

Anthrologica

COMMON THREAD

Formative research to inform the development
of a national strategy in Ethiopia to promote
civil and vital events registration among
refugees and the general population

Final report

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Acknowledgements

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Executive summary

Civil registration (CR) records important life events of individuals including birth, marriage, divorce and death which protects individual's rights as a member of society, provides them with access to services and legal protection and helps with political, social and economic planning. Ethiopia has one of the lowest rates of civil registration worldwide despite rapid progress made since establishing their Civil Registration and Vital Statistics (CRVS) system. The Government of Ethiopia (Ethiopia's Immigration, Nationality, Vital Events Agency and the Regional Vital Events Registration Agency and UNICEF commissioned the development of an integrated Outreach Social and Behaviour Change Strategy that can increase uptake of vital events registration and certification among refugees and the general population in Ethiopia.

This report presents the findings from the literature review and the field research. The literature review provides a detailed presentation of the national and regional information relevant to CRVS, outlining the current state and processes of CRVS as well as previously identified barriers, enablers and opportunities for increasing uptake. The contextual information described in the literature is complemented by the findings from the rapid, qualitative field research conducted in November 2020 in urban, rural and refugee sites in Afar and Gambella regions, along with remote regional level interviews in Tigray and at the national level which provide insights around the behavioural, procedural and psychological barriers impeding vital events registration. Findings from the field were mapped onto a behavioural framework that highlights three key moments in an individual's experience of registration for vital events. Emerging themes were analysed to identify barriers, enablers and suggestions for improvements at each main step in the process:

Step one: making the decision to register an event. This step is affected by numerous contextual, personal and programmatic factors which serve as barriers or enablers to deciding to complete a registration. The factors affecting decisions to register included levels of awareness and knowledge and the impact of communication activities, mistrust in the functionality of the system and accuracy of information, the use of trusted sources of information and community engagement, sociocultural practices, contextual realities of everyday life and access to and linkages with other sectors. Suggestions for improving decisions to register include improving ways to raise awareness about the process and benefits of registration and strengthened linkages to raise intention to register.

Step two: taking action on the intention to register. After a person decides that registration is important and something they want to do, they must navigate barriers to acting on those intentions. These included: the ability to travel, decentralisation of the CRVS registrars, gender roles and regulations that affected perceived ability to complete a registration, and limitations in the CRVS infrastructure that affected accessibility and availability. The principal suggestion for maximising opportunities for individuals to successfully act on decisions to register is to improve the accessibility of registration services.

Step three: completing a registration at the point of service. At the registration centre barriers which can derail registration occurred both on the side of the service user and the service provider. Limited hours of operation, long waiting times, administrative barriers, ineligibility for registration, and fees presented challenges for those attempting to register events. Logistical and budget constraints were also impediments to service provision. Strategies that improve accessibility and availability were considered as enablers to complete registration. Suggestions for improvement include streamlining the service, budget allocation, building capacity of personnel involved in registration and tailored programming.

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Abbreviations

ARRA	Agency for Refugees and Returnees Affairs
CR	Civil Registration
CRVS	Civil Registration and Vital Statistics
CSA	Central Statistical Agency
CSO	Civil Society Office
ESSWA	Ethiopian Society of Sociologists, Social Workers and Anthropologists
FDRE	Federal Democratic Republic of Ethiopia
FGD	Focus Group Discussion
FVERA	Federal Vital Events Council
FMoH	Federal Ministry of Health
HEW	Health Extension Worker
IDI	In-depth Interview
INVEA	Immigration, Nationality, Vital Events Agency
NRC	Norwegian Refugee Council
RVERA	Regional Vital Events Registration Agencies
VER	Vital Events Registration
VERA	Vital Events Registration Agency

Introduction

Civil registration (CR) records important life events of individuals including birth, marriage, divorce and death. A civil registration and vital statistics (CRVS) system provides evidence of legal identity, family relationships and nationality. This evidence protects individual's rights as a member of society and provides them with access to services and legal protection. In addition to benefiting individuals, a well-functioning CRVS system helps with political, social and economic planning, facilitates the monitoring and evaluation of impact across programmes, and promotes better accountability in the social and economic sectors.

Given the vast benefits of a CRVS system, Ethiopia enacted the 2012 Registration of Vital Events and National Identity Card Proclamation (No. 760/201211), which made registration of all vital events, including birth, death, marriage, divorce, mandatory. In 2017 this Proclamation was amended to include asylum seekers, refugees and non-nationals, effectively extending its application and impact into the humanitarian sector (International Development Research Centre 2019).

Despite rapid progress in civil registration rates in Ethiopia, it remains one of the lowest worldwide (UNICEF 2019a). As of March 2020, 24% of births, 7% of deaths, 9% of marriages and 4% of divorces had been registered nationally (July 2019 – March 2020 Administrative Data). The Government of Ethiopia's Immigration, Nationality, Vital Events Agency (INVEA) and the Regional Vital Events Registration Agency (RVERA) in collaboration with UNICEF commissioned the development of an Integrated Outreach Social and Behaviour Change Strategy designed to increase uptake of vital events registration and certification among refugees and the general population in Ethiopia.

Anthrologica undertook a desk review and formative research to inform the development of the strategy developed by Common Thread. The report includes the research methodology and contextual information described in a literature review where a detailed presentation of the national and regional information relevant to CRVS is detailed. It then presents the findings from data gathered during the Field Research conducted in urban, rural and refugee sites in Afar and Gambella along with data collected remotely at the regional and national level. These provide insights about the behavioural, procedural and psychological barriers impeding vital events registration. The findings and themes from this research have been used to validate and feed into the strategy. UNICEF have provided technical support throughout the research process and representatives from the Ethiopian government have reviewed and endorsed the findings. The phases of the overall project were as follows:

- **Discovery Phase 1** - A Literature review was conducted to identify existing social data on the general population, and the refugee population and to understand demand- and supply-side barriers to vital event registration.
- **Design Phase 1** - Common Thread developed 'Strategy V1' based on the literature review.
- **Discovery Phase 2** - Rapid field research was conducted to understand demand- and supply-side barriers to vital event registration, how barriers can be overcome, what opportunities exist and how services can be adapted to meet the needs of their users.
- **Design Phase 2** - Preliminary field insights and insights garnered from workshops with national level stakeholders were applied to develop Strategy V2.
- **Discovery Phase 3** - The primary field data was analysed to gain a deeper and more contextual understanding of the behavioural, procedural and psychological barriers impeding vital events registration among refugee and host communities in the sites selected. These insights are compiled in this report.
- **Design Phase 3** - The field insights were applied to develop the final Strategy V3.

Research methods

Our approach draws on the theory of applied social research: using knowledge, based on evidence, to contribute directly to the understanding and assessment of specific issues, in this case vital events registration in Ethiopia. A rapid, qualitative research design was used to collect primary data from selected locations and target populations in three regions in Ethiopia. Multiple observational and participatory approaches were used to obtain rich, in-depth findings.

Research team

The formative research was conducted by Anthrologica, a global research organisation specialising in applied anthropology in global health, in partnership with the Common Thread and QUEST. Anthrologica's role in the study was to undertake the research which contributed to the Integrated Outreach Social and Behaviour Change Strategy led by Common Thread.

From Anthrologica, the overall project was managed by Olivia Tulloch, CEO of Anthrologica, she contributed to each stage of the research and provided technical oversight. The literature review and design of research tools was led by Katie Moore (KM), Research Associate with Anthrologica. KM conducted the inception visit for this study. Unfortunately, due to COVID-19, the visit was curtailed. However, she conducted meetings virtually and put foundations in place for recruitment of study participants. Emelie Yonally (EY) coordinated the data collection and led the analysis and reporting.

The field work was conducted by QUEST. Due to COVID-19 restrictions that restricted the Anthrologica field team from travelling, QUEST was hired to coordinate and conduct the in-field research. QUEST has extensive experience working with UN agencies and conducting and managing field research across Ethiopia. They specialise in designing and conducting large scale nationally representative surveys and qualitative research. QUEST's involvement also ensured national level expertise and support throughout the research process (including coordinating ethical approval, managing logistics, conducting preparatory work, recruiting national research assistants and data collectors, transcribing data collected and translating a sub-set of transcripts).

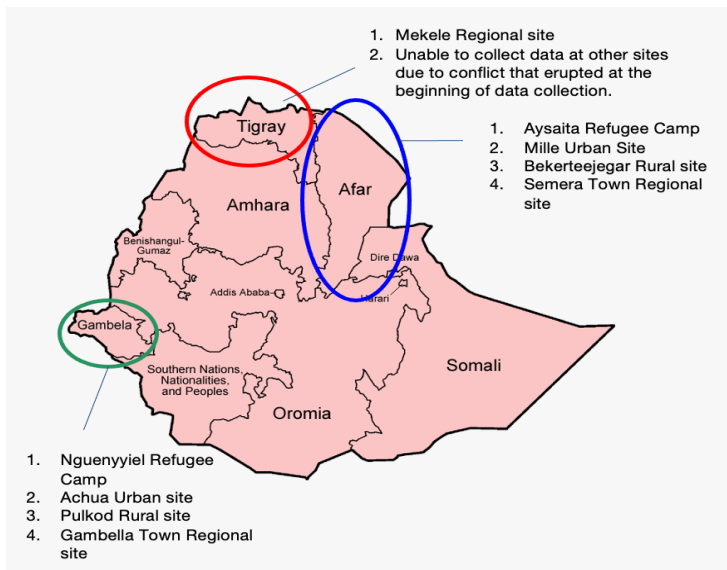
In Gambella the team was led by Asham Assazenew Baysa with support from John Gatbang and translation by Palek Koang Diaw. In Afar the team was led by Yitagesu Gebeyehu with support from Robha Murha Abekeri. In Tigray the team was led by Kiros Birhanu with support from Gezach Waldu Kahsay. These team members conducted the interviews and focus group discussions, translated and transcribed the research transcripts.

Field sites

To ensure a broad perspective of challenges and opportunities for CRVS across Ethiopia, key stakeholders at the national level were interviewed remotely by the Anthrologica field team. This data was supplemented by in-person field research intended to take place in three regions: Afar, Gambella and Tigray; for each region sites were selected in one refugee camp, one urban site, one rural site and the regional capital. Due to conflict that broke out while researchers were in the field, we were unable to collect data in the field in Tigray. In Tigray some virtual data collection was possible with regional stakeholders.

The sites were selected purposely based on the number of refugees hosted by these areas, as well as other factors:

Figure 1. Site map



Gambella was selected because it hosts the largest number of refugees from South Sudan.

Afar was selected due to the needs of its pastoralist population and its designated civil registrars.

Tigray was selected to represent the highland regions of Ethiopia, which tend to have different features from other refugee hosting regions.

The regional level data collection was supplemented through national level interviews.

Tool design

Based on the literature review, the research team drafted a topic guide (see Annex 1) structured on the following key concepts and themes:

- Knowledge of registration
- Sources of information on registration
- Effective communication on registration
- Influencers and motivators of registration
- Social, cultural and gender factors influencing registration
- Point of service factors
- Potential service improvements

The research tools were cross-cutting and included profession-specific questions. They were tailored to the context of the research sites and the target groups being engaged.

Data collection

Data collection was conducted from the 2nd to the 6th of November 2020. The data collection activities ran concurrently in each of the three regions with three QUEST research teams. Each team comprised one senior and one junior researcher lead by QUEST and overseen by Anthrologica. In each region, data collection activities occurred in four sites: a refugee camp, an urban host community, a rural community and the regional capital. Anthrologica conducted the remote data collection with national level stakeholders. The following activities were conducted:

In-depth interviews (IDIs)

IDIs were held with a range of stakeholders at national, district/regional and community levels, including supply- and demand-side participants. Participants included male and female refugees, the general population, single parents, service providers, local leaders, policy makers and coordinators. The interviews focused on behaviours, knowledge, perceptions and experiences at both individual and community levels,

as well as social factors that are barriers or drivers to the demand for registration services. Interviews followed a pre-prepared semi-structured interview guide that was refined during fieldwork in response to themes arising during the course of interviews (see Annex 2). The direction and content of each interview was determined by the interviewee and focused on issues they self-prioritised, although all components of the topic guide were covered to ensure thematic comparison.

Participatory focus group discussions (FGDs)

FGDs were held with selected community stakeholders. Discussions were held with groups of parents and caregivers, and with groups of community leaders or others in a position of influence in urban and refugee communities. The workshops used participatory methods in line with ethical good practices and were semi-structured according to the prepared framework (see Annex 2).

Observations

Observations occurred in registry offices in urban, rural and refugee camp sites. Using an observation checklist, details about the structure and set-up of each registration centre visited were recorded (see Annex 2).

Participants

A mapping exercise was conducted to identify key informants and stakeholders at national, district and community levels. This was shared with the UNICEF Country Office and initial contact was made to introduce the study and engage participants in the data collection. Based on relevant country data, and the geographical sites selected, the approach to participant selection was agreed.

The sampling of participants was led by field facilitators assigned by INVEA with guidance and criteria provided by Anthrologica. The designed sampling strategy was purposive and non-probable, and constructed to reflect various ethnic, geographical, socio-economic and gender configurations that best reflect this group of informants in the limits of the current study following the inclusion criteria laid out below.

Participants for FGDs and IDIs at the community level were purposively selected to ensure maximum variation (a variety of ages, genders and professions) and to ensure the incorporation of specific marginalised groups (e.g. caregivers of disabled children, single parent families etc.) to the extent possible. Snowball sampling techniques (interviewee referral sampling) were used for identifying additional participants.

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

A number of stakeholders at the central level were purposely selected for IDIs by INVEA and the UNICEF country office based on their individual/institutional position related to registration.

A comprehensive mapping of stakeholders was conducted, and the following groups selected for inclusion:

- **Central-level stakeholders:** Those who play a role at a policy and/or advocacy level.
- **Demand-side stakeholders:** 1) Refugees living in camps (both those who have and those who have not registered vital events), 2) General population, both who have and who have not registered a vital event (and which may include internally displaced people); 3) Community influencers and gatekeepers: leaders or community and religious groups, service providers linked to registration including health

staff (nurses, midwives), health extension workers (HEWs), members of the Women’s Development Army and teachers.

- **Supply-side stakeholders:** These participants include those working closely with the communities directly in-service provision, such as *kebele* managers or dedicated civil registrars.

Table 1 indicates the number and type of participants sampled for this study in each site, these details are disaggregated in Tables 2, 3 and 4.

Table 1. Overall participant sample

	Afar	Gambella	Tigray	National	All sites
Male	36	31	2	3	72
Female	14	16	0	3	33
Caregiver	21	22	0	-	43
Community influencer	19	18	0	-	37
Service provider	5	4	0	-	9
Regional stakeholder	5	3	2	-	10
Total participants	50	47	2	6	105
FGD	31	32	-	-	63
IDI	19	15	2	6	42

Participant sample in Afar

Table 2. Afar participant demographics

	Afar			
	Mille town (urban site)	Bekerteejagar (rural site)	Aysaita (refugee camp)	Semera town- (regional site)
	3 (2M/1F)	3 (2M/1F)	3 (2M/1F)	-
IDIs service providers	1 (1M)	2 (2M)	2 (2M)	-
IDIs regional stakeholder	-	-	-	5 participants (5M)
FGDs caregivers	8 participants (5M/3F)	-	8 participants (4M/4F)	-
FGDs community leaders	8 participants (6M/2F)	-	7 participants (5M/2F)	-
Registry office observation	1	1	1	-

Mille urban site. 20 participants were included in IDIs and FGDs from the Mille urban site, 14 male and 6 female. Ages ranged from 20 to 50 with an average age of 35 years old. Education ranged from none to a bachelor’s degree with an average of 7.5 years of formal education. Occupations included none, teacher, Sharia, coordinator, health centre, guardian, civil servant, registrar, and kebele leader. Amharic and Afar-af were the primary languages spoken by participants. Most participants were literate while 3 were illiterate. The average household size was just under 7 people with averages of 3.6 children born per participant and 0.5 additional child relatives in the participants’ care. All participants identified as Muslim.

Bekerteejagar rural site. 5 participants were included in IDIs from the Bekerteejagar rural site, 4 male and 1 female. Ages ranged from 19 to 30 with an average of 27 years old. Education ranged from none to a bachelor’s degree with an average of 11 years of formal education. Occupations included none, registrar, health extension worker, and teacher. Afar-af was the primary language spoken by participants. Most participants were literate while 1 was illiterate. The average household size was just over 9 people with

averages of 2 children born per participant and 2 additional child relatives in the participants' care. All participants identified as Muslim.

Aysaita refugee camp site. 20 participants were included in IDIs and FGDs from the Mille urban site, 12 male and 8 female. Ages ranged from 25 to 55 with an average of 35 years old. Education ranged from none to a master's degree with an average of 4 years of formal education. Occupations included none, elder, PTA member, Women's Association member, and Youth Association member, gardener, local and zonal committee members, Community Health Worker translator, camp zonal leader, health extension worker, INC volunteer, biometric data entry, and registration assistant. Afar-af was the primary language spoken by participants. 12 participants were illiterate. The average household size was 6.6 people with averages of 3.7 children born per participant and 1 additional child relative in the participants' care. All participants identified as Muslim with the exception of one Orthodox Christian. While country of origin was not explicitly captured, the majority of refugees in Afar are from Eritrea (UNHCR 2019a) and it is likely that our participants reflect this.

Semera town regional site. Regional level participants included staff members from the regional VERA, ARRA, UNICEF child protection, and immigration bureau. Each participant had been in their current position for 3 to 5 years.

Participant sample in Gambella

Table 3. Gambella participant demographics

	Gambella			
	Achua town (urban site)	Pulkod (rural site)	Nguenyiel (refugee camp)	Gambella town (regional site)
IDIs community members	2 (2M)	3 (1M/2F)	3 (2M/1F)	-
IDIs service providers	2 (2M)	1 (1M)	1 (1M)	-
IDIs regional stakeholder	-	-	-	3 (2M/1F)
FGDs caregivers	8 participants (4M/4F)	-	8 participants (6M/2F)	-
FGDs community leaders	8 participants (2M/6F)	-	8 participants (8M)	-
Registry office observation	1	1	-	1

Achua urban site. 20 participants were included in IDIs and FGDs from the Achua urban site, 50% male and 50% female. Ages ranged from 21 to 60 with an average of 39 years old. Education ranged from none to a bachelor's degree with an average of 13 years of formal education. Occupations included none, government employees, police, trader, security guards, VER educators and certificate checkers. Nure and Anuak were the primary languages spoken by participants. Most participants were literate (4 were illiterate) with 11 indicating they could read and write Amharic. The average household size was just over 7 people with averages of 4 children born per participant and 2 additional child relatives in the participants care. The majority of participants were Protestant Christian, two participants were Orthodox Christian, one was Muslim and one stated they did not practice a religion.

Pulkod rural site. 4 participants were included in IDIs from the Pulkod rural site, 2 male and 2 female. Ages ranged from 22 to 42 with an average of 32 years old. Education ranged from none to a bachelor's degree with an average of 10.5 years of formal education. Occupations included none and kebele manager. Nuer was the primary language spoken by participants. Literacy data was incomplete, however, the three

participants with recorded literacy data were literate. The average household size was 8 people with averages of 3.5 children born per participant and 2 additional child relatives in the participants' care. All participants identified as Protestant Christian.

Nguyenyiel refugee camp site. 19 participants were included in IDIs and FGDs from the Mille urban site, 16 male and 3 female. Ages ranged from 24 to 47 with an average of 38 years old. Education ranged from none to a master's degree with an average of 6.3 years of formal education. Occupations included none, NGO, community leader, court, community leader and refugee community centre. Nure was the primary language spoken by all participants. All participants were literate. The average household size was 8 people with averages of 4.7 children born per participant and 2 additional child relatives in the participants care. All participants identified as Protestant Christian with the exception of one Seventh Day Adventist. While country of origin was not explicitly captured, 93% of refugees arriving to Gambella are reported to come from South Sudan (UNHCR 2019a) and it is likely that our sample reflects this majority.

Gambella town regional site. Regional level participants included staff members from the regional ARRA protection officer, UNICEF child protection officer, and VERA public relations. Each participant had been in their current position for 3 to 5 years.

Participant sample in Tigray

Table 4. Tigray participant demographics

	Tigray			
	Shire town (urban site)	Rural site	Refugee camp	Mekele town (regional site)
IDIs community members	-	-	-	-
IDIs service providers	-	-	-	-
IDIs regional stakeholders	-	-	-	2 (2M)
FGDs caregivers	-	-	-	-
FGDs community leaders	-	-	-	-
Registry office observation	-	-	-	-

The intended data collection in Tigray was disrupted due to the outbreak of conflict during fieldwork. For this reason, regional data for Tigray only represents perspectives from regional level VERA stakeholders. Community and local service provider perspectives were not captured. The two regional level participants were UNICEF child protection staff members.

National participant sample

A list of 23 national level stakeholders was provided by INVEA and UNICEF of whom six consented to be interviewed. One participant was from INVEA while the other five were UNICEF staff members including programme officers, health officers and chiefs, working in child protection, health and health systems strengthening.

Analysis

Detailed notes were taken by the QUEST team during each IDI and FGD and all other observations will be documented. These were fully transcribed and annotated with comments and analysis. Audio recordings

were also made of each data-collection session, to enable cross-referencing and rigorous analysis. Audio recordings were fully transcribed, and all data translated into English.

Full de-briefings between the Anthrologica and QUEST teams were carried out, and analysis was done by Anthrologica. Thematic analysis developed specifically for analyzing data generated through applied qualitative research was used for the material generated through qualitative methods. Dominant themes occurring in the data were drawn out. This involves systematically sorting through the material, labelling ideas and phenomena as they appear and reappear. The trends that emerge were critically analysed in line with the research objectives. The analytic process was completed by hand. Qualitative responses will be grouped into meaningful categories and coded accordingly.

Ethical considerations

This study received ethical approval from the Institutional Review Board of the Ethiopian Society of Sociologist, Social Workers and Anthropologists (ESSWA). Informed consent was obtained before each interview or focus group discussion (see Annex 3). An information sheet covering the aims of the research, what participation entailed, and the voluntary nature of participation, confidentiality and contact information was provided in print and read aloud. A signed consent form was obtained from each participant. Explicit consent was obtained for audio recording and photographs. Each activity was undertaken with sensitivity and with considerations for ensuring confidentiality. In-depth interviews lasted no more than 60 minutes and focus group discussions lasted no more than 90 minutes.

FGDs and IDIs complied with the Federal Ministry of Health's (FMOH) COVID-19 guidelines. The activities took place in well ventilated areas and seating complied with the 2m distance between individuals stipulated for group meetings. Members of the meetings were asked to wash their hands with soap and water and hand sanitiser was provided. Participants were also required to wear a face mask and were provided with one if they did not have one. Each FGD comprised a maximum of 10 people, with two researchers and 8 participants per FGD.

Structure of the research findings

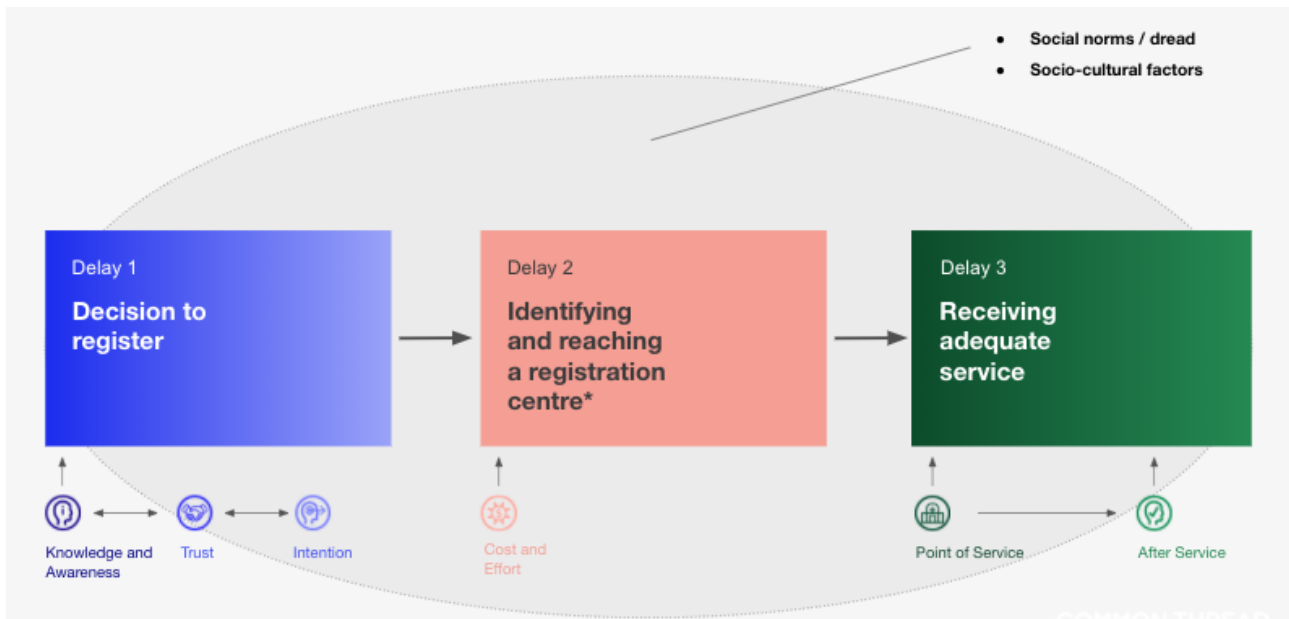
The research data were analysed within a behavioural framework adapted from the Three Delays Model and UNICEF's Caregiver Journey to Health Services (see figure 2 below). This model highlights three key moments in an individual's experience with VER.

Findings from the data were mapped onto this behaviour model to identify barriers, enablers and suggestions for improvements at each key step.

Step one: Decision to register

- Highlighted emerging themes which impact the decision to register including awareness and knowledge, trust, sociocultural considerations, contextual realities and access to other sectors
- Outlined the identified barriers and enablers for each theme
- Suggestions to reduce barriers and improve incentives to facilitate step one

Figure 2. Behavioural framework



Step two: Identifying and reaching a registration centre

- Highlighted emergent themes which impact following through on the decision to register including distance and ability to travel, decision making and gender roles and the infrastructural capacity of CRVS
- Outlined the identified barriers and enablers for each theme
- Suggestions to reduce barriers and improve enablers to facilitate step two

Step three: At the registration centre

- Highlighted emergent themes which impact the point of services experience of CRVS including user and service provider experience
- Outlined the identified barriers and enablers for each theme
- Suggestions to reduce barriers and improve enablers to facilitate step three

Perspectives from participants are included throughout the report as illustrative quotations, each with an anonymised code to show type of data (IDI or FGD) and region (A, G, T or N for national). Vignettes to illustrate typical narratives from participants are also included from a range of stakeholders using pseudonyms to maintain confidentiality.

Findings were mapped over each step of the process to identify barriers and opportunities, however data and themes emerged with the heaviest focus on step one. This is expected given that the registration system is relatively new and also illustrated the complexity of factors impacting the initial decision to register. Where relevant to verifying or illuminating the data, some insights from the literature review are included.

Limitations to study

This rapid field research contributes findings at multiple levels to understandings about the context, barriers and opportunities impacting CRVS uptake in Ethiopia, however there are some limitations to the study. Due to challenges posed by COVID-19 and the outbreak of conflict during fieldwork, the planned timeline of this work was altered. The team was commissioned to collect data in three regions, so findings

specific to other regions are not captured and national representativeness cannot be assumed from these data. In addition, the outbreak of conflict in the Tigray region during fieldwork prohibited community level data collection. All data from Tigray was collected remotely through interviews with regional level stakeholders and may not be representative of the lived realities of communities or have identified themes that community members may have prioritised. Security issues prohibited travel to the rural site originally selected in the Afar region which was substituted with a more accessible rural site. This limitation means that remote rural and pastoralist community voices are not represented.

Literature review

Country context

Ethiopia is a landlocked country located in the horn of Africa bordered by Eritrea to the north, Djibouti to the northeast, Somalia to the east, Kenya to the south, South Sudan to the west and Sudan to the northwest. The country has the second largest population in Africa, with a population of just over 109.2 million (World Bank 2018). 86 distinct ethno-linguistic groups are officially recognised within the country, the two largest groups being Oromo (34%) and Amhara (27%) (Dinku et al, 2019). Other major ethnic groups include the Somali (6.2%), Tigray (6.1%), Sidama (4%), Gurage (2.5%), Welayta (2.3%), Afar (1.7%), Hadiya (1.7%), and Gamo (1.5%) (World Population Review 2020). Cumulatively over 98% of the total population is composed of groups indigenous to Ethiopia (Dinku et al. 2019). The majority of the country practices Christianity (68%) and just under half of these people belong to the Ethiopian Orthodox Church. There is also a large Muslim population (34%) and the country is known for having the first Hijra in Islamic history as well as the oldest Muslim settlement on the continent (World Population Review 2020).

Until 1991, Ethiopia was run by a strong unitary government. On 4 June 1991, ethnic-based liberation movements overthrew this unitary government regime, ending the “longest-running civil war in post-colonial Africa” (Mergo et al. 2019). With support from the Eritrean Peoples’ Liberation Front, the Tigray Peoples’ Liberation Front (TPLF) established the Ethiopian People’s Revolutionary Democratic Front (EPRDF) in 1991, an ethnic-based federal government (Berhanu 2018, Mergo et al. 2019). Since the liberation, continued ethnic tensions and underlying structural, political and economic inequalities between regions have reportedly continued. Grassroots level protests and unrest has been reported to be particularly prominent among the Amhara and Oromo ethnic groups (Berhanu 2018), and the popularly named ‘#Oromo-Protests’ began in 2014 (Mergo et al. 2019).

Ethiopia is governed by a tiered government, with the federal government overseeing nine ethnically based regional states (Afar, Amhara, Benishangul-Gumuz, Gambela, Harari, Oromia, Somali, Southern Nations, Nationalities and Peoples (SNNP) and Tigray) and two chartered cities (Addis Ababa and Dire Dawa). The federal structure gives considerable autonomy to regional governments and the constitution aims to preserve ethnic diversity within the country (Dinku et al. 2019). Regional governments have legislative and executive power to direct internal affairs in their region. The regional states are further subdivided into zones, then districts (*woredas*), then villages or neighbourhoods (*kebeles*).

Regional context

This section provides summary boxes of key features for each region in Ethiopia.

Afar

Afar is located in the eastern part of Ethiopia, bordering Eritrea and Djibouti. The region is characterised by low levels of development, poor infrastructure, low administrative capacity, poor development indicators, high levels of poverty and harsh weather conditions (UNHCR 2019a). Culture and livelihood are constantly changing in the region due to climate crises (drought, erosion, etc), changing property rights, the Federal government's sedentarisation program, and increasing land privatisation (Schmidt & Pearson, 2016). Afar is one of the regions that hosts some of Ethiopia's large refugee population.

The population in Afar is mainly young, Muslim, rural and pastoralist. Similar to other regions in Ethiopia, Afar is a patriarchal society in which men hold primary power in decision making. As such, the maternal health of Afar women is ignored, with few giving birth at health facilities and many marrying early. Further, women are often denied their share in inheritance when their parents or husbands die or after a divorce and it is common that women are excluded from decision-making on common property in marriage (UNICEF, 2019e). Additionally, arid environments and scattered nomadic populations in Afar create issues around accessibility and service provision (UNHCR 2019a).

Afar fast facts:

- **Population:** Projected population for 2017 was approximately 1,812,002, approximately 2% of the total Ethiopian population with 12% under 5 years of age and 39.5% under 18 years of age (CSA, 2019)
- **Refugee Population:** 52,700 refugees, comprising 7% of the population (UNHCR, 2020c)
- **Zones:** The region is divided into 5 administrative zones, 29 *woredas* and 28 *kebeles* (Ethiopian Government Portal 2020)
- **Capital City:** Semera
- **Rural Inhabitants:** 86.68 % are rural inhabitants (CSA, 2013)
- **Ethnicities:** Over 90% of inhabitants are ethnic Afar (Dinku, Fielding, Genc, 2019)
- **Religion:** Approximately 95% of the region is Muslim (Ethiopian Government Portal 2020)
- **Language:** The Afarigna language is the working language of the region, but Amharic, Tigrinya, Agrobigna, Wolaitigna and Oromifa are also spoken among populations in the region (Ethiopian Government Portal 2020).
- **Number of Pastoralists:** Over 90% of the population are pastoralists (UNICEF, 2019e)
- **Literacy rates:** In 2011, 20% of females and 53% of males were literate (Knoema, 2020)
- **CRVS Coverage:** 80.3 percent of kebeles in the region offer CRVS services (UNICEF, 2019a)
- **Place of delivery:** 28% of mothers deliver in health facility (Mini-EDHS Key Indicator Report 2019) and 31% have skilled attendance during delivery (CSA and UNICEF, MCD in Ethiopia, First National Estimates, 2018)
- **Child marriage:** By age 18, 67% of women aged 20-24 in 2016 were married with the median age at first marriage being 16.4 (UNICEF, Ending Child Marriage: A profile of progress in Ethiopia, 2018)

Gambella

Gambella is located in the western part of Ethiopia, sharing a long border with South Sudan. The region hosts a refugee population similar in size to its host population. Gambella is characterised by insecurity, low socioeconomic status and climate disaster such as floods and droughts (Nigatu, Gebrehiwot, Gameda, 2018). Infrastructure in the region is poor with limited transport, communication and energy networks. The region has high population growth, competition for land and communal tensions and conflicts, which all may impact registration (UNICEF, Generation El Niño: Long-term impacts on children's well-being. Final report, 2018).

Similar to other regions in Ethiopia, Gambella is a patriarchal society in which men hold primary power in decision making. A bride dowry is paid for women and polygamy is practiced (21 per cent) in the region (EDHS, 2016). Inter-ethnic and inter-communal conflicts over scarce resources and socio-cultural issues are common in the region, particularly between the Anuak and the Nuer.

Gambella fast facts:

- **Population:** Projected population for 2017 was approximately 435,999 (CSA, 2013) which constitutes less than 0.5% of the total Ethiopian population with 12% under 5 years of age and 39% under 18 years of age (Regional State of Tigray, Socio-Economic Baseline Survey Report of Tigray Regional State, Nov. 2018, p. 16)
- **Refugee population:** As of March 31 2020, 312,883 refugees comprising 41.3% of the population (UNHCR, 2019a)
- **Zones:** The region is divided into 3 administrative zones (Anuak, Nuer and Majang), 12 woredas and one special woreda (Itang) (UNICEF, 2019g)
- **Capital:** Gambella
- **Rural inhabitants:** 64 percent are rural inhabitants (Regional State of Tigray, Socio-Economic Baseline Survey Report of Tigray Regional State, Nov. 2018, p. 3)
- **Ethnicities:** The major ethnicities are Nuer and Anuak (Dinku et al. 2019)
- **Religion:** The major religion is Protestant, followed by Orthodox Christian, Muslim and Catholic (CSA, 2013)
- **Literacy rates:** As of 2011, 36 percent of females and 73 percent of males are literate (Knoema, 2020)
- **Coverage of CRVS in Kebeles:** 93.5 percent of kebeles in the region offer CRVS services (UNICEF, 2019a)
- **Place of delivery:** 70% of mothers deliver in health facility and 69.9% have skilled attendance during delivery (EDHS, 2011)
- **Child marriage:** By age 18, 47% of women aged 20-24 in 2016 were married, with the median age at first marriage being 17.3 (UNICEF, Ending Child Marriage: A profile of progress in Ethiopia, 2018)

Somali

Somali is the second largest state after Oromia and is located in the eastern and south-eastern part of Ethiopia, bordering Djibouti, Kenya and Somalia. It is one of the regions that hosts some of Ethiopia's large refugee population. The region itself is characterised by poor infrastructure and low administrative capacity, poor development indicators, high levels of poverty and harsh weather conditions. Additionally, arid environments and scattered nomadic populations in Somali create issues around accessibility and service provision (UNHCR 2019a).

Somali fast facts:

- **Population:** Projected population for 2017 was approximately 10.1 million (CSA, 2013)
- **Zones:** The region is divided into nine administrative zones, 49 *woredas* (Ethiopian Government Portal 2020)
- **Capital city:** Jijiga
- **Rural inhabitants:** Vast majority (CSA 2013)
- **Ethnicities:** Over 95 percent of the population is Somali, with other ethnicities in the region including Oromo, Amhara, Somalian and Guragie (Dinku et al. 2019)
- **Language:** Somaligna is the working and majority spoken language of the region, with other spoken languages including Oromifa, Amaharic and Guragigna (Ethiopian Government Portal 2020)
- **Religion:** Over 95 percent of the population is Muslim (Ethiopian Government Portal 2020)
- **Literacy:** As of 2011, 20 percent of females and 51 percent of males are literate (Knoema 2020)

Harari

Harari region is located in the eastern part of Ethiopia, surrounded by the Oromia region. Agriculture, commerce and civil service are the mainstays of the region (Ethiopian Government Portal 2020).

Harari fast facts:

- **Population:** Projected population for 2017 was approximately 246,000 (CSA, 2013)
- **Zones:** There are no administrative zones in the region, but there are 19 *kebeles* (Ethiopian Government Portal 2020)
- **Capital city:** Harar
- **Rural inhabitants:** The slight majority of which are urban inhabitants (CSA 2013)
- **Ethnicities:** Oromo (the majority population), Amhara, Harari and Guragies (Ethiopian Government Portal 2020)
- **Language:** Harari
- **Religion:** Majority Muslim, with a substantial Orthodox Christian population and smaller populations of Protestant, Catholic and traditional beliefs (Ethiopian Government Portal 2020)
- **Literacy rates:** As of 2011, 54% of females and 82.1% of males are literate (Knoema 2020)

Benishangul-Gumuz

Benishangul-Gumuz region is located in the north-western part of Ethiopia, bordering Sudan. Along with Addis Ababa and Gambella, Benishangul-Gumuz is the only region in Ethiopia with relatively high in-migration from other Ethiopian regions; this may be due to availability of agricultural land, pasture and establishment of large commercial farming enterprises (Bundervote, 2018). Benishangul-Gumuz is characterised by widespread poverty, poor infrastructure, environmental degradation, low levels of farming technology and low education levels (UNICEF, 2019f).

Similar to other regions in Ethiopia, Benishangul-Gumuz is a patriarchal society in which men hold primary power in decision making. Bride dowry is paid to bridegroom's families and polygamy is practiced by 21 per cent of currently married women aged 15-49 (EDHS 2016 pg. 306).

Inter-ethnic and inter-regional conflicts are largely prevalent in Benishangul-Gumuz due to boundary disputed resource competition. These conflicts have led to significant displacement, with most internally displaced persons residing in Bilidigilu and Kamashi woredas (UNICEF, 2019f).

Benishangul-Gumuz fast facts:

- **Population:** Projected population for 2017 was approximately 1,127,001, which constitutes 1.1% of the total Ethiopian population with 13% under 5 years of age and 44% under 18 years of age (CSA, 2007)
- **Refugee Population:** 62,820 refugees, comprising 8.3% of the population
- **Zones:** The region is divided into 3 administrative zones, 19 *woredas* and 33 *kebeles* (Ethiopian Demography and Health 2020)
- **Capital City:** Assosa
- **Rural Inhabitants:** 77% of the population are rural inhabitants (CSA, 2007)
- **Ethnicities:** This region is home to smaller ethnic groups with a large degree of ethno-linguistic diversity (Dinku, Fielding, Genc, 2019). The major ethnicities include Berta (25.41%), Gumuz (21.69%), Amhara (20.88%), Oromo (13.55%), Shinasha (7.73%) and Agwa/Awi (4.22%) (CSA, 2013)
- **Religion:** Religious practices in the region are similarly diverse and include 28.2% who are Othodox Christian, 51.3% who are Muslim, 13.41% that are Protestant and 7.09% that practice traditional beliefs
- **Number of Pastoralists:** Agriculture is the mainstay of the region, but it is also home to pastoralists (Ahmed et al. 2019)
- **Literacy rates:** As of 2011, 30 percent of females and 62 percent of males are literate (Knoema, 2020)
- **CRVS Coverage:** 99 percent of kebeles in the region offer CRVS services (UNICEF, 2019a)
- **Place of delivery:** 64% of mothers deliver in health facility and 65% have skilled attendance during delivery (EDHS, 2019)
- **Child marriage:** By age 18, 50% of women aged 20-24 in 2016 were married, with the median age at first marriage being 17.1 (UNICEF, Ending Child Marriage: A profile of progress in Ethiopia, 2018)

Oromia

Oromia sprawls over the largest part of Ethiopia and shares borders with Kenya and Sudan. Agriculture is the primary livelihood of the region and it is also home to some of Ethiopia's pastoralists (Ahmed et al. 2019).

Oromia fast facts:

- **Population:** The population is approximately 35,467,000, making up almost a third of Ethiopia (UNICEF 2019b)
- **Zones:** 20 administrative zones, 317 woredas and 7,339 kebeles (7,209 rural and 125 urban) (UNICEF 2019b)
- **Capital city:** Addis Ababa
- **Rural inhabitants:** 85 percent are rural inhabitants (UNICEF 2019b)
- **Ethnicities:** The region is characterised by a clear ethno-linguistic dominance with the vast majority of the population being Oromo, with smaller populations of Amhara, Gurage, and other ethnic groups (Ethiopian Government Portal 2020, Dinku et al. 2019)
- **Language:** Oromifa is the official language of the region and the dominant spoken language (Ethiopian Government Portal 2020)
- **Religion:** Orthodox Christianity is the majority religion in the region, followed by Muslim and Protestant (Ethiopian Government Portal 2020)
- **Literacy rates:** As of 2011 38 percent of females and 67 percent of males were literate (Knoema, 2020)
- **Birth registration rate:** 2 percent for children under five (UNICEF 2019b)

Southern Nations, Nationalities and Peoples (SNNP)

SNNP is located in the southern part of Ethiopia, bordering Kenya and South Sudan. The region is majority agrarian but also home to some of Ethiopia's pastoralists (Ahmed et al. 2019).

SNNP fast facts:

- **Population:** Projected population for 2017 was approximately 19.1 million, making up approximately a fifth of the population of Ethiopia (UNICEF, 2019b)
- **Zones:** The region is divided into 15 administrative zones, 170 *woredas* and 4,202 *kebeles*
- **Capital city:** Awassa
- **Rural inhabitants:** 90% reside in rural areas (UNICEF 2019b)
- **Ethnicities:** 45 indigenous ethnic groups (Ethiopian Government Portal 2020, Dinku et al. 2019)
- **Language:** Majority spoken languages include Sidamigna, Welayta, Hadiyigna, Guragigna, Gamoigna, Keffigna (Knoema 2020)
- **Literacy:** As of 2011, 31 percent of females and 65 percent of males are literate (Knoema 2020)
- **Birth registration rate:** 3.4 percent for children under 5 (EDHS 2016).

Tigray

Tigray is located in the northern part of Ethiopia, bordering Eritrea and Sudan. Tigray's public goods provision is significantly higher than other regions, with improvements to access to clean water supply, electricity, public education, health institutions, postal services and public telephone services since the establishment of the ethnic based federal system (Mergo, Nimubona & Rus, 2019). A 2019 study in Tigray region examining the vital events registration system found that while registration is low overall, rates of birth registration tend to be highest (66.2%), followed by marriage registration (30.2%), death registration (1.9%), and divorce (1.7%) (UNICEF 2019a).

Tigray fast facts:

- **Population:** The projected population for 2017 was approximately 8.3 million (Ebebe and Gebre-Egziabher 2019)
- **Zones:** The region is divided into 7 administrative zones and 52 woredas (34 rural and 18 urban) (Ebebe and Gebre-Egziabher 2019)
- **Capital city:** Mekele which is further divided into seven sub-cities (Ebebe and Gebre-Egziabher 2019)
- **Rural inhabitants: 74 percent reside in rural areas:** (Ebebe and Gebre-Egziabher 2019)
- **Ethnicities:** The major ethnic group is Tigrinya accounting for over 90 percent of the population (Dinku et al. 2019), while other ethnic groups represented in the region include Amhara, Erob and Kunama (Dinku et al. 2019)
- **Religion:** Orthodox Christian is the dominant religion with small percentages of Muslim and Catholic populations (Ethiopian Government Portal 2020)
- **Literacy:** As of 2011, 45 percent of females and 72 percent of males were literate (Knoema 2020)

Amhara

Amhara is located in the Northern part of Ethiopia, bordering Sudan.

Amhara fast facts:

- **Population:** Projected population for 2017 was approximately 20 million (CSA, 2019)
- **Zones:** The region is divided into 10 administrative zones, 1 special zone, 105 woredas and 78 urban centres (Ethiopian Government Portal 2020)
- **Capital City:** Bahir-Dar
- **Rural inhabitants:** In 2013, the vast majority of the population were rural inhabitants and agriculturalists (CSA 2013)
- **Ethnicities:** Over 90% are Amhara with small populations of Oromo, Agew/Awi, Kimant, Agew/Kamyr (Dinku et al. 2019)
- **Religion:** Orthodox Christianity is the dominant religion, with small percentages of Muslim and Protestant populations (Ethiopian Government Portal 2020)
- **Literacy rates:** In 2011, 36.4% of females and 61.9% of males were literate (Knoema 2020)

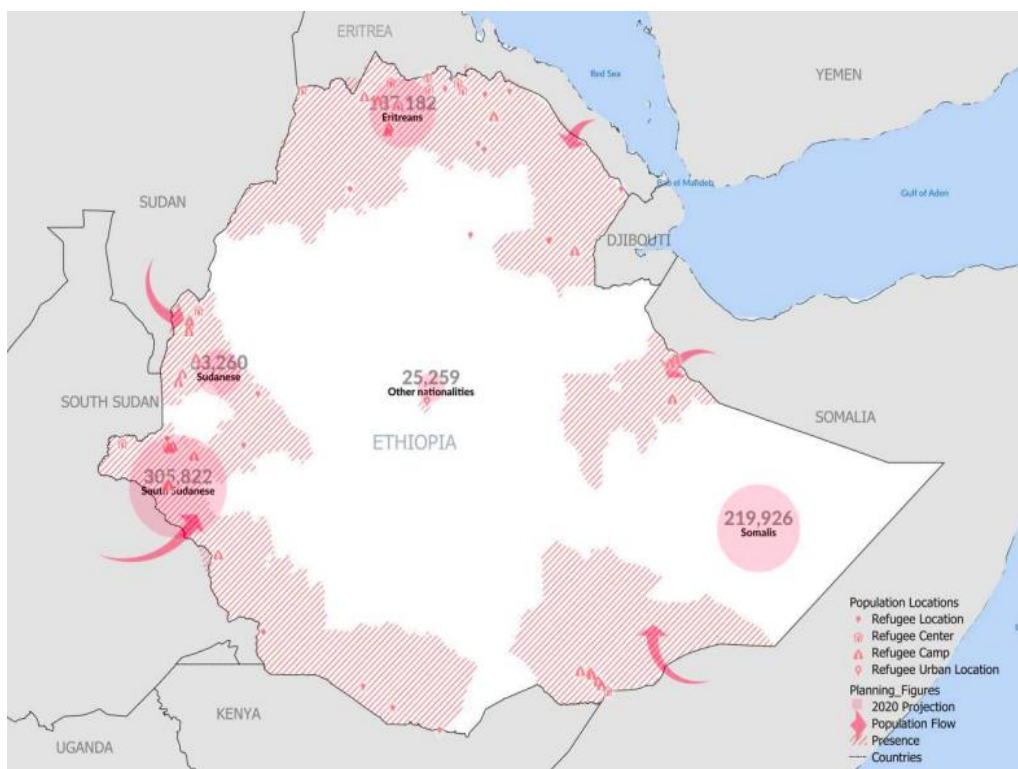
Populations at risk

Refugees, host communities and internally displaced persons are some of the most vulnerable populations to low VER. Ethiopia has a long history of hosting refugees and asylum seekers. It is one of the few countries in Africa offering an open-door policy and humanitarian access and protection for asylum seekers. It is also one of the first countries to implement the UN Comprehensive Refugee Response Framework (UNCRRF) to support refugees through expanded out-of-camp policies, work permits, increased school enrolment, access to land, local integration, earmarked jobs, and access to vital event documentation (UNICEF 2019a). These efforts have provided refugees with a broad range of rights that facilitate their inclusion among communities.

As a result of these efforts and continuing insecurity in neighbouring regions, Ethiopia hosts the second largest population of refugees in Africa, with 748,448 present as of February 2020 (UNHCR 2020c). The majority of refugees (97.7%) originate from the neighbouring countries of South Sudan (338,250), Somalia (198,670), Eritrea (171,876) and Sudan (42,119), with smaller populations originating from Yemen (1,386) and other countries (5,898) (UNHCR, 2019a). Most refugees reside in 26 refugee camps and 10 settlements, with the highest number of refugees residing in the Gambella region (UNICEF, 2019a). A minority of refugees live in non-camp locations, such as Addis Ababa, based on the 2010 'out-of-camp policy' (UNICEF 2019a). Without access to the vital registration system before the amended Proclamation in October 2017, refugees are particularly predisposed to low rates of registration and large backlogs of unregistered children and events (UNICEF 2019a).

In addition to a large refugee community, Ethiopia has 8.4 million people in need of humanitarian assistance due to internal displacement and food insecurity (UNHCR, 2020d). Across refugees, host communities and displaced persons, extended states of poverty and frequent emergency situations make vital events registration far less likely among these populations (PLAN, 2005).

Figure 3: Refugee migration into Ethiopia



(Source: Ethiopia Country Refugee Response Plan 2020-2021)

South Sudanese refugees

South Sudanese refugees are the largest refugee population in Ethiopia, comprising 44.6% of the population (UNHCR 2020c). The majority of the new arrivals come from Upper Nile State in South Sudan, identifying a lack of basic services, floods and food insecurity as the drivers of their relocation (UNHCR 2019b). Upon arrival into Ethiopia, the majority of refugees (91%) reside in the Gambella region. In 2019, the Gambella region received 8,219 new South Sudanese refugees, 2704 of whom were registered in the Pamdong reception centre and Raad entry point (UNHCR, 2019a). Due to overcrowding in the Gambella camps, an Inter-Agency meeting held on 12 December 2019 proposed a temporary suspension of the registration process for new arrivals as they work to relocate refugees from this area to other regions (UNHCR 2019b). Unfortunately, the security situation in the region is delaying onward relocation movements (UNHCR 2019b).

There are several socio-cultural and contextual factors that may cause South Sudanese refugees to be less likely to register a vital event. For example, South Sudan does not have a civil registration system. This may cause South Sudanese refugees in Ethiopia to have lower demand for registration services because they have limited familiarity of the service (UNICEF, 2019a). In addition to limited familiarity, registration often requires the presence of both parental figures. However, approximately 88% of South Sudanese refugees are women and children who arrive to Ethiopia without their husbands or fathers (UNHCR, 2020e). Further, 21% of South Sudanese new arrivals are unaccompanied or separated children.

Another potentially conflicting socio-cultural practice that may hinder registration is child marriage. In South Sudan child marriage is prevalent with 52 percent of girls being married before the age of 18 years old (Girls Not Brides 2020b). This is a problem for registration as the legal age of marriage in Ethiopia is 18.

Lastly, South Sudanese widows that remarry also pose potential challenges for birth registration. This is because the traditional practice among South Sudanese widows is to name their subsequent children after the deceased first husband, not the biological father. This practice makes it difficult to register a birth as the biological father must be present.

Somali refugees

Somali refugees are the second largest group of refugees in Ethiopia, constituting 26.1 percent of registered refugees (UNHCR, 2020c). The majority of refugees reside in three camps in Jijiga and five camps in Melkadida within the Somali region. In 2019, the Somali region received 8,736 new Somali refugees, mostly driven by drought and border insecurity (UNHCR 2019a). The majority of the refugees in the Melkadida camps have been in the country for some eight years, while those in the Jijiga camps are composed of Somalian asylum seekers from the 1990s and those who arrived between 2006 and 2008.

There are several socio-cultural and contextual factors that may cause Somali refugees to be less likely to register a vital event. For example, in Somalia there is no minimum age for marriage resulting in 45 percent of Somali girls being married before the age of 18 (Girls Not Brides 2020b). A study conducted in 2017 found that Somali refugees in Ethiopia have a much greater likelihood of early marriage due to limited viable future alternatives and lack of education (Girls Not Brides 2020a). Early marriage among refugees poses a barrier to registration in Ethiopia where the legal age is 18.

However, unlike South Sudan, Somalia has a decentralised civil registration system which may contribute to increased familiarity among this population with Ethiopia's CRVS. Indeed, there are several similarities between the Ethiopia CRVS and the Somali CRVS including the requirement of birth registrations to take place within 15 to 30 days of birth and the requirement of birth certificates for access to a number of services within Somalia (UNICEF Data Somalia 2020).

Eritrean refugees

Eritrean refugees are the third largest group of refugees in Ethiopia, with 70 percent of refugees residing in the Afar and Tigray regions (UNHCR, 2019a). In 2019, Ethiopia received 72,737 new Eritrean refugees, mostly driven by persecution, military conscription, arbitrary arrest, detention without trial, compulsory land acquisition and other human rights violations (UNHCR, 2019a). A high number of these refugees were unaccompanied and separated teenage boys fleeing military conscription (UNHCR 2019a). While these refugees initially arrive at the camps, many leave to other parts of Ethiopia, making up a majority of the out-of-camp population (UNICEF 2019a).

There are several socio-cultural and contextual factors that may cause Eritrean refugees to be less likely to register a vital event. For example, fear of involuntary military conscription may make Eritrean refugees reluctant to register due to bad experiences during the Dergue era (PLAN, 2005). Additionally, despite the legal age of marriage being set at 18 since 1991 in Eritrea, 41 percent of Eritrean girls are married by the age of 18 and 13 percent by the age of 15 (Girls Not Brides 2020b). These rates of early marriage pose barriers to legal marriage registration in Ethiopia.

There are also some enabling factors toward registration among this population. Particularly, Eritrea also has a mandatory civil registration system, requiring births to be registered within 90 days and both parents to be present at a civil registration office (UNICEF Data Eritrea 2020). Similarly, marriages must be registered at the civil registration office and the legal age is 18 for both sexes (UNICEF Data Eritrea 2020, Girls Not Brides 2020b). The similarities in the birth and marriage registration processes in Eritrea and Ethiopia may encourage Eritrean refugees to register in Ethiopia.

Sudanese refugees

The number of Sudanese refugees are significantly lower than South Sudanese, Somali and Eritrean refugees, with 42,119 new persons as of April 2020, comprising 5.6% of the total population (UNHCR, 2019a). Majority of these refugees reside in five camps within the Benishangul-Gumuz region (UNHCR, 2019a). In 2019, Ethiopia received 6,456 new Sudanese refugees (UNHCR, 2019a). Despite a lower influx of Sudanese refugees in Benishangul-Gumuz camp, overcrowding is resulting from shortages in transitional shelters (UNHCR 2019a). Notably, a large majority of Sudanese refugees expressed the desire to return to Sudan in the near future.

There are some enabling factors toward registration among this population, primarily the similarities in CRVS systems. As in Ethiopia, Sudan has a mandatory civil registration system with births being required to be registered 15 to 30 days after delivery, marriages registered in church or at a civil court, and deaths and foetal deaths being registered at local registration offices within seven days of the event (UNICEF Data Sudan 2020). The similarities between these systems may result in improved awareness and knowledge of registration among Sudanese refugees in Ethiopia.

Internally Displaced Persons

Ethiopia has one of the highest numbers of internally displaced persons worldwide, with an estimated 1.78 million people displaced due to climate shocks and internal conflicts (UNHCR, 2020a). On the 13th of February 2020, Ethiopia ratified the Kampala Convention, which aims to protect, assist and resolve the plight of IDPs. National authorities, with the support of UNHCR, are drafting an IDP policy to provide a domestic legal framework for the protection and assistance of IDPs.

Returnees

Due to the recent reforms in Ethiopia, more than 10,000 Ethiopian refugees, who moved outside the country, have expressed their intention to return back home to Ethiopia. The majority of the returnees are from the Somali region and many have been living in exile for over a decade with children born and raised outside the country (UNHCR, 2020b). Repatriation and reintegration for Ethiopian refugees has begun, with 94 individuals assisted to return home from Sudan in June 2019, 76 individuals returning home from Kenya's Kakuma camp in February 2020, and thousands of more returns expected this year (UNHCR 2020b). Returnees attempting to reintegrate and rebuild their lives in a country that they have been exiled from may be at risk for low vital events registration.

Pastoralists

Pastoralists in Ethiopia belongs to more than 29 ethnic groups with an estimated population of 15 million people. The pastoralist population resides in six regional states of Ethiopia that include Somali, Afar, Oromiya, Southern region, Gambella, and Benishangul-Gumuz (Ahmed, Demisse, Worku et al. 2019). Ethiopian pastoralists are highly dependent on extensive livestock production. Their mobile lifestyles are associated with very limited and often difficult and expensive access to social services. This population receives the least benefits from the health sector, largely because health facilities are often not prepared to cooperate with pastoralist communities to perform non-harmful, traditional, and spiritual practices (Wester, Medhanyie, Spigt et al, 2018). For example, when it comes to childbirth only 14.7 percent of mothers complete institutional birth deliveries in Afar compared with the 56.93 percent completing institutional deliveries in Tigray, a neighboring country that is predominantly agrarian (Ahmed, Demisse, Worku et al. 2019).

Host Communities

Host communities are also vulnerable to low VER. These communities experience large influxes of refugees, placing pressure on host communities' resources as they try to deal with the influx of acute needs brought forward by refugees. This challenge is compounded by the fact that many host communities may already lack resources.

Further, early marriages are not only common among refugee communities from countries without legal marriage ages. While Ethiopia has committed to eliminate early marriage and set the legal age for marriage at 18 for both sexes (with special dispensation available to 16-year-olds through the Minister of Justice), Ethiopia maintains the 15th highest prevalence rate and the fifth highest absolute number of early marriages worldwide (Girls Not Brides 2020a). 40 percent of girls in Ethiopia are married by the age of 18 and 14 percent by the age of 15, with the lowest average ages found in the Afar and Amhara regions (Girls Not Brides 2020a). Traditional gender roles, bridal prices and negative views of divorce, further shape marriage practices in Ethiopia that may impact accessibility to legal marriage registration systems.

CRVS governance structure and registration process

Governance Structure

Although Ethiopian Civil Code dates back to 1960, the relevant provisions were never enacted. Thus, for several decades, municipalities of big cities and towns had been issuing certificates of births, deaths, marriages and divorces without proper registration anchored in a national law (National CRVS Strategy and Costed Plan, July 2013- June 2020). Birth, death and marriage certificates were issued by hospitals, churches and municipalities in an unsystematic and fragmented manner.

In August 2012, the Federal Democratic Republic of Ethiopia (FDRE) issued the *Registration of Vital Events and National Identity Card Proclamation No. 760/2012* which made registration of all vital events mandatory for Ethiopian nationals.

In December 2012, the Government issued *Regulation No. 278/2012 to establish the federal Vital Events Council (fVERA), the Board of Management, and the Vital Events Registration Agency (VERA)* (Federal Negarit Gazeta of the Federal Democratic Republic of Ethiopia, 2012).

fVERA was established in November 2013 and is the highest body on civil registration matters. The council is chaired by the Minister of Justice, with additional members from specified government entities (These include the Ministry of Justice; the Ministry of Finance and Economic Development; the Ministry of Health; the Ministry of Education; the Ministry of Urban Development and Construction; the Ministry of Foreign Affairs; the Ministry of Defense; the Ministry of Women, Children, and Youth; the Ministry of Federal Affairs; the Government Communications Affairs Office; the National Intelligence and Security Service; and the City Administrations of Addis Ababa and Dire Dawa) (National CRVS Strategy and Costed Plan, July 2013- June 2020).

The Board of Management was established in September 2013 and oversees VERA with its members also designated by the government (National CRVS Strategy and Costed Plan, July 2013- June 2020).

VERA was established in June 2013 as an autonomous agency mandated to direct, coordinate, and support the registration of vital events nationally as well as to maintain records of these events (National CRVS Strategy and Costed Plan, July 2013- June 2020).

In 2019, the fVERA merged with the main department for Immigration and Nationality Affairs, forming the Nationality, and Vital Events Agency (INVEA) (UNICEF, 2019a). INVEA is accountable to the Ministry of Peace and has the mandate to provide reliable and quality immigration service and develop vital events registration to support national security, legal enforcement and economic and social policy implementation.

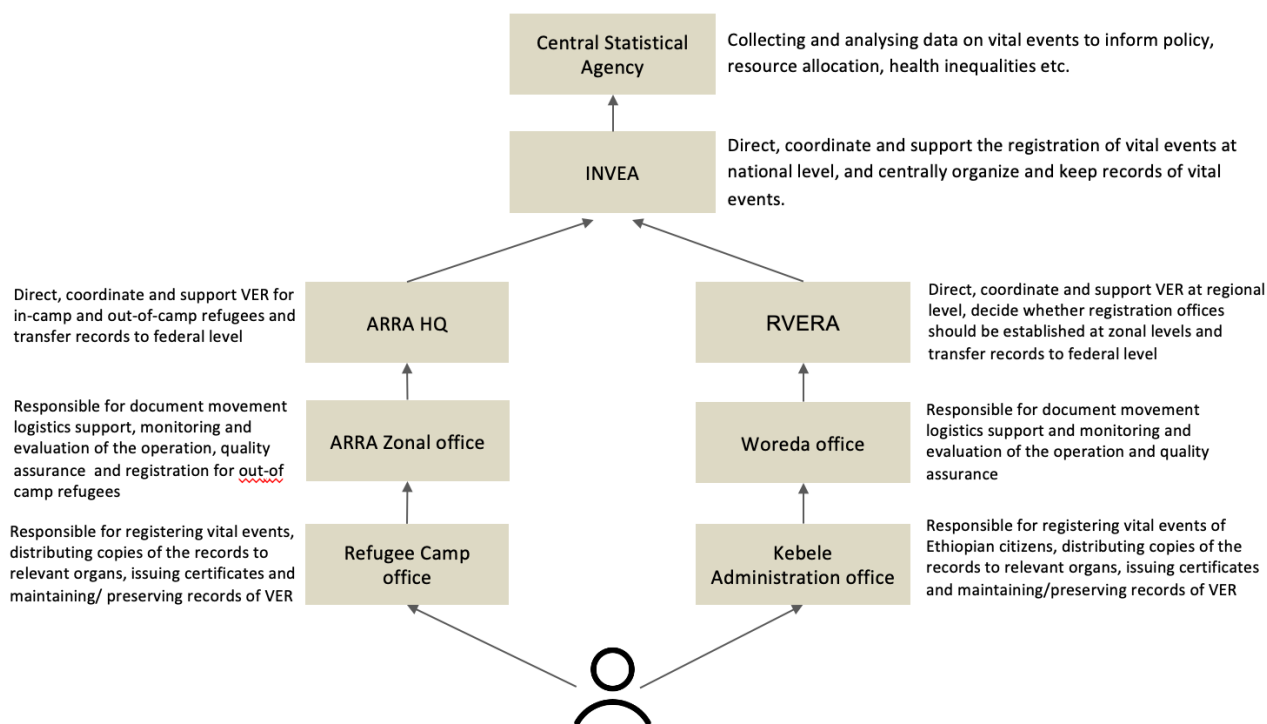
Reporting into INVEA is either the Regional Vital Events Registration Agency (RVERA) for Ethiopian Nationals or the Administration for Refugee and Returnee Affairs (ARRA) for Refugees. These offices are both responsible for coordinating and supporting VER at a regional level for their respective populations and sending the relevant documentation to INVEA.

One tier below, and accountable to either the RVERA or ARRA are the *woreda* (district) civil society offices (CSO) or the ARRA zonal offices, respectively. *Woreda* CSOs are anchored within Ethiopia's existing decentralised government administrative structure, with approximately 1000 *woredas* across nine regions (Afar, Amhara, Benishangul-Gumuz, Gambela, Harari, Oromia, Somali, Southern Nations, Nationalities, and People's Regions and Tigray) (UNICEF, 2019a) and two city administrations (Addis Ababa and Dire Dawa). For refugees, there are 9 ARRA zonal offices that serve 26 refugee camps across the country (Addis Ababa, 2018, April 9). Both the *woreda* CSOs and ARRA zonal offices review the registration documentation submitted by *kebele* (village) CSO's or refugee camp CSO's to ensure accuracy before the paperwork is moved to their more senior counterparts.

At the lowest tier of vital events registration are the *kebele* or refugee camp CSOs. For Ethiopian Nationals, there are 19 010 *kebeles*, each with their own office serving between 1000-2000 households (Fourth Conference of African Ministers Responsible for Civil Registration Experts Meeting. Nouakchott, 4-8 December 2017). Most *kebele* offices are located within walking-distance to the households living within their boundaries, with the furthest household is estimated at approximately 3 hours walking distance from the *kebele* office (National CRVS Strategy and Costed Plan, July 2013-June 2020). Due to their accessible nature, all *kebele* offices are authorised to complete the registration of vital events and issue the corresponding certificates (UNICEF, 2018). These offices verify the event and transmit three copies of vital events forms to the corresponding *woreda* CSO.

In the diagram below the bodies involved in the registration process and their responsibilities are outlined. The flow of registration documents moves upward from the bottom.

Figure 4. Registration Governance Structure



Ideal registration processes

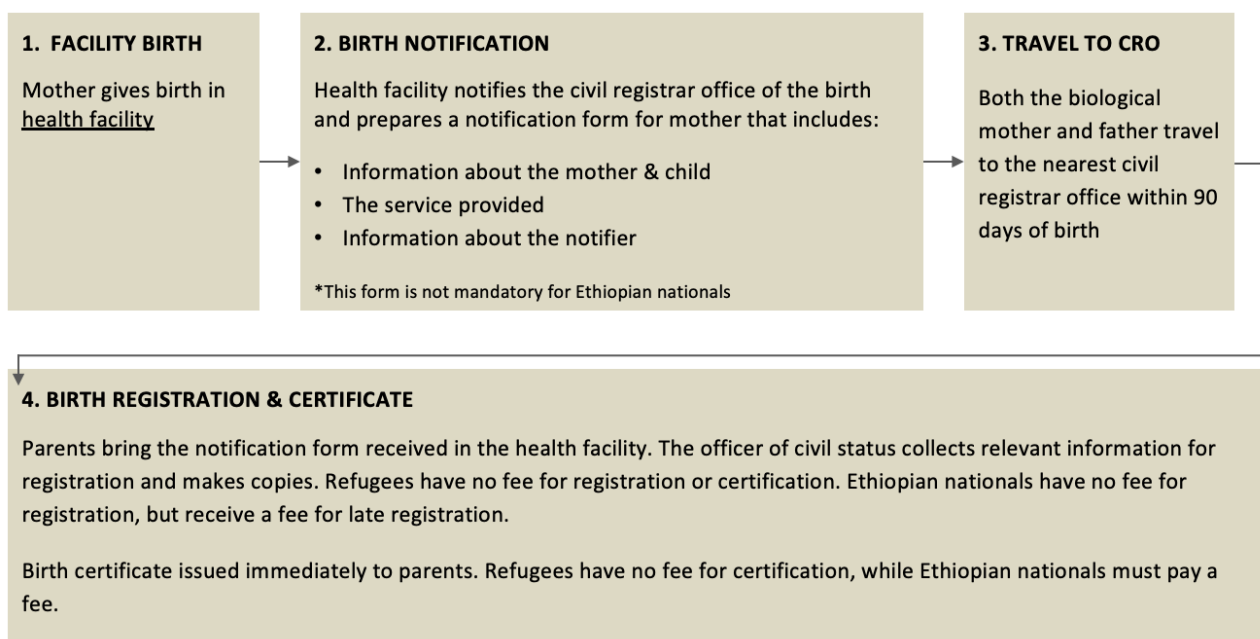
Birth Registration. Parents are legally obliged to register their births. The process by which they go about registering differs depending on the place of birth and whether one is a refugee or Ethiopian citizen. There are three main differences between refugee registration and Ethiopian citizen registration:

1. **Notification paperwork** - Notification paperwork is mandatory for refugees, but not for Ethiopian nationals. Refugees require notification paperwork because food rations are directly linked to the number of biological kin. In some refugee camps, testimony from elders or religious leaders can be used in lieu of notification forms to register a child.
2. **The place of registration** - Refugees register in camp offices while Ethiopian nationals register in Kebele offices
3. **Fees** - Registration is free for both refugees and Ethiopian Nationals, but nationals have to pay for certificates while refugees do not. Ethiopian Nationals must also pay for late registration while refugees do not.

While births can occur at a health facility or in the home, the Ethiopian government strongly promotes facility births with Health Extension Workers (HEW) responsible for tracking pregnant women and convincing them to deliver their child at a health facility. This effort by the government has led to 55% of all births occurring in a health facility (MIN DHS, 2019).

For health facility births the facility is responsible for notifying the civil registrar office of the birth and preparing the birth notification paperwork. Once the mother is discharged from the health facility, she must travel with the biological father to the nearest registrar office (Kebele office for Ethiopian Nationals and ARRA office for refugees) within 90 days of the birth. If the mother is a refugee, she must bring the notification form with her to the registrar office, however the notification form is not required for the birth registration of Ethiopian Nationals. Once at the registration office the parents must show legal resident identification cards and the registration officer collects the child’s full name, sex, date of birth, place of birth, type of birth (whether single or more) and aid rendered during birth along with the child’s parents full name, date and place of birth, principal residence, marital status, citizenship, religion, ethnic origin and, if they are alive, their signatures. This information is collected manually on carbon copy paper producing one original and three copies. The original register is retained at the civil status registration office, one copy is filed either in the RVERA (in the case of Ethiopian Nationals) or ARRA headquarters (in the case of refugees). The remaining two copies are sent to INVEA who in turn sends one to the Central Statistical Agency (CSA) (UNICEF, 2019a). Immediately, after completion of the registration, parents collect the birth certificate from the civil status office.

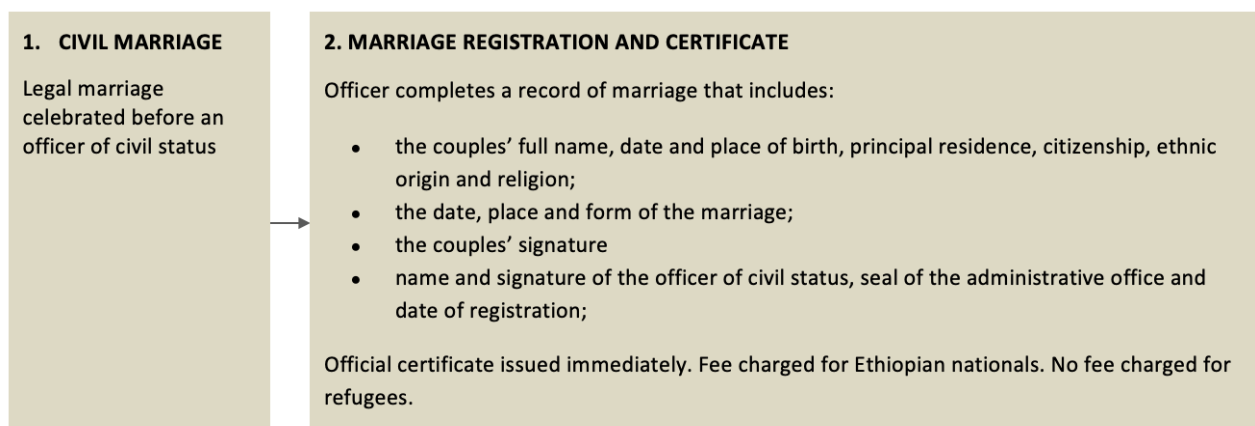
Figure 5. Ideal birth registration process for Ethiopian Nationals and refugees that give birth in a health facility



For in-home births the process to register a birth through the CRVS system is slightly different for Ethiopian nationals and refugees. For Nationals, the health sector is responsible to notify the registration office of the out-of-facility birth. As such, a HEW is expected to find the mother who gave birth at home and provide her with an out-of-facility notification form. For refugees, the mother is expected to travel to the camp health facility within 72 hours of the birth for the birth to be verified by a health worker and to receive the notification paperwork. Once the kebele office has been notified of the birth in the case of the Ethiopian National or the mother has received a notification form from a health facility in the case of a refugee, parents must travel to the registration office. Once the parents have arrived at the registration office the process is the same as the in-facility birth.

Marriage registration. In Ethiopia, Ethiopian Nationals and refugees have a legal obligation to register their marriage. Similar to birth registration, two processes exist for marriage registration depending on where the marriage takes place. Marriages that take place in front of a civil status officer require fewer steps. In this process, the marriage occurs and the civil status officer immediately completes the marriage register which encompasses the couples' full name, date and place of birth, principal residence, citizenship, ethnic origin and religion, the date, place and form of the marriage, the couples' signature and the name and signature of the officer of civil status. In order for registration to occur in front of a civil status officer, both spouses must be present, have proof of their age and must be 18 years or older (with the exception of the Somali and Afar region who allow girls to marry at 15) (UNICEF, Data Ethiopia).

Figure 6. Marriage registration process for Ethiopian Nationals and refugees that marry in front of a civil status officer



If the marriage occurs through a religious or customary practice where a civil status officer is not present, the couple must first obtain evidence of the marriage. This evidence is provided by the religious institution or elder that observed the marriage and includes a record of the names, ages and principal residences of the couples, the date and place of the marriage, and the names and principal residences of the witnesses. Traditionally, the marriage event is recorded by some community elders selected by the bride and the bride's groom. For example, among Christians, the agreement named "Smania" is signed between the bride and bridegroom in the presence of elders as witnesses. The signed document is also kept with two elders locally named "Yeneger Abat", one from each side. In Muslim practices the marriage between couples is approved in a ceremony called "Nikah", in the presence of local elders as witnesses. With evidence of the marriage in hand, the couple must travel to the VERA office to officially register the marriage within 30 days. Once at the VERA office, the couple provides the registrar with the evidence given by the religious institution or elder along with proof of their age and the registrar completes the formal registration, issuing a certificate.

Divorce Registration. Only one process exists to register a divorce. First the couple must mutually agree to a divorce. Then they must present together in court to finalise the divorce. Any court that has rendered a decision on divorce will provide copies of the decision to the divorcing partners. In marriages that were completed by elders, the elders reappear at the divorce bringing the previous signed marriage agreement between the couple to officially tear it apart and declare the divorce (UNICEF, 2019b). Once paperwork has been provided by a legal court, only one spouse is required to present at the nearest administration office to where the divorce took place. They must present to the nearest office to where the divorce took place within 30 days of the divorce, otherwise they incur a financial penalty. The partner must bring the decision of the competent court along with the marriage certificate to the registrar office and the civil registrar will record the following information: the full name, date and place of birth, principal residence, citizenship, ethnic origin and religion of each divorcing partner, the date and place of the conclusion of marriage and the date of the divorce. Again, the registrar will manually complete 4 copies of this information and issue a divorce certificate.

Figure 7: Marriage registration process for Ethiopian Nationals and refugees who marry through customary/religious ceremony

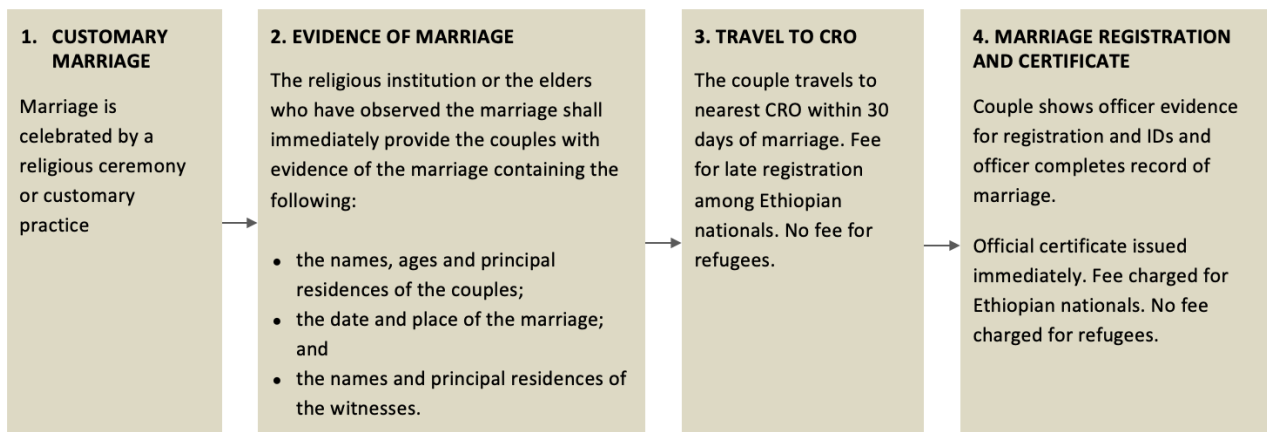


Figure 8: Divorce registration process for Ethiopian Nationals and Refugees

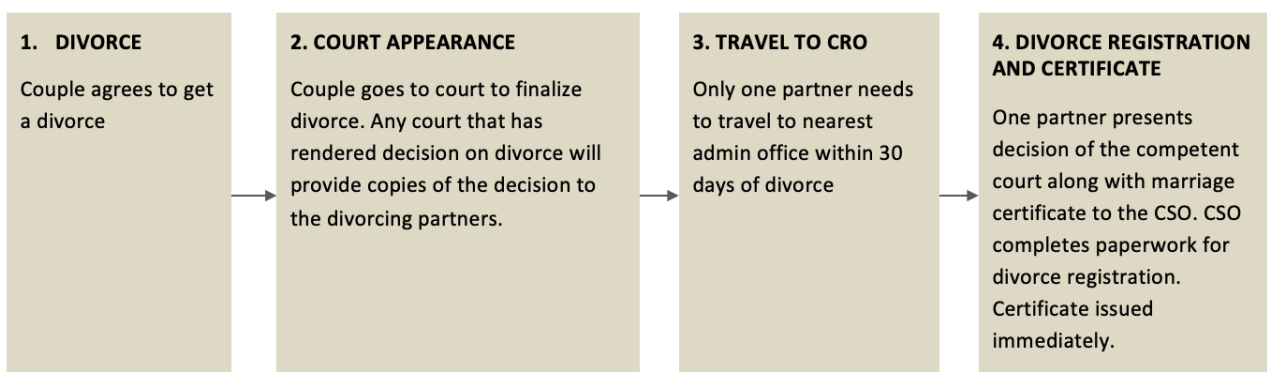
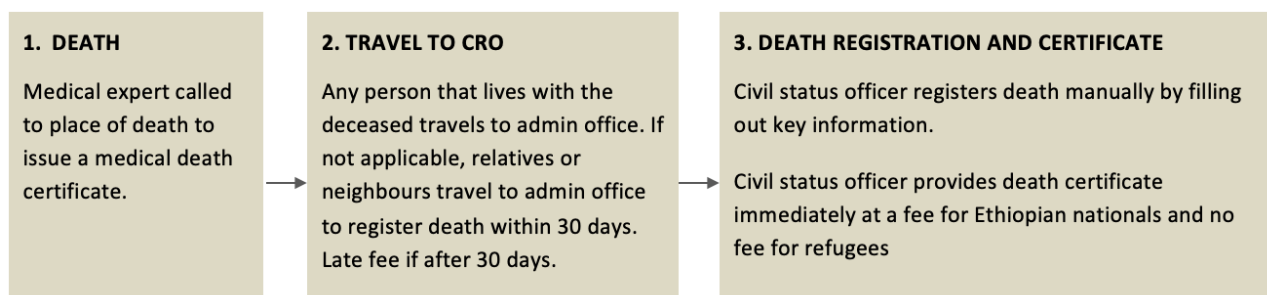


Figure 9: Death registration process for Ethiopian Nationals and Refugees



Death Registration. Only one process exists for death registration with the only aspect differing being the notifier of the death. Depending on who is available, the notifier may be a person who shares a residence with the deceased, but could also be a relative, friend, neighbour, police officer or health worker. The intricacies of who notifies are further outlined in Ethiopia’s laws, [Proclamation No. 760/2012](#) and [Proclamation No. 1049/2017](#). Within 30 days following the death, a declarant must travel to the civil registrar office nearest to the principal residence of the deceased to register the death. The declarant will present the medical death certificate and the civil status officer will complete key information in the death certificate including the date, place and cause of the death, reference to evidence of the death. The officer will then sign and date and the notifier will agree that the information documented is correct.

Drivers of low vital event registration

Despite progress on vital event registrations, rates continue to be low, with observed variations between sites. A number of barriers and challenges on both the demand side and the supply side have been identified and more have been speculated about. While some of the challenges for vital events registration are pervasive, others are specific to status, ethnicity and local context.

Demand side barriers

Lack of awareness. Lack of awareness about VER and low institutional capacity for awareness raising have been noted as barriers to creating demand for civil registration (UNICEF and UNHCR 2019, INVEA 2019a). While the CRVS system has been around since 2016 for Ethiopian Nationals and 2017 for refugees, many Ethiopians and refugees alike remain unaware of its existence. A 2019 study in Tigray indicated that only 50% of respondents reported having information on the newly established CRVS system, while the other 50% reported that they did not have any information about it (Berhane et al. 2018).

Lack of knowledge. Even if there is awareness of the existence of the CRVS system, people may not know why registering a vital event is important. In Tigray and Somali, for example, many people report not knowing that registration provides access to other services (Berhane et al. 2018, Muhumad 2019). Similarly, in Addis Ababa only 38.98 percent of people reported knowing that birth registration was associated with access to social, health and education services (PLAN 2005).

While some parents know registration is important, they do not know what is considered official. Because of the presence of alternative certification systems in community-based institutions, religious institutions, hospitals and municipalities, many parents believe that they have already registered a vital event (Adama 2017). For example, some parents believe they have registered their child's birth if they note the birth in notebooks, holy books, or vaccination cards (PLAN 2005).

To increase knowledge of VER, leaflets, brochures and other communication materials were provided to mothers in Tigray, Afar and Amhara. This approach, however, was found to be ineffective as many mothers reported these types of materials were too complex to understand (GYP Consulting 2019).

Lack of perceived value. Many parents do not see the value of VER (Muhumad 2019) and are only motivated to register a vital event if they experience problems later in a child's development (The African Child Policy Forum 2005:15). One reason for this lack of value is the perceived redundancy of registration with the Kebele ID. Like registration, the Kebele ID serves as proof of age and can be used to claim personal legal rights (PLAN 2005). Given the Kebele ID confers similar benefits to registration, rates of birth registration are low while use of other government services, like immunisation and education, are significantly higher (Muhumad 2019). This lack of perceived benefit is compounded by added fees for late registration, which have been noted in Tigray as an additional disincentive to registration (Berhane et al. 2019).

For refugees, the value of VER is even more questionable. The daily lives of refugees, extended states of poverty and frequent emergency situations makes birth registration appear to be less of a priority issue (PLAN 2005). Further, some of the things that make registration useful, including international travel and land inheritance, are largely irrelevant for refugees (Muhumad 2019).

Lack of trust. Some people fear registration will be used for ethnic or religious discrimination (Adama 2017), or that registration of births and deaths may be used for taxation purposes (Baidoo 2012, International Institute for Vital Registration and Statistics 1986).

Among refugees, some fear birth registration will result in military conscription due to previous experience during the Dergue era (PLAN 2005). Others, particularly in Gambella and Amhara, fear death registration will reduce their allotted food rations (UNICEF and UNHCR 2019) or result in untold frequent death rates (Adama 2017).

Unsupportive social norms. People conform to reflect what others around them are doing. ARRA reports higher demand for registration services among Eritrean refugees than South Sudanese refugees, speculating that different VER norms are imported from each country (UNICEF 2019a). Social influence can work in both directions. If people have a bad experience interacting with registration, this can deter future interaction with the CRVS system. Living this negative experience, or hearing about it from trusted sources, can have a similar effect to dissuade people from deciding to register.

Community diversity may also impact service uptake. For example, increased diversity has been found to improve immunisation rates likely due to the positive impacts diversity has on attitudes and preferences, and on women's empowerment and health knowledge (Dinku et al. 2019). With variations in diversity across Ethiopia this may have implications for patterns of uptake between service delivery locations. In Oromia, males were found to have a more positive perception of VER in comparison to females and rural kebeles had more positive perceptions than urban kebeles (Adama 2017).

Cultural traditions. If VER does not align with social and cultural practices, it is unlikely people will form intentions to register. Among Ethiopian nationals and refugees, many cultural traditions conflict with VER. For example, naming practices have been found to delay or hinder birth registration altogether. South Sudanese widows that remarry, traditionally name their subsequent children after the deceased first husband, not the biological father, as required by the birth registration (UNICEF 2019a). In Amhara and Tigray, Christian caregivers delay birth registration until after a baptism, when they've selected their child's name (GYP Consulting 2019). Among Muslim families in Tigray and Afar, birth registration is even less common as children are considered gifts of Allah and therefore formal birth registration is viewed as a sin (GYP Consulting 2019).

Marriage practices that are not eligible for marriage registration also present problems for birth registrations for children born outside of a registered marriage (UNICEF 2019a). In Tigray, Afar and Amhara, children born outside of wedlock are often not registered due to a fear of community discrimination and the father's unwillingness to be shamed (GYP Consulting 2019).

Ethiopia has the fifth highest number of child marriages in the world. Forty percent of Ethiopian girls, ~2,104,000, are married by the age of 18 (Girls not Brides, 2020). These illegal practices mean that many marriages cannot be registered (UNICEF 2019a, UNICEF and UNHCR 2019). Practices of bigamy and polygamy may also prove challenging for the registration system where only one spouse can be registered (UNICEF 2019a, UNICEF and UNHCR 2019).

For refugees, particularly those residing in Gambella, many girls and women get married without permission of the family to avoid the high bridal price, and therefore cannot register the marriage and make it official (UNICEF and UNHCR 2019).

Official divorce may also be complicated by customs that dictate the return of dowries (UNICEF and UNHCR 2019). This may further demotivate marriage registration as not registering the marriage makes it unnecessary to register a divorce.

Illiteracy. Although registration forms are provided in Amharic and English, illiteracy and language barriers, particularly among refugees in Tigray and Gambella, pose barriers in accurately completing the requisite forms for registration (Berhane et al. 2019).

Further, limitations in literacy among registration officers also poses challenges (Muhumad 2019, UNICEF and UNHCR 2019). In Somali, for example, the registration documents require Amharic language literacy, yet the majority of the Kebele managers that the documents have been entrusted to do not write the Amharic language (Muhumad 2019).

Single parent homes or orphans. The requirement for both parents to be present or provide a parenthood certification from a court has been frequently raised as a barrier to birth registration (UNICEF 2019a, UNICEF and UNHCR 2019, INVEA 2019a). This requirement disproportionately impacts single parent homes and orphans, where parents are more likely to have been separated and therefore both parents cannot be present for registration. This may also impact some refugee populations more than others, for example, South Sudanese pastoralists are often separated when conflict instigates the wife to flee (UNICEF 2019a).

Lack of supporting documentation. Supporting documentation may be requested regardless of whether or not this documentation is actually required, creating a barrier for those that do not have access to the documentation requested (WB-WHO 2014). Inconsistencies such as this in the implementation of civil registration processes creates inconsistencies in the barriers different communities face (UNICEF and UNHCR 2019).

Direct costs. The direct cost of registration - including official fees, fees for court or medical-supplied documentation, and penalties for late registration has been a significant barrier for poor families in Addis Ababa, Oromia, Amhara, and Afar (INVEA 2019a) (UNICEF and UNHCR 2019). In these regions certificate fees require parents to pay 35 birr for birth certificates registered on-time and up to 45 birr for late registrations and backlog registration (INVEA 2019a). Many parents unable to afford these fees decide certification is not worth the trouble. Further, while certificate fees are set, there seems to be inconsistency in fees charged between kebeles (UNICEF and UNHCR 2019) and many urban refugees are still charged a registration fee at some registrars even though this is no longer applicable (UNICEF 2019a). Inconsistent or surprise fees, fees for court supplied supporting documentation and penalty fees for late registration are all disincentives for registration (UNICEF and UNHCR 2019).

In addition to direct costs, there are several indirect costs associated with civil registration. For example, in Gambella, families that cannot afford to pay back the bride price in the case of a divorce may solve the issue through traditional methods of arbitration, instead of through the CRVS system (UNICEF and UNHCR 2019). Further, while registration is free, other indirect costs, including the cost of paying for transportation to reach a registration office and the time one would need to take away from work or other daily responsibilities to travel to the registration office, increase the costs associated with registering and make it particularly difficult for poor parents to shoulder these additional costs (Adama 2017).

Supply side barriers

Long distance to registrar office. Limited access to transport facilities and the far distance at which the civil registrar's office is located results in many parents not making the commute to register (Muhumad 2019). In Gambella the large size of the refugee camps mean it can take up to an hour just to reach the registration centre (UNICEF and UNHCR 2019). Due to the distance of ARRA offices, many certificates in Afar, Tigray and Amhara regions remain uncollected by parents or caregivers, as adults are unaware that they had been issued or were unable to afford the transport costs to travel to local government offices to collect them (GYP Consulting 2019).

Lack of human resources. Even if demand for birth registration is high, some registration offices have limited capacity to handle the demand (Muhumad 2019). This is particularly true for refugees who must

register through ARRA offices. As of 2019, ARRA had assigned 44 civil registration staff (6 at headquarters, 122 at zonal offices, 26 within refugee camps) to register all vital events of over 740,000 refugees (UNHCR 2019r).

Further, civil registers often have additional duties beyond registration that make them unable to allocate enough time toward registration (Berhane et al. 2019). As such, registration centres are only able to provide registration services 1 to 3 days per week or for half a day (Berhane et al. 2019, UNICEF and UNHCR 2019). This is particularly challenging in refugee camps that often have large populations such as Nguenyiel camp, which houses over 80,000 refugees and has only one financial clerk responsible for registration (UNHCR 2019r). Limited human resource capacity has also resulted in delays in registration, particularly in Omara where the medical director must sign off on the notification paper before providing it to the mother (UNICEF 2019b).

Table 5: 2011 Human Resources at the Woreda Level (Source: INVEA 2019b)

Region	Human Resource Capacity
Tigray	99%
Afar	44.57%
Gambella*	48%

*Gambella also has low HR at the zonal (33.3%) and regional (75%) levels (Source: INVEA 2019b)

Lack of staff motivation. Most registration offices have a Kebele manager or financial clerk responsible for registering vital events (Adama, 2017). As such, in addition to civil registration services, kebele managers are often responsible for at least 15 other government tasks (GYP Consulting, 2019). Compounding an already high workload, salaries tend to be low and not paid on time, contributing to low performance and commitment to registration services (Berhane et al. 2019) as well as high turnover (INVEA 2019a). Despite poor working conditions, civil servants in the Gambella region remain committed to providing registration to their communities (UNICEF and UNHCR 2019). Attempts to reduce the workload of civil registrars by engaging health workers has resulted in limited success due to a perception among health workers that birth notification is an additional burden and the limited accountability placed on health workers if births are not reported (UNICEF 2019b).

Limited technical capacity of staff. Most of the staff members responsible for registration do not undergo induction or customer service training. This may be a challenge as poor training may result in a lack of procedural knowledge and inappropriate service that deters people away from registering. For example, a lack of understanding among civil registrars and other VERA/ARRA staff in Gambella about the legal framework that guides registration of vital events has been found to result in inconsistency in the civil registration process (UNICEF and UNHCR 2019). In Somali, “incompetent staff” and a lack of regular monitoring and reporting of registration sites has resulted in gaps in quality data (Muhumad 2019).

Research across regions has found that a number of directives that would make registration simpler for refugees has not been effectively communicated to registrars (UNICEF 2019a). As such, procedural barriers to registration may be due to limited staff training as opposed to poor policies.

Poor coverage. As of September 2019, local civil registration centres are functional in 17,004 out of the 19,010 kebeles across the country (UNICEF 2019d). However, this varies widely by region, from 99 percent coverage in the Tigray and Benishangul Gumuz regions to only 13.6 percent in Somali Region (UNICEF 2019a). All but two refugee camps have operational civil registration centres. Since October 2017, 32 civil

registration centres have been opened in camps, ARRA headquarters and zonal offices providing services to refugees living outside of camps.

Table 6: Geographic/administrative coverage of civil registration services among select regions (Source: UNICEF 2019a)

Region	No. of kebeles in the region	Kebeles providing civil registration services			
		Rural	Urban	Total	%
Afar	392	265	50	315	80.3
Benishangul Gumuz	486	440	42	482	99
Gambella	263	214	32	246	93.5
Somali	1,396	140	50	190	13.6
Tigray	814	728	78	806	99
Total	3351	1787	252	2039	60.8

Table 7: The number of existing registration centres for refugees in camps and the number planned as of July 2018 (Source: UNICEF 2019a)

Region/City	No. of identified/planned civil registration centres	ARRA structure (camp and out-of-camp) with civil registration services
Afar	3	3
Benishangul Gumuz	5	5
Gambella	7	7
Oromia (Moyale)	1	0
Somali	8	9
Tigray (Shire)	6	5
Tigray (Mekelle)	1	0
Addis Ababa	1	1
Total	32	30

Lack of Equipment/Poor Infrastructure. Many registration offices lack waiting areas, shade and chairs making it uncomfortable to wait for services (Berhane et al. 2019, UNICEF and UNHCR 2019). There is also a lack of safe boxes and shelves, creating challenges for organising, storing and protecting documents from rats and other damage in Gambella (UNICEF and UNHCR 2019).

For refugee camps, ARRA has procured equipment with UNHCR's support, but it is not sufficient to supply all 26 camps (UNICEF and UNHCR 2019). The reliance on a paper-based system increases costs for printing and physical transfer of copies of the documents to higher administrative hierarchies (UNICEF 2019d). Coupled with budgetary constraints and shortages in stationary, papers, pens, carbon copies and folders,

this has resulted in shortages of printed registers in some locations (Berhane et al. 2019, UNICEF 2019a). For example, Oromia VERA has estimated that 180,000 of 750,000 births per year are registered in the region primarily due to the lack of budget and efficiency in the printing process (INVEA 2019a). The paper-based system also contributes to mistakes and inaccuracies as well as fears of accountability due to a lack of appropriate security of documents (UNICEF 2019a). In Tigray, for example, fear of accountability was found to cause civil registers to deliberately offer the registration service on and off (Berhane et al. 2019).

Lack of linkages between sectors. A lack of integration between civil registration and other services (including health and education services) was identified across many sites as a major challenge for vital event registration uptake. Despite mandates (proclamation 760/2012) for public and private health facilities to notify, record and report vital events to civil registration agencies, in practice civil registration is not integrated into health facilities. This results in inconsistent provision of birth and death notifications to patients and inconsistent notification of births and deaths occurring in health facilities to civil registries (Berhane et al. 2019, Muhumad 2019). In Tigray, for example, only 22% of mothers who delivered in a health facility were provided with a birth notification form (Berhane et al. 2019).

The absence of collaboration between civil registrars, health extension workers and community health workers is a missed opportunity for improved registration access across many regions (INVEA 2019a). This is particularly true in refugee camps where many births take place outside of the health facilities, but the majority of births are delivered by a skilled birth attendant who can provide a birth notification form (UNICEF 2019a).

Behavioural journey maps

Across the ideal registration processes outlined earlier in this document, several barriers toward registration exist. In an effort to summarise both the physical steps someone would take to get registered and the barriers they would face along the way, behavioural journey maps have been created for each registration process (see figures 10-13 below). These journey maps take into account the psychological processes that may be at play when learning about VER, perceiving VER and moving forward with registration. Demand barriers describe psychological barriers that may hinder someone from making their way through the ideal journey, while supply barriers denote structural or procedural barriers that hinder someone from moving through the registration process. For each registration process, hypothesised barriers are outlined. These barriers were generated through the literature and are explained in greater detail above.

Figure 10. Birth registration behavioural journey map for a birth at home

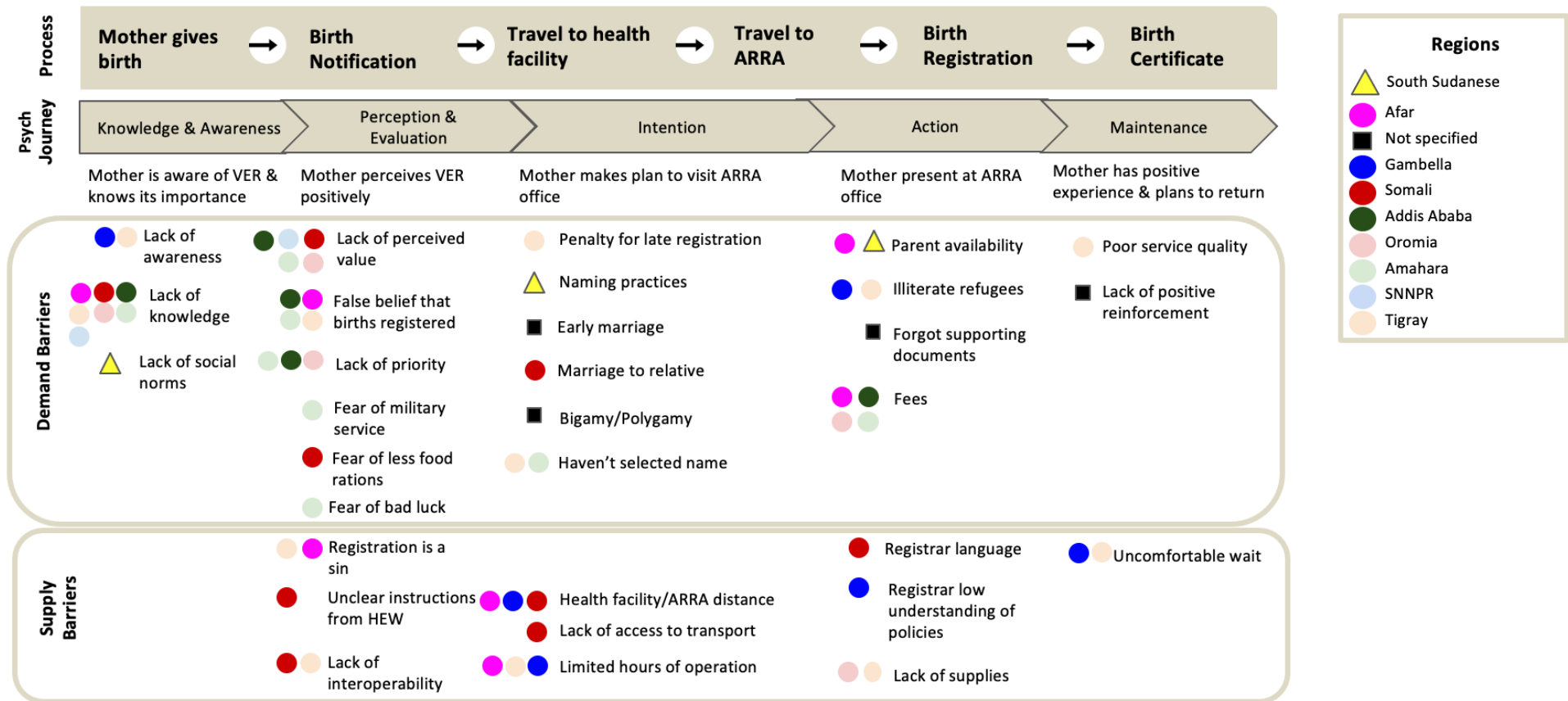


Figure 11. Marriage registration behavioural journey map for a religious/ceremonial marriage

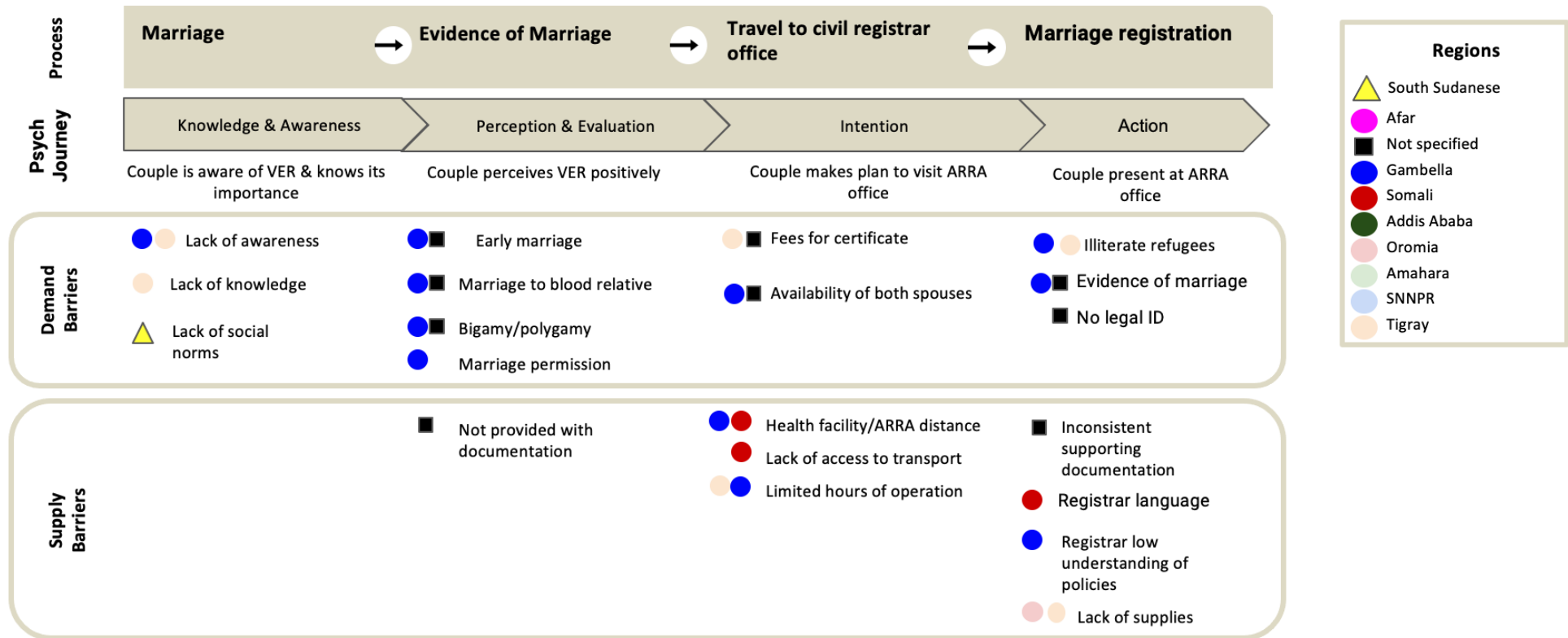


Figure 12. Divorce registration behavioural journey map

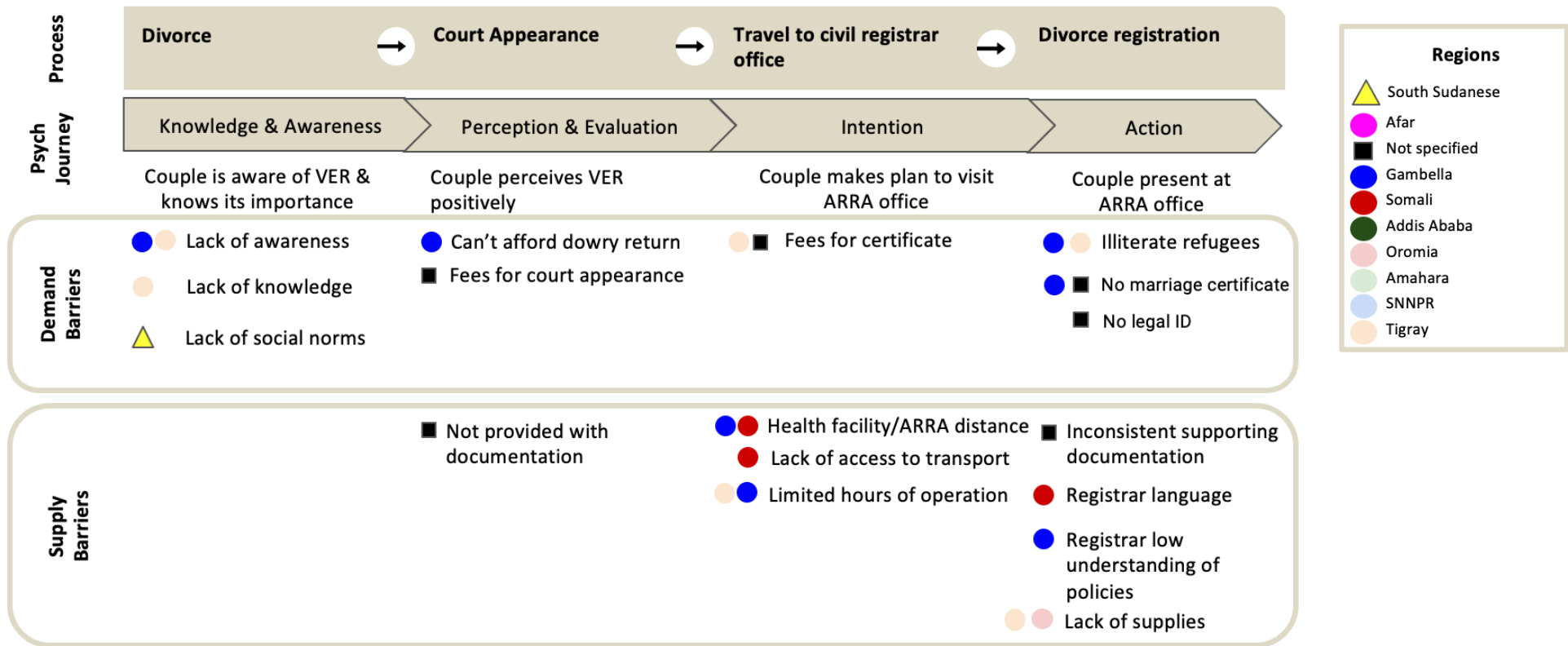
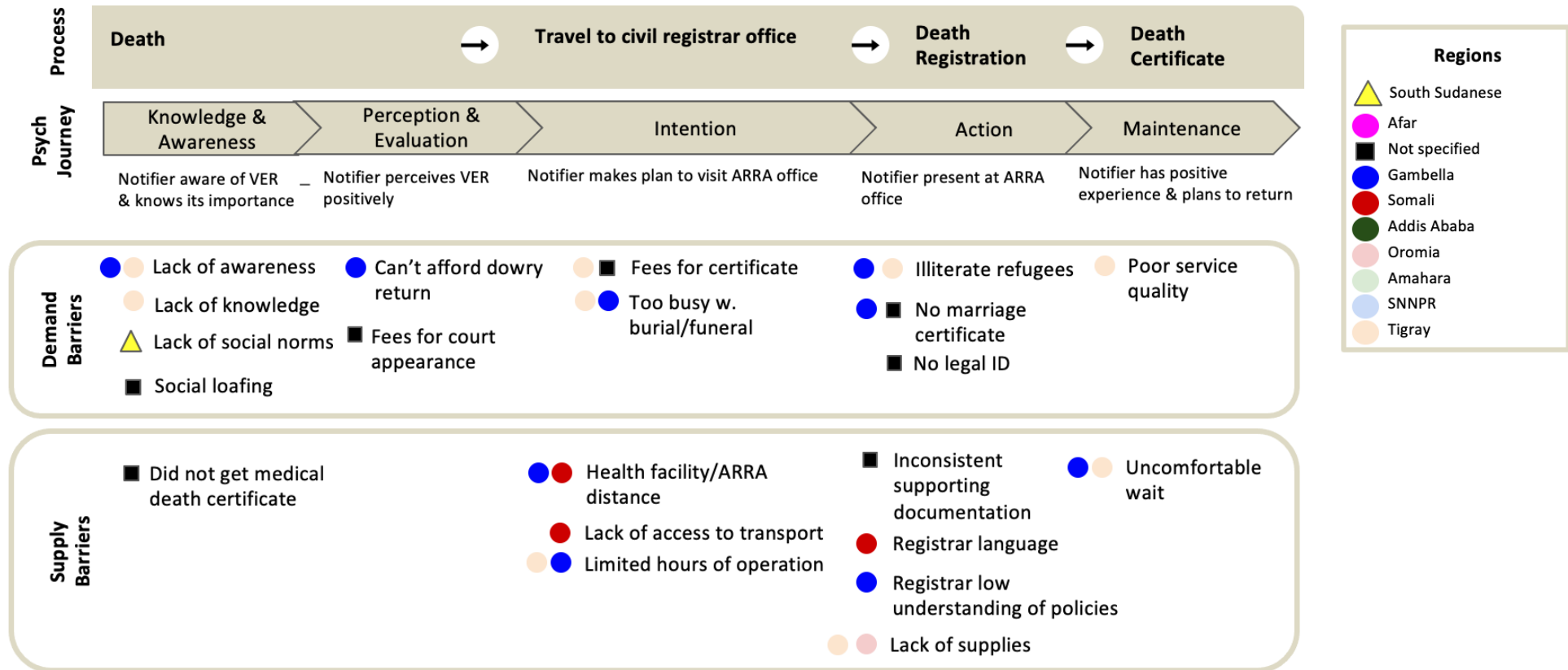


Figure 13. Death registration behavioural journey map



Current strategies, lessons learnt and recommendations

Current strategies to improve CRVS

To support the civil registration system for refugees, UNICEF, the Ministry of Peace, Immigration, Nationality, Vital Events Agency (INVEA) and Regional Vital Events Registration Agencies (RVERA) have partnered to coordinate site supplies and technical capacity to refugee sites (UNICEF 2019a). Similarly, INVEA, Agency for Refugees and Returnees Affairs (ARRA), UNICEF and UNHCR have also partnered to support the civil registration system for refugees (UNICEF 2019a). The partnership between UNICEF and INVEA focuses on raising awareness and increasing public knowledge of birth registration, using specially curated communications (UNICEF 2019a). These communication strategies include hosting regular meetings with community and religious leaders and sharing information about birth registration during frequently used services including food distribution, vaccination appointments and WASH programmes (UNICEF 2019a).

Another initiative called the “One-stop shop” is underway in Bambasi refugee camp. As the name suggests, one-stop shops are equipped with the latest digital registration technology and internet connectivity, enabling refugees to register all vital events in one location. The health centre in Bambasi dedicates a regular day (Friday) and a dedicated office within the health centre to offer birth registration services – and links the service with key maternal and child health services, such as early postnatal immunisation and family planning. On Fridays, parents are encouraged to come with their children for vaccinations as well as birth registration and certification – with all services being provided in the health centre as a one-stop shop (UNICEF 2019b). Following the initial rollout in Bambasi, the one-stop shop approach is planned to expand to all refugee camps (UNICEF 2019a).

One study completed in Tigray, Amhara and Afar found that incorporating birth registration into community health care and immunisation campaigns paired with community mobilisation activities in rural areas, succeeded in raising registration rates. Particularly, the study empowered healthcare workers by incentivising them to notify health facilities of births and inform pregnant mothers of the benefits of registration during prenatal care, including the requirement of a certificate for access to education and immunisation (two of the most highly used programmes in these regions). Simultaneously, religious leaders were encouraged to communicate births during baptisms and health care workers were trained to more comprehensively understand the processes and procedures of registration (GYP Consulting 2019).

Lessons learnt and recommendations

Communications. In Tigray, the main source of information about VER is radio, followed by interpersonal communications, social gatherings and training (UNICEF 2019a).

In Oromia, television is the most popular means of hearing about VER followed by training, radio, and friends (Adama 2017).

Although the media can play a significant role in disseminating information about VER, face to face awareness creation training has been found to be more effective at gaining attention and motivating people (Adama 2017). Similarly, working with local community-based organisations to develop awareness creation campaigns is another effective strategy to secure public trust and enforce the registration of vital events (WHO 2013:63).

Coordination and integration. Improved coordination among partners is recommended to improve implementation, scaling up efforts and effective use of available resources (UNICEF and UNHCR 2019).

Community health programmes. Integration of vital registration services with community health programmes such as immunisation, antenatal care and nutrition programmes, is recommended to enable all births and deaths occurring in health facilities to be registered (UNICEF 2019a). Birth registration, for example, has notably higher rates of registration when compared to other vital events due to the existing collaboration between health facilities and community registrars (UNICEF and UNHCR 2019).

Community health workers. The use of community health workers is recommended to improve capacity and access to registration systems. For example, there are over 38,000 HEWs deployed and linked to the Community Health Information System in Tigray (Berhane et al. 2019). Provision of awards such as certificates or the nomination of best performer of the week can increase motivation among health workers (GYP Consulting 2019). Other recommended strategies to motivate HEW include using performance on birth notification and registration as an indicator to inform promotion and salary (UNICEF 2019c) or using mobile technology to alert HEW (and Women Development Armies) of birth notifications that have been lost to follow up (UNICEF 2019c).

Religious institutions. Strengthening religious institutions to properly document events and link them to the system is recommended particularly for death and marriage data (Berhane et al. 2019). Religious leaders can also be instrumental in promoting registration through messaging or by requesting copies of birth certificates before performing baptisms (Berhane et al. 2019).

In Tigray and Amhara for example, when asked about their roles in birth registration, religious leaders unanimously mentioned that 1) they require birth registration certificate signed by the registrar during baptism 2) Or if birth registration was not conducted before the baptism, the names of the infants and parents are forwarded to the registrar after the baptism and the parents are advised to register the birth of the infant (GYP Consulting 2019).

In Tigray and Afar, Muslim leaders identified daily sermons, wedding and naming ceremonies and Eid as ample opportunities to bring awareness surrounding birth registration (GYP Consulting 2019).

Linking to other services. Currently a MOU is being developed between the Ministry of Education and INVEA to ensure schools request birth certificates for registration (UNICEF 2019a). Linking vital registration with UNHCR food rationing system through a soft conditionality is being considered in some refugee camps to promote birth registration (although, as noted previously, this linkage may de-incentivise death registrations) (UNICEF and UNHCR 2019). The potential of integrating birth notification and specific health interventions such as immunisation, nutrition, IMNCI and iCCM was also noted as effective ways to increase birth registration (UNICEF 2019c).

Urban/Rural registration systems. Lessons learned suggest various strategies for urban and rural contexts. Passive registration systems are deemed more appropriate to urban contexts where populations are more aware of the importance and significance of civil registration and do not face distance related barriers to access of services (UNICEF 2019a). Active registration systems are recommended for rural contexts in which the civil registrar travels to the surrounding areas to provide services and capture the vital events. Further, village administrators, schoolteachers and directors, health care professionals and other local government members are recommended to be used to report vital events (Muhumad 2019).

Capacity. Human resource and technical capacity limitations have hindered service delivery. Full-time registrars are needed in refugee camps to provide consistent services and address the backlog issue (Muhumad 2019). UNICEF is working to build technical capacity, but more training support is needed from INVEA (which is currently limited by financial constraints) (UNICEF 2019a).

Health Facilities. As notification is the responsibility of health facilities but many health workers are unmotivated to notify the government, notification should be included in the result-based performance evaluation system of staff to ensure accountability of relevant personnel (UNICEF 2019b). In rural areas the focus should be to strengthen interoperability with birth registration among mainly public/government health facilities, while in urban towns due to significant delivery rates in private health facilities technical assistance is being rendered to ensure full interoperability of birth registration and notification with the private health facilities (UNICEF 2019b). One study noted that incentivising health workers by including birth notification and registration as part of the performance review led to increased registrations (UNICEF 2019c).

Step One: the decision to register



Figure 14. Focus group discussion with community members and caregivers

The first step in the process is making the decision to register an event. This step is affected by numerous contextual, personal and programmatic factors which serve as barriers or enablers. The principal barriers identified were in awareness and knowledge about registration and its importance, lack of trust in the accuracy of the information provided and the functionality of the system, sociocultural norms that provide alternatives or conflict with the registration system and lived realities that place registration low on the list of immediate priorities. Communication activities to raise awareness, linkages with other sectors and understandings of the benefits associated with registration served as enablers of individual intentions to register. The suggestions for maximising these enablers related to improving strategies for raising awareness about the process and benefits of registration and strengthening linkages to raise intention to register.

Theme 1. There is still low awareness and knowledge, but communication activities are starting to raise this.

Lack of information was the most commonly cited barrier to registration of vital events. Identified knowledge gaps included the existence, process, importance, benefits and relevance of vital events registration. However, activities to raise knowledge and awareness are reported to have been successful in facilitating registration uptake. Being made aware of both the process and the importance of registration were essential for deciding that registration is beneficial and prioritising the necessary actions to follow through.

Barriers

Awareness of what the CRVS system is. As a relatively new system, awareness and knowledge of CRVS was described as growing but still fairly low, or sometimes non-existent. Insufficient awareness about CRVS in the communities was a major inhibitor of successful registration. One service provider expressed, 'How can people know and understand about vital event registration and its benefits unless they are told about it? People in this kebele do not know what vital events registration is at all' (IDIA 15).

Awareness of CRVS among community members also differed by type of registration; birth registration was the most commonly known. Knowledge about marriage, divorce and death registration was lower and more likely to be tied to a specific personal experience; for example, the need for a death certificate to support an inheritance case.

Registration process. Even among those who were aware of registration, knowledge about the specific process for registering was a widespread barrier to uptake and provision of registration services. Community members, community leaders and service providers all expressed lack of knowledge, confusion or misinformation regarding the process for registering vital events.

Among community members, knowledge gaps included where and with whom to register events, registration requirements and regulations. This also varied by registration type, for example a community member who had registered multiple births would be equally likely to indicate no knowledge of how or where to register a marriage or death. Some community members were confused by the elements of birth registration and did not seem to differentiate a birth notification from a birth registration or a birth certificate. This confusion may result in community members believing they have completed a registration when they have not.

Service providers themselves also expressed confusion or conflicting information about registration requirements and regulations. Additionally, dissemination of misinformation about the process by those engaged in community awareness activities was also raised as a concern among national level stakeholders.

Importance, benefits and relevance of registration. Insufficient understanding about the importance, benefits and relevance of vital events registration were also major barriers to uptake across the research sites. A community influencer in Achuu town, Gambella stated, 'it is because of a lack of understanding about the benefit that a lot of people are not coming for registration now. Those who understand the benefit are coming for vital registration' (IDIG 02). This was further confirmed as community members and community influencers expressed greater understanding of the benefits through the process of being involved in this research and intentions to act on the new understanding by completing registrations. 'So, to tell you the truth at first I thought it was a joke and even when they gave me an appointment to get registered, I ignored it but today I got better understanding of it and I will register myself and others too' (IDIA 12, Community Leader, Mille Town, Afar). Relevance was also a question raised by many community members, particularly in terms of birth registration for adults, older children or children born outside of Ethiopia. As a community influencer in Achuu kebele explained, 'what we heard is it is for children age under 12 birth that certificate is given' (FGDG 02 P3).

Again, people's awareness of the importance of registration varied by type of vital event, with the benefits of birth registration being the most apparent. Understandings of the importance and benefits for marriage, divorce and death registrations were much lower and frequently tied to individual experience, linkages to other services in the area in question or other awareness raising campaigns (such as social and child protection advocacy work).

Box 1. Perspectives from Tesfai, Service Provider, Gambella

Some people understand about the benefit of registration and others do not. A lot of work has to be done; there are people who do not understand about the benefit of vital event registration saying it doesn't have meaning. However, we try to teach them about the benefit. We can say it benefits the child if they want to go abroad, want to apply for scholarship or if they need medical treatment in Addis Ababa city. We tell them how it benefits them saying, for instance, if they do not register their children, they wouldn't be able to get a passport for their children.

But I think awareness should be given at meetings that also talk about other different things. It is difficult to call people in to just discuss registration of vital events, also, they may expect incentives, so I suggest using other meetings to share information is preferable. I also try to tell the community to share the information they get with others who are not present, and we use the church conferences to disseminate the information and the youth to disseminate the information to their family.

It is women who are most frequently given education regarding vital registration. To create awareness, community kebele officials and I personally go to create awareness. I always contact the kebele manager and the women's representative and remind them to share the information to the community because everyone (including men) has to be aware of it. Everyone knows what I am doing but the problem is many people are still not coming for vital registration. We are creating awareness among the community, but it is not adequate. We need to work more to reach the whole community.



Figure 15. In-depth interview

Enablers

Communication strategies. Information about CRVS, the process and the benefits are disseminated to communities through a variety of strategies and channels, including campaigns, television and radio programmes, community PSAs, billboards, brochures, and community outreach activities. However, despite the broad range of strategies employed, these activities are described by service providers and regional stakeholders as inconsistent in terms of frequency and messaging the reasons stated for this were resource constraints and a lack of a standardised messaging strategy. Some of the community-based participants had never been exposed to any information or communications about CRVS.

Local languages. The use of local languages for CRVS message dissemination has been found to improve awareness and knowledge among community members. Local languages were used in both print and audio messaging to further improve reach. However, cases of poor translation quality were thought to contribute to confusion about CRVS.

Notifiers. Notifiers are given the dual responsibility of notifying community members of the need to register their vital events and civil event registrars of any vital events that have occurred in the community. Notifiers of vital events include government officials, staff members and leaders from other formal and informal sectors, and members of community-based structures. The use of these networks of notifiers was described as improving awareness, accountability and follow up for registration however, only officials in the Tigray region indicated the current use of notifiers.

Traditional structures. Afar has a traditional method for information exchange, called Dagu. A regional VERA staff member from Afar explained the Dagu system as follows, 'if an individual returns home from going to the town to visit the market or for any other purpose, he/she will share all that he/she heard and saw for those who stay in the rural locality through Dagu' (IDIA 03). Use of traditional structures for message dissemination was considered the most effective way of gaining wide coverage, particularly for hard-to-reach pastoralist populations.

The vignette in Box 1 above illustrates a typical service provider's perspective relating to knowledge and awareness.

Contextual differences

Variations in awareness and knowledge by population group

- Refugees who lived in camps were considered as generally being more aware of the importance of documentation and registration processes than host communities. One service provider in Aysaita refugee camp described, '*The refugees and the host population have no adequate awareness about vital event registration, however when I compare both, the refugees have better awareness than the host population near the refugee camp. Because, when we register the refugee in the camp, they are provided orientation about benefits and process of vital event registration especially during their arrival in the refugee camp. So, refugees are better than the host population in terms of knowledge about vital event registration*' (IDIA 09). It was noted that the higher awareness and knowledge among refugees living in camps did not necessarily hold for refugees living outside of the camps.
- Mandatory civil registration systems in country of origin was highlighted in the literature review as positively affecting knowledge and awareness about CRVS among refugees, particularly noting Eritrean and Sudanese refugees. However, a few participants in this research indicated hearing about

registration first when they 'were in South Sudan', which may indicate awareness is spreading (UNICEF Data: Eritrea).

- Refugees were more likely to feel that birth registration was irrelevant for any of their children born outside of Ethiopia.
- Some refugee community members said that they did not know the difference between a 'newborn card' for rations and a birth certificate.
- Among the general population, urban communities were described as more informed than rural communities. This theme was particularly strong in the Afar region where information gaps were particularly identified among pastoralist communities. This was further tied to less access to services and benefits among rural populations. As a regional VERA staff member in Afar noted, '*rural communities do not relate VER with any benefit since most of them are not aware about it. And rural communities have no access to see the benefits of registering vital events*' (IDIA 01).
- Many participants highlighted the point that awareness and knowledge about CRVS, the process and the benefits would likely differ by education level of the community members in question. A service provider in Mille Town, Afar stated, '*I am not sure how motivation differs across regions or across ethnicity. However, there are differences between educated and uneducated people regarding their knowledge of the benefits and process of vital event registration*' (IDIA 11). Lower education and levels of literacy were both implicated in low levels of knowledge and awareness among rural communities. However, refugee camps also had low rates of education and literacy, yet knowledge and awareness appeared relatively high.

Regional patterns in awareness and knowledge

- Issues relating to gaps in information were more significant in the Afar region. Service providers and community members in both rural and urban sites in Afar were more likely to express lack of awareness and information.
- In Tigray, awareness was considered to be generally good among urban populations but much poorer among remote rural populations.
- Gambella showed relatively good awareness of the system of registration and some knowledge about the benefits of registering. Benefits associated with birth registration were most commonly known, but there appeared to be some understanding of the benefits of the other types of registration as well.

Regional variation about the major sources of information on registration

- In the Afar region, participants described the major sources of information as television and radio. Multiple community members identified this as their source of information, yet both community members and service providers also claimed that people do not pay attention to these forms of media, that the programming only lasted two months and that these forms of media do not effectively reach rural residents. As a regional VERA staff member from Afar noted, '*mostly people learn and get information about vital event registration from different media like the television and radio, however those people who live in rural areas do not have any source of information since they are not accessible in most rural areas*' (IDIA 03). Identified strategies being used to improve coverage to rural areas in Afar included door-to-door outreach and raising awareness through Health Extension Workers. Transportation challenges were noted as limitations for these approaches.
- In the Gambella and Tigray regions, television, community and religious leaders, and door-to-door outreach were identified as the primary sources of information. The broader range of communication strategies discussed by participants in Gambella and Tigray may help explain why gaps in knowledge and awareness were less frequently identified as a major barrier to uptake in these regions.

Table 8. Theme one - contextual variation summary

	Afar	Tigray	Gambella
Awareness & Knowledge	Service providers and community members in both rural and urban sites in Afar were more likely to express lack of awareness and information	Awareness was considered to be generally good among urban populations but much poorer among remote rural populations	Relatively good awareness of the system of registration and some knowledge about the benefits of registering. Benefits associated with birth registration were most commonly known, but some understanding of the benefits of the other types of registration as well
CONTEXTUAL VARIATIONS BY GROUP	Refugees	<ul style="list-style-type: none"> • Generally more aware of the importance of documentation than host communities, however, this doesn't necessarily apply to out-of-camp refugees • More likely to identify that birth registration was irrelevant for any of their children born outside of Ethiopia. • Some expressed confusion about newborn card for rations and a birth certificate 	
	Urban	<ul style="list-style-type: none"> • Urban communities were described as more informed than rural communities • Awareness and knowledge differs by education level 	
	Rural	<ul style="list-style-type: none"> • Rural communities were described as the least informed (particularly pastoralist communities in Afar) • Low awareness about benefits was tied to less access to the associated services and benefits among rural populations • Awareness and knowledge differs by education level, particularly in rural communities (refugee camps also had low rates of education and literacy, but knowledge and awareness were relatively high) 	

Theme 2. Mistrust in the system, accuracy of information and community engagement

While the literature review indicated that issues some people feared registration would be used for ethnic or religious discrimination (Adama 2017), taxation purposes (Baidoo 2012), or military conscription (particularly among refugee populations with military conscription in their countries of origin, such as Eritrea) (PLAN 2005), these themes did not emerge from the field data. Among participants in this study mistrust in the accuracy of information provided about vital events registration and mistrust in the functionality of the system and its ability to deliver the benefits promised were identified as affecting community intentions to register. However, community engagement activities and the use of locally identified trustworthy sources of information acted to improve community trust.

Barriers

Trust in the system. Community trust in the government and CRVS was generally depicted as good. However, there was partial lack of trust in the functionality of the system or in the accuracy of provided information. Discussions about the extent communities trusted the government and official systems revealed that the causes of mistrust were principally related to the accuracy of information being provided and the functionality of the system, rather than negative perceptions about the intentions and motivations for CRVS per se. A refugee in Aysaita camp explained, 'from the things I hear they don't do their job on time and they are not available on the desk. I don't have much trust at all' (IDIA 08).

Accuracy of information. Kebele leaders, community leaders, religious leaders, health workers and teachers were all identified as disseminators of information about vital events registration. While these actors were noted as being well-trusted by communities, national level stakeholders expressed some reservations about the accuracy and framing of the messages they disseminated. Community influencers and service providers themselves frankly discussed concerns about their level of knowledge on the topic. A community leader in Aysaita camp, Afar described, 'at the start of the CRVS I was promoting and encouraging people to be registered at the registration office. However, I didn't tell people about the benefits and process of VER since I am not informed about these things' (IDIA 07). Disseminators of registration information across sites admitted they did not prioritise promotion of CRVS. Multiple registrars and community leaders whose responsibilities included awareness raising stated that they had not done any promotional activities in their role.

Enablers

Trustworthy sources of information. Sources of information were described as trustworthy in two ways; 1) that the sources of information were knowledgeable and well educated about the topic of CRVS, 2) that the sources were trusted in the community. The trusted sources of information identified included official sources, health workers and community and religious leaders. Kebele leaders were described as a trusted source both in terms of being involved in the system and being a selected leader in the community. As a community member in Pulkod Kebele, Gambella explained, ‘we trust the kebele chairperson and manager because they are elected by the community. It is because we trust them that we have chosen them as a kebele chairperson and manager’ (IDIG 08). Similarly, a kebele official in Aysaita camp explained that kebele leaders like him are trusted, ‘because we are part of the community and, as a kebele leader, I am elected by them’ (IDIA 07). While some participants also mentioned trust in media sources, the majority focused on individuals who could provide education about the process and benefits to the community including official sources, health care workers, health extension workers, religious leaders and teachers.

Contextual differences

Variations in trust among refugee communities

- Mistrust in the official sources of information varied significantly among the refugee populations. A refugee community member in Ayasita camp stated, ‘no, we don’t trust them and most of the time they lie to us. They make it hard for us because they know we don’t go anywhere from here and don’t have a choice’ (IDIA 06). During the community FGD in Ayasita camp, participants discussed that mistakes or delays in birth registration could result in dire situations and choices for refugee families. Participants explained that birth registration sometimes took two to three years to result in benefits. These delays meant that infants did not get the food rations and resources that should be allocated, and it was mentioned this could result in acute malnutrition of babies. Refugees that relayed these issues noted that even though they knew the importance and benefits of registration, they did not trust that going through the process of registration would result in gaining the benefits. A community influencer in Ayasita camp explained, ‘yes people in this refugee camp are well aware about the benefits of vital event registration and also types of vital event registration these are birth, death, marriage and divorce. However, the problem is although people in this camp are aware about it and its benefits and also are eager to register vital events there is no good service from the side of ARRA, and also what we are told about the benefits of registering birth and obtaining the birth certificate is not realistic because many children in this camp are registered and received the birth certificate however, they didn’t get the ration card’ (FGDA 01P7).
- Mistrust was not pervasive among refugees. Many indicated they listened to and trusted official sources about what they needed to do to access resources. As a refugee community member in Nguenyying said, ‘we are living under ARRA, so we trust what they say’ (IDIG 05).

Variations in trusted sources of information

- Among refugee populations, in addition to the trusted sources of information commonly identified by all communities (community leaders, religious leaders, etc), those in the camps also expressed the preference of learning about CRVS from other organisations disseminating information in the camps, such as UNHCR, NRC, PLAN International and Action from Hunger.

Regional patterns in trust

- Themes of trust in the government and system did not appear to vary by region.¹

¹ Community level data was not collected in Tigray region due to the outbreak of conflict. Conflict and insecurity are closely tied to perceptions of and trust in government and structures of authority, so it can be speculated that themes of trust in this region may differ from the other sites.

Table 9. Theme two - contextual variation summary

	Afar	Tigray	Gambella
Trust	Themes of trust in the government and system did not appear to vary by region.		
CONTEXTUAL VARIATIONS BY GROUP	Refugees	<ul style="list-style-type: none"> • Varied by camp • Impacted by negative experiences and delays • Additional trusted sources of information including UNHCR, NRC, PLAN International and Action from Hunger 	
	Urban	<ul style="list-style-type: none"> • No notable patterns in mistrust specific to urban communities 	
	Rural	<ul style="list-style-type: none"> • No notable patterns in mistrust specific to rural communities 	

Theme 3. Sociocultural practices impact access to and prioritisation of CRVS

Sociocultural practices or traditions in the regions of study shape willingness to seek registration services and affect how community members prioritise and understand the registration of each type of vital event, its importance and associated benefits.



Figure 16. Community members brainstorm solutions to registration challenges

Barriers

Customs about birthing and children. There is a perception held by some Ethiopians that counting children is bad luck. The connotation seems to be that counting the number of children one has is akin to counting one's blessings and will attract a reduction in blessings. This may have implications for birth registration if registering children is seen in a similar light.

Marriage customs. Traditional and religious forms of marriage are the norm across Ethiopia. The formal civil marriage registration was described as a second step, if it occurs at all. A registrar in Afar explained, 'regarding marriage mostly we register marriage to give a marriage certificate for those couples who already got married in the religious way of marriage, like the sharia or the church. So far, we didn't conduct civil marriage here, however, we can give the service of civil marriage in this office by fulfilling all the requirements' (IDIA 11).

Public officials and UNICEF staff at regional level in Afar and Tigray noted that child marriage practices were still common in both regions, particularly among rural communities. This was similarly found in the literature review which indicated that while Ethiopia has committed to eliminate child marriage and set the legal age for marriage at 18 for both sexes, Ethiopia maintains the 15th highest prevalence rate and the fifth highest absolute number of early marriages worldwide (Girls Not Brides 2020b). Child marriage is also prevalent in the countries of origin for many refugee populations in the country (Girls Not Brides 2020b). However, this theme only arose at the community level in the context of describing awareness raising campaigns against child marriage or how marriage registration can serve to verify that those getting married are of the appropriate age. A rural community member in Afar stated, 'regarding marriage also there are some organisations that come and teach us not to marry off under aged children' (IDIA 16). This may indicate that customs and perceptions around child marriage are changing or that the participants did not feel comfortable discussing this topic openly. Either way, customs around child marriage may act as a barrier to both marriage and birth registration.

Divorce customs. Divorce was described as handled through elders and religious mechanisms with the husband typically described as responsible for leaving the marriage. One community leader from an urban kebele in Afar indicated that the man was also responsible 'to compensate if there is any' (IDIA 12). A community member from a rural kebele in Afar noted that the man divorcing his wife gives her 'some cloth and things she needs' (IDIA 16).

Customs about death. Customs about death raised among participants included mourning times and inheritance rights. Participants noted that while there were no traditional mechanisms for recording death and mourning, a period of mourning was important. Asking community members to complete a registration during the period of mourning following death was discussed as challenging and potentially insensitive. Inheritance rights pass down to children and were described as being managed by religious leaders or court systems.

Decision makers. Ethiopia was described by many participants as a traditionally patriarchal society. As such, men were identified as the head of the household. However, decisions regarding registration of events were frequently described as being made jointly. A community influencer in Achuua, Gambella stated, 'it is my wife who makes the decision because I am not educated. It is the mother who knows about the birth date of our children for that reason she can make decision for registration' (FGDG 02P6). Particularly in cases where registration of events was linked to household resources or other social services, women were described as involved in the decision-making process. It was also noted that there are many female-headed households, especially in refugee camp settings.

Enablers

Birthing customs. Giving birth in hospitals or health centres is the current social norm and was expressed by all participant groups across the regions in this study. A few noted that this was not previously the case but now is the preference. Home births were described as a result of infrastructural barriers that resulted in births en route to the health centre or at home for those who lived too far from a health centre. For example, one community member in Afar explained that she had a home birth because she ‘was living in a very rural area’ (IDIA 18).

Customs about death. Some of the customs that take place after a death are time-bound and having a registration of the date of death was seen as beneficial. For example, a community influencer in Afar noted that a widow is expected to wear a white cloth for four months after the death of her husband after which there is a ceremony to remove the cloth. It was noted that knowing the day of death would remove the need to guess and ensure that the community felt the mourning ritual had been properly carried out.

Religious institutions. National and regional level stakeholders stated that religious leaders and institutions had been engaged early on in the process of rolling out the CRVS system. Linkages with religious institutions centre on awareness raising, notification and ‘soft conditionalities’. The vast majority of the Ethiopian population is religious and accesses their religious institution for various life events, including those that require a vital events registration. Linkages to religious institutions that have proved helpful include marriage, divorce and death notifications and soft conditionalities for birth and death registrations tied to baptisms and funerals. An Afar regional VERA staff member stated that they were working with the religious leader’s council and the council was taking an active role in prioritising the registration of vital events. While many Muslim participants described the process of getting married through the Sharia system and then taking the proof to the registrar to obtain their marriage certificate, it was unclear if this was the result of a formal arrangement with the Sharia or just the order in which community members prioritise completing these two steps. In Tigray, sessions were held early on with religious leaders to improve linkages with the church. Religious leaders in Tigray were described as designated notifiers of vital events, raising awareness among their congregations of the duty to register and informing the local registrar of any events in their community.

The vignette in Box 2 (below) illustrates a community leader’s perspective relating to demotivators for registering different vital events.

Contextual differences

Birthing customs

- Among Christian communities, baptisms were identified as usual practice. Customarily baptisms for male infants were said to take place after 40 days and baptisms for female infants after 80 days. During the waiting period the new mothers and the infant are expected to stay in the home. This practice was described as having gendered implications for the logistical feasibility of registering a birth within the 90-day time period.
- Naming practices in northern parts of the country (Amhara and Tigray) were identified as leading to delays in registration.

Box 2. Perspectives from Ahmed, community leader, Afar

We face different challenges regarding the different forms of registration. More people are willing to complete a birth registration. But, regarding their marriage, divorce, and death there are different issues to do with society and culture. I think refugees, even if they lack information or awareness about CRVS, most of them are aware of the activities undertaken in this camp. There are many reasons why they may not participate in registration, especially in the registration of death, because if refugees are reporting a death to a protection or vital event registration officer, they may be afraid that it will decrease their listed number of household members. This will impact the benefits given to them which may be decreased as a result of the death. That is why most of the time they only engage in the registration of births.

For instance, with marriage, even if they are getting married, they are not seeking out a civil vital events registration. They approach their marriage in the traditional way, which may not be sufficient to satisfy the requirements for a marriage registration because of the dowry system. Most of the refugees here are from nugryie, so if you are engaged in marriage, you should give a dowry of up to 30 cattle. This kind of obligation may be a barrier to registering for marriage.

The other thing is divorce. In divorce also, there is a cultural belief that they are not willing to register such an event. Such a divorce relationship is not registered. They are not interested to register divorce.

Marriage customs

- Participants, predominantly from the Gambella region, described customs related to bride price which were more culturally important than formal registration. A community member in Pulkod Kebele, Gambella explained, '*we give cattle to the family of the bride during the wedding ceremony. A total of 20 to 30 cattle is given by the family of the groom.*' (IDIG 08) The number of cattle were recorded and used as a verification of the marriage. The number of cattle exchanged appeared to be different if conducted traditionally or through the kebele.
- Muslim communities typically conduct the *Neckah* (Islamic marriage agreement) in accordance with the Islamic law of *Sharia*. Some participants stated that there is a fee and travel costs associated with conducting the marriage agreement at the *Sharia*. Those that choose to register their marriage through the CRVS system first conduct the *Neckah* and then bring this sheet to the registrar to get their marriage certificate. Islamic tradition also allows for polygamous marriages, which are not accounted for in civil marriage laws. This discrepancy raised questions and concerns among providers and community members about the implications for both marriage and birth registrations related to polygamous marriages. The literature reports that in Gambella polygamous marriages are practiced by 21 percent of the population (EDHA 2016).

Divorce customs

- Divorce was handled through religious institutions according to *Sharia* among Muslim communities. Courts were resorted to in complicated cases.
- In communities that pay a bride price, the cattle, or the estimated value of the cattle, given to the bride's family during the wedding is traditionally returned to the man upon divorce. Participants also indicated that the return of the bride price was contingent on the trust that the official or traditional handlers of the divorce place in the husband and that more complicated cases may be taken to court. A Gambella regional stakeholder indicated that there is a lack of community interest in registering divorce due to these implications for property exchange.

- In Tigray, lack of motivation for registering divorce was also attributed to the social stigma of a failed marriage.

Table 10. Theme three - contextual variation summary

	BARRIERS	ENABLERS
Birth	<ul style="list-style-type: none"> • Counting children is "bad luck" • Baptisms 40 days for boys, 80 days for girls - mothers and new infants expected to stay in the home until then • Naming practices delay registrations 	<ul style="list-style-type: none"> • Hospital and health <u>centre based</u> births have become the social norm • Soft conditionalities for rites related to infants and children such as baptisms
Marriage	<ul style="list-style-type: none"> • Traditional and religious forms of marriage are the social norm • Polygamous marriage practices are accepted in Sharia law • Child marriage practices are still common in some regions • Bride price is paid by the groom to the bride's family 	<ul style="list-style-type: none"> • Engagement with religious institutions as the vast majority of Ethiopians are religious
Divorce	<ul style="list-style-type: none"> • Traditional and religious forms of divorce are the social norm • Divorce can have financial implications • Stigma associated with failed marriage 	<ul style="list-style-type: none"> • Engagement with religious institutions as the vast majority of Ethiopians are religious
Death	<ul style="list-style-type: none"> • It can be insensitive to ask people to complete registrations during times of mourning • Inheritance rights are typically handled through traditional or religious institutions 	<ul style="list-style-type: none"> • Engagement with religious institutions as the vast <u>majority</u> of Ethiopians are religious • Knowing specific dates to carry out cultural and religious rites at the correct time

Theme 4. Contextual realities of everyday life may result in people deprioritising registration

Immediate priorities resulting from daily needs or challenges detracted from intentions to register. These contextual realities highlighted ways in which immediate priorities and survival needs can impact the intention and prioritisation of vital events registration. However, individual benefits associated with vital events registration increased community prioritisation of registration.

Barriers

Immediate priorities and survival needs. Immediate priorities resulting from daily needs or challenges detracted from intentions to register. Examples included a rural farmer missing the time frame for registration because it was during harvest, a single refugee mother explaining the challenges of raising and trying to feed multiple children, and community members refusing to divulge cause of death for a killed family member in conflict affected areas for fear of retribution.

Enablers

Benefits recognised by communities. Birth registration was considered as beneficial for proof of identity, citizenship, age and parentage. In particular the birth certificate itself appeared to be valued by community members as a tangible proof that the individual can use for a variety of purposes, while marriage and divorce registrations were beneficial for providing proof of status. A community member in Mille Town, Afar representatively explained, 'when it comes to birth registration I think it necessary and good cause we can use it to remember the age and keep it to be used when it's needed. I also think marriage registration is good because in some areas when we go to hotels, they ask us if we are married and it would be great to have the paper. When we see it all in all, I think the papers are important and need to be in our hands' (IDIA 14).

Contextual differences

Refugee lived experience

- Refugee populations more frequently had immediate survival needs than host communities, including accessing food rations for themselves and their family, resettlement cases, reuniting with family, and returning home. However, refugee populations also generally expressed more awareness about the importance and individual benefits of vital event registration.

The vignette in Box 3 illustrates a refugee community member's perspective relating to the benefits and process of registration.

Box 3. Perspectives from Hana, Community Member, Refugee Camp Gambella

A birth certificate is good because the parent of a child should know the date of birth and year when the child was born. All newborns who are registered here in camp, ARRA and the government should give them a newborn card.

It is not difficult to do the registration. For marriage, the benefits are that you will know the date of the marriage, the place and so on. The benefits of a death certificate are that when a person dies in hospital, the parent should have a death certificate because it is helpful for the parent to know the date, the time and the place of the dead body.

Me, I got information about birth registration from the health institution but in the community they could get information from the Norwegian Refugee Council (NRC). It is easy to get a birth certificate. Me and my husband, both of us planned it together. But I first heard about the birth certificate from when I worked in South Sudan.

I think people are interested in getting birth certificates, many people they love it so much because the benefits are that they know the date of birth, marriage, divorce and death. For people who don't believe it is a good thing, the government and ARRA could provide or support communities to make it a good thing for the people. Also, the community and religious leaders, they have a big role. My idea is that the community needs something to get, something to show the person at home so that they can appreciate the benefits.

Theme 5. Access to other sectors can motivate uptake

Weak and inconsistent linkages between vital events registration and other sectors were noted as creating confusion and undermining intentions to register. However, consistent and well-planned linkages between registration and other services and sectors were described as a major motivator for registration, both through awareness creation and soft and hard conditionalities. In some cases, the links to other services were noted for reducing barriers to registration. In other cases, demand was created by linking registration with tangible benefits and services.

Barriers

Health sector. As previously noted, in some instances linkages between the health sector and the CRVS had created confusion. For example, health centres are responsible for providing birth notifications that

should be taken to the registrar in order to complete a birth registration. However, this multistep process created its own barriers to registration. A community leader in Achuua Town, Gambella described, 'there were times when the registration started from the health centre where they provided a birth notification slip, but the community member may not go to the kebele if they lost the birth notification slip' (IDIG 02). Some community members believe that the notification itself is the birth registration and so did not go on to complete the actual registration. It was also noted that health centres occasionally run out of birth notifications or fail to provide them for other unspecified reasons. Additionally, some participants indicated that birth registrations would not be possible for those who give birth at home. A refugee in Aysaita camp explained, 'when you give birth at the hospital, they give you birth certificate and immunisation certificate too, but if you give birth at home, they deny birth certificate' (IDIA 08). This belief may demotivate those who are unable or choose not to deliver in a hospital from attempting to register their child.

Religious institutions. While linkages with religious institutions have been identified as raising awareness and intention for registration, creating hard conditionalities between the two can create barriers. For example, community members living in Ayasita camp explained, 'ARRA doesn't take any paper other than Sharia and we don't have our own sharia office in the camp. So, this creates a problem for us. We only do nikah in the camp. The other paperwork from the Sharia is hard for us to afford as a refugee. For traveling to the Sharia office, we have to use a bajaj and we need to have money to pay and we also pay 600 birr for sharia to get the paper' (FGDA 02P6).

Social protection services. Among refugee populations, linkages between social services such as ration cards and vital events registration discouraged death registration for fear of reductions in household rations and resources. A community member of Ayasita camp noted, 'when a death happens within a family then we lose many benefits regarding food and shelter, so we don't announce it because we don't see the help for us' (FGDA 02P1).

Enablers

Health sector. The most common service linkage described by participants was between birth registration and healthcare. Awareness raising activities were successfully linked to routine healthcare service visits and health messaging outreach in some locations. CRVS information had been tied into antenatal and postnatal care or routine immunisation visits in some areas to improve awareness and knowledge about the process and benefits of birth registration. One regional stakeholder noted that these visits were an ideal time to inform mothers about birth registrations as they would not be distracted or have competing priorities during their visit to the health centre. CRVS messaging was also linked to established health worker community outreach activities to further disseminate information and improve awareness and knowledge.

Linkages with the health sector were also noted as facilitating and improving registration in some regions through systems of notification and soft conditionalities. It was noted that all births were expected to generate a birth notification from the health sector. Those who gave birth in a health facility were provided a birth notification at the time, while health extension workers were responsible for providing birth notifications for home births. Some community members also stated that a birth registration was necessary for the child to be treated in the hospital.

Education sector. Linkages with the education sector have also improved demand. Some regions have linked school enrolment or scholarship eligibility to birth registration. These were identified as soft conditionalities by national level stakeholders, but discussions among community members indicated the perception that birth registration was a requirement for school enrolment and scholarship. A father in

Pulkod Kebele, Gambella stated, *'the Kebele Manager told us to register our children saying children who do not have birth certificates cannot enrol in school'* (IDIG 08). Additionally, a back-to-school campaign that registered children at the beginning of the school year was referenced as successfully reducing the backlog in birth registration in the area in which it was employed.

Legal sector. Civil events registration provides legally accepted proof that acted as an incentive for community members facing issues related to marriage, divorce and inheritance rights. It also provides access to legal protections and human rights tied to birth registration and identity, although this was not mentioned except by national level stakeholders.

Immigration services. Birth registration was recently made a requirement for obtaining a passport. Participants from urban and refugee camps identified this as a motivator for completing birth registration. Participants from refugee camp sites were the most likely to identify this as a primary benefit of registration linking it to the possibility to move on to another country with greater opportunities. Conversely, it was noted by some refugee community members that failing to register a birth, marriage or death may result in losing the chance to resettle in another country or being unable to travel together.

Financial sector. Linkages with the financial sector were identified as hard requirements that drove demand for birth, marriage and death certificates among those wanting to open a bank account, obtain credit or buy or sell property. Opening a savings account for a child was identified as a motivating factor for parents to register their children's births.

The vignette in Box 4 (below) illustrates the lived experience and challenges of a single refugee mother which highlight themes of knowledge and awareness, social norms and trust.

Contextual differences

Social protection services for refugee populations

- Linkages to social protection services provided for refugees were the primary motivation identified by this population for completing registration. Birth registration was commonly described as a prerequisite for obtaining additional rations, which incentivised prompt birth registration. Conversely, national and regional level stakeholders stated that the food ration system was not linked to birth registration but separate.
- Birth, death, divorce and marriage registrations were all described as important for refugee resettlement cases. These linkages shape patterns of registration in the camps. As a community influencer explained, *'only birth registration relates with other community services, like obtaining ration card to obtain food and other supplies for the newborn children, however, other vital events do not relate with such community services. So only those people who have a resettlement case are aware and use the service of death, marriage and divorce registration'* (IDIA 07).

Regional differences in linkages

- While linkages with the health sector were noted in all study regions, the application and reality of this appeared variable both within and between regions. Tigray appeared to have the strongest linkages with the health sector and it was noted that soft conditionalities between health services, such as requests for birth certificates for routine immunisations, improved demand in the region.

- Gambella and Afar regions appeared to have strong links with the education sector. In both regions, community members noted that birth certificates were requested for school enrolment.
- Bank credit and home ownership were more common drivers of registration in urban areas than rural or camp settings, particularly in the Tigray region.

Box 4. Perspectives from Aisha, refugee, 30, Afar

I am 30 years old, with 5 children one of whom has a disability. I am divorced from my husband and am new to this area. I didn't register my marriage or have a marriage or divorce certificate and I don't know much about registration. It may be something useful, but I don't really know much about it, I don't even know where the vital event registration office is.

When my children were born, I didn't think about the importance of registering the birth. I gave birth at home. I never heard of anyone with a birth certificate, so I didn't know much about it. At medical centres they may give certificates, but I don't know.

I think that if people are more aware about the issue of registration and if we are educated about it, we will register. It would be great to link it with kadis, clan leaders and other influential people in the community. If they work together it would improve the system and the community will know about registration too. These people have great influence in our community, and I think we all will register if they inform us. We trust them, we can trust those who teach us, but we prefer health extension workers and community and religious leaders.



Figure 17. Caregivers participating in the time-line activity

Table 11. Themes four and five - contextual variation summary

	Afar	Tigray	Gambella
Linkages	<ul style="list-style-type: none"> School enrolment Health sector linkages (variable) 	<ul style="list-style-type: none"> Strongest linkages with health sector Strong linkages with financial sector 	<ul style="list-style-type: none"> School enrolment Health sector linkages (variable)
CONTEXTUAL VARIATIONS BY GROUP	Refugees	<ul style="list-style-type: none"> Refugees generally had more immediate survival needs than host community participants Linkages to social protection services related to their case were the primary motivator for registration Linkages with ration cards and resources motivated birth registration and demotivated death registration Resettlement cases motivated birth, death and marriage registrations 	
	Urban	<ul style="list-style-type: none"> Birth registration identified as beneficial for identity and proof of age Birth registration motivated by access to education and financial services Marriage and divorce registration identified as beneficial for proof of status 	
	Rural	<ul style="list-style-type: none"> Harvest time/seasonal migration prioritised Birth registration identified as beneficial for identity and proof of age Marriage and divorce registration identified as beneficial for proof of status 	

Suggestions

Opportunities to increase knowledge and awareness. Suggestions were made for addressing barriers to gaps in awareness and knowledge. These centred on creating a cohesive national level communication strategy with standardised, consistent messaging, supported with locally tailored strategies that are appropriate for identified channels and target communities and a focus on community engagement. This communication strategy should include built in monitoring mechanisms to measure impact.

Messages should provide consistent, simple and accurate data to improve awareness. Messaging should explain the benefits of registration, should be tailored for each channel used in the communication strategy and which messages are appropriate for each channel clearly identified. To improve comprehension and community trust, accurate translations into local languages are critical.

Use appropriate channels, it is important for ensuring that messages reach target communities and are trusted. Socially accepted, trusted and accessible channels (the ‘information ecosystem’) need to be better understood so it is clearer how people prefer to receive information and what sources they can access. Channels that allow for two-way communications are favourable over one-way strategies. Some of those suggested by participants in this research included mini medias used to disseminate information in refugee camps and Afar’s *Dagu* system. It was also suggested that novel channels for message dissemination, such as the use of mobile phones, should be explored.

Messages should be frequent and clear. This can improve knowledge and awareness and establish civil and vital events registration as a social norm. Messaging strategies should update and evolve to reflect changes and updates in the system. Messages should also evolve as community awareness and understandings grow and respond to areas of confusion, for example the differences between a birth notification, a birth registration or a birth certificate.

Coordination between CRVS and formal and informal community structures should be strengthened. Community engagement should involve a range of different influencers which are trusted and accepted, these may include community and religious leaders, traditional social institutions such as *Iqub* and *Idir*,² teachers, health extension workers, the women’s development army, and other women and youth associations to disseminate messages about vital events registration.

² *Iqub* and *Idir* are informal community financial institutions in which members raise and allocate funds for emergency preparedness and to establish social safety nets.

Build on recognised effective strategies. A number of strategies identified through the literature review have been successfully used in other contexts to improve vital events registration. Of those, the ones that participants indicated as having the potential to be effective in Ethiopia include:

- Use of testimonials to highlight the benefits and importance of vital events registration. Engaging locally appropriate voices to share these (could range from celebrities, to normal neighbourhood people).
- Making campaigns appealing and catchy, for example, through use of songs.
- Focusing the benefits at individual and household level rather than community level.
- Showcase the number of registrations in an area to stimulate demand and supply side motivation and accountability.
- Consider negative framing so people lose if they do not register was thought by many to have the greatest potential for motivating uptake.

Make opportunities to raise intention to register. Creating demand through building and strengthening linkages with other sectors has strong potential to continue improving uptake. National stakeholders stated that memorandums of understanding have been made with some sectors, however, it was unclear if there is any standardisation of MOUs between regions.

Link with the health sector at multiple levels. Every kebele has access to health extension workers who are well-placed to promote registration. Activities to raise registration awareness can be linked with health education and outreach and capitalise on routine health centre visits for ANC, PNC and immunisations. As one registrar in, Afar stated, '*so far I didn't see information disseminated by health institutions or health professionals about vital event registration*' (IDIA 11). There is also an important opportunity to improve birth registration rates through strengthening linkages with health centres where the majority of births occur. The process from delivery to birth notification to birth registration should be standardised and streamlined to minimise loss of follow through at each step. Additionally, mechanisms for linking health services to death registration could be used to raise awareness and facilitate uptake through the provision of a death notification slip.

Create demand through linkages between birth registration and school enrolment. Demand creation has some potential as a soft condition. While it appears successful at raising both awareness and intentions to register births, the very low rates of birth registration currently seen across the country mean that linkages with education must be careful not to limit (or appear to limit) access to education for children who are unregistered.

Build and strengthen religious institution linkages. These linkages have potential to improve each type of registration. Religious institutions could improve motivation to complete registrations through awareness raising and soft conditionalities including requesting birth certificates for rites and ceremonies involving infants (such as baptisms), requesting marriage certificates or providing marriage notifications for marriage registration, linking to registration services while handling divorce cases, and requesting death certificates for funeral and burial practices.

Step two: Identifying and reaching a registration centre

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



Figure 18. Waiting at the registry

Theme 6. Ability to travel can be a substantial barrier for some people, but decentralisation of the CRVS registrars improves accessibility for many

Distances to registration offices can pose a challenge for many due to time, cost and travel challenges. The decentralisation of the CRVS system down to the kebele level greatly helped improve accessibility for communities across the country, however, challenges persisted for remote communities.

Barriers

Distance. The effort of travelling to a registry office was a challenge, particularly for rural and refugee communities who needed to go greater distances. A regional officer in Tigray said that roundtrip travel

could take up to 8 hours for rural residents. Both in and out-of-camp refugees across regions were noted as having potentially long travel times to registry offices. Travel for women who have recently given birth, had a caesarean section, or are staying at home prior to the child's baptism could be difficult and were also not considered to be culturally appropriate.

Time commitment. For those living far from a registrar office, completing a registration necessitates a substantial amount of time diverted from other necessary daily activities. Depending on an individual's situation at the time of an event, the time needed to complete a registration may not be available. For example, a farmer is less likely to be available during harvest time and a single mother may struggle to complete the trip if there is no one to care for her other young. One community member from rural Gambella area described, *'they told us [to register] before a month, but I couldn't make it as I was busy with farming'* (IDIG 08).

Travel associated costs. There were financial barriers to registration for those who had difficulty finding funds if paid transport was needed or if they needed to miss work. A refugee in Aysaita camp, Afar, explains that registration is not complicated but *'we pay for the bajaj which is 20 ETB,'* (IDIA 08) this cost may be prohibitive for many families already struggling to meet their basic needs.

Relocation. National level stakeholders also noted that registration requires a renewed kebele identification card, which must be obtained from a person's home kebele. For individuals who have moved away, travel back to their home kebele for the required identification was identified as an additional hurdle to overcome.

Enablers

Decentralisation allows for very localised service provision. The CRVS system is decentralised in Ethiopia, with registration services provided in the host community at the kebele level. Services for refugees are typically provided in the camp-based ARRA office or the regional ARRA office for out-of-camp refugees. This system allows for very localised service provision making distance and travel times manageable for most communities. *'Some of the enabling factors for the refugee and host population are the accessibility of registration offices in the kebele level for the host population and ARRA office in the refugee camps'* (IDIA 03, Afar Regional VERA employee).

Contextual differences

Variations in distance to registrar by population group

- Costs and efforts associated with identifying and reaching a registrar office were notably higher in rural communities who had greater distances to travel. Some participants explained their lack of registration by saying that they in a very rural area or were in a rural area at the time of the event in question.
- Refugee camps themselves can be quite large and it can take up to an hour to walk from some areas in the camp to the ARRA office. In the Aysaita camp, community members stated that there was not an ARRA office in the camp at all. The closest ARRA office was located an hours walk outside the camp.
- Pastoralist communities in Ethiopia usually engage in seasonal migration. This was identified by service providers at the local and regional levels in Afar as a challenge for both awareness raising activities and for service access. A regional VERA employee in Afar explained, *'in relation to rules and regulations, every document of VERA should be put in one place, however as we know people in our region are pastoralists and they move from seasonally place to place looking for water and pasture for their animals, so how can the kebeles registrars register vital events moving from place to place?'* (IDIA 01).

Depending on time of year and where pastoralist communities are able to find resources, access to the registrar of their kebele will change.

Regional variations in travel challenges

- Challenging topography was noted as a barrier in Tigray, very hot weather conditions were said to make travel difficult during certain times of the year in Afar, natural disasters such as flooding prevented easy travel in Gambella, and insecurity in some regions made travel risky.

Table 12. Theme six - contextual variation summary

	Afar	Tigray	Gambella
Travel challenges	Very hot weather conditions impact travel during certain times of the year	Challenging topography affects ability to travel in remote areas	Natural disasters such as flooding prevents easy travel
CONTEXTUAL VARIATIONS BY GROUP	Refugees	<ul style="list-style-type: none"> • Can take up to an hour to walk across a refugee camp to the office • In Aysaita Camp in Afar the office is located outside the camp 	
	Urban	<ul style="list-style-type: none"> • Distance described as 'no challenge' for urban communities 	
	Rural	<ul style="list-style-type: none"> • Cost and efforts associated with identifying and reaching a registrar were higher in rural communities • Rural communities in Tigray had up to 8 hour travel to reach a kebele office • Pastoralist communities engage in seasonal migration which can make cost and effort of reaching a kebele challenging 	

Theme 7. Gender roles and regulations around registration affected perceived self-efficacy

Perceptions and beliefs about an individual's own ability to complete a registration affected whether to see through their intention to register. Decision-making power, autonomy and traditional gender roles are important considerations in understanding individual self-efficacy. Additionally, regulations stating who needs to be present to complete a registration can impact who will be able to complete a registration. This has implications for those who find themselves in non-traditional family situations, single parent and female-headed households.

Barriers

Decision making role. Service providers across sites consistently noted that it was predominantly mothers who came to the registration office to obtain birth certificates. Tasks related to child rearing, food and education are generally under the purview of the mother. However, as a traditionally patriarchal society, the perceived self-efficacy and responsibility a woman was described as having to complete a registration could be limited if the male head of the household did not also perceive registration to be worth the cost and effort. As a community influencer in Nguenyiel camp stated, *'the females think that everything should come from their husbands. It is when the males say we have to do this and this that the females say okay. If nothing comes from the husband, the females won't do anything'* (FGDG 04P7). However, participants were fairly split across all sites with many stating that the man and woman of a household would make decisions together about registration. As a community influencer in Mille Town explained, *'in our locality the fathers/husbands decide on major issues of the household, however, since these vital events are common issues for both fathers and mothers, they decide together. Also, mothers are especially responsible*



Figure 19. Carrying out the role play activity

for children's registration and other services like health and vaccination because they have more attachment with children and fathers will not be against registering their children's birth since it hasn't any harm' (FGDA 03P8).

Regulations. Regulations stating that both parents must be present to register a birth may negatively impact a single parent's confidence that they can complete a birth registration for their child. It also creates an additional hurdle for registration if only one parent wants to or is available to go to the registrar.

Enablers

Flexible regulations. Some participants described going by themselves or sending their spouse to complete a registration without encountering difficulty. Others noted that they both went but were able to go at different times. This flexibility appeared frequently in narratives about registration being easy.

Contextual differences

Variations in self-efficacy and decision making by group and region

- While distinctive patterns in decision making power did not emerge from the data collected, this does not mean that there are not regional and group social norms regarding decision making that could usefully be explored further to inform locally appropriate strategies.

- The literature indicated that single parent homes may be more common among certain populations, such as South Sudanese pastoralists who are often separated by conflict (UNICEF 2019a). This may shape decision making capacity and ability to complete registrations among these populations.

Theme 8. Limitations in CRVS infrastructure reduced access to registration services

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



Figure 20. Interviewing a community member

Barriers

Lack of registration offices. Many urban, rural and camp based service providers indicated there were no separate offices in their area for the registrars to work in. Some participants described registrars working out of their homes or travelling to and from the rural and refugee sites while working from the urban kebele office. A service provider from a rural kebele in Afar explained, '*due to the absence of a registration centre or office that the vital events registrar worker works at home in Mille town which is 8 kilometer far from the kebele*' (IDIA 15). Many community members in areas that lacked a local registration office assumed that to mean that registration was not offered in their area. As a community influencer from rural Afar noted, '*yes I have information that there are registration of all vital events such as birth, marriage and death and divorce as well but we don't have them here*' (IDIA 17).

Lack of transportation. Lack of transportation for registrars to go to their assigned sites of work was also noted as a limitation for local delivery of services. Some service providers described paying for their own transportation to go to their areas of work. A few rural providers noted that they had to carry the documentation door to door to conduct registrations. This was described as not only challenging and cumbersome given the distances and weather, but also against the regulations that stated that the documents should be kept secure in the registration office.

Enablers

Door-to-door registration. Despite being against the regulations, service providers and community members noted that door to door registration was very helpful for improving their ability to register vital events. It saved the community members time and effort and was less disruptive of their daily lives. Additionally, participants did not need to have awareness and knowledge prior to the registrar coming to their door.

Office space. In some areas, participants noted there were registrar offices set up with the necessary office equipment, which greatly facilitated on-site service provision and saved time for both community members and service providers.

Contextual differences

Variations in infrastructure by group

- The availability of registrar offices differed between urban, rural and refugee communities. As refugee registration occurs in ARRA offices, the availability of office space was dependent on the ARRA office structure.
- In host communities, it was noted that offices were more common in urban areas. As a regional VERA staff member explained, *'registrations might not be administered uniformly in urban and rural kebeles. Because in urban areas registrars are to some extent educated and also have offices to put the registration documents and to accomplish the registration work. However, in rural places registrations have no offices and they manage the registration at home and also registration documents are not handled safely'* (IDIA 03).

Variations in infrastructure by region

- The data did not highlight regional variations in infrastructure, with all three regions noting inadequate office space and transportation.

The vignette in Box 5 illustrates a service provider's perspective relating to the challenges for CRVS among rural communities.

Box 5. Perspective from Yussuf, service provider, Afar.

I am 19 years old. I am a 4th year student in one of the private universities in our country in a degree programme. Currently, I am the vital event registrar of this kebele. However, my education qualification doesn't relate with this vital event registration work. I am only working here since last year because I took trainings on vital event registration. However, I face many challenges.

The first and main challenge is peoples' lack of awareness about the process and benefits of VER. To tell you frankly, people in this community do not know anything about registration. Only a few people register births and very few register deaths. They don't get any information about vital event registration since the area is remote and there is no access to electricity or mass medias like the television. People in this locality don't use the radio, so it is only me who gives them the information.

The other problem is there is no office in the kebele for the registration work. So, I am working moving door to door carrying the registration documents, which is against the regulation of federal VERA. On top of that, people in this kebele don't have the kebele identification card and this is also a challenge for me to register vital events since the rule forbids registering vital events without having a renewed identification card from the kebele.

There is also the problem of transportation to travel from my home in Mille town to the rural kebele I am working in. Currently I am using *Baja* and renting it personally. I receive a low rate of pay so, to be honest, I am not working with interest. I would leave this work if I got other job. I am actually trying to get another job and to leave this one.



Figure 21. Registration process

Table 13. Theme eight - contextual variation summary table

	Afar	Tigray	Gambella
Infrastructure	The data did not highlight regional variations in infrastructure, with all three regions noting inadequate office space and transportation.		
CONTEXTUAL VARIATIONS BY GROUP	Refugees	<ul style="list-style-type: none"> • Availability of offices depended on ARRA office structure • There was an office in Aysaita Camp but no designated registrar • All CRVS services were suspended in the Gambella region at the time of data collection 	
	Urban	<ul style="list-style-type: none"> • Registrar offices or kebele offices that also acted as registrars were located in almost all urban kebeles • Shared office space was noted as a challenge among designated registrars in Afar 	
	Rural	<ul style="list-style-type: none"> • Rural kebeles did not all have registrar offices and registrars often work out of their home • The Afar registrar was based in an Urban area and travelled to and from the rural kebele 	

Suggestions

Opportunities for improving infrastructure. Suggestions for reducing barriers at this step focused on improving the infrastructure by ensuring registration services are provided in each kebele and have designated and clearly identified office space. Providing transportation would empower registrars to fulfil their responsibilities. It was also suggested that if vehicles were provided that could also be used as an ambulance for pregnant women it could reduce births occurring *en route* to health centres and improving accessibility for rural populations. With effective linkages between health services and registration, investing in health service infrastructure related to pregnancy and birth should also improve birth registrations.

Close proximity between registration offices and other services would also streamline accessibility and convenience for users. Examples include the provision of ‘one stop shops’ to provide multiple services in one location or locating registration offices near the kebele office or health post. This way users can renew IDs or obtain needed notification slips at the same time as registering. Additionally, users accessing these services for other reasons, such as vaccination, can more conveniently complete their necessary errands on the same trip.

Inclusive messaging can reduce stigma and improve self-efficacy. Messaging strategies should include portrayals of non-traditional families completing registration. One example provided was a testimonial of a divorced mother who fought her ex-husband to get a birth certificate for her child. She was successful and, when her ex-husband died unexpectedly, the birth certificate was critical for ensuring the child had inheritance rights. As there are many people across Ethiopia that are not in a traditional family structure, for various reasons including divorce, death, distance, pregnancy out of wedlock, asylum seeking, and so on, these types of stories portray very relatable lived experiences for many vulnerable groups across Ethiopia. Inclusive and diverse messaging strategies can raise awareness about how registration benefits those populations in particular and provide role-models for self-efficacy. However, messages should also be careful to align with the sociocultural morals and norms of the communities, with a focus on lived realities, and not be perceived as being judgmental of people’s lifestyles.

Messaging aimed at locally appropriate target groups for decision making. Communication strategies should target all potential decision makers. For example, educating mothers about birth registration during PNC and ANC visits as mothers are often seen as responsible for children. It is important to ensure communications are also targeted at the male heads of households as they are frequently identified as

having the final say on decisions to register. These strategies should be flexible to respond to local social norms and gender roles and use appropriate local channels to effectively reach and engage those with the power to make registration related decisions.

Step three: At the registration centre

The final step of the process is completing a registration at the point of service. At the registration centre barriers on the side of the service user and the service provider can affect whether registration is carried out. Limited hours of operation, long waiting times, administrative barriers, ineligibility to register, and imposition of fees and other indirect costs presented challenges for participants attempting to register events. Logistical and budgetary constraints were identified as impediments to service provision. Strategies that improve accessibility and availability were considered the principal enablers for complete registration. Suggestions for improvement included streamlining the service, sufficient allocation of budget, building staff capacity and more tailored programming.



Figure 22. Interviewing a service user

Theme 9. Point of services experiences are frequently negative or frustrating for users

While some participants described registration as simple and easy, for many, frustrating experiences at the point of service served not only as a barrier to completing the registration in question but eroded trust in government systems and impacted intentions to register among the broader community. Research participants who highlighted challenges at the registration office conveyed not only their own experiences, but relayed negative experiences they had heard from others, highlighting how these experiences and negative perceptions spread.

Barriers

Limited and inconsistent availability of services reduced the ability to complete a registration. Individuals who have put in time, effort and money to get to a registration office only to find it closed during expected opening hours may be disinclined to try again. A refugee in the Aysaita camp described, *'they are not available at the office level due to many reasons and most of the time they tell us to come back again on another day. So, they tell us to come again and when we do, they are not available at that time'* (IDIA 08). In some circumstances the available hours of operation may not be sufficient to make it through the wait line, particularly among larger populations with backlogs of events to register, necessitating return trips for those who are not seen.

Service users also encounter administrative barriers in attempting to complete a registration. Many service providers noted that community members often arrived without the renewed kebele identification card or sufficient data to fill in the forms necessary to complete registration. While some community members described the process of registration as *'easy'*, others stated that the requirements for registration were unclear or challenging to meet. A participant from Achuua Town, Gambella explained, *'if the child is born in the community, the date is not clear, the year may confuse you. If you do not have all this information, you may face a problem with registration'* (IDIG 10). Lack of a birth notification from a health care centre or a marriage slip from a religious institution was a further prohibitive factor for some people trying to complete a civil registration.

Regulations were identified as prohibitive for those attempting to register birth and marriage events. Most notably that there has been a regulation in place requiring both parents present to register a birth. Civil marriage regulations only recognise monogamous marriages. Enforcement of these regulations was variable and local adaptations and solutions appear to have emerged from necessity in response to a lack of clarity in the CRVS regulations. As stated by a regional level VERA employee regarding polygamy, *'there is no clear-cut guideline to handle such condition and there should be clearly stated rule for such conditions'* (IDIA 19). Adaptive strategies to circumvent inappropriate or prohibitive regulations appeared to be more frequent in refugee camp settings.

Enablers

Free registration and certification remove cost-related barriers. Providing free services reduced any cost prohibitive barriers for registration and was particularly helpful in addressing the backlog, especially for large families. While fees associated with registration were not noted among research participants, the literature review identified official fees, fees for court or medical-supplied documentation, and penalties for late registration as significant barriers for poor families in Addis Ababa, Oromia, Amhara, and Afar (INVEA 2019a). However, participants did highlight that while the absence of late registration fees did enable backlog registration and improve availability for community members who face barriers to on-time registration, it also acted to reduce incentives for completing registrations on-time.

The use of local staff improves accessibility. Improved accessibility through use of local staff in many areas was an enabler of the registration process. This improved community trust, helped to ensure that registrars were well integrated and knowledgeable about the communities they served and the events that occurred there. It also meant that communication could more easily be conducted in local languages.

Contextual differences

Variations in user point of service experiences by group

- Problems due to limited hours of operation were most frequently noted among refugees in the Aysaita camp, primarily due to insufficient staffing. The registrar in this camp stated that they had been fulfilling the role of registrar in addition to their other (non-registrar) duties since 2017. Although this had been the case for three years it was described as a temporary situation until a registrar was hired. Registration activities were not operational in Gambella region camps during the time of this field work, so it was not possible to examine point of service experiences.
- Refugee groups described greater challenges in providing paperwork to support registrations if they lost their documentation from their country of origin or did not have access to the institution to get the necessary paperwork within the camp (e.g., no in camp Sharia to get the necessary documents to register a marriage).
- Refugee populations were also described as having a high proportion of women and children with many female-headed households. Due to this, the regulation stating both parents need to be present to register a birth may be a greater barrier for refugee communities.
- Polygamy is accepted under Sharia law and polygamous marriage is a common practice among many communities in Ethiopia. This was particularly apparent among participants from Gambella region who stated that it created confusion for registering marriages and births. As civil registration only recognises monogamous marriage, this may impact uptake in areas and refugee camps with Muslim populations who practice polygamy.

Regional variations in user point of service experiences

- Long waiting times and infrequent hours of operation were most commonly identified as challenges among host community participants in the Gambella region. By contrast, a community member in Mille Town, Afar stated, *'in this kebele we can register at any time. Office time is early in the morning until-12:00 and then they have lunch time, in the afternoon you can get service from 3:00-6:00'* (IDIA 10).
- Barriers posed by polygamous marriages were most frequently noted in the Gambella region. As one community influencer in Achuuu kebele explained, *'in this area, there are elder people who have 3 to 7 wives. During the discussion, people raise questions about which the wife could be registered? Is that the first or the last wife? If we say the first, they say what about the others? It creates a lot of debate'* (IDIG 02).

Table 14. Theme nine - contextual variation summary

	Afar	Tigray	Gambella
Service user experience	<ul style="list-style-type: none"> • Wait times not a problem in host communities, but very challenging in refugee communities 	<ul style="list-style-type: none"> • No data from service users 	<ul style="list-style-type: none"> • Long wait times • Infrequent hours of operation • Polygamy common • Language and literacy noted as barriers
CONTEXTUAL VARIATIONS BY GROUP	Refugees	<ul style="list-style-type: none"> • Refugee groups described greater challenges in providing paperwork to support registrations • Problems due to limited hours of operation were most frequently noted among refugees in the Aysaita camp; No service in Gambella • Refugee populations were also described as having a high proportion of women and children with many female-headed households 	
	Urban	<ul style="list-style-type: none"> • Urban residents across sites said it was unclear what the requirements were for registration • It takes a long time to complete a registration, which is a problem if you must register a large family 	
	Rural	<ul style="list-style-type: none"> • It takes a long time to complete a registration, which is a problem if you must register a large family • Language and literacy may be challenges 	

Theme 10. Service providers are not always able to consistently and confidently provide services

Barriers to service provision conveyed by registrars included limitations to infrastructure (as noted in the previous section), resources and capacity that undermined their ability to adequately perform their role and impacted their morale and dedication.



Figure 23. At a registrar's office

Barriers

Limited resources prohibit registrars from providing adequate services. Gaps in basic resources such as forms, certificates and office equipment were a major barrier and source of frustration for service providers and users. Even if a community member arrived during scheduled hours and the registrar was available to work on their registration, it was not always possible if they didn't have the necessary forms. Turning people away until the resources can be renewed also contributed to the backlog and extended wait times once the offices were restocked. Photocopiers, laminators and storage boxes were also noted as necessary to ensure that the paper-based system was functional and secure, that documents were not destroyed or lost, and that copies could be sent to the regional offices.

Understaffing also posed challenges at point of service. Limitations in human resources were identified as a major barrier for adequate service provision. Depending on the population that they serve, the topography of the area, number of events in the community and size of the backlog, the necessity of a full-time registrar may vary dramatically. A service provider in a Gambella refugee camp stated, 'more than

200 people might come for registration but what I could do is register up to 30, 40, or maybe 50 per day.' (IDIG 15)

Poor compensation was also noted as demoralising for staff. The additional duties associated with registration did not garner increased salaries for kebele managers and ARRA officers assigned to the additional role. Generally, the salaries provided designated registrars are described as lower than other government positions, which negatively impacted staff morale and dedication.

The lack of qualified individuals and limited pay. In some locations limited remuneration resulted in many registrars being underqualified for the position. *'There are kebele registrars who have degree, diploma and certificate in different fields of study, and there are also registrars recruited from 10th, 9th, 8th, grades due to lack of educated manpower and due to peoples' lack of interest to work as kebele registrar due to low salary'* (IDIA 19, Regional Afar).

Training and capacity building for registrars is inconsistent. In Afar, each designated registrar for the host communities received training. However, the registrar in the refugee camp location in Afar had been filling-in a vacant post since 2017 without training until they hire a registrar. He described having no knowledge around the regulations and states, *'I am working here simply by looking at and reading the format'* (IDIA 05).

Administrative barriers increase the necessary time for registration and the potential for errors. The length of the form for completing a registration, the number of variables, the necessity of completing four handwritten copies for each registration and the lack of adequate space for properly filling out names were all identified as challenges. The paper-based system for registration also made the process more time and resource intensive. Many registrars described the process as *'boring'* and noted that the number of variables on the form were excessive and repetitive.

The vignette in Box 6 (below) illustrates a refugee camp service provider's challenges in fulfilling his registrar responsibilities.

Enablers

Political commitment and investment will be required to improve service provision. Political commitment and buy-in at the national, regional, woreda and kebele levels was identified as a major facilitator of successful CRVS. Recent restructuring at the national level, resource allocation and prioritisation at the regional level, accountability and support from the woreda level and commitment and engagement at the kebele level were critical to good service provision and coverage. Kebeles with managers with strong engagement were identified as performing better than others.

Designated registrars improve availability. Improved availability through the use of designated registrars was a noted enabler of registration. However, the necessity of a full-time registrar was location dependent as the population and number of events varied broadly by kebele. Additionally, as the backlog of registration is addressed, it can be anticipated that the needed time allocation for registration will also reduce.

The vignette in Box 7 (below) illustrates a refugee community member's perspective relating to the process of birth registration.

Box 6. Perspective from Abraham, service provider, refugee Camp Gambella

I am working on vital vents registration in the refugee camp. I am going to tell you honestly about the challenges that occur in the camp. The camp is 11km from the registration office but there are no office services there, no printer or photocopier. So, what I am doing is this; first I go the 11km to the camp and collect the required information from the refugees there. Then I travel back another 11km to the office to fill and prepare the certificate. Then I return again to the camp to give the certificates to the community there. So, it takes a lot of time.

There are also lots of delays because for each single registration we need two original and four photocopies of each form. And these are then filled manually, which is time consuming. This really challenges me.

I've tried to report the problems repeatedly and asked if it would be possible to finish all of the work inside the camp. If photocopiers and printers could be available at the camp, I could finish all of the administration work and the files could be copied and documented right there.

There is also a high rate of birth in the refugee camp which means there is a waiting list. On average there is a total of 200 or 300 births monthly from a community of about 90,000 migrants. This is what the situation in the camp looks like and I have all these challenges.



Figure 24. Interviewing the registrar

Box 7. Perspective from Myriam, Community Member, Refugee Camp Gambella

I know about the registration because the kebele informed us. I think that it is good because the activities and benefits we get from this registration are good; like the child goes to school.

If you give birth in a health facility getting a birth certificate is easy because it is made by the health professional. For traditional births, marriages and deaths it is not the same. But the registration is not easy. I was asked many questions, they asked for the certificate and ID. But it is not finished yet, I am missing some of the information. Someone told me yesterday and that is why I came here today. But even though it takes a lot of time I can never worry, because I have interest for it.

It's the first time that I am doing the registration, the staff are good, no problem even the question they asked were good. I think the registration is good because my children will have a certificate and I will keep it carefully. I trust in it too much, like I trust in Jesus.

Contextual differences

Variations in service provision experience by region

- In Tigray, the relatively high rates of registration compared to other regions was attributed to strong political commitment to CRVS in the region. However, it was also noted that some registrars had to purchase stationery and supplies using their own funds.
- Afar and Tigray hired designated kebele registrars to provide CRVS services. In Afar 325 of the 412 kebeles have a civil registrar and in Tigray all 814 kebeles have been staffed with a designated civil registrar. However, in refugee camps and host populations in all other regions, the task is performed by ARRA officers and kebele managers with other roles and responsibilities. Due to this, they had limited time available to dedicate to registration activities.
- In regions where the kebele manager is assigned the duties of registration such as Gambella, the kebele manager in question may not speak and write in Amharic and struggle to fill out the forms. A regional stakeholder from Gambella stated, '*in remote or broader areas some registrars are illiterate*' (IDIG 14).
- In Gambella and Tigray it was noted that high turnover of those providing registration created challenges for adequate training.

Table 15. Theme ten contextual variation summary

	Afar	Tigray	Gambella
Service provision	<ul style="list-style-type: none"> • Designated registrars in 325 of the 412 kebeles • Refugee camps did not yet have designated registrars 	<ul style="list-style-type: none"> • High rates of registration compared to other regions was attributed to strong political commitment. • Some registrars had to buy their own equipment • Designated registrars in all 814 kebeles • High turnover of registrars creates challenges for training 	<ul style="list-style-type: none"> • Kebele managers act as registrars, because of this, they may not be fully qualified to be a registrar, may not speak or write Amharic, etc. • High turnover of kebele managers/registrars creates challenges for training

Suggestions

Streamline the process. Simplifying and streamlining the registration form and process will improve the user and service provider experience. Ideally, CRVS will be upgraded to a digitised system in the future, this would be preferable where electricity supply and equipment can be assured. Paper-based systems are resource and time intensive and limit interoperability of sectors. In the meantime, restructuring the forms, reducing the number of variables and eliminating redundancies can reduce the time it takes to complete a registration, reduce 'boredom', and have knock on effects for user wait times and staff workload. The process itself should be part of the communication strategy and engagement activities so that people come adequately prepared and fulfil the registration requirements.

Allocate the necessary resources to enable adequate service provision. The supply side barriers identified are similar to persistent barriers that throughout the health system and other public service sectors in Ethiopia. If there is not improvement in these, then efforts to improve the demand side will have limited effect. Increasing demand will not improve uptake if there are not enough resources on the supply side to complete the registrations. Adequate budget and basic resource allocation are needed to ensure that the registration offices are equipped and motivated to provide registrations. Offices should be supplied with the resources to complete the work. Some requests are as simple as, 'we need a pen and carbon paper' (IDIG 09). Sufficient supply of certificates was additionally noted as important because many community members may not see the value of registration if they do not walk away with proof that they can use. Salaries and compensation should be commensurate with the work being done to improve staff morale and reduce turnover rates.

Build capacity to improve services, staff morale and community trust. Staff capacity building and support activities such as consistent orientations, trainings and refresher trainings are needed to ensure that staff can confidently provide accurate information and services to the community. This would further serve to improve community trust in the registrar and system.

Tailor the programming. Tailored programming that takes into account local realities is essential for ensuring improved uptake of CRVS. The rules and regulations of the system should be clear and take into account regional and local contexts. This includes the creation of guidelines and stipulations for registrations of single parent households, home births, polygamous marriages, divorce, etc. Additionally, removing and altering regulations about stationary registrars to adapt to migratory lifestyles will increase the accessibility of CRVS for these populations.

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Annex 1. Topic guide

A topic guide is a thematic framework designed to help prioritise what themes will be excluded or included in the research tools. A topic guide acts as an overview of the key sections for research. Research tools for relevant stakeholder groups will be developed from the topic guide and will be tailored to each specific group being interviewed.

Knowledge

- Awareness/exposure to information/misinformation on registration and process
- Knowledge about VER (e.g. What is it? Why is it important? Difference between registration & certificate; notification vs. registration, civil registration vs camp registration)
- Procedural knowledge of VER (e.g. locations, hours and days of operation, registration schedule, who provides the service, service prerequisites, who should be present, what to bring, literacy/language challenges)

Sources of Information

- Existing and desired promotional activities for public awareness and demand creation
- Information sources (e.g. trusted sources, preferred channels, media, formats & timing)

Effective Communications

- Messages/framing in the general population, host communities and refugee settings

Influence

- Social norms surrounding registration
- Enabling factors that facilitate registration (what closes the intention-action gap? Incentives?)

Perception and Evaluation

- Perceptions of registration (e.g. ease, beliefs about benefits/consequences, value)
- Perceived barriers to registration
- Trust in the registration system, Government, use of data
- Perception of service providers (e.g. competency, ability, trustworthiness, interpersonal skills)
- Service providers perception of VER (e.g. Believe it's in their scope of work?)

Socio-cultural Considerations

- Socio-cultural, tribal and religious attitudes, norms, beliefs and practices around vital events including birth, marriage, divorce and death
- Gender roles, expectations between men and women (self-efficacy, empowerment)
- Other life events that are important/memorable/culturally significant that VER could be added to

Point of Service

- Environmental constraints (e.g. access/availability, transportation infrastructure)
- Procedural constraints (e.g. documentation, language, literacy, eligibility, fees, service provision, wait time)
- Human resource constraints (e.g. under-staffing, high turnover, staff motivation, technical capacity, familiarity with processes, hospitality)
- Office constraints (e.g. lack of resources, equipment, waiting room, child-friendly/gender-friendly services appropriateness of service provision venue)

- Experience at point of service (positive, negative, discriminatory, intimidating, etc)

Service Improvements

- Coordination and integration with other services for notification of events
- Empowerment of HEWs, community & religious leaders, teachers to act in a notification or registration capacity
- Streamlined service delivery - one stop shops
- Existing and desired capacity building and training activities for service providers

Annex 2. Research frameworks and tools

IDI Framework for central level stakeholders

Demographic information to be collected on separate demographic information form

Across sections, with all relevant questions, participants should be prompted to highlight regional differences, differences between host and refugee communities, differences by SES or gender and any differences across ethnic/refugee groups.

Introduction

- What is your position?
- How does it relate to vital events registration?
- How long have you held it for?

Knowledge

- What do you think refugee/host populations know or do not know about the registration of vital events? About the process? (where/how/with whom)
- Where do registrations happen for refugees and the general population? Who is involved?

Sources of Information

- How do people learn about vital event registration (e.g. mass media, HEW, community leaders etc.)?
- How do you perceive current disseminators of vital events information? (e.g. communication skill, levels of trust?)
- Who/what do you think is the most trusted source of information for communities? Why?
- How much do these messages / channels of information influence people's decisions/practice?
- What types of communications materials exist to promote registration of vital events? Are they adequate both in number and quality?

Effective Communications

- Are there any communication materials that have been more effective than others at increasing program participation, whether for VER or another program? What were the messages?
- Do you think any of the following communication campaigns would be effective in increasing VER? Explain why.
 - Using testimonials from other people who have experienced the service
 - Creating songs or poetry on registration
 - Emphasising the importance of registering for the benefit of the community
 - Showing the number of people who have registered in people's area
 - Showing what people lose if they don't register

Influence

- What motivates people to register? (specific to birth/marriage/divorce/death)
- How do motivations differ between regions, communities, ethnic groups?

Perception and Evaluation

- Do communities see benefits to registering a birth/marriage/divorce/death? Who/what contributes to these understandings?
- What are the reasons that people do not register? What would motivate or make it easier for people to register vital events (e.g. reminders, small gifts, “I registered” badges etc.)
- Are there any laws/regulations that are barriers to registration? What are they? (e.g. unaccompanied children/single parent birth registrations, health facility/community birth or early/related/non-monogamous/bigamous marriages) What could be done to address these challenges?
- What challenges have you faced linked to registration in your role? What works/doesn't work?

Socio-cultural considerations

- Are there social or cultural beliefs or practices that influence motivation for vital events registration (birth, death, divorce, marriage)?
- Do religious/traditional leaders play a role in how registration is prioritised in a community?
- Are there specific religious/traditional customs for registering events?
- Within a family, who makes decisions about registration? Is this the same for all kinds of registration? Does this differ between groups of refugees?

Point of Service

- Do registration offices face resource challenges in providing registration and certificates? (e.g. documentation/language/literacy/eligibility/fees/human resources)?
- Do you think these challenges impact staff morale and motivation? How?
- Are registration staff members effectively trained in VER?
- Do you think the process of registration is administered uniformly across sites? How/Why?
- Describe the relationships between host and refugee communities with registration offices?
- What are the enabling factors and the challenges that people face in accessing registration services?

Service improvements

- How is registration currently linked with other services? What is your opinion of coordination and integration of other services (health, education etc) with the registration of vital events?
- Do you think awareness raising around VER is adequately included in critical interactions with health workers (e.g. caregivers during pregnancy during ANC visits?) Why?
- How do you think the process of birth registration for refugees and the general population could be improved? What should be changed? What about for other vital events?
- Do you think civil registers need to be motivated to complete registration? If so, how would you motivate them?

Conclusion

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

IDI Framework for service providers

Demographic information to be collected on separate demographic information form

Across sections, with all relevant questions, participants should be prompted to highlight regional differences, differences between host and refugee communities, differences by SES or gender and any differences across ethnic/refugee groups.

Introduction

- What is your position?
- How does it relate to vital events registration?
- How long have you held it for?
- Who are the primary groups (host/refugee, ethnicities) that you work with in your current role?

Knowledge

- In this community where do registrations happen? Who is involved?
- What do you think people in this community know or do not know about registration of vital events? About the process? (Where/how/with whom)
- What are they told about registration (e.g. birth, death marriage, divorce)?
- How well do communities understand the benefits to registering a birth/marriage/divorce/death registration? Who/what contributes to these understandings?
- Did you receive training on registration? Do you feel confident in your ability/knowledge to register a vital event?

Sources of Information

- How do people learn about VER (mass media, HEW community leaders etc?)
- What are people told about VER?
- Are the current messages effective?
- What types of communications materials do you use to promote registration of vital events? If it is written materials, what language is it in?
- Who/what do you think is the most trusted source of information? Why?
- Is information on registration shared through health facilities? If so, how?

Effective Communications

- What do you think is the most effective way to encourage people to register?
- Do you think any of the following communication campaigns would be effective in increasing VER? Explain why.
 - Using testimonials from other people who have experienced the service
 - Creating songs, stories and poems
 - Emphasising the value of registering for the community
 - Showing the number of people who have registered in people's area
 - Explaining the risks of not registering (e.g. trafficking, no passport, no inheritance rights)

Influence

- What motivates people in this community to register? (specific to birth/marriage/divorce/death)
- How do motivations differ between regions, communities, ethnic groups?
- What do you think would motivate/make it easier for people to register vital events?

Socio-cultural considerations

- Are there social or cultural beliefs or practices that influence motivation for vital events registration (birth, death, divorce, marriage)?
- Do religious/traditional leaders play a role in how registration is prioritised in a community?
- Are there specific religious/traditional customs for registering events (e.g. naming ceremonies, traditional forms)?
- Within a family, who makes decisions about registration? Is this the same for all kinds of registration? Does this differ between groups of refugees?

Point of Service

- What challenges have you faced linked to registration in your role? What works/doesn't work?
- Do you face any resource challenges in providing registration and certificates? (e.g. documentation/language/literacy/eligibility/fees/human resources)?
- Do you think these challenges impact staff morale and motivation? How?
- How do you think you could be better supported in your role to support registration? How would you feel more empowered?
- Are there any challenges that people face in trying to complete the registration process? (e.g. language, literacy, proper documentation, both parents present)
- What are the enabling factors and the challenges that people face in accessing the services?
- Are there any laws/regulations that are barriers to registration? What are they? (e.g. unaccompanied children/single parent birth registrations, health facility/community birth or early/related/non-monogamous/bigamous marriages) What could be done to address these challenges?

Conclusion

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

IDI Framework for community/religious leaders and influencers

Demographic information to be collected on separate demographic information form

Across sections, with all relevant questions, participants should be prompted to highlight regional differences, differences between host and refugee communities, differences by SES or gender and any differences across ethnic/refugee groups.

Introduction

- What is your position?
- In this position do you play a role in the promotion or process of vital events registration? How?

Knowledge

- What do you and people in your community know about birth/death/divorce/marriage registration?
- Where do registrations happen in your community? Who is involved?
- What are the steps that a person must go through to register a birth? What about to register a marriage/divorce/death?
- Do people in your community understand the benefits of registration? Who/what contributes to these understandings?

Sources of Information

- How do people in your community learn about birth registration/marriage/death (mass media, HEW, community leaders etc?) What role do you play, if any?
- Who/what do you think is the most reliable/trusted source of information about registration?
 - If they answer that they themselves are most trusted:
 - Why do you think the community trusts you with regards to VER?
 - How have you built trust?
 - Where do you get your information about VER?
- How influential are the messages you or other channels give in increasing VER?
- Are you aware of any public awareness campaigns about birth/marriage/death registration in your community?

Influence

- What currently motivates people to register in your community? What prevents them?
- Who/what motivates people in your community to register (birth/marriage/divorce/death)? Are motivations different in your community compared to others?
- Do religious/traditional leaders like yourself play a role in how registration is prioritized in your community? What is your position on registration?
- What other drivers might influence community members to register? (e.g. providing reminders, showing others registering using badges or providing small gifts)

Socio-cultural considerations

- How/where/with whom do people in your community prefer to give birth (e.g. in hospital, at home, birth attendant, midwife, HEW)?
- How is divorce handled?
- What is the procedure for death?

- Are there social or cultural practices or traditions in your community that influence whether or not people can and will complete a birth registration (e.g. naming/acceptance of paternity/adoption barriers or drivers)?
- Are there social or cultural beliefs or practices in your community that influence motivation for registration of other events such as marriage, divorce or death?
- Within a family, who makes decisions about registration? Is this the same for all kinds of registration?
- Are their traditional forms of recording births, marriages, divorces and deaths in your community (e.g. elders, community networks, religious institutions)?
- Can birth/death/marriage/divorce registration be tied to any social or cultural practices within your community? Which ones/How?

Point of Service

- What are the barriers that people in your community face in accessing registration services (e.g. distance, hours of operation, fees)?
- How much trust do you think people in your community have in the registration system?
- How would you describe the relationship between people in your community and with those working at the civil registration office?

Service Improvements

- What is your opinion of the way civil registration is currently set up and provided in your community?
- Is registration linked with other services? Would stronger linkages with services generate greater incentives for people in your community to register? Why?
- Do you think the process of birth registration could be improved? How? What should be changed? What about for other vital events?
- Do you think community and religious leaders like you could play a greater role in supporting registration? How?

Conclusion

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

IDI Framework for community members

Demographic information to be collected on separate demographic information form

Across sections, with all relevant questions, participants should be prompted to highlight regional differences, differences between host and refugee communities, differences by SES or gender and any differences across ethnic/refugee groups.

Knowledge

- What do you know about birth registration? Why is it important? What about other civil registrations – marriage, divorce, death?
- Are there benefits to registering a birth/marriage/divorce/death registration? Are there risks?
- Where do registrations happen in your community? Who is involved?
- What are the steps that a person must go through to register a birth? Is it complicated or easy?
- What are the steps a person must go through to register a marriage/divorce/death? Is it complicated or easy?

Sources of Information

- How do people in your community learn about birth/marriage/death registration (e.g. mass media, HEW, community leaders, religious leaders etc?)
- What are they told about registration?
- Who/what do you think is the most trusted source of information about registration? Why?
- How much do these messages/channels of information influence you in registering births/marriages/deaths?

Influence

- Who/what motivates your decision on whether or not to register a vital event?

Socio-cultural considerations

- How/where/with whom do you and the people in your community prefer to give birth (e.g. in hospital, at home, birth attendant, midwife, HEW)? Is it easy to register the birth? Is it easy to get a birth certificate?
- Are there social or cultural practices or traditions in your community that influence whether or not you can and will complete a birth registration (e.g. naming/acceptance of paternity/adoption barriers or drivers)?
- Are there social or cultural beliefs or practices in your community that influence your motivation for registration of other events such as marriage, divorce or death?
- Within your family, who makes decisions about registration? Is this the same for all kinds of registration? Is this typical for families in your community?
- Are their traditional forms of recording births, marriages, divorces and deaths in your community (e.g. elders, community networks, religious institutions)? Have you used these?
- Would registration be easier if it were attached to another ceremony/ritual you are already practicing? What would these be?

Point of Service

- Have you ever attempted to complete a registration? Why or why not? What was the experience like?
- What are the barriers that you or people you know face in trying to access registration services (e.g. distance, hours of operation, fees)?
- Are there people who are not eligible for registration? Who are they and why?
- Is registration a priority for you and people you know?

- If yes, why/how is registration important for you?
- If not, what would encourage you to prioritise registration? (e.g small gifts, personal invitations to register etc,)
- How much trust do you have in the registration system and the people working at the civil registration office?

Service improvements

- What is your opinion of the way civil registration is currently set up and provided in your community?
- Is registration linked with other services? Would stronger linkages with services generate greater incentives for you to register? Why?
- Do you think the process of birth registration could be improved? How? What about for other vital events?
- Are you aware of any changes that have been made to improve access to birth registration? What has been done? What was the effect?
- Do you think service providers, community and religious leaders could play a greater role in supporting registration? How?

Conclusion

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

Focus Group Discussion³ - Community members

Demographic information to be collected on separate demographic information form

Across sections, with all relevant questions, participants should be prompted to highlight regional differences, differences between host and refugee communities, differences by SES or gender and any differences across ethnic/refugee groups.

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 (20mins)

- Community members are separated in pairs
- 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 (15mins)

- Allocate a point in the room to different people/groups that might influence decisions or provide information;
 - Parents
 - Mother
 - Father
 - Grandparents
 - Extended family
 - Community peers
 - Community leaders
 - Religious Confession Site (Church, Mosque, etc.)
 - Health Staff
 - Teachers
 - Radio
 - Other technology
 - Government
 - I don't know
- Call out a series of choices e.g.

³ Participatory techniques engaged may be adapted based on what is most appropriate, relevant and feasible at the time of data collection.

- From whom did you know/learn about birth registration?
- From whom do other people in your community learn/know about birth registration?
- Who do you think is most important in deciding whether to register or not?
- Who decided 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?
- From whom 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 follow-up questions as appropriate
- Discussion

Drama/role play based on a story circle: Barriers, enablers and solutions (40 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

Focus Group Discussion⁴ - Community influencers

Demographic information to be collected on separate demographic information form

Across sections, with all relevant questions, participants should be prompted to highlight regional differences, differences between host and refugee communities, differences by SES or gender and any differences across ethnic/refugee groups.

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 (20mins)

- Community influencers are separated in pairs
- Each tells a story/timeline of non/registration in their families/communities: what they/or those in their communities have experienced in the process 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 (15mins)

- Allocate a point in the room to different people/groups that might influence decisions or provide information;
 - Parents
 - Mother
 - Father
 - Grandparents
 - Extended family
 - Community peers
 - Community leaders
 - Religious Confession Site (Church, Mosque, etc.)
 - Health Staff
 - Teachers
 - Radio
 - Other technology
 - Government
 - I don't know
- Call out a series of choices e.g.

⁴ Participatory techniques engaged may be adapted based on what is most appropriate, relevant and feasible at the time of data collection.

- From whom did you know/learn about birth registration?
- From whom do other people in your community learn/know about birth registration?
- Who do you think is most important in deciding whether to register or not?
- Who decided 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?
- From whom 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 follow-up questions as appropriate
- Discussion

Drama/role play based on a story circle: Barriers enablers and solutions (40mins)

- In groups of 3/4 discuss
 - main reasons for registration and non-registration in the community. 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

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

Observations checklist for registration centre

Date:	
Researcher:	
Region:	
Site:	

About the Office

1. When was the office/centre opened?
2. Opening hours of office/centre:
3. Number of staff employed at office/centre:
4. Gender of the staff:
5. Are all staff government employees?
6. Number of staff present:
7. Positions:
 - a.
 - b.
 - c.
 - d.
 - e.

Registration

1. Who is conducting the registration process?
2. Are all registration services provided here (i.e. for birth, marriage, divorce, death)? If not why?
3. Is there a list of vital events that are scheduled to be registered today, or is it done on the basis of who turns up?
4. Data recording mechanism in use:
 - a. Electronic
 - b. Paper and pen
 - c. None visibly in use
 - d. Other (please specify)
5. Are the registers up to date? (i.e. all details of most recent registrations included?)
 - a. Yes
 - b. No
 - c. No registers present

About the Service Users

1. How many users are at the office/centre?
2. How many of the total users present are using the registration services?
3. What other services are people visiting the centre for?
4. Who is present at the office/centre?
 - a. Mothers
 - b. Fathers
 - c. Mothers & fathers together
 - d. Other family caregivers
 - e. Other non-family caregivers
 - f. Other (please specify)

Observe One Complete Registration Process

1. Were each of the steps in the process complete?
2. Was all of the necessary documentation presented?
3. Did service users have to pay a fee?
4. How long on average did it take to register?
5. Observed problems (if any) encountered in registering:
 - a. No problem encountered
 - b. Lack of documents
 - c. Incorrect documents
 - d. Lack of understanding of process
 - e. Other, please specify.....
6. Response to problem by provider:
 - a. No problem encountered
 - b. Detailed explanation
 - c. Brief explanation
 - d. No explanation
 - e. Other, please specify.....
7. Tone of the providers response:
 - a. Did not respond/ignored
 - b. Rude
 - c. Neutral
 - d. Pleasant
 - e. Other, please specify...
8. How do service users look following registration?
 - a. Tired
 - b. Frustrated
 - c. Comfortable
 - d. Happy
 - e. Other, please specify...

- | 9. Rate the following: | Good | Adequate | Poor |
|---|------|----------|------|
| g. Space available in centre | | | |
| h. Privacy/confidentiality | | | |
| i. Cleanliness of centre | | | |
| j. Flow of service users | | | |
| k. Communication manner of staff
(e.g. respectful, kind tone, comprehensive) | | | |
| l. Empathy/courtesy of healthcare provider | | | |
| m. Quality of data recorded | | | |
| n. Data storage system | | | |
| o. Adequate chairs/table | | | |
| p. Posters/wall signs, leaflets | | | |
| q. Electricity | | | |
| r. Computer | | | |
| s. Printer | | | |
| t. Carbon paper/forms | | | |
| u. Other, please specify..... | | | |

Other key observations/notes:

Annex 3. Demographics, information sheet and consent form

Demographic information sheet

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

Information sheet: In-Depth Interviews

Background

This study seeks to inform the development of a national strategy to promote civil and vital events registration among refugees and the general population – particularly among those who live in close proximity to refugee camps. The strategy has been commissioned by UNICEF Ethiopia and the project is being led by Common Thread, an organisation specialising in social and behaviour change. The formative research component of this project will be conducted by consultants from Anthrologica. Your contribution to this research can lead to improved registration services in your community, which can contribute to better general services for your community and better health outcomes.

Interview/Focus groups

For this purpose, we would like to talk to you about matters relating to birth, death, marriage and divorce registration. Specifically, we want to discuss;

- Knowledge of registration
- Sources of information on registration
- Effective communication on registration
- Influencers/motivators of registration
- Social, cultural and gender factors influencing registration
- Point of service
- Service improvements

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

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

In regard to collecting information for this study, we would greatly appreciate your help and therefore seek your consent and cooperation. To request a copy of the data held about you please contact: Fasika Hailu fahailu@unicef.org

If you have any questions regarding your interview or this study please contact Workneh Yadete at +91 187 3386, Katie Moore katiemoore@anthrologica.com or Fasika Hailu fahailu@unicef.org

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

Consent form

Formative research to inform the development of a national strategy to promote civil and vital events registration among refugees and the general population

Lead Researchers: Katie Moore and Emelie Yonally-Phillips (Anthrologica)

PARTICIPATION IN THIS RESEARCH STUDY IS VOLUNTARY

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

Please retain a copy of this consent form.

Participant name:

Signature: _____

Date _____

*A*nthrologica

COMMON THREAD

