby or not?
 - Who chooses when to register the baby?
 - Who chooses the name of the baby?
 - Who discourages/encourages registration?
 - Who/what should/could be involved more to improve BR rates?
 - How would you like to get more information about BR in the future?

- Participants have to move to the point in the room indicating who decides/where influence/information come from
- Facilitator notes numbers and asks for explanation/follow-up questions as appropriate
- Discussion

Drama/role play based on a story circle: barriers enablers and solutions (45 mins)

- In groups of 3/4 discuss
 - main reasons for birth registration and non-registration. Barriers and drivers.
 - results of non/registration
 - current enablers, what would enable/motivate people to register.
 - suggestions on how to improve
 - how people could be motivated to register (communication mechanisms)
- Groups prepare a short role play and perform to rest of group
- Questions and discussion

Discussion and conclusion (10 mins)

- Any other points to add
- Suggestions
- Thank you and close

Quantitative Research Tools

KAP survey with service providers

A: Preliminary Information

1. Questionnaire ID: _____

2. Province:
 - 2.1 Luanda
 - 2.2 Kwanza Sul
 - 2.3 Malange
 - 2.4 Uige
 - 2.5 Moxico
 - 2.6 Huila
 - 2.7 Bie

3. Site:
 - 3.1 Provincial capital
 - 3.2 Rural Municipal Capital
 - 3.3 Remote municipal capital
 - 3.4 Luanda commune (*with* Loja de Registo)
 - 3.5 Luanda commune (*without* Loja de Registo)

4. Gender of respondent:
 - 4.1 Male
 - 4.2 Female

5. Age:
 - 5.1 18 – 25
 - 5.2 26 – 30
 - 5.3 31 – 35
 - 5.4 36 – 40
 - 5.5 41 – 45
 - 5.6 46 – 50
 - 5.7 51 – 55
 - 5.8 56 – 60
 - 5.9 60 +

6. Position:
 - 6.1 Head of a registration post
 - 6.2 Deputy head of a registration post
 - 6.3 Adjunct
 - 6.4 Notary
 - 6.5 Mobile registration team
 - 6.6 Registration Officer placed in other site (e.g. health facility, Municipal / Commune admin)
 - 6.7 Obstetrician
 - 6.8 Nurse Midwife
 - 6.9 Nurse
 - 6.10 CHW/community health technician
 - 6.11 ADECO
 - 6.12 TBA
 - 6.13 School Director or Teacher

- 6.14 Non formal educator
- 6.15 Other (please specify)

- 7. Time in current function
 - 7.1 Less than 2 years
 - 7.2 2 to 5 years
 - 7.3 6 to 8 years
 - 7.4 9 years or more

- 8. Is your position linked directly or indirectly to birth registration?
 - 8.1 Directly; I am a staff member in a registration facility
 - 8.2 Indirectly; it's not my primary role but my involvement is officially mandated
 - 8.3 Indirectly; it's not my primary role, my role is unofficial
 - 8.4 Other (please specify)

- 9. If you responded 'other' to question 9, please explain:
.....

- 10. What is the highest level of school you attended?
 - 10.1 None
 - 10.2 Primary
 - 10.3 Secondary
 - 10.4 Higher

- 11. How many children under 17 are there in your household?
.....

- 12. Of these children, how many are registered?
.....

- 13. How many are unregistered?
.....

- 14. If there are unregistered children in your household, please explain the reasons
.....

B. SERVICE PROVIDER KNOWLEDGE ON BIRTH REGISTRATION

- 15. To what age is birth registration free?
 - 15.1 0 – 2 years
 - 15.2 3-4 years
 - 15.3 Up to 5 years
 - 15.4 6+ years

- 16. What should be done if parents of a child don't have civil registration documents?
 - 16.1 A declaration can be made by two responsible adults (soba, religious leader)
 - 16.2 Don't know
 - 16.3 Can't be registered
 - 16.4 Other, please specify.....

- 17. The bulletin (declaration) of birth can be issued by:
 - 17.1 Traditional chiefs (sobas)
 - 17.2 Traditional birth attendants
 - 17.3 Religious leaders

- 17.4 Health units
- 17.5 Municipal or Commune Administrations
- 17.6 Conservatories/registration posts
- 17.7 I don't know

18. How would you describe your knowledge of the birth registration process?

- 18.1 Excellent
- 18.2 Very good
- 18.3 Good
- 18.4 Medium
- 18.5 Poor
- 18.6 Non-existent
- 18.7 Other (please specify)

19. Where did you get your knowledge about the registration process?

- 19.1 Formal training
- 19.2 Informal learning on-the-job
- 19.3 Colleagues within same profession
- 19.4 Colleagues from another profession/s
- 19.5 I don't know much about the process
- 19.6 Other (please specify)

20. How long has it been since your last training?

- 20.1 Less than 6 months
- 20.2 Between 6 months and a year
- 20.3 Between one and two years
- 20.4 More than two years

21. Do you think you need more training on birth registration?

- 21.1 Yes
- 21.2 No

22. If yes, in what area?

- 22.1 IT
- 22.2 Relations with service users
- 22.3 Filing
- 22.4 Legislation
- 22.5 Other, please specify.....

23. How would you like to receive more information/support with regards to and your role?

- 23.1 Training
- 23.2 On-the-job learning/support
- 23.3 Reading material
- 23.4 Mobile phone
- 23.5 Other ICT
- 23.6 Other, please specify.....

C: Provider experiences of providing birth registration services (only for staff working in registration services)

24. Overall, how would you rate your level of motivation with your work?

- 24.1 Very
- 24.2 Medium

- 24.3 Quite poor
- 24.4 Very poor

25. What are the main challenges for you in your role, linked to BR?
- 25.1 My role with regards to birth registration is not clear
 - 25.2 Inadequate material resources
 - 25.3 Inadequate human resources
 - 25.4 Not enough time to spend on BR
 - 25.5 Lack of knowledge/understanding of community
 - 25.6 Lack of prioritisation by community
 - 25.7 My lack of training/knowledge
 - 25.8 Lack of support/supervision
 - 25.9 Complicated birth registration process
 - 25.10 Problems with process
 - 25.11 Other colleagues don't work well
 - 25.12 Other (please specify)

Please give details/comments: [text box]

26. What are the main positive factors motivating you to work with BR?
- 26.1 My colleagues work well together
 - 26.2 I believe in the value of BR
 - 26.3 I like working with my community
 - 26.4 I am well managed/supported
 - 26.5 I get good training
 - 26.6 The process is simple
 - 26.7 It's just a job
 - 26.8 I get extra money for working with BR
 - 26.9 Other, please specify.....

27. How could experience of working with birth registration be improved?
[Text box]

D: Provider perceptions of birth registration in area

28. How important do you think it is for parents and caregivers to register children early in life i.e. under five years?
- 28.1 Extremely important
 - 28.2 Very important
 - 28.3 Important
 - 28.4 Not very important
 - 28.5 Not important at all

29. Why? Please give details/comments: [text box]

30. How do you see the uptake of birth registration overall in your area?
- 30.1 Very high
 - 30.2 High
 - 30.3 Medium
 - 30.4 Low
 - 30.5 Very low
 - 30.6 I don't know
 - 30.7 Other (please specify)

31. Other, please specify.....

32. If medium/low, what do you think is the main reason for this?

- 32.1 Too many people at registration offices
- 32.2 Registration offices too far/difficult to access
- 32.3 Too expensive
- 32.4 Only register limited number per day so high waiting times
- 32.5 Can't get child's name on daily list to be registered
- 32.6 Have to pay to get child's name on daily list
- 32.7 System not set up in Maternities or Salas de Parto
- 32.8 Not a priority
- 32.9 Nomadic lifestyle
- 32.10 Process too complicated/time-consuming
- 32.11 People don't know the process
- 32.12 Parents don't have necessary ID
- 32.13 Parents don't have a declaration of birth
- 32.14 Father's identity unknown
- 32.15 Single mothers
- 32.16 No name chosen at birth
- 32.17 Other (please elaborate)

33. If high, what do you think are the main reasons for this?

- 33.1 Registration office close by
- 33.2 Free
- 33.3 People prioritise registration
- 33.4 Necessary for children to access services/education
- 33.5 Simple process
- 33.6 People are encouraged by:
 - a) sensitisation messages (radio, TV, leaflets, posters, ICT, SMS etc., please specify.....)
 - b) registration staff
 - c) health staff
 - d) other staff
 - e) local leaders (sobas, Priest, community leader, please specify.....)
 - f) their community
 - g) their family
 - h) Other (please elaborate)

34. How could birth registration rates be improved?

- 34.1 More/closer centres
- 34.2 More staff
- 34.3 Clearer roles of staff involved
- 34.4 More resources
- 34.5 More messaging for community awareness
- 34.6 More messaging for community prioritisation
- 34.7 More training for staff
- 34.8 More training for other professionals involved
- 34.9 More information/training for community leaders
- 34.10 More support/supervision for staff
- 34.11 Simpler birth registration process
- 34.12 Free birth registration process
- 34.13 Other (please specify.....)

E: Provider perceptions of birth registration messaging in local area

35. What are the main sources of birth registration information for the community?

- 35.1 Television
- 35.2 Radio
- 35.3 Posters
- 35.4 Leaflets
- 35.5 Telephone messaging
- 35.6 Information from registration staff
- 35.7 Information from health staff
- 35.8 Information from other staff
- 35.9 Information from community leaders
- 35.10 Information from family members
- 35.11 Information from community members
- 35.12 Other, please specify.....

36. How effective do you think this messaging is?

- 36.1 Very
- 36.2 Quite
- 36.3 Medium
- 36.4 Not very
- 36.5 Not at all
- 36.6 There is no messaging

37. If quite or very effective, why?

- 37.1 The information is clear
- 37.2 The best communication medium is used
- 37.3 The messaging is convincing/motivates people to register
- 37.4 People trust the source

38. If not very effective, why?

- 38.1 The information is not clear
- 38.2 People don't trust the source
- 38.3 The messaging is not very convincing/doesn't motivate people to register
- 38.4 The medium used is not very effective
- 38.5 Other, please specify.....

39. What do you think would be the most effective medium?

- 39.1 Radio messaging
- 39.2 Posters
- 39.3 Telephone messaging
- 39.4 Information from registration staff
- 39.5 Information from health staff
- 39.6 Information from other staff
- 39.7 Information from community leaders
- 39.8 Information from family members
- 39.9 Information from community members
- 39.10 Other, please specify.....

40. What messages do you think would motivate people to register?

[Text box]

41. Concluding remarks, anything to add?

[Text box]

Registration centre observation/data collection checklist

1. Date:
2. Municipality:
3. Site:
4. When centre was opened:
5. Opening hours of centre:
6. Number of staff employed at centre:
7. Number of staff present:

OBSERVATION

8. Who is conducting the registration process with service users?
 - a. Head of a registration post
 - b. Deputy head of a registration post
 - c. Registration technician
 - d. Notary
 - e. Mobile registration team
 - f. Other (please specify)
9. Is there a list of children to be registered today or is it done on the basis of who turns up?
 - a. There is a list
 - b. Done on the basis of who turns up
 - c. Other
10. If other, please explain.....
11. Number of service users present:
12. Data recording mechanism in use:
 - a. Electronic
 - b. Paper and pen
 - c. None visibly in use
 - d. Other (please specify)
13. Observe one complete registration process; how long on average it takes to register?
14. Observed problems encountered in registering:
 - a. Lack of documents
 - b. Incorrect documents
 - c. Lack of understanding of process
 - d. No problem encountered
 - e. Other, please specify.....
15. Explain the problem encountered.....
16. Response to problem by provider:
 - a. Detailed explanation

- b. Brief explanation
- c. No explanation
- d. N/A no problem encountered
- e. Other, please specify.....

17. Resources/materials checklist:

- a. Adequate chairs/table
- b. Posters/wall signs, leaflets
- c. Electricity
- d. Computer
- e. Printer
- f. Other, please specify.....

18. Rate the following:

Good Adequate Poor

- a. Space available in centre
- b. Privacy/confidentiality
- c. Cleanliness of centre
- d. Flow of service users
- e. Communication manner of staff
- f. Quality of data recorded
- g. Data storage system

QUESTIONS TO ASK A STAFF MEMBER

19. Staff per position employed in the registration post

- | | | | | | |
|--------------------------------|---|-----|-----|------|-----|
| a. Head of a registration post | 1 | 2-3 | 2-6 | 7-10 | 10+ |
| b. Adjunct | | | | | |
| c. Registration technician | | | | | |
| d. Notary | | | | | |
| e. Mobile team member | | | | | |
| f. Other | | | | | |
| g. Specify..... | | | | | |

20. How many registration documents are issued per day?

21. Who are the majority of service users?

- a. Mothers
- b. Fathers
- c. Parents together
- d. Other family caregivers
- e. Other non-family caregivers
- f. Other, please specify.....

22. Total number of people registered yesterday:

- a. Under-5:
- b. Over-5:
- c. Total:

23. Number of people registered in previous month:

- a. Under-5:
- b. Over-5:
- c. Total:

24. Are the registers up to date? (i.e. all details of most recent registrations included?)

- a. Yes
- b. No
- c. No registers present

25. Payment for registration observed?

- a. Yes
- b. No
- c. Don't know

26. Other key observations/notes:

Appendix 2 – Consent form

Birth Registration Formative Study in Angola

Background

This study will improve our understanding of birth registration in Angola and how people get information about it in order to improve how this is communicated in the future. This study will use information from the community and also people working to provide registration services in order to better understand knowledge, attitudes and practices around birth registration.

Interview/Focus groups

For this purpose, we would like to talk to your child about matters relating to birth registration. Specifically:

- His/her perceptions and experiences of birth registration;
- The reasons he/she is aware of for registering/non registering children under 5;
- What messages he/she knows about birth registration and how they are spread;
- His/her ideas about solutions to these challenges ways information can be spread to encourage people to register birth in the future.

The workshop will last for approximately 90 minutes. Participation is voluntary. Your child has the right to withdraw from the discussion at any time without reason and without penalty. There is no cost associated with his/her participation. We believe there is no risk to him/her in participating.

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

In regard to collecting information for this study, we would greatly appreciate your help and therefore seek your consent and cooperation. If you have any questions about this study, you may contact

INFORMED CONSENT

I have been informed in detail about the purpose and nature of this study.

I have received satisfactory answers to all my questions relating to this study.

I have decided that my child can participate willingly and can withdraw at any time for any reason.

I agree to his/her workshop being recorded.

I give my informed consent to my child participating in this study and having his/her photograph taken as part of the study.

Name of parent/caregiver

Signature

Date

Name of youth participant

Name of witness

Signature

Date

As a witness of this letter, I ensure that I have the above information has been accurately conveyed to the participant. I also ensure that they have decided to participate in this study freely and willingly.

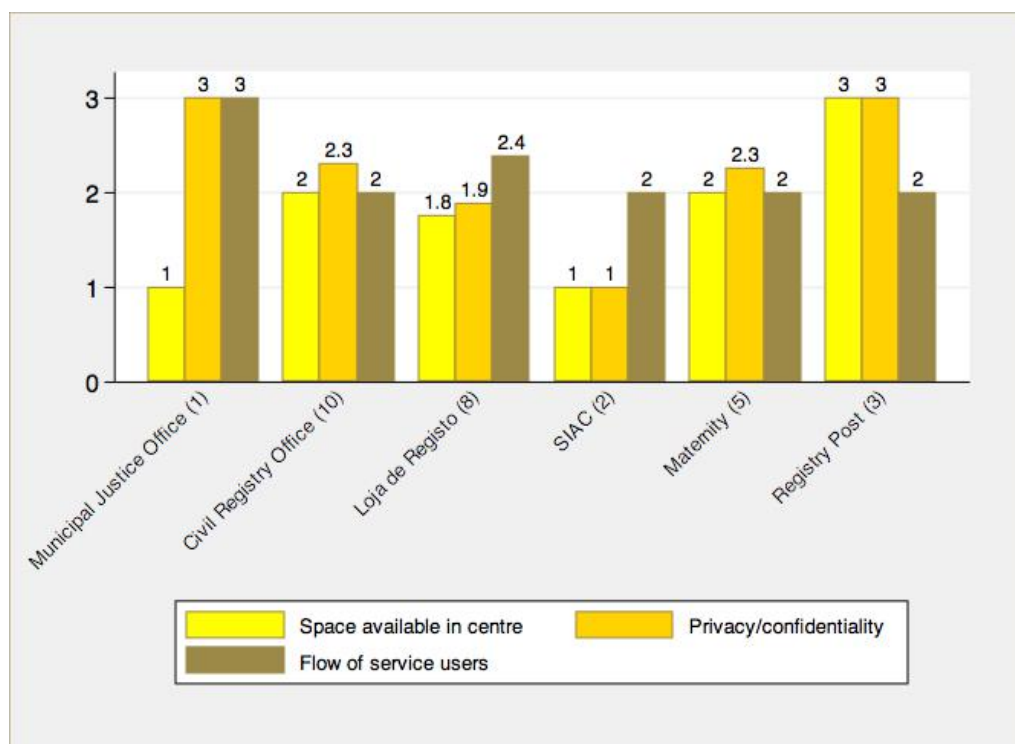
Appendix 3 – Quantitative data

This appendix presents a selection of graphs based on the analysis of quantitative data gathered through the KAP survey conducted with health and registration staff (n=208) and the observation data gathered through questionnaires conducted in registration posts visited during the study (n=29). A short descriptive narrative accompanies each graph, but this should be contextualised further through triangulation with the qualitative analysis presented in the report.

This data only represents service provider groups (health and registration staff) as quantitative KAP methodologies were not used with service user groups. Data presented below is disaggregated by type of staff, type of post and type of location. As health staff were not directly involved in registration service provision, their responses tended to correlate more strongly with service user perceptions (through triangulation with the qualitative data set) rather than those of registration staff.

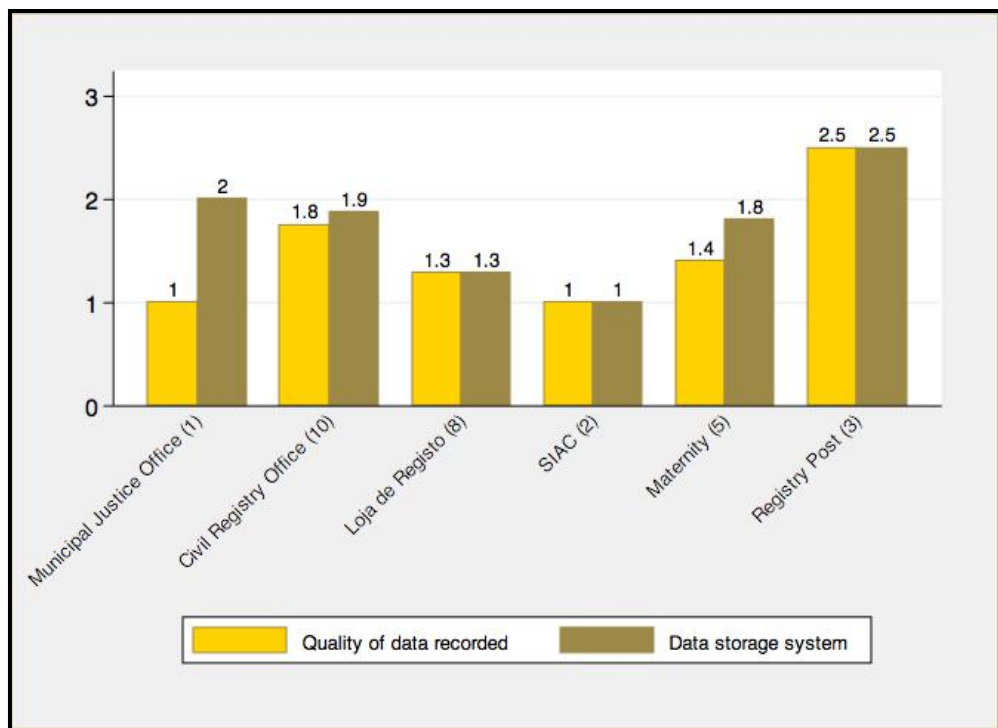
Graphs 1 to 5 are based on observational data, and Graphs 6 to 19 are based on KAP survey data.

Graph 1: Observed mean quality of infrastructure by type of post (1: good, 2: adequate, 3: poor)



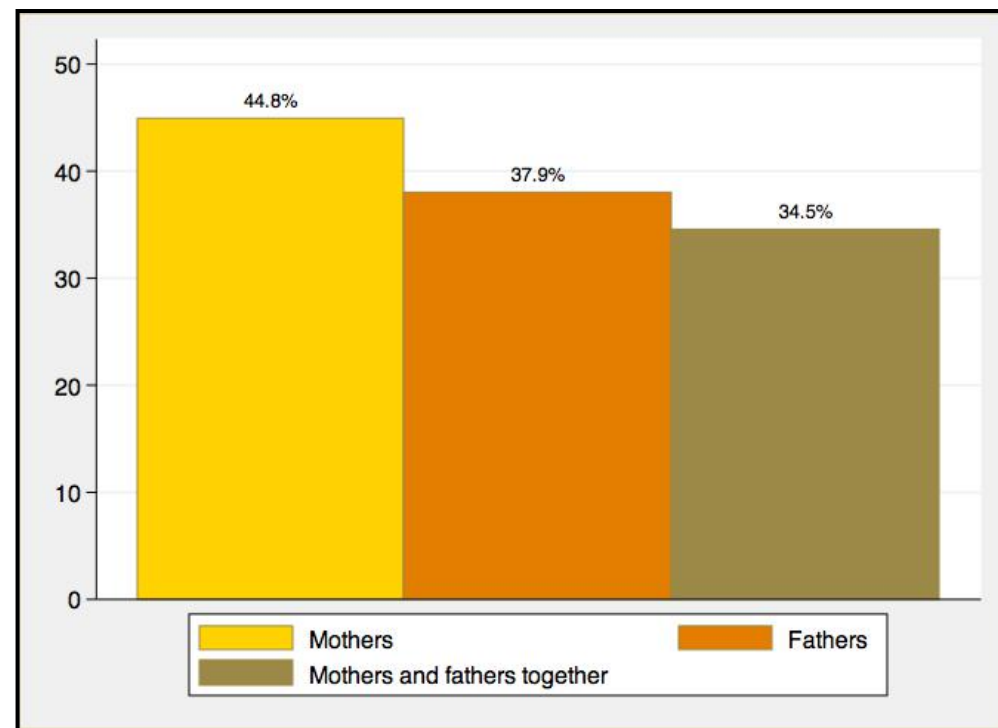
This graph is based on observation data. It reflects an assessment of the quality of infrastructure in terms of space available, privacy and flow of service users at the different types of facility visited (numbers in brackets show the number of facilities visited per type). The lower the bar, the better the respective assessment. The two integrated service facilities (SIACs and *lojas*) show the best results across the three categories.

Graph 2. Observed mean quality of data management by type of post
(1: good, 2: adequate, 3: poor)



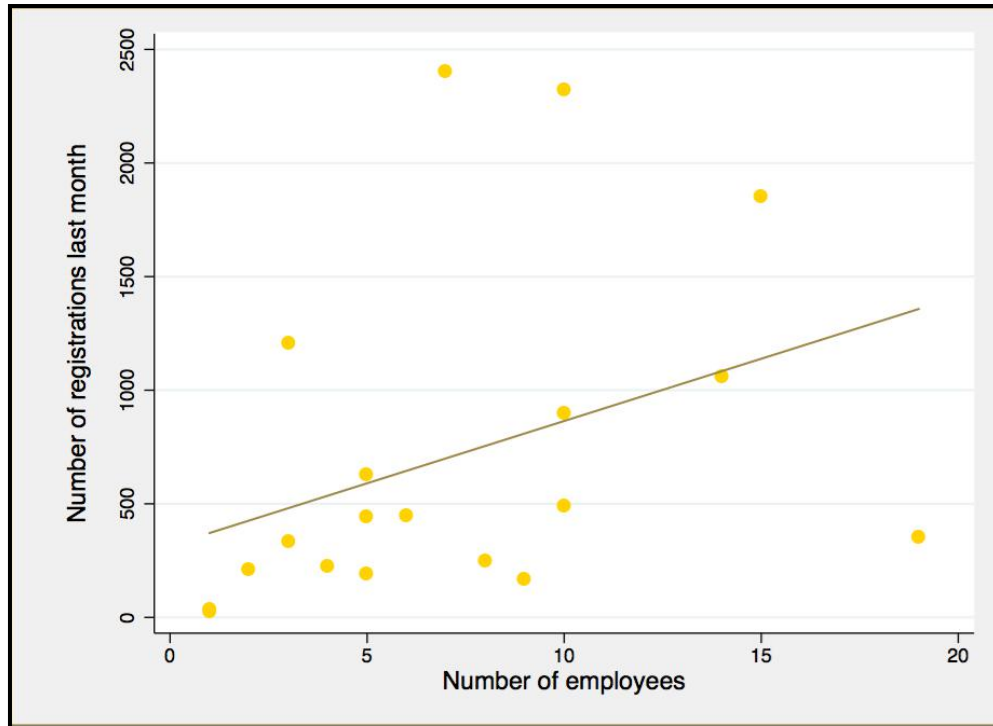
This graph depicts the quality of data management as observed by the research team visiting the facility. Again, a low bar reflects a good assessment. Whilst both criteria, i.e. quality of data recorded and data storage system, are considered good in the two integrated service facilities (SIACs and *lojas*), the other end of the quality scale is marked by the three registry posts that show a relatively poor quality of data management with an average assessment of 2.5 for both criteria.

Graph 3: Who is seeking services?



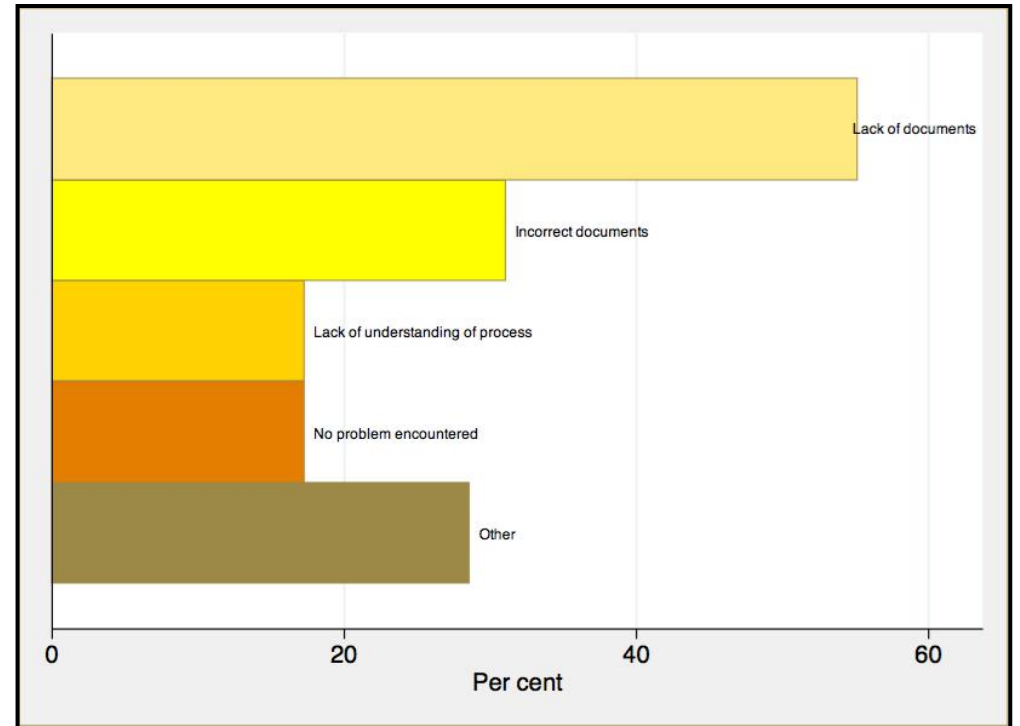
During the facility visits, the research team observed who the registration service users were. Mothers represented the primary category of service users, followed by fathers and then both parents. The data also included a small group of other caregivers not captured in the graph.

Graph 4: Human resources and number of registrations



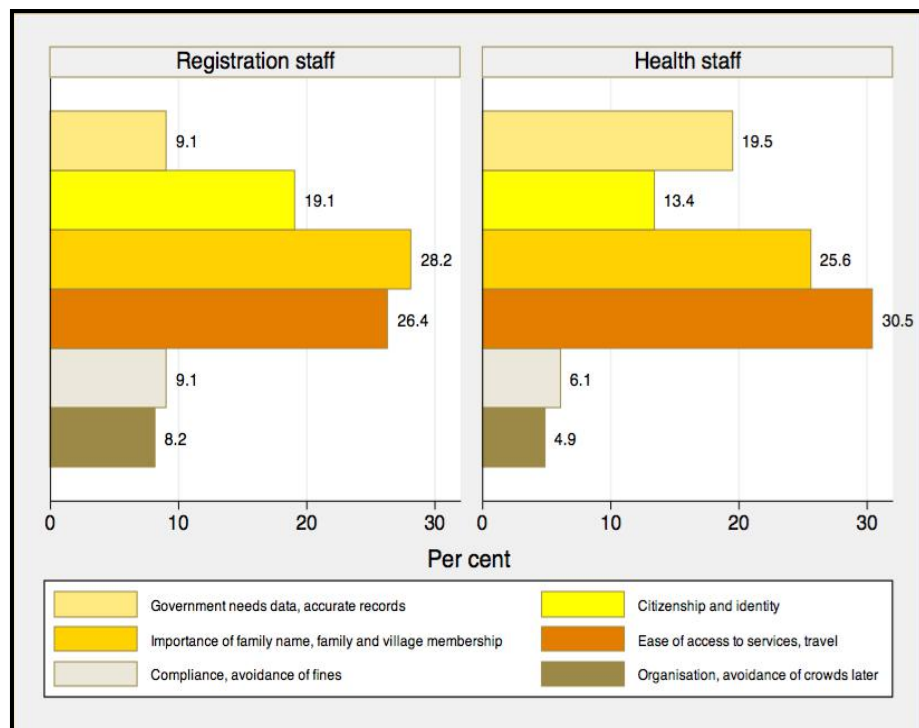
This graph is based on observation data. Whilst there is no proper statistical correlation between the number of employees at a facility and the number of registrations done over a one-month period, this graph shows the data points for the 29 facilities included in the observations and indicates a positive relation.

Graph 5: Most common problems encountered during registration



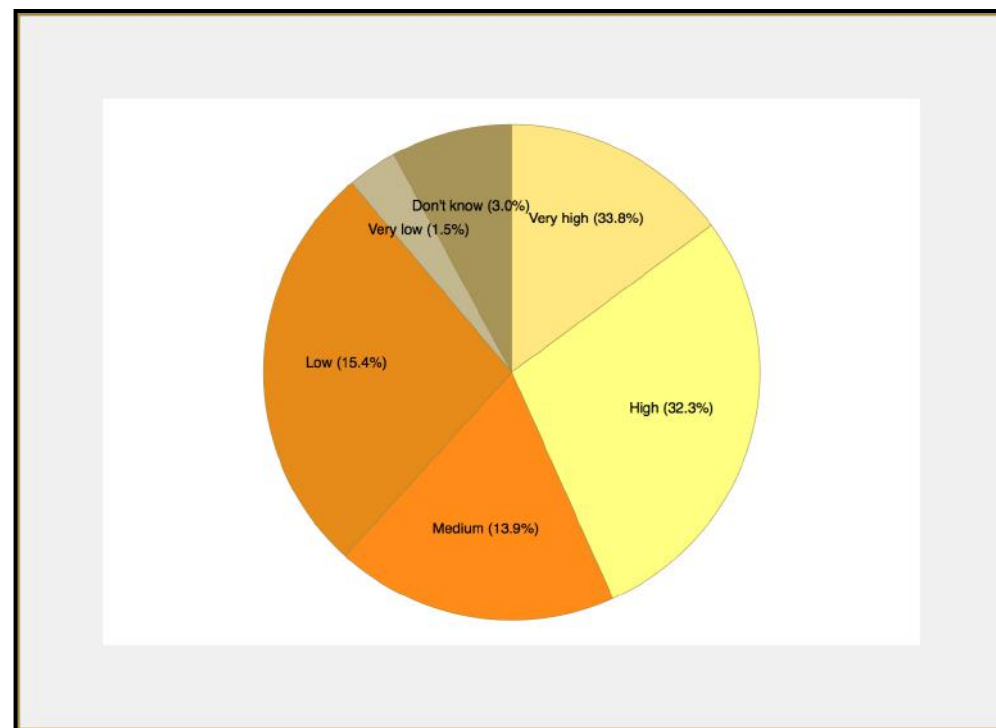
Graph 5 shows the most common problems observed during registration during the research teams' visit (based on one full registration process observed per site). The greatest problem was the lack of documents (55.2%), followed by the presentation of incorrect documents (31.0%). In only 17.2% of cases was no problem encountered.

Graph 6: Priority reasons for early birth registration



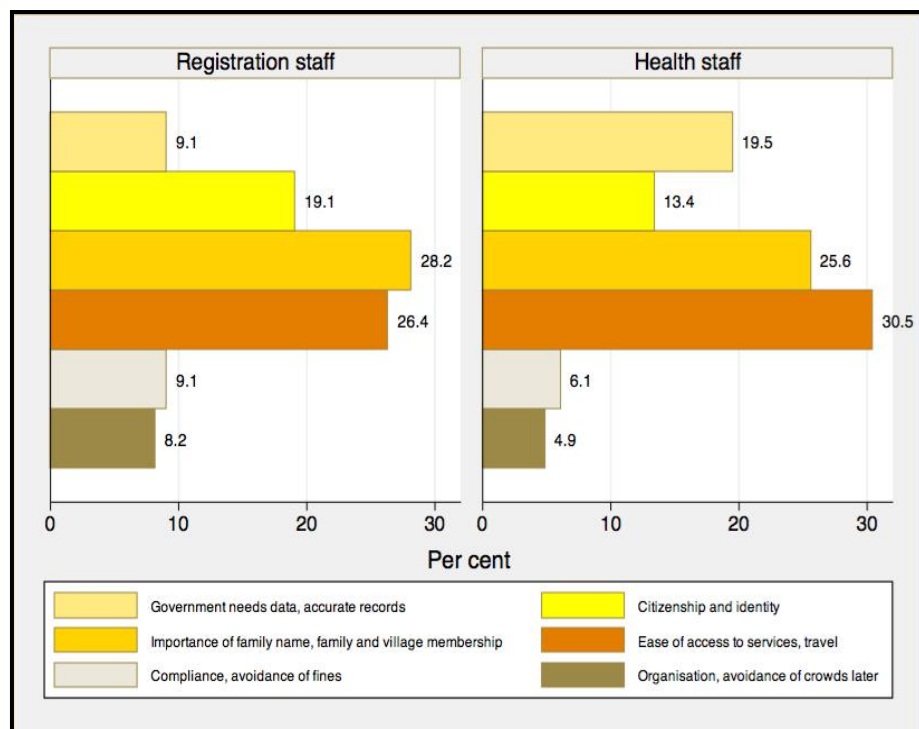
This graph from the KAP survey reflects priority areas based on thematically grouped responses to the open-ended question ‘Why was early birth registration particularly important’. A similar pattern emerged between health and registration staff. The largest category for both groups referred to birth registration as a prerequisite for access to services, education and the opportunity to travel, and the need to register in order to document individual identity and family membership. Interestingly, health staff prioritised access to services whereas registration staff placed more emphasis on identity, and family/community membership. The importance of registration as a source of government data was also more pronounced amongst health staff than registration staff.

Graph 7: Perceived uptake of birth registration in area



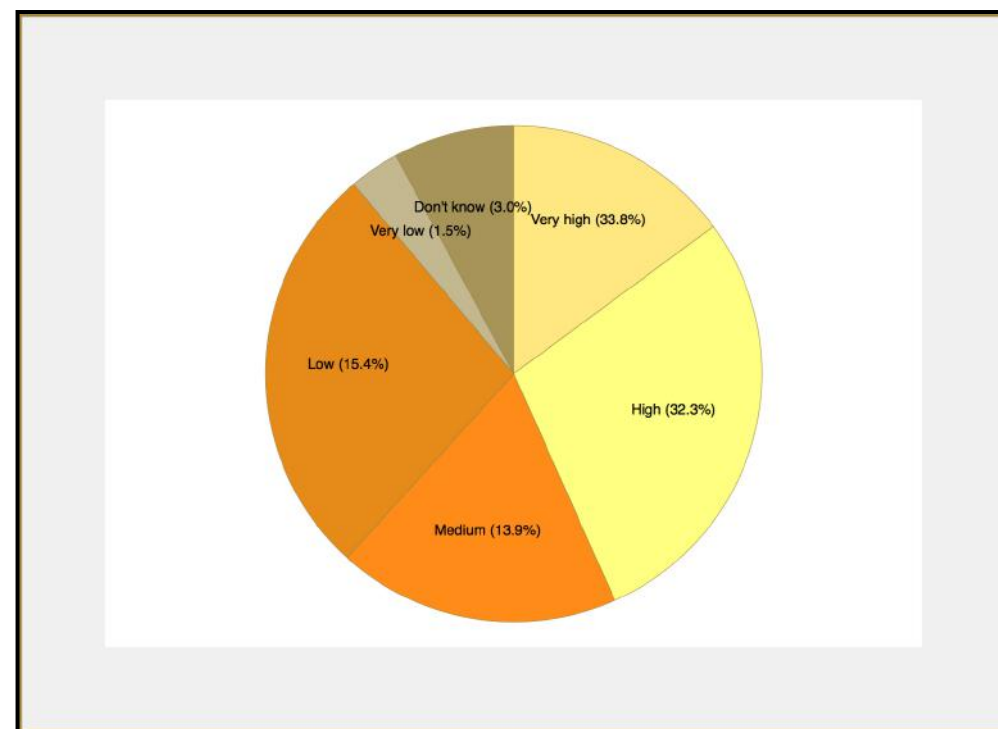
This graph reflects respondents’ perceptions of registration service uptake in their area according to the KAP data. 80% of registration and health staff believed service uptake in their area was ‘very high’ (33.8%), ‘high’ (32.3%) or ‘medium’ (13.9%). This was largely due to observations that registration posts were always crowded, which was perceived to indicate high utilisation.

Graph 6: Priority reasons for early birth registration



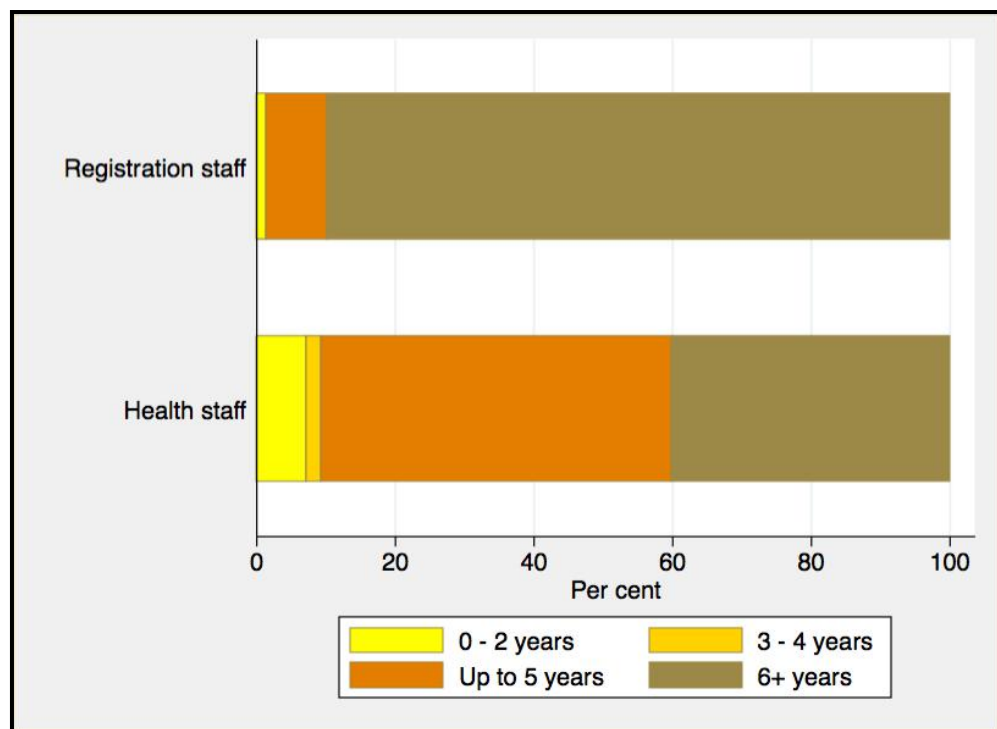
This graph from the KAP survey reflects priority areas based on thematically grouped responses to the open-ended question ‘Why was early birth registration particularly important’. A similar pattern emerged between health and registration staff. The largest category for both groups referred to birth registration as a prerequisite for access to services, education and the opportunity to travel, and the need to register in order to document individual identity and family membership. Interestingly, health staff prioritised access to services whereas registration staff placed more emphasis on identity, and family/community membership. The importance of registration as a source of government data was also more pronounced amongst health staff than registration staff.

Graph 7: Perceived uptake of birth registration in area



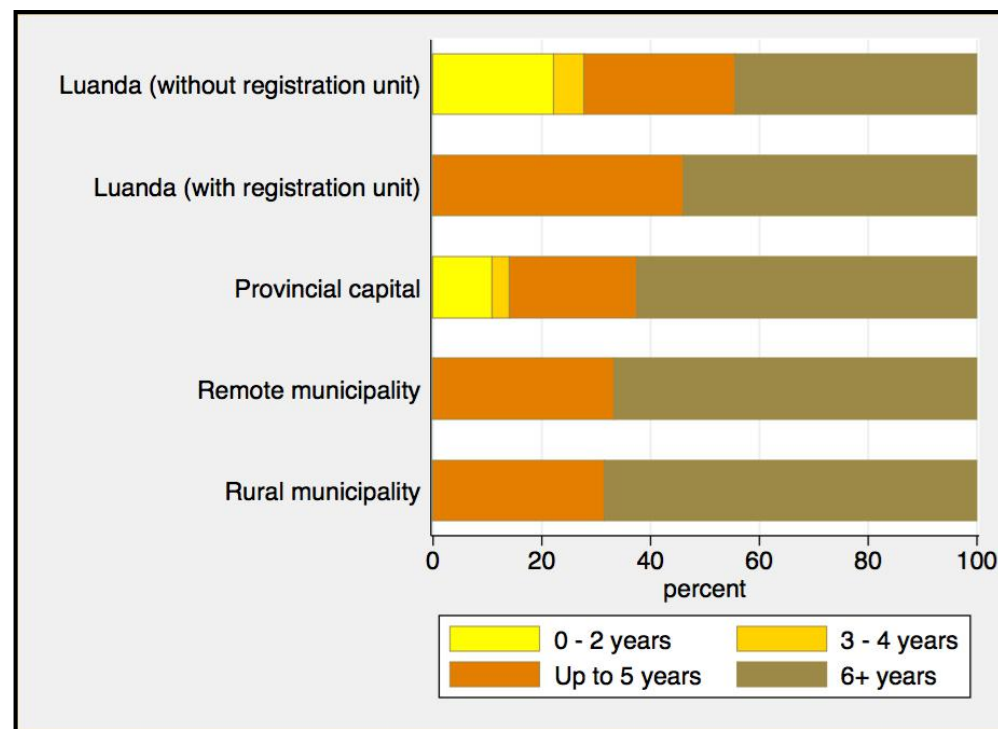
This graph reflects respondents’ perceptions of registration service uptake in their area according to the KAP data. 80% of registration and health staff believed service uptake in their area was ‘very high’ (33.8%), ‘high’ (32.3%) or ‘medium’ (13.9%). This was largely due to observations that registration posts were always crowded, which was perceived to indicate high utilisation.

Graph 8: Knowledge of free birth registration by staff category



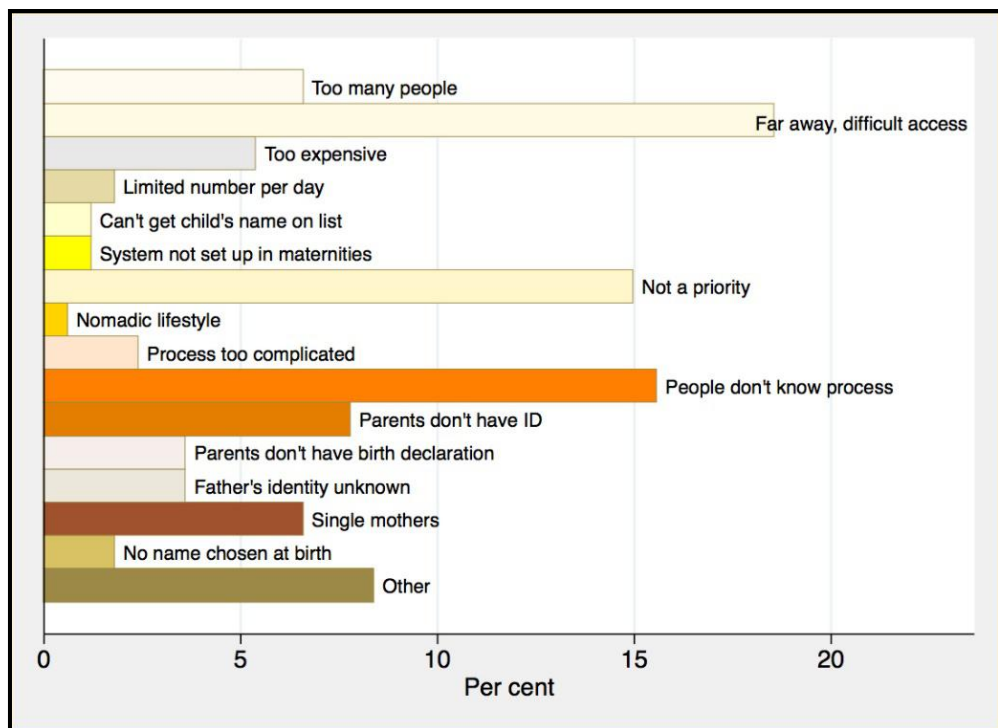
According to legislation, birth registration in Angola is always free. The question on which this graph is built asked staff the age groups they believed were eligible for free birth registration. A strong majority of registration staff were aware of the correct answer; that registration is free for all (89.9%), whereas only 40.2% of health staff were aware of this. 7.2% of the health staff were of the opinion that only the youngest age group of children (i.e. under three years old) were eligible for free birth registration.

Graph 9: Knowledge of free birth registration across different types of regions



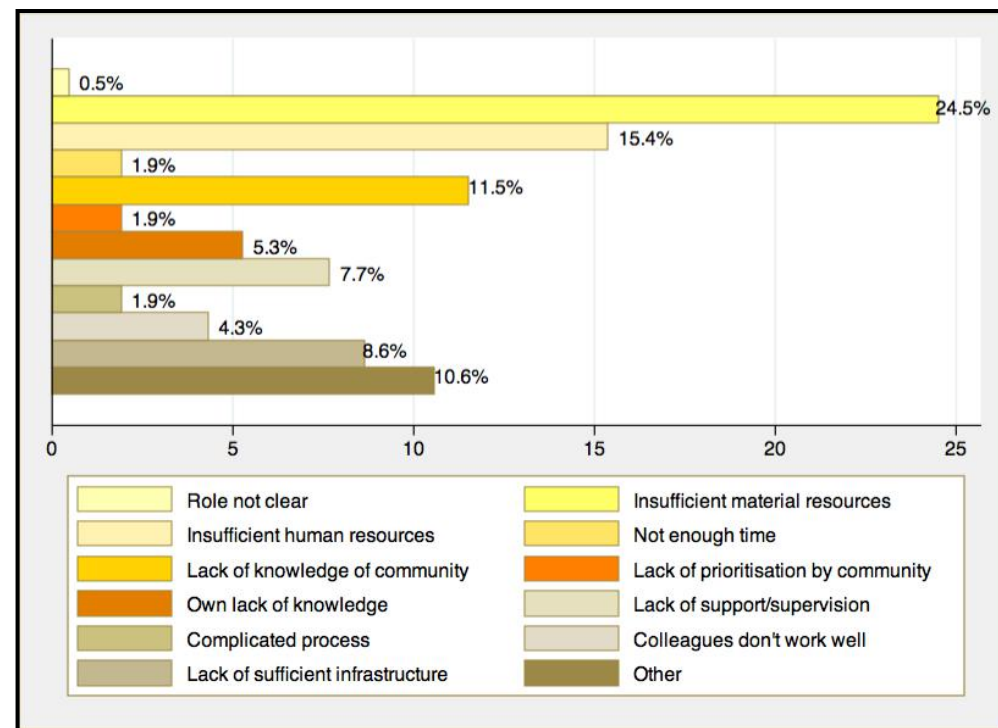
This graph shows health and registration staff knowledge of free birth registration across different locations. Interestingly, the lowest levels of correct knowledge were observed in Luanda and provincial capitals, and the highest levels in remote and rural municipalities.

Graph 10: Reasons for perceived low uptake of early birth registration provided by registration staff



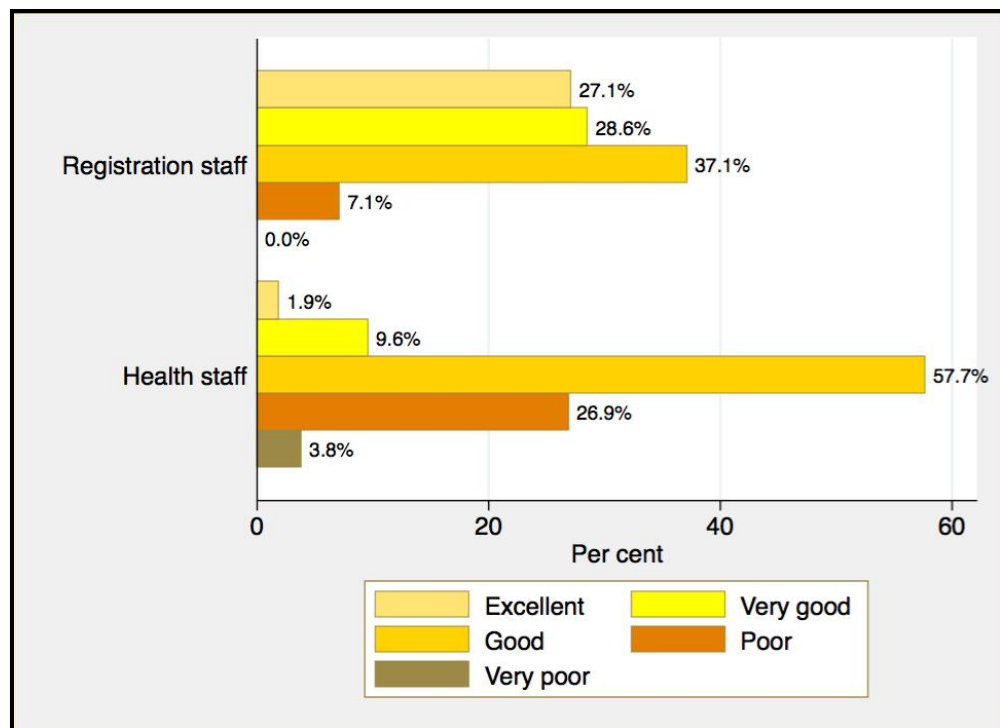
This graph is based on the KAP data and details responses given by registration staff to the question, 'Why might uptake of early birth registration be low?' Multiple answers were possible. The three reasons most reported were lack of physical access due to distance (about half of the respondents chose the response, resulting in a share of 18.6% of all answers), the perception that birth registration was not a priority for many (roughly 40% of respondents, a share of 15.0% of all answers), and lack of knowledge of the registration process (42% of respondents, a share of 15.6%).

Graph 11: Main perceived challenges linked to birth registration



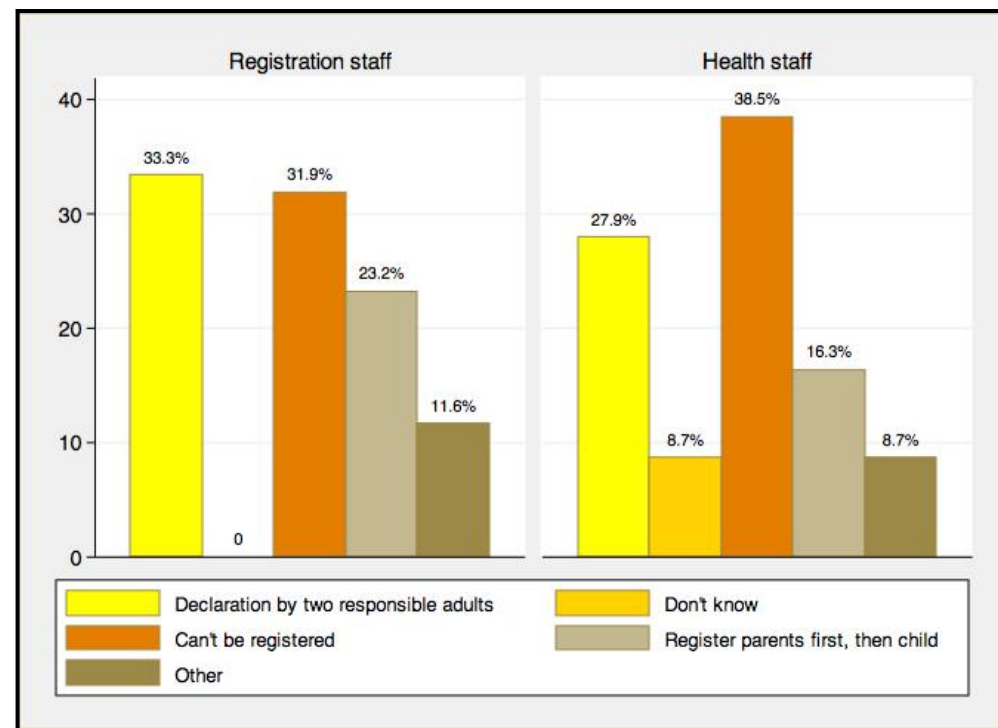
Graph 11 reflects the perceived main challenges regarding birth registration, as based on the KAP data. Nearly a quarter of the respondents (24.5%) felt the fact that material resources were lacking constituted a main challenge. The second most prominent concern was the lack of human resources (15.4%). 10.6% of respondents mentioned other challenges. These included a diverse range of complaints about registration, ranging from staff not being valued at the workplace to inappropriate locations of the registration posts.

Graph 12: Self-stated knowledge of registration process by staff category



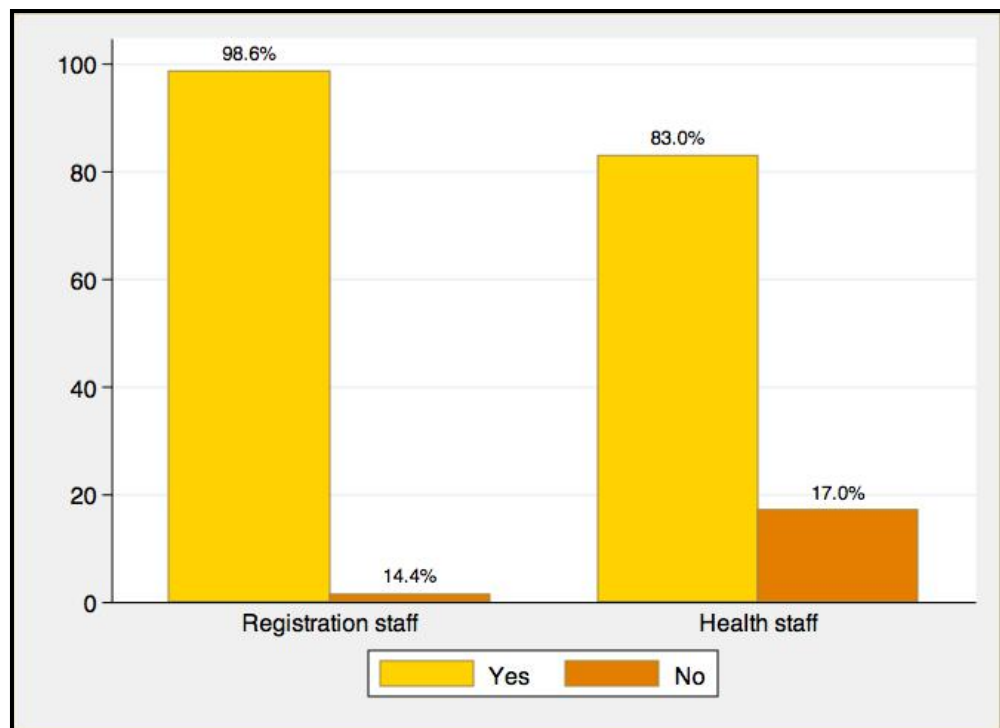
During the KAP questionnaire both health and registration staff were asked to describe their knowledge of the birth registration process. The majority of registration staff perceived their knowledge to be ‘excellent’ (27.1%), ‘very good’ (28.6%) or ‘good’ (37.1%). Whilst the majority of health staff self-assessed their knowledge as ‘good’ (57.7%) a significant percentage rated it as ‘poor’ (26.9%) or ‘very poor’ (3.8%).

Graph 13: What should be done if parents don’t have civil registration documents?



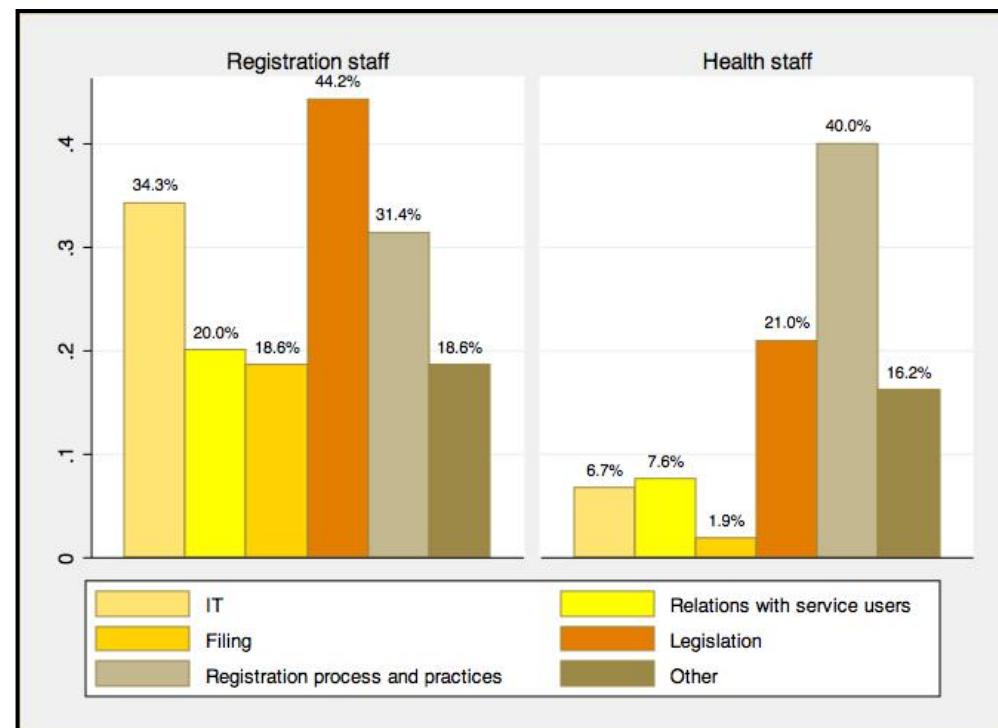
This graph reflects the registration process in cases in which a child’s parents do not have civil registration documents. More health staff (38.5%) than registration staff (31.9%) were of the opinion that registration could not take place in these situation.

Graph 14: Self-perceived training needs by type of staff



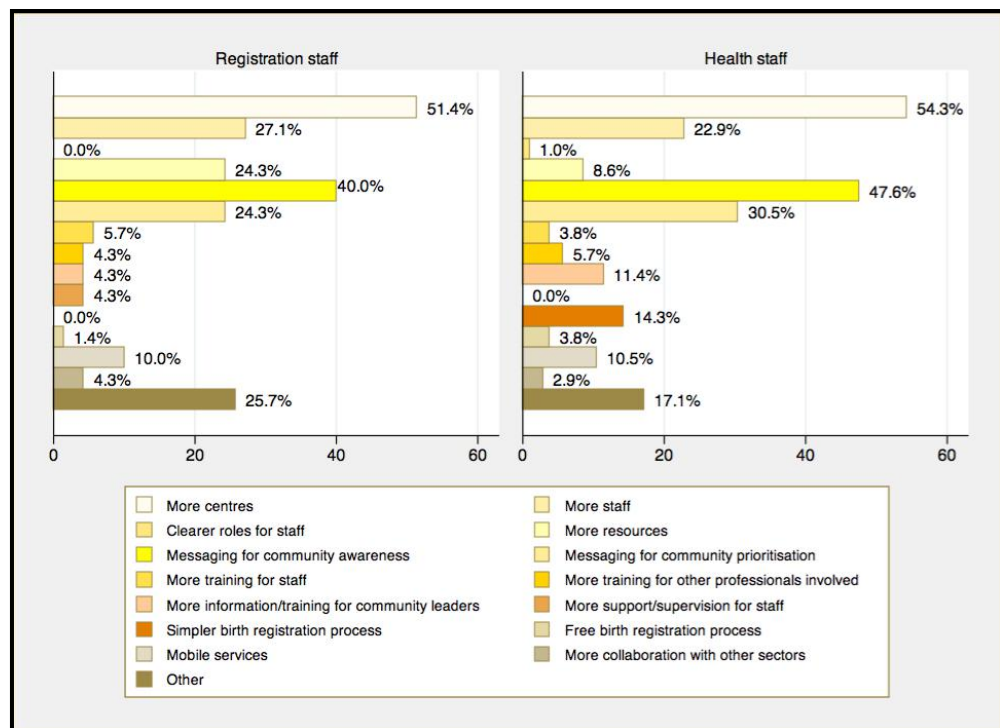
Graph 14 conveys a straightforward message: in answering the question whether they needed more training on birth registration, a large majority of respondent answered 'yes' (98.6% of registration staff, 83.0% of health staff).

Graph 15: Area of capacity building needs



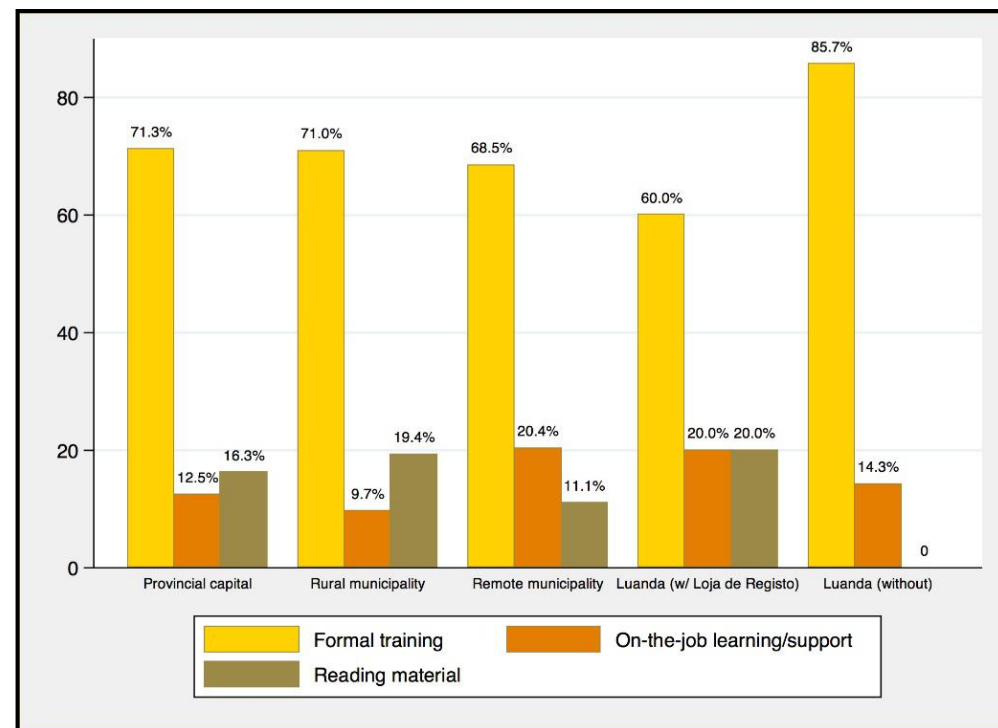
KAP survey results clearly indicated the overwhelming need of further capacity building among both registration and health staff. Graph 15 shows the type of capacity building preferred by both groups (multiple responses possible). Whereas 44.2% of registration staff felt they needed further training about legislation, this was the case for only 21.0% of health staff. The largest request amongst health staff was for training on the registration process and practices in general (40.0%). Registration staff also placed emphasis on IT training (34.3%) and registration processes and practices (31.4%).

Graph 16: Perceptions on how birth registration rates could be improved



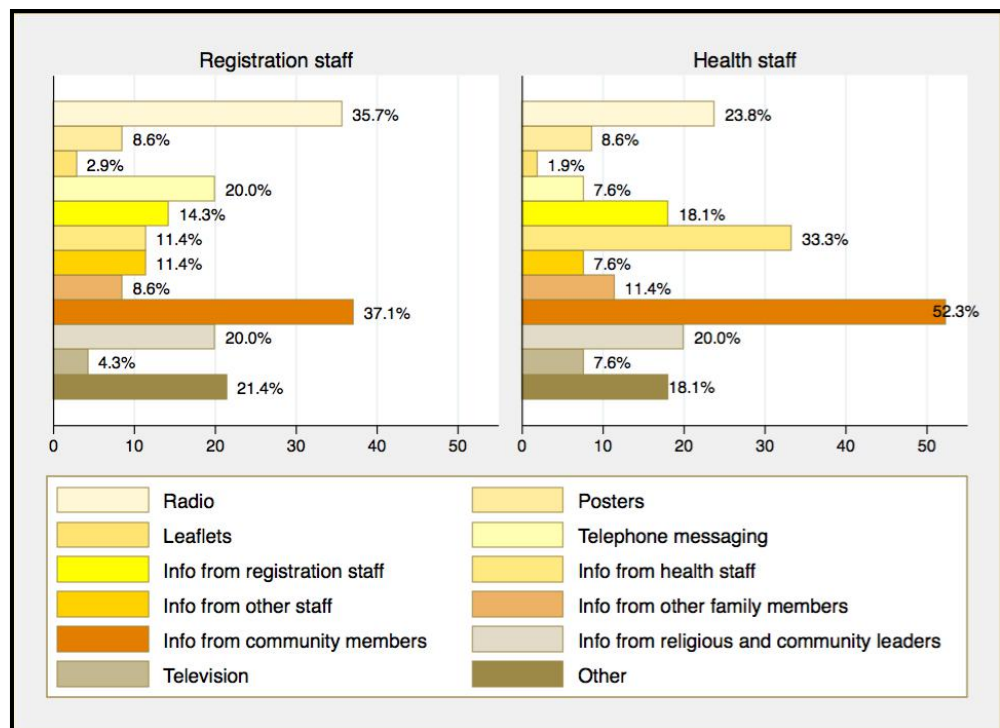
Respondents were asked to suggest how birth registration rates could be improved. Within the set of alternatives, multiple responses were possible. For both groups the predominant way to improve registration rates was through a greater number of registration centres located closer to the population. This was suggested by more than half of the registration and health staff respondents (51.4% and 54.3%, respectively). They also strongly felt that there was a need to create more awareness in communities (40.0% and 47.6%). It is interesting to see that while no one among the registration staff felt that the registration process ought to be simplified, this was the preference for 14.3% of health staff respondents.

Graph 17: Capacity building preferences by location



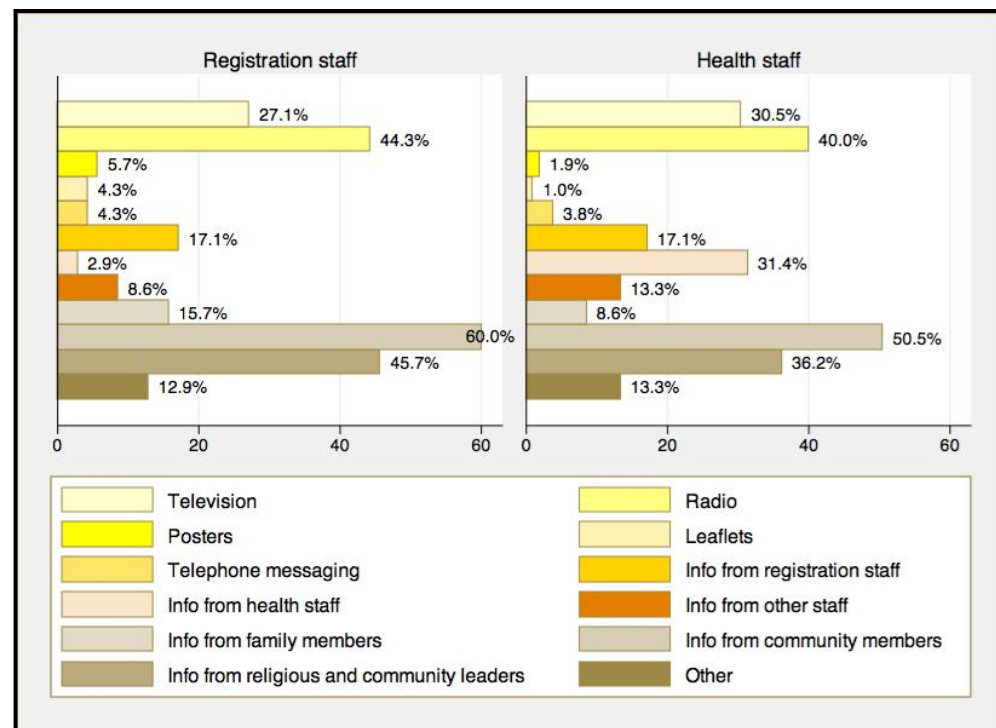
Independent of the location, there was a strong preference for formal training (ranging between 60.0% and 85.7% of respondents in the respective geographic areas) evident amongst both registration and health staff. There was one location (Luanda without *Loja de Registo*) where not a single respondent favoured reading material.

Graph 18: Most effective potential sources of information



KAP respondents considered community members to be the single most important source of information on birth registration (37.1% of registration staff, 52.4% of health staff). Otherwise, the ranking of information sources (multiple responses were possible) differs slightly between registration staff and health staff. For example, the role of radio messaging is more prominent for registration staff (35.7%), whereas less health staff consider this an effective potential source of information (23.8%).

Graph 19: Main sources of birth registration information



In terms of identifying the main sources of birth registration information for the community, prioritisation of information sources was similar for registration staff and health staff, and both considered the role of community members to be the most important (60.0% of registration staff and 50.5% of health staff). The second most reported source of information was shared between religious and community leaders, and the radio. It is not surprising to see that information from health staff was considered a main source of information by 31.4% of health staff, but only by 2.9% of registration staff.

Appendix 4 – Maps of field sites

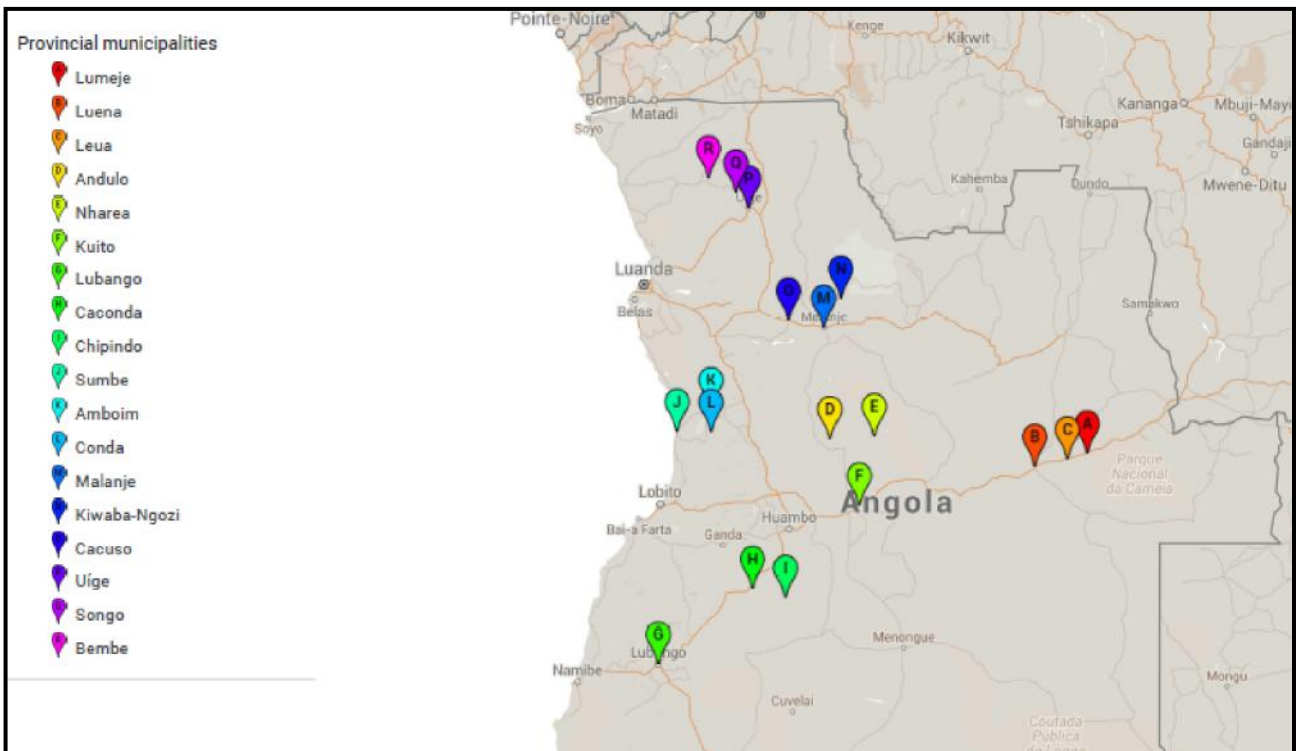
Map 1: Provinces of Angola



Map 2: Study sites in Luanda



Map 3: Study sites in the provinces



Bibliography

- Cavalcanti CMM (2014). Avaliação Do Sistema De Registo Civil E Estatísticas Vitais De Angola, EU, UNICEF & Government of Angola.
- Council of Ministers (2007). Decree No. 31/07 of 14 of May, Birth Registration.
<http://www.refworld.org/docid/46bad6752.html>
- Creswell, J.W. & V.L. Plano Clark (2011) *Designing and conducting mixed methods research*, 2nd edition, Thousand Oaks CA: SAGE Publications.
- EU Parliament Policy Department External Policies (2007). Birth Registration and the Rights of the Child. EU Parliament; Brussels.
- EU (2008). Update of the Guidelines on Children and Armed Conflict.
<http://www.consilium.europa.eu/uedocs/cmsUpload/10019.en08.pdf>
- EU & UNICEF (2013). Breaking with Broken Systems: EU/UNICEF Partnership for the Legal Identity of African, Asian and Pacific Children Consolidated Interim Report – Year 1, UNICEF ESARO Child Protection, 23 December 2013.
- Government of Angola MINFAMU, UNICEF, SINFIC & CEIS (2010). Programa de Promoção de Competências Familiares, Sistematização do Processo de Elaboração Participativa de Mensagens: Relatório de Análise e Sistematização.
- Government of Angola/World Bank/UNICEF (2011). IBEP 2008-2009, Inquérito Integrado sobre o Bem-Estar da População.
http://www.childinfo.org/files/Angola_IBEP_2008-09_Relatorio_de_Tabelas_Vol2_Por.pdf
- Government of Angola (2013). The commitment of Angola in the Communications and IT sector according to the Recommendations of the World Summit on the Information Society. Available from:
http://unctad.org/meetings/en/Presentation/CSTD_2013_Ministerial_WSIS_Angola.pdf
- Government of Angola (2013). *Programa de Massificação do Registo de Nascimento e Atribuição do Bilhete de Identidade*.
- Government of Angola (2014). National Census.
- Government of Angola, EU Delegation in Angola, UNICEF (2014). Birth Registration and Justice for Children in Angola: Description of Action.
- Government of Angola (2015). Law on the simplification of birth registration, I Serie No. 65, 8th May 2015.
- GSMA Mobile Identity Team (2013). Mobile Birth Registration in Sub-Saharan Africa A case study of Orange Senegal and Uganda Telecom solutions.
<http://www.gsma.com/personaldata/wp-content/uploads/2013/05/Mobile-Birth-Registration-in-Sub-Saharan-Africa.pdf>
- IBEP (2013) Integrated Survey on The Welfare of the Population – IBEP 2013 Analytical Report - Vol III Poverty Profile. IBEP; Luanda, Angola.
- ICPD (2012). Angola: Country Implementation profile.
icpdbeyond2014.org/documents/download.php?f=FINAL_Angola.pdf
- Lansdown G (2011). Every child's right to be heard: a resource guide on the UN Committee on the rights of the child general comment no.12.
http://www.unicef.org/french/adolescence/files/Every_Childs_Right_to_be_Heard.pdf
- Lo, S. and Horton, R. (2015) Comment: Everyone counts—so count everyone. The Lancet DOI:
[http://dx.doi.org/10.1016/S0140-6736\(15\)60305-1](http://dx.doi.org/10.1016/S0140-6736(15)60305-1)
- Mikkelsen, L., Phillips, D.E., AbouZahr, C., Setel, P.W., de Savigny, D., Lozano, R., and Lopez, A.D. (2015). A

global assessment of civil registration and vital statistics systems: monitoring data quality and progress. The Lancet.

Minority Rights (no date). Angola overview. <http://www.minorityrights.org/3885/angola/angola-overview.html>

New York State Department of Health Bureau of Vital Statistics Office of Quality and Patient Safety, and IPRO (2014). New York State Birth Registrar Survey Brief Report by Region: New York City and the Rest of New York State. IPRO Corporate Headquarters; New York.

OHCHR (1990). Convention on the Rights of the Child; Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989; entry into force 2 September 1990. <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>

Open Society Foundation (2012). Country Profiles Report: Southern Africa Disability Rights and Law School Project. http://www.osisa.org/sites/default/files/disability_open_learning_-_country_reports_final.pdf

Portela de Souza, P. (2013). Creating Demand for Services and Protective Behaviors: Applying C4D to achieve CRVS goals, UNICEF PowerPoint presentation.

Smith, T. and Brownlees, L. (2011). Age assessment practices: a literature review & annotated bibliography. UNICEF; New York.

Statistics Norway (2014). Status Analysis on Civil Registration and Vital Statistics (CRVS), Notater Documents, 2014/41. <https://www.ssb.no/befolkning/artikler-og-publikasjoner/status-analysis-on-civil-registration-and-vital-statistics-crvs>

United Nations Treaty Collection (2014). Convention on the Rights of the Child. https://treaties.un.org/pages/viewdetails.aspx?src=treaty&mtdsg_no=iv-11&chapter=4&lang=en&title=UNTC-publisher=

UNECA, AU Commission, African Development Bank (2012). Africa Programme on Accelerated Improvement of Civil Registration and Vital Statistics (APAI-CRVS), Second Conference of African Ministers Responsible for Civil Registration Durban, South Africa, 3– 7 September 2012.

UNICEF & the Government of the Republic of Angola (2001). Multiple Indicator Cluster Survey – Assessing the situation of Angolan Children and Women at the Beginning of the Millennium. INE/UNICEF; Luanda, Angola.

UNICEF Angola (2014). RFP/ANGA/2014/0005 (Unpublished).

UNICEF Belize (2012). Make your child count! Belize country example.

UNICEF (2005). Strategic Communication For Behaviour And Social Change In South Asia. http://www.unicef.org/cbsc/files/Strategic_Communication_for_Behaviour_and_Social_Change.pdf

UNICEF (2005). The ‘Rights’ Start to Life – A Statistical Analysis of Birth Registration. UNICEF; New York.

UNICEF (2007). Innocenti Insight Birth Registration and Armed Conflict. UNICEF; Florence, Italy.

UNICEF (2010). Good Practices in Integrating Birth Registration into Health Systems (2000-2009) case studies: Bangladesh, Brazil, the Gambia and Delhi, India. UNICEF; New York.

UNICEF, MINFAMU, SINFIC & CEIS (2010). Programa de Promoção de Competências Familiares Sistematização do Processo de Elaboração Participativa de Mensagens: Relatório de Análise e Sistematização.

UNICEF (2011). Angola statistics. http://www.unicef.org/infobycountry/angola_statistics.html

UNICEF (2013a). Every Child’s Birth Right: Inequities and trends in birth registration. UNICEF; New York.

UNICEF (2013b) A Passport to Protection – A guide to Birth Registration Programming. UNICEF; New York.

UNICEF (2013c) Strategic Guidance Note on Institutionalizing Ethical Practice for UNICEF Research.

UNICEF (2015). State of The World's Children 2015 Country Statistical Information (data up to 2013).

http://www.unicef.org/infobycountry/angola_statistics.html#121

UNHCR, EU, UNICEF, UNFPA, WHO (2014). Civil Registration and Vital Statistics: A joint UN priority for Angola.

UNHCR (2013) Birth Registration child protection issue brief. UNHCR; Geneva.

WHO (2014). Strengthening Civil Registration and Vital Statistics Systems through Innovative Approaches in the Health Sector: Guiding Principles and Good Practices, Report of a technical meeting Geneva, 17–18 December 2013.

Work Bank (2015). BUSINESS PLAN: Global Financing Facility in Support of Every Woman Every Child, May 2015.

<http://www.worldbank.org/content/dam/Worldbank/document/HDN/Health/Business%20Plan%20for%20the%20GFF,%20final.pdf>

World Bank (2015b). Angola: Country at a Glance. <http://www.worldbank.org/en/country/angola>