Practical approaches to leveraging the opportunities

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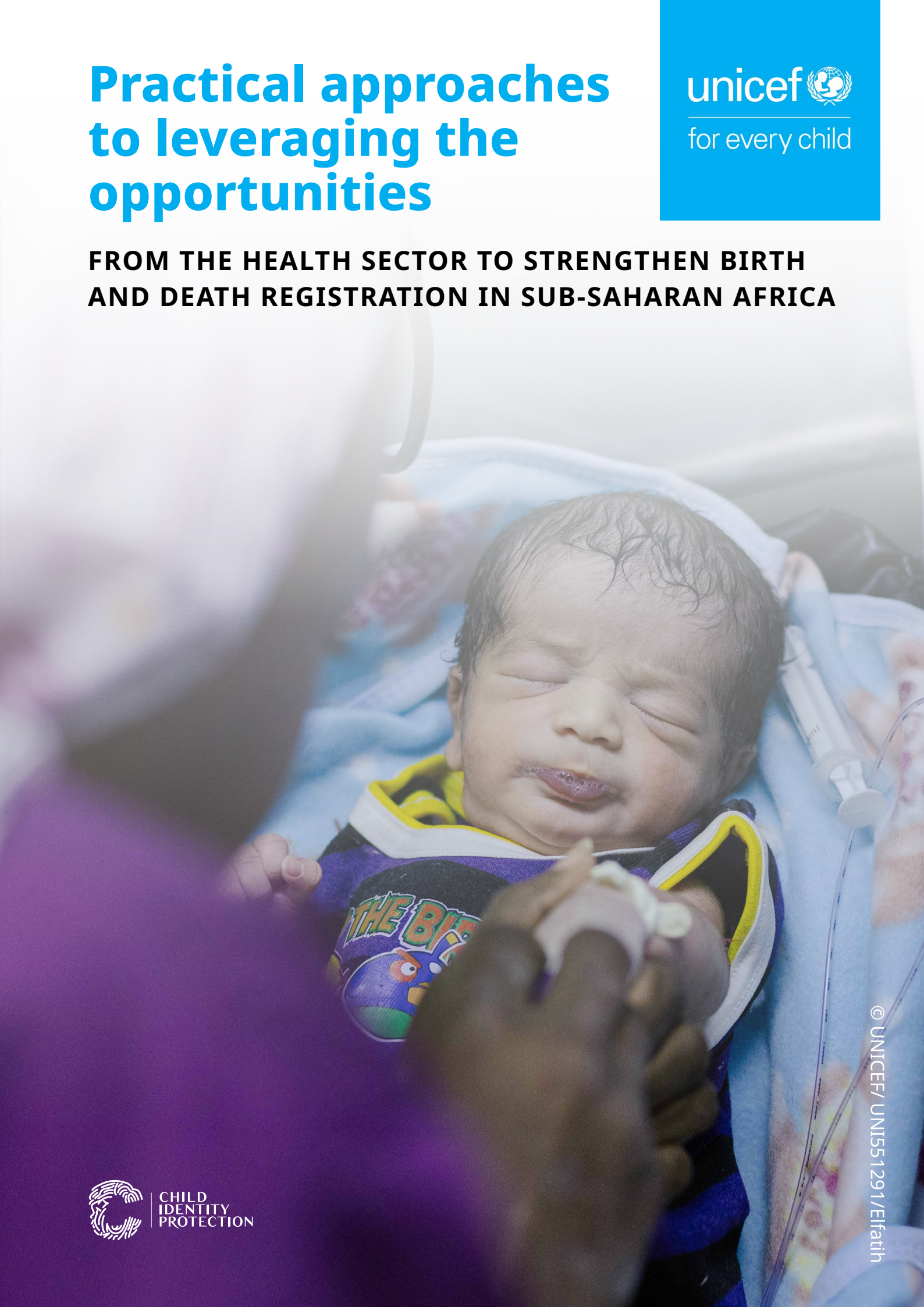
FROM THE HEALTH SECTOR TO STRENGTHEN BIRTH AND DEATH REGISTRATION IN SUB-SAHARAN AFRICA



CHILD IDENTITY PROTECTION

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Acronyms

APAI-CRVS	African Programme on Accelerated Improvement of Civil Registration and Vital Statistics
CHW	Community health worker
CRVS	Civil Registration and Vital Statistics
DHIS2	District Health Information Software 2
Health–CR–NID	Health–civil registration–national identification
ICD	International Classification of Diseases
MCCOD	Medical Certification of Cause of Death
MPDSR/CDSR	Maternal, Perinatal, Child Death Surveillance and Response
MoU	Memorandum/a of Understanding
NID	National identification
NIN	National identification number
SDG(s)	Sustainable Development Goal(s)
SMS	Short message service
TBA	Traditional birth attendant
UIN	Unique Identification Number
UNICEF	United Nations Children's Fund
UNLIA	United Nations Legal Identity Agenda
WHO	World Health Organization

Foreword

Birth and death registration are among the most fundamental public services that governments provide. They establish legal identity, protect rights, facilitate access to essential services, and generate the vital statistics needed for effective planning and decision-making. Yet millions of births and deaths in Sub-Saharan Africa still go unregistered each year, leaving many individuals invisible in law and limiting the availability of reliable data for development.

At the same time, the health sector reaches more people than any other public service. Through antenatal care, deliveries, immunization services, community outreach, and mortality reporting systems, health workers interact with individuals and families at critical moments throughout the life course. These routine contacts offer a unique opportunity to identify, notify, declare, register, and certify births and deaths in a timely manner. Experience from several African countries shows that when health systems and civil registration systems work together, registration coverage improves, services become more accessible, and barriers faced by families are significantly reduced.

The evidence is clear: proactive engagement with the health sector is no longer optional—it is essential. This paper brings together practical experiences, operational pathways, and lessons from across the region to help countries translate policy commitments into action. Its message is simple: the opportunities already exist. By leveraging existing health-sector platforms and ensuring that births and deaths are captured at the earliest possible point of contact, countries can accelerate progress towards universal and timely registration.

The time to act is now. By strengthening partnerships between the health and civil registration sectors, countries can ensure that every birth is counted, every death is recorded, and every person is recognized and protected throughout the life course. This is not only a legal identity imperative—it is a human rights, public health, and development imperative.

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Acknowledgment

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The paper was enriched by conversations from the UNECA working group on CRVS-Health, led by Sam Mills, and benefited from discussions with Cornelius Williams, Henrietta Brobbey Ameyaw, Hosea Mitala, and David Nzeyimana. The paper also received helpful inputs from Rachel Harvey, Nankali Maksud, and Mia Dambach. The English version was translated into French by Laurence Bordier and into Spanish by Christina Baglietto.

Background

'The evidence is clear – establishing an organic relationship, thriving on the respective strengths, and complementing each other is mutually beneficial for both the health sector and CRVS systems.'

Africa as a continent has demonstrated a strong and sustained commitment to achieving universal birth and death registration as a cornerstone of legal identity, good governance, inclusive development and the protection of human rights. This commitment is reflected in multiple continental and global frameworks, including the African Programme on Accelerated Improvement of Civil Registration and Vital Statistics (APAI-CRVS), the United Nations Legal Identity Agenda (UNLIA), the Sustainable Development Goals (particularly SDG Target 16.9 on legal identity for all and SDG 17.19 on Civil Registration and Vital Statistics (CRVS)), and the African Union's Agenda 2063 aspiration for inclusive and people-centered development. Collectively, these frameworks recognize civil registration as a fundamental public service that enables individuals to establish legal identity, access essential services, claim rights and entitlements, and contribute to effective governance and population management.

Over the past decade, many Sub-Saharan African countries have made notable progress in expanding birth registration coverage. Ten countries[1] have attained birth registration coverage of 90 percent or higher for children under five, with Botswana reporting universal birth registration. An additional 13 countries[2] have achieved coverage levels ranging from 74 to 89 percent, reflecting steady progress toward universal registration. These achievements provide important lessons and demonstrate that sustained political commitment, appropriate legal frameworks, adequate institutional arrangements and citizen-centered service delivery approaches can significantly accelerate progress. Proactive engagement with the health sector was a critical factor in the significant progress of countries such as Benin, Burkina Faso, Côte d'Ivoire, Kenya, Sierra Leone, Malawi, Tanzania, and Rwanda.

Current situation

Despite this individual country-specific progress, Sub-Saharan Africa still accounts for six out of 10 unregistered children under five years of age, as well as those under one year of age worldwide.

Table 1: Birth registration in Sub-Saharan Africa[3]

	U5			U1		
	BR(%)	#Unregistered	% Share	BR (%)	#Unregistered	% Share
Sub-Saharan Africa	52	93,329,448	63	46	22,764,678	60
East & Southern Africa	46	51,513,563	35	41	12,220,173	32
West & Central Africa	57	41,815,886	28	52	10,544,505	28
World	77	148,978,816	100	71	38,203,082	100

Table 2: Mother and child health services in Sub-Saharan Africa[4]

	1 + ANC	4 + ANC	Inst Delivery	Skilled Delivery	DTP1
Sub-Saharan Africa	81	59	65	75	81
East & Southern Africa	85	61	68	77	82
West & Central Africa	77	57	63	72	81
World	86	71	79	87	89

Significant disparities persist between and within countries, particularly among rural populations, marginalized communities, nomadic groups, refugees, displaced populations and children living in remote and underserved areas. Death registration remains an even greater challenge, with many countries continuing to record only a fraction of deaths occurring each year, limiting the availability of reliable mortality statistics for public health planning and policy development.

A critical question therefore emerges: could Sub-Saharan Africa have progressed further had countries more systematically leveraged opportunities within the health sector? The evidence suggests that substantial untapped potential exists. While civil registration coverage continues to lag behind, coverage of essential maternal, newborn and child health services remains considerably higher across the continent. Recent estimates indicate that approximately 81 percent of children receive the first dose of DPT vaccination, 81 percent of pregnant women attend at least one antenatal care visit, 65 percent of births occur in health facilities, and 75 percent are attended by skilled birth attendants.

These routine and repeated interactions between individuals and the health system create multiple opportunities to notify, declare, register and certify births and deaths in a timely manner.

A need to accelerate

At the current pace, despite recent advances in some parts of Sub-Saharan Africa, the SDG target remains out of reach. Even with accelerated progress, the promise of universal birth registration could still fall short by 2063.

Chart 1: Percentage of children under age five in sub-Saharan Africa, whose births are registered, observed and projected[5]

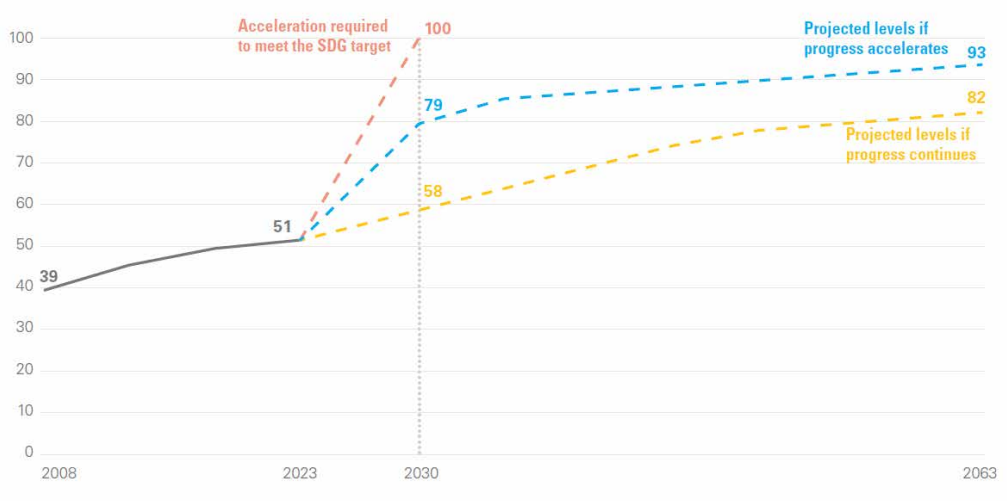
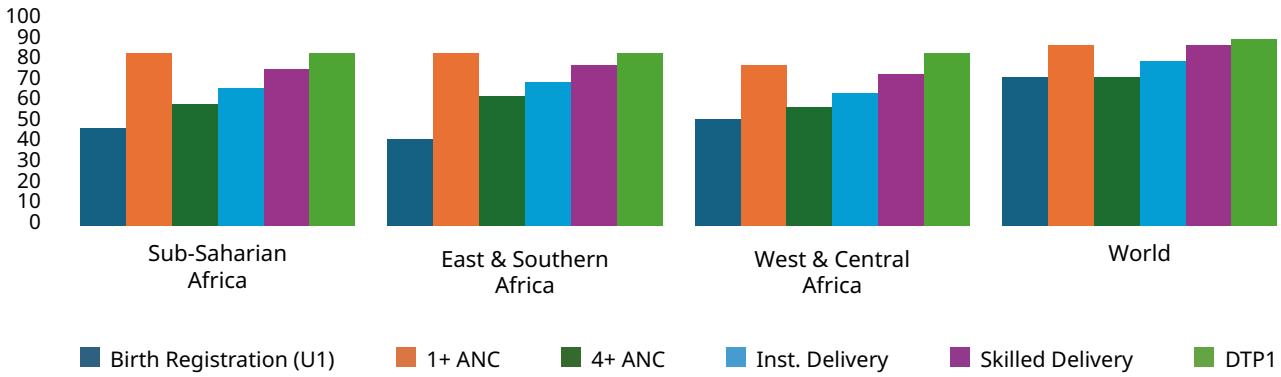


Chart 2: Missed opportunities in Sub-Saharan Africa[6]



Engagement with the health sector is the immediate requirement

Under these circumstances, proactive engagement with the health sector is the best option to improve birth registration by bridging the gap between routine health service uptake and newborn registration. Chart 2 shows these missed opportunities and reemphasizes the necessity of using these routine contact points to identify, notify, declare, and register births.

As countries increasingly pursue integrated approaches to service delivery and digital transformation, the health sector offers one of the most extensive and accessible platforms for expanding civil registration coverage, particularly among underserved populations. Leveraging health-sector touchpoints can help address longstanding barriers related to distance, costs, limited awareness and inadequate access to registration services.

Strengthening the interface between health systems and civil registration systems therefore represents one of the most promising and practical pathways for accelerating progress toward universal birth and death registration across Sub-Saharan Africa.

This paper examines practical approaches for harnessing these opportunities, drawing on emerging experiences and lessons from across the continent to support countries in building stronger, more inclusive and more integrated birth and death registration systems through strategic engagement with the health sector.

Operational framing: From convergence to integrated systems

The relationship between the health sector and civil registration systems can be viewed as a continuum that progresses from service convergence to system integration and ultimately interoperability. Service convergence brings registration and health services together at common points of contact, enabling coordinated service delivery. System integration establishes institutional and operational linkages that facilitate routine collaboration and information sharing between sectors. Interoperability represents a more advanced stage in which systems and institutions can securely exchange and use information to improve service delivery, governance, and population management.

Building on the World Health Organization (WHO)–United Nations Children's Fund (UNICEF) *Guidance on Opportunities from the Health Sector for Improved Programming on Birth and Death Registration*, its subsequent addendum, the UNICEF Child Protection–Health Joint Statement, and the forthcoming revision of the guidance, this paper moves beyond conceptual discussions to focus on practical implementation pathways. It presents field-tested approaches for leveraging health-sector platforms to accelerate birth and death registration and close persistent registration gaps.

The paper is organized around four pillars:

(i) Service integration and convergence;

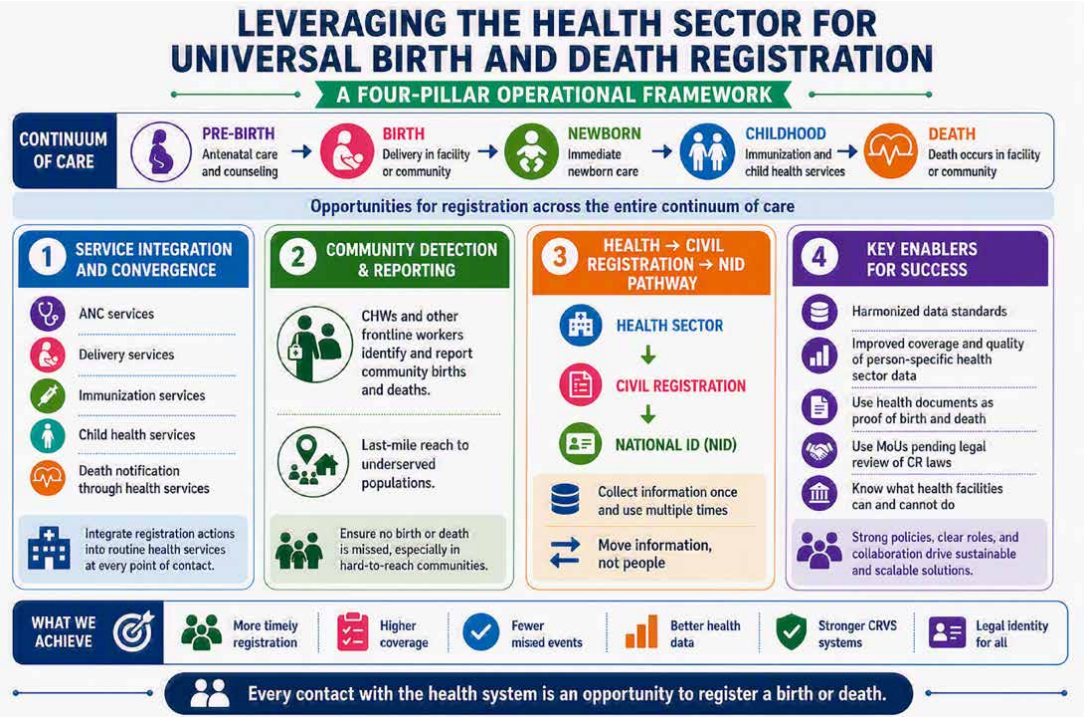
(ii) The proactive role of community health workers and other frontline workers in identifying and reporting community births and deaths;

(iii) The health–civil registration–national identification (Health–CR–NID) pathway as a foundation for system integration and interoperability; and

(iv) Key enablers for success.

It also examines opportunities across the continuum of care—from pre-birth to post-registration—and highlights critical areas where sustained engagement of the health sector is essential.

Chart 3: A four-pillar operational framework



Intended for registrars-general, civil registration managers, health administrators, program implementers, development partners and subnational authorities, the paper seeks to support decision-makers in collaboration between the health and civil registration sectors while expanding access to registration services, particularly for underserved and hard-to-reach populations.

Recognizing the diversity of legal frameworks, institutional arrangements, health systems, and levels of digital maturity across Africa, the paper does not prescribe a single model. Rather, it presents a range of operational pathways that countries can adapt to their specific contexts, capacities, and reform priorities.

1. Pillar 1: Options for service integration and convergence to bridge the registration gap

1.1. Embedding birth registration in maternities and immunization desks and death registration into discharge/mortuary procedures

Among the various service integration options, embedding birth registration services within maternity units is one of the most effective approaches for ensuring that every child is registered at birth.

As demonstrated in Tanzania, this enables a one-stop, one-visit process through which mothers can leave the health facility with their child's birth certificate. Rwanda has adopted a similar model. In both countries, health workers have been formally authorized to perform registration functions through delegated authority, bringing registration services directly to the point of birth.

Extending registration functions to immunization desks offers another practical solution for reaching children who are not registered immediately after birth. This approach is particularly valuable for children born outside health facilities. In several countries, including Tanzania, immunization contacts provide an opportunity to identify and register births that would otherwise be missed, thereby extending registration services to community births and hard-to-reach populations.

For facility deaths, registration can be integrated into discharge/mortuary procedures, with the treating clinician completing a standardized medical certificate of cause of death before a body is released, which becomes both the trigger for death registration and the source of cause-of-death data. The death can be registered by the authorized health staff.

The principal advantage of these approaches is that they simplify the registration and certification process for families by eliminating multiple visits, reducing travel costs and overcoming limited access to registration offices. From a systems perspective, integration also offers a more efficient and sustainable use of resources. Establishing stand-alone registration offices or deploying civil registrars in every health facility is often prohibitively expensive and operationally challenging, particularly in low-resource settings. Empowering existing health personnel to undertake well-defined registration functions can significantly expand service coverage while minimizing additional costs.

However, this model is only feasible where the legal and regulatory framework permits the delegation of registration authority to health personnel. Where such provisions do not exist, countries may need to pursue legal reforms, administrative arrangements, or interim mechanisms to enable health workers to play a more direct role in the registration process.

1.2. Deploying civil registrars in health facilities to provide on-site registration services

Where legislation does not permit the delegation of civil registration functions to health workers, a practical alternative is to deploy civil registration staff within health facilities to provide on-site registration services.

This approach is particularly effective in high-volume settings, such as referral hospitals and large health centers, where a significant number of births and deaths occur. The presence of civil registration officers at health facilities enables families to register vital events at the point of occurrence, eliminating the need to travel to separate registration offices and reducing delays in registration and certification.

However, the effectiveness of this model depends heavily on the continuous availability of civil registration personnel. In practice, registrars are often present only during designated working hours and may visit health facilities on selected days rather than being permanently stationed on-site. Consequently, births and deaths that occur outside working hours, on weekends, or during public holidays may not be registered immediately, creating a risk of missed or delayed registration. Ethiopia's one-stop registration centres established in selected health facilities in Addis Ababa illustrate both the potential and the operational challenges of this approach.

Scalability is another important consideration. In many countries, civil registration authorities face staffing and resource constraints that make it difficult to assign dedicated registrars to every health facility. Expanding this model nationwide can therefore be costly and administratively demanding, particularly in rural and underserved areas. As a result, while on-site deployment of civil registrars can substantially improve access to registration services in high-volume facilities, its sustainability often depends on the availability of adequate human and financial resources and should be assessed alongside other integration models.

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1.3. Co-locating civil registration offices within or near health facilities

Co-locating a civil registration office within a health facility or in its immediate vicinity is another effective approach for bringing registration services closer to families.

This model is commonly adopted in large hospitals and referral facilities with high birth volumes, substantial numbers of children attending for immunization and other child health services, and a significant number of deaths. By placing registration services at or near the point of care, parents/relatives can complete registration and obtain certificates before leaving the facility, reducing delays and minimizing the burden of follow-up visits.

A key advantage of this model is its ability to provide the full range of civil registration services. In addition to registering facility births and deaths, it can accommodate children born at home, home deaths, late and delayed registration cases, and a variety of post-registration services, including corrections and amendments to records, name changes, and the issuance of duplicate certificates. As such, co-located registration offices can serve as comprehensive service hubs for legal identity and civil registration.

However, establishing and maintaining a fully functional registration office with dedicated staff, equipment, connectivity and operating resources can be costly. Scaling this model across all hospitals is therefore often financially and administratively challenging. Like the deployment of civil registrars within health facilities, its effectiveness may also be constrained by limited operating hours, creating a risk that births or deaths occurring at night, on weekends, or during public holidays are not registered immediately. Examples from Kinshasa in the Democratic Republic of the Congo and Cameroon demonstrate both the value of this approach in improving access to registration services and the operational challenges associated with sustaining it at scale.

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Table 3: Three approaches for on-site registration at health facilities

APPROACH	MAIN FEATURES	STRENGTHS	LIMITATIONS	BEST SUITED FOR
1. Embedding birth registration services in maternities and immunization desks and death registration into discharge/mortuary procedures	Health workers are authorized to perform registration functions within maternity wards and immunization clinics, as well as in discharge section and mortuary.	Enables a **one-stop, one-visit** registration and certification process; Mothers can receive birth certificates before leaving the health facility; relatives can get death certificates; Reaches both facility births and, through immunization contacts, children born at home; Reduces travel costs, multiple visits and other accessibility barriers for families; More cost-effective than deploying registrars or establishing registration offices in every facility; Makes use of existing health personnel and infrastructure; Supports timely registration and certification.	Requires legal authority to delegate registration functions to health workers; May require amendments to civil registration laws, regulations or administrative procedures; Additional training, supervision and accountability mechanisms may be needed to ensure data quality and compliance.	Countries where legislation permits delegation of registration powers to health personnel and where rapid nationwide scale-up is desired.
2. Deploying civil registrars in health facilities	Civil registration officers are stationed in health facilities to provide registration services on-site.	Does not require delegation of registration authority to health workers; Enables registration at the point of occurrence; Reduces the need for families to travel to separate registration offices; Particularly effective in large hospitals and high-volume facilities; Maintains direct oversight by civil registration authorities.	Dependent on the physical presence of civil registrars; Births and deaths occurring outside working hours, on weekends, or holidays may be missed or delayed; Staffing requirements can be substantial; Difficult and costly to scale nationwide; Resource-intensive for civil registration authorities, particularly in rural areas.	High-volume hospitals, referral facilities and urban settings where sufficient civil registration personnel are available.

APPROACH	MAIN FEATURES	STRENGTHS	LIMITATIONS	BEST SUITED FOR
3. Co-locating civil registration offices within or near health facilities	A permanent civil registration office is established within or adjacent to a health facility.	Provides a comprehensive range of civil registration services; Serves facility births and deaths, home births and deaths, late and delayed registrations and post-registration services; Can process corrections, amendments, name changes and duplicate certificates; Creates a dedicated service hub for civil registration and legal identity services; Improves convenience for families by bringing services closer to the point of care.	High infrastructure, equipment, staffing, and operational costs; Difficult to establish and sustain in every hospital; Limited operating hours may result in missed opportunities for births and deaths occurring outside office hours; More administratively complex than other integration models; Scalability can be constrained by financial and human resource requirements.	Large referral hospitals and urban facilities with high volumes of births, deaths and demand for broader civil registration services.

Digital integration can eliminate the need for on-site registrars, but the journey is far from complete

Digitalized and integrated health and civil registration systems have the potential to transform how birth and death registration services are delivered. In an interoperable environment, the critical requirement is no longer the physical presence of a registrar, but the timely completion of a birth or death declaration at the point where the event occurs. Once captured electronically, declarations can flow through integrated systems to support registration, certification, verification and data exchange irrespective of the registrar's location. This enables health facilities to become the primary points of event capture while registration functions remain centralized. For institutional births and deaths, electronic declarations completed by health personnel can trigger registration workflows that allow families to obtain the first copy of a birth or death certificate before leaving the facility. Kenya's digital birth registration initiative illustrates this shift towards real-time event capture and seamless information exchange between health and civil registration systems.

As countries move toward integrated digital ecosystems, the need to delegate registration authority to health workers, deploy civil registrars to health facilities, or establish co-located registration offices could be significantly reduced. Registration functions can remain centralized while event declaration is decentralized to health facilities. This approach lowers staffing and infrastructure costs, ensures continuity of services beyond office hours and weekends, improves the timeliness and completeness of registration, and allows information to move securely across institutions rather than requiring citizens to travel between offices. However, realizing this vision will require sustained investments in digital infrastructure, interoperability, legal reform, data protection, connectivity, workforce capacity and change management. While the destination is clear, many countries still have considerable ground to cover before fully digital and integrated registration systems become a reality.

1.4. Empowering health staff to declare births and deaths or facilitate their declaration

In many countries, registering a birth or death requires family members to visit a civil registration office to declare the event. This requirement often contributes to missed deadlines, late and delayed registration, and, in some cases, complete non-registration.

One way to address these challenges is to empower designated health personnel to serve as legal informants and directly declare births and deaths to the civil registrar, thereby removing the burden on families to initiate the registration process.

Under this model, the designated health worker assumes responsibility for completing the declaration form using information available in medical, maternity or death records, supplemented where necessary by information obtained from the family, and submits it to the civil registrar for registration and certification. By eliminating the need for parents or relatives to travel to a registration office to declare the event, this approach addresses major barriers related to accessibility, affordability and convenience.

However, making the health facility responsible for declaring births and deaths requires a corresponding responsibility on the family to provide the required information to the health facility, ensuring complete and accurate details are submitted. Also, granting health personnel legal informant status generally requires explicit legal authorization and may necessitate amendments to civil registration legislation. In some countries, legal or administrative constraints may prevent private or non-governmental health facilities from serving as authorized informants. In such circumstances, a practical alternative is for health workers to facilitate the declaration process by helping families complete the declaration form and then transmitting it to the civil registrar on the family's behalf. Kenya is a prime example of this approach.

This approach is particularly important as a complement to models that rely on deploying civil registrars in health facilities or co-locating registration offices within hospital premises. Even where registrars are stationed on-site, coverage gaps can arise when births or deaths occur outside office hours, on weekends or during public holidays. By ensuring that declarations are completed at the point of care regardless of the registrar's availability, health workers can help prevent missed events and maintain continuity in the registration process. Cameroon has empowered health staff through its recent amendments to the civil registration law.

Table 4: Comparison of health facility-based registration models

Criterion	EMBEDDING REGISTRATION IN MATERNITIES AND IMMUNIZATION DESKS	DEPLOYING CIVIL REGISTRARS	CO-LOCATED REGISTRATION OFFFICES
Cost to Government	Low	Medium–high	High
Scalability	High	Medium	Low–medium
Reaches community births	High (through immunization contacts)	Limited	Moderate
Requires delegation of authority to health staff	Yes	No	No
Risk of missing events outside office hours	Low	High	High
Range of registration services offered	Moderate	Moderate	Comprehensive
Resource efficiency	High	Medium	Low
Suitability for rural areas	High	Limited	Limited

2. Pillar 2: The proactive role of community health workers and other frontline workers in identifying and registering community births and deaths

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Despite significant improvements in facility-based service delivery across Africa, a substantial proportion of vital events continue to occur outside formal health facilities.

An estimated 35 percent of births (nearly 15 million) in Sub-Saharan Africa still take place in the community, while more than three-quarters of deaths occur at home. As a result, identifying, notifying, declaring, and registering these events in a timely manner remains one of the most persistent bottlenecks to achieving universal and timely birth and death registration. Events that are not captured immediately after occurrence are often reported months or years later, triggering provisions for late and delayed registration, increasing costs for families, and, in many cases, resulting in events never being registered at all.

Addressing this challenge requires shifting from a passive model, in which families are expected to report events to registration authorities, to a proactive model in which frontline supply-side actors can perform these tasks. Most Sub-Saharan African countries possess extensive networks of community health workers (CHWs), health extension workers, traditional birth attendants (TBAs), community volunteers, village health teams and other frontline workers who maintain regular contact with households. These cadres routinely support antenatal care, home visits, immunization follow-up, maternal and newborn health services, disease surveillance, and community outreach. Their proximity to communities places them in a unique position to identify births and deaths soon after they occur and to initiate the notification or declaration process before opportunities for registration are lost.

Globally, an estimated two million CHWs operate across UNICEF priority countries, and community-based platforms already serve hundreds of millions of people. UNICEF's *Digital Health Strategy* recognizes a digitally-enabled community health workforce as a critical pillar for reaching populations that formal facility-based systems cannot consistently serve, with a long-term vision of extending quality primary health care to up to 200 million children and family members through strengthened community health systems.

Several Sub-Saharan African countries have already demonstrated the value of this approach. In Ethiopia, health extension workers play an important role in identifying and reporting community births and deaths through their routine household outreach activities. In Rwanda, CHWs support the identification and follow-up of births and deaths occurring outside health facilities. Tanzania's experience with community-based birth notification has shown how Village/Mtaa Executive Officers and frontline workers can help identify children born at home and connect them to registration services through health facilities and immunization platforms. Similar approaches have been adopted in countries such as Liberia, Sierra Leone, Malawi and Zambia, where CHWs contribute to the reporting of births, deaths and other vital events as part of broader community health and surveillance functions.

However, the effectiveness of these cadres varies considerably across countries and depends on several enabling factors. These include clear legal and administrative mandates, standardized notification and referral procedures, availability of reporting tools, supportive supervision, incentives, training, digital connectivity, integration with health information systems and timely feedback mechanisms. In many cases, community workers notify events but receive little information about whether they were subsequently registered, weakening accountability and motivation. Digital tools, mobile applications and Short Message Service (SMS)-based notification systems can significantly strengthen the reporting chain by enabling real-time information transmission and generating alerts for follow-up by registration authorities. SMS-based notifications in Mozambique have immensely helped in the promotion of community events.

Digital platforms can further enhance their contribution by enabling real-time notification or declaration of births and deaths through mobile devices, electronic community health information systems and interoperable CRVS-health platforms. Evidence from digital community health programs in Ethiopia, Uganda and Mozambique shows substantial improvements in data completeness and protocol adherence when community workers are equipped with digital tools and supported by integrated information systems.

Moving ahead, countries may consider moving beyond notification towards empowering selected frontline workers to facilitate or even undertake declarations of births and deaths, where permitted by law. Such an approach would substantially reduce dependence on families traveling to registration offices and ensure that the declaration begins immediately after an event. For births and deaths occurring in remote and underserved communities, CHWs and other frontline workers could become the critical bridge between communities and civil registration authorities, helping to ensure that no birth or death remains invisible. Given their reach, trust and proximity to communities, CHWs and other frontline workers represent one of the most scalable and cost-effective mechanisms for ensuring that no birth or death remains invisible and that civil registration systems effectively serve even the most remote and underserved populations.

3. Pillar 3: The health–civil registration–national identification pathway as a foundation for system integration and interoperability

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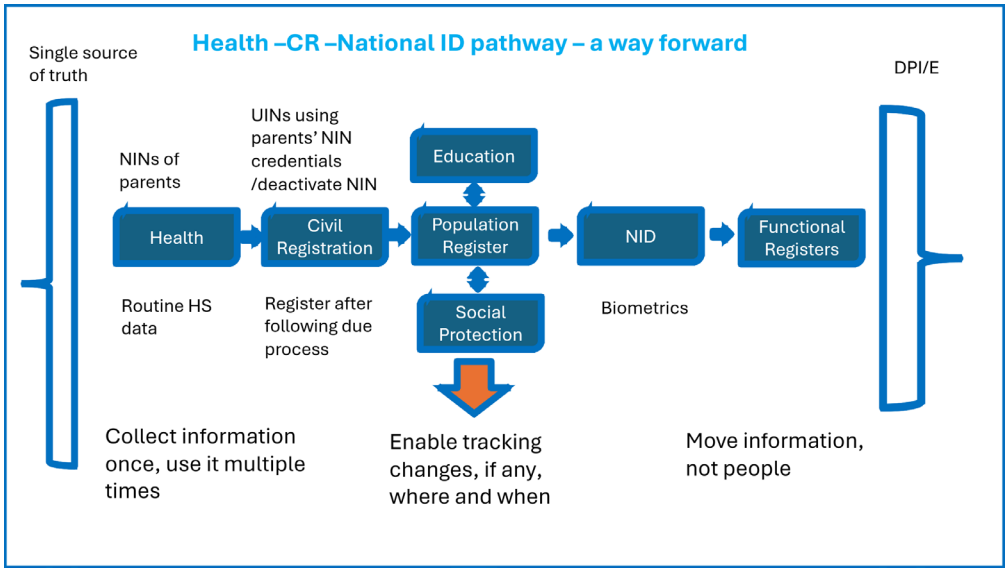
The health–CR–NID pathway represents one of the most powerful and sustainable approaches for achieving end-to-end legal identity management while strengthening service delivery across the life course.

The pathway recognizes the health sector as the natural entry point into the legal identity ecosystem, given its unparalleled reach to pregnant women, newborns, children and families. By capturing vital events and key identity attributes during routine health contacts, the health sector can serve as the single source of truth for initiating identity-related processes and ensuring that no child is left behind.

Under this model, health facilities collect and validate essential information during antenatal care, delivery, postnatal care, immunization, and other routine health encounters. Importantly, parents' National Identification Numbers (NINs) can be captured and verified during pregnancy, rather than after the child's birth. This creates a valuable window of four to five months for parents who do not possess a national identification document to obtain one before delivery, while allowing national identification authorities sufficient time to conduct follow-up where necessary. Such an approach helps prevent the common practice of delaying or denying birth registration because parents lack identity credentials, a barrier that disproportionately affects vulnerable and marginalized families.

Chart 4: Health-CR-NID pathway[7]



Once a birth occurs and the declaration process is completed, the information is transmitted to the civil registration authority for registration in accordance with established legal procedures. At registration, the child is assigned a Unique Identification Number (UIN), ideally generated using one or both parents' identity credentials and linked to the population register. The registered record then becomes the authoritative source for subsequent identity-related transactions. Through interoperable systems, information from civil registration can be securely shared with population registers, national identification systems and functional registries, such as education, social protection, health insurance and social assistance programs. At an appropriate age, biometric enrolment can take place, and a NID can be issued without requiring the re-entry of information already available in government systems.

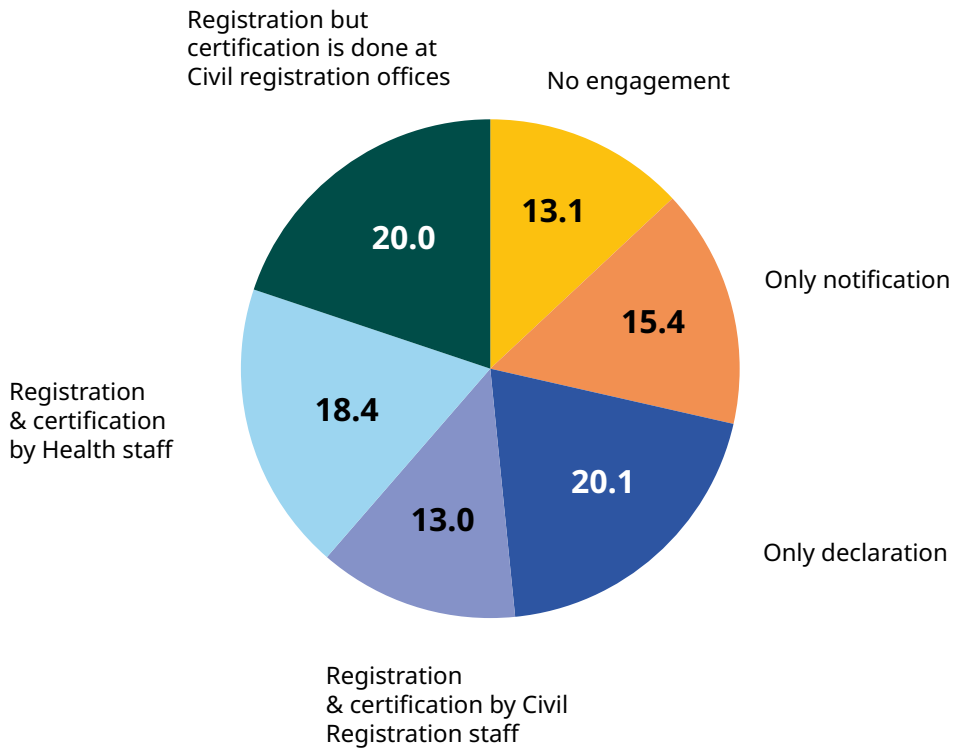
This pathway is built on three core principles:

- First, collect information once and use it multiple times, reducing duplication and improving data quality;
- Second, maintain a clear audit trail, enabling governments to track changes in identity records, determine when and where modifications occurred, and improve accountability.
- Third, move information, not people, so data can flow securely between institutions rather than requiring citizens to repeatedly travel between multiple offices to provide the same information.

The importance of this pathway extends beyond birth registration. By creating an organic link between civil registration and national identification systems from birth, countries can establish lifelong identity continuity while improving the efficiency and accuracy of public administration. Equally important is the role of death registration within this ecosystem. As national identification systems increasingly underpin access to health insurance, social protection benefits, pensions, voter registers, taxation systems and other public services, timely death registration becomes essential for maintaining accurate population registers, preventing fraud, and ensuring that benefits reach the intended beneficiaries. Death registration should therefore be viewed as a critical component of modern identity management and public service delivery.

In the long term, the health–CR–NID pathway provides the operational foundation for broader digital public infrastructure and ecosystem. It creates a seamless flow from health systems to civil registration, population registers, national identification systems and functional registries, enabling governments to build integrated, people-centered services around a trusted legal identity framework. By linking these systems from the outset, countries can accelerate progress toward universal birth registration, improve death registration, strengthen service delivery, and establish a robust foundation for digital governance and inclusive development.

Chart 5: Interoperability between birth registration and health – A snapshot in Sub-Saharan Africa



To assess the extent of integration between the two sectors, UNICEF introduced an outcome indicator in 2021. The indicator captures six mutually-exclusive and exhaustive scenarios – no engagement, only notification, only declaration, registration but certification at civil registries, on-site registration and certification by deploying a civil registrar, and registration and certification under full delegation to health staff. In 2023, data from 45 Sub-Saharan countries covering nearly 136,000 health facilities show that 72 percent of these facilities provide at least one declaration service. The proportion of health facilities with no engagement and only notification is gradually declining. There are 19 countries in which 80 percent or more of health facilities provide declaration, registration and certification services.

4. Pillar 4: Key enablers for success

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Experience across Africa shows that success is not determined by the traditional enabling factors alone, such as legislation, policy frameworks, governance arrangements, financing, digitalization or interoperability platforms.

While these remain important, they alone cannot determine whether health–civil registration integration actually works in practice. Country experience suggests that success often depends on a set of operational enablers that address day-to-day implementation bottlenecks. Six areas deserve particular attention.

First, **harmonized data standards** across the health-CR-NID sectors are fundamental. This remains one of the most significant bottlenecks facing countries seeking to use routine health-sector data for notification, declaration, registration and identity management. Differences in data definitions, formats, coding structures and business processes often prevent information from flowing seamlessly across systems. Without harmonized standards, interoperability cannot be achieved. Countries should therefore prioritize aligning data elements, unique identifiers, terminology, and validation rules to ensure that information collected by the health sector can be confidently reused by civil registration and national identification systems.

Second, countries must improve the **coverage and quality of person-specific health data**. Many health information systems continue to rely heavily on aggregated reporting, which masks data quality problems and limits their usefulness for civil registration and legal identity purposes. To support notification, declaration, and registration processes, countries need more complete and reliable case-level data captured at the point of service delivery. This requires greater decentralization of health information systems, including District Health Information Software 2 (DHIS2) and community health information platforms, as well as stronger efforts to identify and record births and deaths occurring outside health facilities. Without accurate and comprehensive person-level data, the health sector's potential to support civil registration will remain limited.

Third, countries should progressively **move from notification to declaration and registration.** In many settings, notification simply adds another administrative layer between health facilities and civil registration authorities. Where legally feasible, civil registration authorities should empower health facilities to undertake declaration functions or facilitate declarations directly. This not only reduces workload and duplication but also removes an additional step in the registration process, bringing countries closer to a one-stop service delivery model in which registration begins immediately after the occurrence of the event.

Fourth, **health records should be formally recognized as proof of birth and death**. Maternity records, delivery registers, medical records and medical certificates of cause of death are often the most reliable evidence available when a birth or death occurs. Using these records as supporting evidence for registration significantly simplifies procedures for families, reduces the burden of producing additional documentation, and enables more timely registration. Countries that have successfully leveraged the health sector have generally adopted pragmatic approaches that place greater reliance on routinely generated health records.

Fifth, **Memoranda of Understanding (MoUs) can serve as an effective interim mechanism** while legal reforms are being pursued. Amending civil registration laws can take years, whereas operational improvements are often urgently needed. Several countries have successfully used MoUs and administrative agreements between health and civil registration authorities to establish data-sharing arrangements, clarify institutional responsibilities, and pilot integrated service delivery models pending formal legal reform. This approach is also recognized under APAI-CRVS as a practical mechanism for advancing intersectoral collaboration while longer-term legislative changes are underway.

Finally, **countries must establish a clear understanding of what health facilities can and cannot do**. Managing expectations is critical for effective collaboration between the health and civil registration sectors. Health facilities are well positioned to identify events, complete notifications and declarations, facilitate registration, issue supporting documentation, and transmit records to civil registration authorities. However, they should not be expected to perform the full range of civil registration functions. Activities such as amendments and corrections to civil registration records, late and delayed registration adjudication, re-registration, name changes and issuance of additional certificate copies generally remain the responsibility of civil registration authorities. Clearly defining these roles helps avoid confusion, prevents overburdening health workers, and allows each institution to focus on its comparative advantage.

Together, these six enablers help translate policy commitments into operational reality. They provide the practical foundations needed to move from isolated interventions toward integrated health–CR–NID systems that are scalable, sustainable and capable of delivering timely registration and legal identity services for all.

Other areas where the health sector can play a significant role

Beyond notification, declaration, registration and certification, there are several additional opportunities through which the health sector can strengthen civil registration, vital statistics and legal identity systems.

Medical Certification of Cause of Death: Efforts to strengthen death registration provide a valuable opportunity to expand the coverage and quality of Medical Certification of Cause of Death (MCCOD) for institutional deaths. Accurate cause-of-death information is essential for understanding a country's epidemiological profile, informing health policies, and tracking progress in reducing preventable mortality. WHO recommends that all institutional deaths be medically certified in accordance with the International Classification of Diseases (ICD). Countries that have successfully integrated MCCOD into routine hospital workflows have demonstrated that death registration systems can simultaneously improve both registration coverage and cause-of-death statistics. Where digital systems exist, MCCOD processes can be linked directly to death registration systems, enabling the seamless transfer of information on the underlying cause of death and improving the availability of timely mortality data.

Death surveillance, response systems and verbal autopsy: Maternal, Perinatal, Child Death Surveillance and Response (MPDSR/CDSR) systems, as well as verbal autopsy programs, offer significant but often underutilized opportunities to strengthen death registration. These systems are specifically designed to identify deaths, investigate their causes, and engage with families and communities following a death. As a result, they can help identify unregistered deaths, facilitate their reporting to civil registration authorities, and improve the completeness of mortality reporting. In community settings, Verbal autopsy visits provide an additional opportunity to encourage or facilitate death registration while generating information on probable causes of death. In countries with more advanced registration systems, civil registration records can in turn serve as an important source for identifying deaths that require review through surveillance and response mechanisms, creating a mutually reinforcing relationship between the two systems.

Advocacy, communication and community outreach: Health-sector awareness campaigns and service delivery platforms represent another largely untapped opportunity. Efforts to promote registration through antenatal care, delivery services, immunization programs, child health services and community outreach activities have traditionally focused almost exclusively on birth registration. Death registration receives far less attention despite its growing importance for health planning, social protection, national identification systems, pension administration and population management. Integrating messages on the value and practical benefits of death registration into health communication materials, facility-based counseling, and community outreach programs can help increase awareness, generate demand and strengthen reporting of deaths. In countries with a high burden of child mortality, improvements in death registration can also contribute to a more complete understanding of birth outcomes and strengthen the overall performance of CRVS systems.

Country examples

Country	MODEL	ROLE OF HEALTH FACILITIES	REGISTRATION/ CERTIFICATION ARRANGEMENT	KEY FEATURE
Tanzania (mainland)	Delegation of responsibility	Health workers provide registration and certification services through maternity wards and immunization desks in all 26 regions and also for deaths in five regions.	Health staff act as registrars under delegated authority.	Aims to register every newborn within the first six weeks of life; also captures children born at home through immunization contacts.
Rwanda	Delegation of responsibility	Health workers serve as registrars for births and deaths.	Registration undertaken directly by designated health personnel.	Registration services integrated into routine maternity services.
Benin	Delegation of responsibility	Health facilities provide registration services.	Registration functions undertaken through health facilities.	Registration services brought closer to families through health platforms.
Cameroon	Co-location	Civil registration services available within or near health facilities.	Registration and certification provided through co-located civil registration offices.	One-stop access to registration and certification services.
Democratic Republic of the Congo (Kinshasa)	Co-location	Registration services located on health facility premises or nearby.	Registration and certification completed through co-located civil registration offices.	Facilitates immediate access to registration services following birth and death.
Liberia	Extended health-sector registration	Health facilities support registration and certification beyond newborns.	Registration and certification available through health platforms.	Registration services available for children up to 12 years of age.
Mozambique	Deployment	Civil registrars deployed to health facilities.	Registration services provided by on-site civil registration officers.	Registration brought to the point of service delivery without delegating authority.
Ethiopia (Addis Ababa)	Deployment	Civil registrars stationed in selected health facilities.	On-site registration through deployed registrars.	One-stop registration centres established in health facilities.
Kenya	Declaration facilitation	Health facilities facilitate birth and death declaration	Health personnel support completion and transmission of declarations	Registration process begins at the health facility, while registration remains the responsibility of civil registration authorities.

Conclusion

Sub-Saharan Africa no longer faces a knowledge gap on how to leverage the health sector to strengthen birth and death registration. The continent now has a growing body of practical experience demonstrating what works, under what conditions, and at what scale.

Countries such as Tanzania, Rwanda, Benin, Ghana, Ethiopia, Kenya and others have shown that proactive engagement with the health sector can significantly improve registration outcomes through a combination of service integration, community-based identification and reporting, delegated registration functions, declaration facilitation, digital solutions, and stronger links between health, civil registration and national identification systems. The challenge is therefore no longer one of innovation, but of implementation, adaptation, and scale.

For countries that have already made significant progress, the next frontier is clear: move from high coverage to universal and timely registration. For others, the priority is to systematically adapt and scale proven approaches and move to the next level. This paper is an attempt to provide a concise synthesis of the operational pathways, integration models and enabling conditions that countries can draw on, depending on their legal, institutional, and digital contexts. While pathways may differ, the objective remains the same: to ensure that every birth and every death is identified, declared, registered and certified as close as possible to the point and time of occurrence.

A recurring lesson across all country experiences is that every contact with the health system represents an opportunity to identify, trigger, or register a birth or death. Whether through antenatal care, delivery services, immunization platforms, community outreach, hospital admissions, discharge procedures, mortuary services or death surveillance systems, the greatest gains come from getting registration processes started at the first point of contact. This is particularly important for ensuring registration within legally prescribed timeframes and for avoiding late, delayed, or non-registration altogether. While birth registration benefits from multiple opportunities across the continuum of care, death registration often presents a much narrower window of opportunity. If a death is not identified and acted upon immediately, the likelihood of registration declines dramatically. For this reason, timely action at the first point of contact is essential, especially for community deaths. As digital systems mature, the distinction between health systems, civil registration systems, and identity systems will become increasingly blurred, creating opportunities for more efficient government services and stronger legal identity ecosystems.

Ultimately, this is far more than a registration agenda. Birth registration establishes legal identity, protects rights, and enables access to health care, education, social protection and economic opportunities. Death registration provides the evidence needed for public health planning, accountability, population management, and effective service delivery.

Africa has demonstrated extraordinary ambition and innovation in areas such as digital transformation, financial inclusion, mobile technology and public health. There is no reason why universal birth and death registration cannot become another African success story. The tools, evidence, and pathways already exist. The urgency now is to act – leveraging every opportunity offered by the health sector, accelerating integration efforts, and ensuring that Africa does not wait another decade, or until 2063, to make every person visible, recognized and protected under the law. Every birth counts. Every death counts. And every missed opportunity delays the realization of rights, development and inclusive growth for millions of Africans.

End Notes

1 Benin, Botswana, Cabo Verde, Comoros, Congo, Côte d'Ivoire, Djibouti, Gabon, Sao Tome and Principe and Sierra Leone.

2 Burkina Faso, Burundi, Ghana, Kenya, Lesotho, Madagascar, Malawi, Mali, Namibia, Rwanda, Senegal, South Africa and Togo.

3 Computations from: United Nations Children's Fund, *State of the World's Children 2025*.

4 Computations from: United Nations Children's Fund, *State of the World's Children 2025*.

5 For more details, including methodology, see: United Nations Children's Fund, Birth Registration in Sub-Saharan Africa: Current levels and trends, UNICEF, New York, 2025, https://data.unicef.org/resources/birth-registration-in-sub-saharan-africa-current-levels-and-trends/.

6 Estimates from: United Nations Children's Fund, *State of the World's Children 2025*.

7 Bhaskar Mishra's presentation on Rationale of CRVSID Integration, ID4Africa AGM, Abidjan, May 2026.

Annex

Country	BIRTH REGISTRATION VS MNCH SERVICES IN SUB-SAHARAN AFRICA					
	Birth registration U1 (%)	At least one ANC visit (%)	At least four ANC visits (%)	Skilled birth attendant (%)	Institutional delivery (%)	DPT1 (%)
Angola	12	81,6	61,4	49,6	45,6	70
Benin	90	78,1	52,6	80,8	90,6	76
Botswana	-	94,1	73,3	99,8	99,7	98
Burkina Faso	81	98,3	72,1	95,8	94	95
Burundi	73	99,2	49,3	75,2	83,9	89
Cabo Verde	-	98,8	85,6	97,3	97	93
Cameroon	56	88,7	64,6	69	67	82
Central African Republic	41	51,8	41,4	40,3	58,3	52
Chad	22	54,7	31	47,2	27,2	84
Comoros	92	94,6	64,3	97,2	95,1	80
Congo	94	93,5	79	94,4	91,5	82
Côte d'Ivoire	95	95,2	56,3	84,1	80,6	80
Democratic Republic of the Congo	38	82,4	42,9	85,2	81,5	82
Djibouti	91	87,7	22,6	87,4	86,7	82
Equatorial Guinea	-	91,3	66,9	68,3	67,3	75
Eritrea	-	88,5	57,4	34,1	33,7	97
Eswatini	57	98,6	73,5	93,4	92,7	91
Ethiopia	2	73,6	43	49,8	47,5	81
Gabon	94	97,1	77,8	95,2	95,1	62
Gambia	41	97,8	78,5	83,8	83,7	82
Ghana	61	97,8	87,8	87,6	86,2	99
Guinea	57	86	58,3	55,3	52,6	77
Guinea-Bissau	36	97	80,7	53,8	50,4	74
Kenya	74	97,9	66	89,3	88,1	91
Lesotho	73	93,4	81,9	88,8	91,4	86
Liberia	64	97,8	83,8	84,4	79,8	91
Madagascar	69	88,9	59,9	45,8	38,5	70
Malawi	72	96,8	50,5	96,4	96,7	94
Mali	87	69,3	51,3	65,5	80,7	91
Mauritania	36	85	38,5	70,4	70	95
Mauritius	-	-	-	99,7	98,4	97
Mozambique	25	87	48,6	67,5	64,6	90
Namibia	65	96,6	62,5	88,2	87,4	79
Niger	-	84	37,3	43,7	44,6	95
Nigeria	31	62,5	52,4	50,7	43,3	71
Rwanda	78	97,7	47,2	94,2	93,1	99
Sao Tome and Principe	99	98,1	83,6	96,8	95,4	87
Senegal	76	97,3	68,4	93,5	92,3	96
Seychelles	-	-	-	99,8	-	99
Sierra Leone	93	97,9	78,8	86,9	83,4	92
Somalia	3	31,1	24,4	31,9	20,7	78
South Africa	-	93,7	75,5	96,7	95,9	76
South Sudan	34	61,9	31	39,7	11,5	76
Sudan	62	79,1	50,7	77,7	27,7	48
Togo	79	77,9	54,8	69,4	80	95
Uganda	26	98,6	67,8	88,4	86,4	95
United Republic of Tanzania	57	89,7	65,1	85	81,2	87
Zambia	13	98,4	82,1	93,9	93	94
Zimbabwe	30	93,3	71,5	86	85,5	93

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