



Incentives for Improving Birth Registration Coverage: A Review of the Literature

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About ID4D

The World Bank Group's Identification for Development (ID4D) initiative uses global knowledge and expertise across sectors to help countries realize the transformational potential of digital identification systems to achieve the Sustainable Development Goals. It operates across the World Bank Group with global practices and units working on digital development, social protection, health, financial inclusion, governance, gender, legal, among others.

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To find out more about ID4D, visit worldbank.org/id4d.

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Abbreviations

CCT	conditional cash transfer
CRVS	civil registration and vital statistics
ICT	information communications technology
SDG	Sustainable Development Goals
UCT	unconditional cash transfer
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Abstract

This paper describes a framework of supply and demand factors that could affect birth registration coverage rates, particularly in the context of social transfers. Within this framework, a review of the empirical literature (academic and grey) was conducted on incentives that have been demonstrated to increase birth registration coverage. More than 200 articles were reviewed, and 42 (23 academic and 19 grey) were selected for this study based on relevance. The literature encompassed evidence from Asia, Africa, and Latin America on linking birth registration with social transfer programs, such as cash transfers, which have resulted in increased birth registration rates. The methods in the literature on incentives for countries to increase birth registration coverage vary. There is a lack of scholarly research on incentives to address both supply and demand barriers for birth registration and a need for more robust literature on the topic.

1. Background

Civil Registration and Vital Statistics Systems

The *United Nations Principles and Recommendations for a Vital Statistics System* defines civil registration as “the continuous, permanent, compulsory and universal recording of the occurrence and characteristics of vital events pertaining to the population, as provided through decree or regulation in accordance with the legal requirements in each country” (UN 2014). Broadly, vital events cover birth, death, marriage, adoption, and divorce. The mechanisms for registering vital events vary depending on the country context, including the laws, infrastructure, availability of funds, political environment, and composition of systems. Fully functional and universal civil registration and vital statistics (CRVS) systems provide real-time, accurate data and are the preferred source of disaggregated data needed for monitoring, planning, and good governance. Despite the importance of CRVS systems, more than 100 low- and middle-income countries lack functional civil registration systems (World Bank and WHO 2014). Both supply and demand barriers have hindered civil registration systems in some countries, resulting in the creation of parallel systems that have further diverted resources from the scaling up of functional CRVS systems.

Most countries have mechanisms in place for registering births; however, rates of birth registration vary substantially across and within countries. The challenges to increasing birth registration rates and coverage and achieving functional CRVS systems can be categorized into both supply- (enabling environment) and demand-side barriers.

Legal Identity for All, Including Birth Registration

Globally, there are an estimated 650 million unregistered births of children between 0-16 years of age (Gelb and Diofasi Metz 2018). Birth registration and subsequent documentation constitutes proof of place of birth and family ties on which nationality is determined, therefore helping to prevent statelessness.¹

A birth certificate facilitates access to essential services, such as health care, social services, and education. Children who are unable to prove their age are at risk of being forced to marry (UNICEF 2013b). For youth, not having a birth certificate may be an obstacle to finding work in the formal sector or completing education (UNICEF 2013a). Disparities in birth registration coverage rates exist both across and within countries. In the latter case, the disparities are most pronounced between rich and poor households and rural and urban households. Given the compounding of barriers against them, members of the poorest and most marginalized populations are the least likely to have their births registered, which in turn increases their vulnerability to being missed by essential services. Children living in poverty are almost twice as likely to die before age five compared to children from more wealthy households (UNICEF 2017). To determine where to target interventions and assess how programs are reaching or failing to reach those in greatest need, information is needed, such as subnational and disaggregated data (UNICEF 2013b).

¹ Stateless persons are defined under international law as persons who are not considered as nationals by any state under the operation of its law. In other words, they do not possess the nationality of any state.

2. Poverty, Social Cash Transfers, and Birth Registration

“The lack of civil registration and identity documents poses severe challenges in the implementation of targeted interventions (such as direct cash transfers and other targeted subsidies for the poor and vulnerable) making identification of beneficiaries subject to errors of omission and duplication.”

—Bart Edes, Asian Development Bank

Currently, there are an estimated 149 countries with various forms of social protection programs, such as cash transfer programs, school feeding programs, and fee waivers. The World Bank estimates that each year, social safety nets in developing countries lift 69 million people from absolute poverty and 97 million people from relative poverty.² However, many low- and middle-income countries spend relatively small amounts on social transfer programs and have significant coverage gaps (on average only 20 percent of the poor are reached), which results in a limited impact on global poverty reduction (World Bank Group 2017b). Almost all cash transfer schemes require registration of some form, often a birth certificate or other type of legal identity. This requirement can have various intended and unintended consequences on both cash transfer programs and birth registration rates.

Although some families will be more likely to register children’s births when receipt of social services and cash transfers is contingent on registration, this requirement may also act as a barrier to both birth registration and social transfers. If families have been unable to register the births of their children, such a requirement might also bar access to the social services to which they are entitled. Similarly, cash transfer programs linked to formal bank accounts have shown to be effective in increasing the number of “banked” individuals. However, regulatory requirements such as “know your customer” rules that hinder recipients’ participation in the banking system are not a deterrent if social transfer beneficiaries are provided with support to obtain a birth certificate or other legal identification that complies with financial regulatory requirements (Karlan, Ratan, and Zinman 2015).

Literature Review

This literature review focuses on supply- and demand-side factors that can affect birth registration coverage rates. Sources of the literature review include a mix of peer-reviewed articles and grey literature found through multiple electronic databases, including Google Scholar, Research Gate, JSTOR, Base, PubMed, and the Lancet. Publications of CRVS stakeholders, such as the World Bank, Inter-American Development Bank, Asian Development Bank, African Development Bank, United Nations Statistics Division, United Nations Children’s Fund (UNICEF), United Nations High Commissioner for Refugees (UNHCR), World Health Organization (WHO), and Plan International, were also searched. To be included in the review, articles needed to address the period of 2000 to 2017, focus on low- and middle-income countries, and be published in English. More than 200 articles met the criteria and were reviewed for relevance, but 42 were selected as most relevant to the aim of the study. Of those included, there are 23 peer-reviewed articles and 19 works of grey literature describing both supply- and demand-side factors.

² World Bank ASPIRE database - www.worldbank.org/aspire.

Supply-Side Factors

Notable supply-side barriers to birth registration presented in table 1 are legal barriers, systems issues, poor infrastructure, limited capacity, and limited funding. Poor political commitment, inadequate policies, and a historical lack of investment in CRVS systems have resulted in gaps, laborious processes, duplication, and errors. Integrating the different components of CRVS systems is challenging and often requires coordination across many government departments that may have different and sometimes conflicting policies and procedures. Databases and information systems for managing information often vary across sectors, such as health, education, and social protection, and these databases are often not interoperable, leading to fragmented and inefficient processes. Furthermore, a lack of resources for training staff contributes to low birth registration coverage rates or inadequate capturing and processing of birth registration data. Outdated paper-based systems for recording birth registration can be inefficient, time-consuming, and difficult to back up, and they pose the risk of being damaged or lost. Registration forms may be difficult to complete and even require translation, depending on the local languages and languages of non-nationals such as migrants. Some countries have few registration centers or insufficient mobile registration services or lack the infrastructure that would enable the use of information communication technology (ICT) and mobile registration. Discriminatory laws and policies (direct or indirect) that prevent women, ethnic or religious minorities, and non-nationals or children of non-nationals from being registered negatively impact registration rates (UNICEF 2013b).

Table 1. Supply-Side Factors

Legal barriers	<ul style="list-style-type: none"> ▪ Policies, such as registration requirements, that do not reflect cultural practices or religious beliefs conflict with cultural or religious or naming traditions. ▪ Outdated policies may prevent scaling up of innovations or new technologies. ▪ Policies around data and information sharing and security are inadequate. For example, data systems may not be interoperable and may not be up to confidentiality standards. The lack of confidential data sharing through interoperable systems hampers cross-sectoral data sharing, for example using CRVS data for health or social policy planning, negating a crucial benefit of birth registration. ▪ Some registration processes are complicated and time intensive and may have prerequisites. ▪ Policies about registration mandates, such as who can notify or register a birth, can make registration difficult or less accessible. ▪ In some cases, there are no provisions for the registration of foundlings or stillbirths. ▪ Policies that require birth certificates of the parents to register a child prevent the registration of children born to parents who are unregistered, have lost documents, or have died or are absent or unknown. ▪ Policies that require marriage certificates of parents to register a child prevent registration of children born to parents who did not register their marriage. These requirements place an unfair disadvantage on children born to single mothers or mothers who do not know the father/were victims of rape, parents who did not register their traditional marriages, or parents who had polyamorous or illegal marriages (such as child marriages) ▪ Policies that impose a fee or punitive action against delayed or late registration. While these policies were designed to discourage late registration, they impose an unfair barrier on families who must travel long distances, have cultural beliefs that prohibit registration within the allowed time frame, are poor, or were previously unaware of the benefits of or requirements for registration. ▪ Discriminatory policies against minorities may prevent certain populations from registering a child. At least 20 countries have nationality laws that permit denial, loss, or deprivation of nationality on discriminatory grounds.^a ▪ Some policies are discriminatory against women such as those that require a father to be present. About 60 countries maintain nationality laws that discriminate based on sex, and more than 20 countries deny women the equal right to confer their nationality to their own children.
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Systems issues	<ul style="list-style-type: none">▪ Lack of coordination between ministries, limited interoperability of systems, and lack of standardized indicators can result in duplication and errors in the data.▪ Technical challenges around linking birth notifications (from midwives, health workers or facilities, and village chiefs, etc.) to the civil registrar, such as confusion over the process, can prevent or delay registration.▪ In lieu of functioning CRVS systems, parallel systems exist in some countries that divert resources and are not the preferred source of demographic data. Many sectors and international agencies have invested in alternative measures for data collection and analysis, such as household surveys and population censuses, which are timely, costly, and do not produce real-time data.▪ The time gap between a birth notification and the issuance of a birth certificate in some countries can take weeks or months. Parents may need to visit an office several times until the birth certificate is ready for collection.
Poor infrastructure	<ul style="list-style-type: none">▪ Lack of adequate numbers of registration centers or mobile registration services, equipment, and supplies increase the cost of registration.▪ Paper-based methods can be inefficient, time consuming, and difficult to back up, and they pose the risk of being damaged or lost during floods, fire, high humidity, or emergencies. Paper-based methods also complicate the return of the data to the central authority.▪ Highly centralized systems have difficulty functioning at the local level. Local authorities are not given adequate training or tools to effectively register children.▪ Highly decentralized systems can result in a lack of standardization of form or processes between the various registration centers.
Limited human and physical resources	<ul style="list-style-type: none">▪ The scarcity of resources has led to recruitment of few local registrars who are mandated by law to register births.▪ There is a lack of training available for registrars to take up new technologies or systems.▪ Fragmented CRVS systems and donor priorities and insufficient duration of funding has posed challenges in strengthening CRVS systems for some countries.

^a UNHCR 2014.

3. Demand-Side Factors – Social Transfers

The literature surveyed included (i) two cash transfer programs with an explicit birth registration condition, (ii) two unconditional cash transfers (UCTs), and (iii) six social transfer programs with administrative requirements that included identity documents. These are summarized in table 2 below.

The demand-side factors described above are important, but parents make cost-benefit analyses, and many parents may decide against registration because of the lack of an immediate benefit and the belief that it is “not worth the trouble” (ibid). In a rural region of Kenya, approximately 70 percent of parents surveyed did not have a specific reason as to why they had not registered their children (ibid). The remaining 30 percent cited a combination of financial barriers or distance to a registration center or said they did not know (ibid). Parents had a high awareness of the benefits and process of birth registration, and the typical registration barriers were not the driving forces of the lack of registration. Rather, most parents chose not to register their children (ibid). While the elimination of such barriers is important, research has shown that a lack of registration may result from passivity toward registration and/or a negative cost-benefit analysis (Atkinson et al. 2017; Pelowski 2015). Thus, eliminating barriers may not be enough to spur parents to act. Incentives, however, can modify parents’ cost-benefit analyses so that people change their behavior and register the birth of their child.

Social transfers are a relatively new but promising method of stimulating demand for birth registration. Influencing the perceived cost-benefit analyses of birth registration requires overcoming the explicit and implicit costs of registration and the lack of immediate financial return. Many countries have registration fees, although most birth registration initiatives eliminated these explicit costs (Plan International 2014). Some countries mandated initial or late registration fees to incentivize people to ensure that registration occurs within the legal time frame, although the enforcement of such fines has varied (UNICEF 2013; UNSD 2009). Registration fees dissuaded many from registration. Even unofficial payments have prevented parents from registering their children (Atam et al. 2015). The United Nations General Assembly Resolution Human Rights in the Administration of Justice, 2012 thus dissuades registration fees (UNICEF 2013a).

User fees act as a disincentive to the uptake of services. In one study on the use of health services in Sub-Saharan Africa, the authors found that the removal of user fees resulted in an uptake of health services ranging from 17 percent to 80 percent (Ridde and Morestin 2010). Campaigns that abolished registration fees had similar positive effects on uptake of registration services. Tanzania and Ghana significantly extended the period of free registration, and Brazil mandated that registration be free for everyone (Fagnäs and Odame 2013; Hunter and Sugiyama 2017; UNICEF 2015). The removal of registration fees acted simultaneously to eliminate a disincentive and create a positive incentive for registration.

Not surprisingly, monetary benefits following birth registration are an effective incentive. In some places, parents may have felt compelled to register their children because of the cash payment received after registration (UNSD 2009; UNECA 2012). Other countries have cash transfer programs that aim to combat multidimensional poverty and social and economic exclusion (Barrientos et al. 2014). Cash transfers in low- and middle-income countries have improved the uptake of health services and outcomes (Ranganathan and Mylene Lagarde 2012) and school attendance (Robertson et al. 2013), and the addition of birth registration as a program objective or administrative requirement has in some cases shown to improve birth registration coverage. A UNICEF analysis of social transfer programs analyzed more than 70 impact evaluation studies of 45 social transfer programs in 28 countries and found that many programs had

Table 2. Social Cash Transfers as Incentives to Increase Birth Registration

	Program type	Location	Impact
Conditional cash transfers	▪ Cluster-randomized trial	▪ Zimbabwe	▪ Birth registration increased 16.4 percentage points
	▪ Majoni cash transfer scheme	▪ India	▪ Birth registration increased 14.6 percentage points
Unconditional cash transfers	▪ Cluster-randomized trial	▪ Zimbabwe	▪ Birth registration of children aged 0–4 did not significantly increase; birth registration of school-aged children increased 9 percent
	▪ Cash transfer program (“soft” conditions do not include birth registration)	▪ Kenya	▪ Birth certification increased 12 percentage points
Administrative requirements	▪ Conditional cash transfer program	▪ Brazil	▪ Contributed to national birth registration increase of 20 percentage points
	▪ Conditional cash transfer program	▪ Bolivia	▪ Contributed to national birth registration increase of 13 percentage points
	▪ Child grant program	▪ Nepal	▪ Birth registration of beneficiaries 48 percent higher than nonbeneficiaries
	▪ Child grant program	▪ Lesotho	▪ Contributed to national birth registration increase of 37 percentage points
	▪ Child grant program	▪ South Africa	▪ Contributed to national birth registration increase of 63 percentage points
	▪ Noncontributory pension program	▪ Brazil	▪ Contributed to national birth registration increase of 20 percentage points

positive direct effects on child protection outcomes, one of which is birth registration (Barrientos et al. 2014). Successful programs that have stimulated demand for birth registration include conditional and unconditional direct cash transfers, cash grants, and noncontributory pension programs.

The benefits of cash transfers stem from the understanding that additional cash can change behaviors of financially constrained families, while conditions contingent on cash could incentivize people to partake in certain activities and stress the importance of beneficial behaviors (Robertson et al. 2013). Cash transfer programs can have direct, indirect, or implementation effects (Barrientos et al. 2014). A direct effect would be a change in outcomes as a direct result of the benefit of the program (ibid). Alternatively, an improvement in outcomes that results from a change in poverty or societal exclusion because of the cash transfer would be an indirect effect (ibid). Implementation effects would be the impact social transfer programs have on the functioning of public agencies as they operate together to implement these programs (ibid). The direct effects of cash transfer programs are the most relevant for understanding how the programs incentivize birth registration.

Participants in conditional cash transfers (CCTs) must meet certain conditions to receive the cash transfers. Two CCTs, one in Zimbabwe and one in India, mandated birth registration as a condition of the programs, in addition to other child-related conditions. Compared to control groups, rates of birth registration or certification increased between 14 and 17 percent for the children of the beneficiary households of both the CCTs. Those participating in the CCT in Zimbabwe received US\$18 (Z\$6,500) plus US\$4 (Z\$1,500) per child for a maximum of three children every two months (Robertson et al. 2013). The CCT resulted in the registration rate of the beneficiaries of children aged 0–4 increasing 16.4 percent compared to the control group and the registration rate of school-aged children increasing 15 percent (Crea et al. 2015; Robertson et al. 2013). The Indian Majoni scheme, which transferred approximately Rs 5,000 (US\$78) to beneficiary families, successfully improved registration of female children, as registration requests in the area of the CCT increased nearly 15 percent (Baruah et al. 2014). The birth registration condition of CCTs emphasized the benefits of registration, and program officials sometimes aided the registration process (Robertson

et al. 2013). In these cases, CCT programs were strong financial incentives for parents to change their behavior and register their children.

Some cash transfer programs facilitated birth registration even without an explicit behavioral compliance condition. Colombia's cash transfer program, *Familias en Acción*, had local officers from the national registration agency present when new beneficiaries enrolled in the program (Barrientos et al. 2014). When program officials checked on expectant mothers enrolled in the program, they encouraged mothers to register their newborns (ibid). The rate of children with birth certificates was 97.3 percent of participant children compared to the 91.7 percent of nonparticipant children (Centro Nacional de Consultoría 2008). Kenya's Orphan and Vulnerable Children's program is technically a CCT, but the conditions do not include birth registration (Garcia et al. 2012). In addition, the enforcement of the conditions varies, as some households may live in communities that have limited access to the supply-side support needed to meet the conditions (ibid). However, birth registration is an objective of the Orphan and Vulnerable Children's program, and it has shown to increase the rate of children with birth certificates by 11 percent (Hurrell et al. 2008).

The Zimbabwean randomized control trial compared the effectiveness of CCTs and UCTs at increasing birth registration compared to the control group. As previously mentioned, the CCT increased birth registration of children aged 0–4 by 16.4 percent, but the registration rate of the UCT group aged 0–4 increased only 1.5 percent (Robertson et al. 2013). An analysis of school-aged children within the sample, however, found that the registration rate of beneficiaries in the UCT group significantly increased, by 9 percent (Crea et al. 2015). Of the cash transfers that have birth registration as an explicit condition, the Zimbabwean trial was alone in comparing the effects of CCTs and UCTs in the same setting. The study's authors noted the importance of further research to determine if CCTs or UCTs have greater significant effects on improving birth registration rates, in addition to the cost-effectiveness of the two types of transfers (ibid). It is important to note, however, that cash transfer programs that were not contingent upon birth registration often did not act as registration incentives. Rather, the additional money, increased awareness, and registration assistance eliminated registration barriers.

Administrative requirements are the necessary preconditions applicants must meet prior to enrolling in a social welfare program (Lund et al. 2009). Such administrative requirements include proof of income or poverty status and identity documents and birth certificates (ibid). They are often attached to programs that are technically classified as UCT programs, but the mechanism through which they incentivize registration is like that of CCT programs. The initial objectives of most cash transfer programs were not aimed at increasing birth registration, but rather at developing human capital and combatting poverty (Barrientos et al. 2014; Lund et al. 2009; Rabi et al. 2015). However, the requirement of beneficiaries to provide proof of birth registration of household members to enroll in the programs has acted as a catalyst to increasing birth registration in many countries.

Many Brazilians, for example, have obtained birth certificates specifically to meet the identity document administrative requirement of *Bolsa Família*, the largest CCT program in the world, acting as a concrete registration incentive to the poor (Hunter and Sugiyama 2011; Wong and Tura). In 1998, 27.1 percent of births were unregistered in Brazil, but by 2012 unregistered births dropped to 6.7 percent (Instituto Brasileiro de Geografia e Estatística 2012). *Bolsa Família* began in 2003 and by 2014 had supported 50 million Brazilians, approximately one quarter of the population (Brill and Hunter 2014). Bolivia's *Bono Juancito Pinto*, a cash transfer to families with children in public schools, stimulated demand for birth registration, contributing to the increase in Bolivia's nation birth registration rate from 74 percent in 2001 to 87 percent in 2011 (ibid). The birth certificate requirement of Nepal's Child Grant increased birth registration of children in the area the grant supports to 90 percent, while the national birth registration rate of Nepal was 42 percent (Rabi et al. 2015). Further, Lesotho's Child Grants Program increased birth registration by 37 percentage points (Benjamin et al. 2015). South Africa's Child Support Grant is a nationwide cash transfer to households under the government-determined income threshold, and the study's authors cited the grant as a significant contributor to increasing South Africa's birth registration from 21.2 percent in 1992 to 84.1 percent in 2012 (Garenne et al. 2016).

Since public pension programs require documents to prove identity, they too can incentivize the acquisition of birth certificates. A study employed regression models to determine the likelihood of an individual obtaining a birth certificate to prove eligibility for a cash transfer program and the effect the size of the benefit would have on the probability of the individual acquiring an identity document (Brill 2013). The models used sample data from beneficiaries of Brazil's noncontributory pension program, *Benefício de Prestação Continuada*, and administrative data from the applicants of Brazil's cash transfer programs, *Bolsa Família*, because birth certificates are required for all Brazilian identity documents (ibid). While the models could not claim causality between benefit eligibility and acquisition of identity documents, they showed a robust correlation between benefit eligibility and document acquisition. In addition, the results indicated that the larger the benefit size, the greater the probability of an individual obtaining an identity document less than 90 days before registration (ibid). This research was innovative in attempting to understand the decision-making processes of individuals regarding identity documents, but it further emphasized how cash transfers have incentivized birth registration and certification (ibid).

While cash transfers incentivized families to register their children, the conditions and administrative requirements of the programs have the potential to act as barriers and prevent the most vulnerable from accessing valuable social welfare programs. Inadequate access to registration services has hindered potential beneficiaries from registering births and meeting the requirements of many cash transfer programs (Garcia and Moore 2012). In addition, targeting strategies of cash transfers were not as efficient as desired and missed large populations of children with poor outcomes related to the transfer objectives (Robertson et al. 2012). Therefore, those that may need the cash transfer most may never benefit from the programs.

The rise of social assistance programs is associated with increased documentation of low-income citizens through a variety of mechanisms in many countries, as shown in table 3 below (Hunter and Sugiyama 2017). Successful cash transfer programs that have birth registration requirements or conditions will simultaneously strengthen and streamline the birth registration and cash transfer services, as seen in South Africa (Wong et al 2016).

Other Demand-Side Factors

Demand-side barriers for birth registration often overlap and include cultural and behavioral factors, costs, distance to registration office, registration process issues, education, gender, statelessness, migrant or refugee status, and newborns (table 4). Those least likely to have their births registered include internally displaced people, refugees, marginalized and hard-to-reach populations, stateless persons, certain ethnic groups, people living in rural areas, and children whose mothers has a lower educational level (UNICEF 2013b). Arduous, time-consuming procedures and unstandardized systems can lead to confusion regarding what individuals need to do or present to get a birth registered or obtain a birth certificate. Many people are not aware of the importance of birth registration as a right and its implications for access to essential services. Cultural practices, such as not naming children for a specified period after birth, can delay birth registration. Some countries charge fees for birth registration or impose fines for delayed and late registration, which compounds barriers for families who must travel long distances or whose religious or cultural practices for naming a child are not in line with the registration laws (UNICEF 2013a). Table 4 lists the various factors which may reduce demand for birth registration.

Table 3. Birth Registration Fees, Social Assistance Programs, and Changes in Birth Registration Rates

Country	Birth registration fee	Transfer value	Change in birth registration rate
Brazil	None	Bolsa Família: R\$15–R\$95 (US\$5–US\$30) per month. Varies depending on monthly per capita income of households below R\$120. ^a Benefício de Prestação Continuada: One minimum wage, R\$300 (US\$125) ^b	20.4 percentage points increase (72.9 percent in 1998, 93.3 percent in 2012)
Bolivia	None	Bono Juancito Pinto: Bs 200 (US\$28) per year ^c Renta Dignidad: Bs 1,800–2,350 (US\$255–US\$340) per year ^d	13 percentage points increase (74 percent in 2001, 87 percent in 2011)
Colombia	None	Familias en Accion: Col\$15,000– Col\$50,000 (US\$5–US\$17) ^e	5.6 percentage points increase (97.3 percent for participants, 91.7 percent for nonparticipants)
India	Fee of Rs 2 21+ days after birth. ^f	Majoni scheme: Rs 5,000 (US\$78), one-time transfer	14.6 percentage points increase
Kenya	Fee of K Sh 50. ^g	Orphan and Vulnerable Children Program: K Sh 1,500 (US\$15) per month	11 percentage points increase
Lesotho		Child Grants Program: Quarterly payments of M 360 (US\$36) for households with 1–2 children, M 600 (US\$60) for households with 3–4 children, and M 750 (US\$75) for households with 5+ children.	37 percentage points increase
Nepal	Fee of NPR 8 45–70 days after birth. Fee of NPR 50 70+ days after birth.	Child Grants: Officially transfer is NPR 2,400 (US\$23) per child. However, most beneficiaries receive less than or equal to NPR 1,000. Average received was NPR 1,045 per child.	48 percent increase (90 percent rate for beneficiaries, 42 percent for national average)
South Africa	None	Child Grants: R 330 (US\$24) per month. R 3,300 (US\$250) per month for a single caregiver, R 6,600 per month for two parent homes	62.9 percentage points increase (21.1 percent in 1992, 84.1 percent in 2012)
Zimbabwe	Free for children under 6 years of age.	Randomized control trial: Z\$6,500 (US\$18) plus Z\$1,500 (US\$4) per child for a maximum of 3 children every 2 months	16.4 percentage points increase (1.5 percent increase in UCT arm, 16.4 percent increase in the CCT arm)

^a Lindert et al. 2007.

^b Medeiros et al. 2006.

^c McGuire 2013.

^d McGuire 2013.

^e Ayala et al. 2006.

^f Indian Government 1999.

^g Government of Kenya 2017.

Note: Fees are listed at the value and in the currency stated in the relevant literature. Some parenthetical conversions are current estimates of the authors.

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Table 4. Demand Barriers to Birth Registration

Cultural and behavioral	<ul style="list-style-type: none"> ■ Cultural practices, such as waiting a specified period after birth before naming their child, may require more time than the period allotted for free registration, which when combined with potential fees further deters registration. ■ Placing more value on religious ceremonies such as baptism than registration. ■ Lack of proper laws or technology to ensure data privacy and protection increases an individual’s vulnerability to dangers such as identity fraud, leading to a reluctance to share personal information. ■ Lack of trust in government, especially among refugee or formerly persecuted ethnic minorities reduces registration. ■ Fear of or lack of trust in governments, such as in countries where genocide or religious persecution has occurred.
Costs	<ul style="list-style-type: none"> ■ Imposing fees, fines, or punitive action for late or delayed registration acts against achieving universal birth registration. ■ In almost all countries, children from wealthier households are more likely to be registered than their impoverished counterparts, confirming that poverty is associated with low levels of birth registration. ■ Opportunity costs for families who must travel long distances to registration centers further deter registration.
Distance	<ul style="list-style-type: none"> ■ Disparities in registration rates by distance to registration centers are evident; children living in urban areas are 1.5 times more likely to be registered than those in rural areas. ■ Distance to registration facilities is especially a challenge for poor, rural, or geographically isolated populations, both in terms of opportunity (e.g., lost earnings) and travel costs. ■ Migrants with limitations on freedom of movement may be prevented from registering a birth because they can’t access a registration point.
Registration process	<ul style="list-style-type: none"> ■ Arduous, time-consuming procedures and unstandardized systems can lead to confusion regarding what individuals need to do to get a birth registered or obtain a birth certificate. ■ Acquisition of the prerequisite documents, such as the birth notification, or parents’ marriage or birth certificates, contributes to the financial and logistical burden. These requirements can perpetuate under-registration by preventing already vulnerable children from receiving their birth certificates. ■ For delayed or late registration, sometimes additional documents or witnesses must be produced, further complicating the registration process. ■ Registration forms may unavailable in local languages or languages of non-nationals. ■ Lack of awareness of the registration process can inhibit registration.
Vulnerable groups	<ul style="list-style-type: none"> ■ Women are often marginalized, especially if they are not married when trying to register their children. Unmarried mothers may fear shaming and not wish to register their child. ■ In some countries, the father is legally responsible for registering the birth of a child; if a father is absent or the identity of the father is unclear, a mother is unable to register her child. ■ Some countries denote that children are born to unmarried mothers on the birth certificate, which can deter registration out of fear the child will be stigmatized. ■ Many children born to stateless parents are unable to be registered, perpetuating the cycle of nonregistration and statelessness. ■ Some countries refuse to register the children of noncitizens without permanent residence, refugees, and asylum seekers.

4. Incentives for Governments to Increase Birth Registration Coverage

The limited literature has focused on providing parents with demand-side incentives rather than incentives for national or subnational entities on the supply side. Many birth registration initiatives have partnered with the private sector and formed public-private partnerships. Some companies chose to partner with countries to support corporate social responsibility, and at the same time companies were likely to improve their profits as well as benefit from the positive corporate image (GSMA 2013). Public-private partnerships, often with ICT companies, have demonstrated some initial success in increasing registration coverage, such as in-country examples from Ghana, Uganda, and Senegal (ibid).

Incentives based on financial support have encouraged local governments to improve birth registration rate coverage. One way is to use a performance-based payment, which is the provision of financial incentives in return for the achievement of a specific target or outcome (Eldridge and Palmer 2009). Improved accountability, efficiency, quality, and equity of services can result from performance-based payment systems, which has been demonstrated through health services (ibid). Basing local government budgets on birth registration numbers could be an incentive to encourage birth registration, as seen in Peru (Peters and Mawson 2016). Subsidies to local entities are another way to encourage supply-side efforts. Brazil's elimination of registration fees encouraged registration, but it was a decision that met resistance (Hunter and Sugiyama 2017). After eliminating registration fees, the Brazilian government subsidized the income loss from the policy to the *cartórios*, the private offices with public authority that handled the completion and issuance of legal documents. They had protested the removal of registration fees as it resulted in a revenue loss (ibid).

In an example of a failed attempt, Brazil's birth registration campaign introduced financial incentives to hospitals to register births in 2002. A resolution declared the hospital of the National Health Service would receive R\$5 (equivalent to US\$1.72) for each birth registered. The use of these monetary incentives in hospitals was unsuccessful at increasing birth registration rates (ibid). A few years after the government instituted these policies, very few civil registration units in maternity hospitals were functional, with only 10 percent of maternity wards hosting a civil registrar in some states. The failed efforts to incentivize supply of birth registration in the hospitals resulted from the low number of births relative to the high cost of maintaining a civil registration unit in many regions. In addition, few maternity wards had a clear understanding of the birth registration legislation and incentives (Muzzi 2010).

5. Summary

The review of the literature suggests that financial incentives have increased birth registration rates through a variety of mechanisms in Latin America, Africa, and Asia. Such incentives alter parent's cost-benefit analyses to encourage birth registration. The rise of social transfer programs thus creates more opportunities to incentivize birth registration. Through explicit conditions or administrative requirements related to birth registration, cash transfers can overcome traditional barriers and promote birth registration. Many of the cases reviewed saw a rise in birth registration as a downstream effect of a program not related to a CRVS. The implication is that programs with explicit birth registration objectives have the potential to create even stronger effects.

The magnitude of the effect of financial incentives on increasing birth registration rates is significant, contributing to a 10 percent to 20 percent increase in birth registration. Given global registration rates, this increase is not large enough that financial incentives alone can achieve universal birth registration. Governments must simultaneously implement other reforms to increase birth registration, such as decreasing the costs of registration. The governments of Brazil and South Africa, for example, used financial incentives in conjunction with efforts to strengthen CRVS systems and address demand and supply barriers, resulting in their growth in registration numbers.

Birth registration services must be accessible to meet the demand that financial incentives create. There is less written about incentives for governments to increase birth registration. More robust literature is needed to better understand the effects of these supply-focused incentives in various settings.

Linking civil registration with other government systems such as identification, health, and social welfare provides the opportunity to rapidly improve CRVS and supports interoperability across sectors. The literature on using financial incentives through these linkages to improve birth registration is limited but promising. Overall, cash transfers around the world with various benefits, purposes, and requirements have improved birth registration in some capacity. Financial incentives thus continue to be an effective tool to address development challenges, including the global gap in birth registration.

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Appendix A

See below for a list of the sources included within this review.

Table A.1. Annotated Bibliography

Title	Author(s)	Date	Country or region	Methodology	Key results
“Formative Research on Birth Notification in South Sudan: Key Insights and Recommendations”	Joshua Atkinson, Mahalakshmi Iyer, and Gerry Power	2017	South Sudan	Mixed-methods approach with quantitative analysis of survey data and qualitative analysis of in-depth interviews and focus groups.	In South Sudan, birth registration is considered an afterthought and usually occurs when it is convenient for parents to register their children, despite a high awareness of registration. Future efforts should educate people on the importance of birth registration, strengthen the linkage between pregnancy and birth notification, and overcome notification and registration barriers.
“Why Don’t You Register Your Child? A Study of Attitudes and Factors Affecting Birth Registration in Kenya, and Policy Suggestions”	Matthew Pelowski, Richard G. Wamai, Joseph Wangombe, Hellen Nyakundi, Geoffrey O. Oduwo, Benjamin K. Ngugi, and Javier G. Ogembo	2015	Kenya	Quantitative analysis of cross-sectional survey data gathered from a simple random sampling method and qualitative analysis of focus group discussions.	Parents have high awareness and low barriers to birth registration, yet less than half of all children are registered. The lack of registration is a result from deliberate choices parents make following a cost-benefit analysis of birth registration. The solution to this is to reduce costs, increase benefits, and remove the deliberate decision-making of parents regarding birth registration.
“What if... Every Child Was in the Picture?”	Plan International	2014	Global	Case studies of CRVS in various countries.	More than 100 countries do not have adequate CRVS systems. Significant investment, political commitment, and policy reform is required to improve CRVS around the world and promote economic and human development.
“Technical Report on the Status of Civil Registration and Vital Statistics in ESCWA Region”	United Nations, Department of Economic and Social Affairs, Statistics Division, Demographic and Social Statistics Branch	2009	Western Asia	Cross-country overview of CRVS systems and individual country profiles using qualitative and quantitative data.	The CRVS systems of the West Asian countries vary in their frameworks and organization, technical aspects, challenges, and efficacy. Country profiles can identify future opportunities to continue to strengthen civil registration and vital statistics.

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Table A.1. Annotated Bibliography

Title	Author(s)	Date	Country or region	Methodology	Key results
“Every Child’s Birth Right: Inequities and Trends in Birth Registration”	UNICEF	2013	Global	Qualitative and quantitative analysis of birth registration around the world.	Though birth registration rates have increased around the world, millions of children remain unregistered. Programming to increase birth registration should ensure that registration is free, timely, accurate, confidential, universal, and permanent.
“Understanding Whose Births Get Registered: A Cross Sectional Study in Bauchi and Cross River states, Nigeria,”	Atam E. Adi, Tukur Abdu, Amir Khan, Musa Haruna, Rashid, Ubi E. Ebri, Anne Cockcroft, and Neil Andersson	2015	Nigeria	Cross-sectional study using household survey data from stratified random cluster samples.	Birth registration levels were low in the Bauchi and Cross River states in Nigeria because of low access to government health services that disproportionately affect children from disadvantaged households. To increase birth registration, the states plan to promote collaboration between health services and the National Population Commissions.
“A Passport to Protection: A Guide to Birth Registration Programming”	UNICEF	2013	Global	Qualitative and quantitative analysis of birth registration, a descriptive situation analysis, and a guide to programming to improve birth registration.	Birth registration should be a priority of all governments. A situation analysis of a country’s CRVS system can identify areas that need improvement regarding birth registration. Following UNICEF’s guide to programming can help nations around the world increase birth registration rates.
“A Scoping Review of the Literature on the Abolition of User Fees in Health Care Services in Africa”	Valéry Ridde and Florence Morestin	2010	Sub-Saharan Africa	Qualitatively evaluated literature on the abolition of user fees for health care services in Sub-Saharan Africa using a descriptive-analytical method.	Generally, the abolition of user fees has had positive effects on service utilization, but the literature shows that the implementation processes are important for the removal of such fees, and this area still requires more research and understanding.
“Scaling Up Birth Registration in Tanzania, 2015–2019: Proposal to the Department for Foreign Affairs, Trade, and Development - Canada”	UNICEF	2014	Tanzania	Case study of Tanzania and proposal to improve birth registration.	Tanzania’s lack of birth registration results from a costly process, distant registration centers, and low public awareness. The partnership between the Tanzanian government, UNICEF, and private companies has thus far greatly improved birth registration in Tanzania and will likely continue to do so by eliminating registration barriers.

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Table A.1. Annotated Bibliography

Title	Author(s)	Date	Country or region	Methodology	Key results
“Birth Registration and Access to Health Care: An Assessment of Ghana’s Campaign Success”	Sonja Fagernäs and Joyce Odame	2013	Ghana	Case study of Ghana based on survey data and relevant literature.	The 2004–05 birth registration campaign in Ghana successfully increased under-five birth registration. Incorporating birth registration into health activities and mobile registration efforts reduced the indirect costs of birth registration, making birth registration more accessible for poorer Ghanaians. Birth registration should be further linked to the health sector.
“Making the Newest Citizens: Achieving Universal Birth Registration in Contemporary Brazil”	Wendy Hunter and Natasha Borges Sugiyama	2017	Brazil	Mixed-methods research of birth registration in Brazil using field work, archival reviews, and data analysis.	The rise in documentation in Brazil coincided with the rise in social assistance. The government’s efforts to combat poverty led to improvements in birth registration, and various policy reforms ensured that the demand for identity documents was met, making the Brazilian case a strong example for how to increase birth registration.
“Report on Civil Registration and Vital Statistics: Republic of Mauritius”	United Nations Economic Commission for Africa	2012	Mauritius	Case study of the CRVS system of Mauritius.	Mauritius’s government has a well-defined and relatively effective civil registration and vital statistics system.
“Social Transfers and Child Protection in the South”	Armando Barrientos, Jasmina Byrne, Paola Peña, and Juan Miguel Villa	2014	Global	Qualitative study of 79 impact evaluations in 28 countries of 45 medium- and large-scale social transfer programs.	Social transfer programs can influence child protection outcomes through direct effects, indirect effects, and implementation synergies. Social transfer programs can increase birth registration, decrease child labor, and decrease child marriage, although few social transfer programs have explicit child protection objectives. The impact of the social transfer programs on child protection is stronger when the programs have explicit objectives related to human development. Child protection objectives and future programs should be designed in consideration of child protection.

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Table A.1. Annotated Bibliography

Title	Author(s)	Date	Country or region	Methodology	Key results
“Promoting Healthy Behaviors and Improving Health Outcomes in Low and Middle Income Countries: A Review of the Impact of Conditional Cash Transfer Programs”	Meghna Ranganathan and Mylene Lagarde	2011	Global	Literature review of experimental or quasi-experimental designs that studied the impact of a financial incentive conditional upon predetermined health-related behaviors.	CCTs can be effective at encouraging healthy behaviors and use of health services in poorer communities that face more obstacles in accessing health care, but supply-side interventions are necessary to maximize the effect of a CCT.
“Effects of Unconditional and Conditional Cash Transfers on Child Health and Development in Zimbabwe: A Cluster Randomised Trial”	Laura Robertson, Phyllis Mushati, Jeffrey W. Eaton, Lovemore Dumba, Gideon Mavise, Jeremiah Makoni, Christina Schumacher, Tom Crea, Roeland Monasch, Lorraine Sherr, Geoffrey P. Garnett, Constance Nyamukapa, and Simon Gregson	2013	Zimbabwe	Statistical analysis of a matched, cluster-randomized controlled trial with birth registration as a condition for the CCT.	The UCT and CCT significantly increased the proportion of school attendance for children, and the CCT significantly increased birth registration, but the transfers had no effect on vaccination rates. The trial supports the use of social transfer programs to improve outcomes for vulnerable children, but more research is needed to determine if the increased costs from monitoring compliance of conditions is outweighed by the benefits of the transfers.
“Effects of Cash Transfers on Children’s Health and Social Protection in Sub-Saharan Africa: Differences in Outcomes Based on Orphan Status and Household Assets”	Thomas M. Crea, Andrew D. Reynolds, Aakanksha Sinha, Jeffrey W. Eaton, Laura A. Robertson, Phyllis Mushati, et al.	2015	Zimbabwe	Quantitative analysis of a cluster-randomized controlled trial using generalized linear mixed models.	The UCT and CCT arms exhibited direct effects on improving child protection, although orphans are most vulnerable to poor social protection outcomes. Household assets predict greater social protection, but did not moderate the effects of the UCT and CCT.
“Effect of Conditional Cash Transfer Schemes on Registration of the Birth of a Female Child in India”	Jenita Baruah, Anjan Rajkonwar, Shobhana Medhi, and Giriraj Kusre	2013	India	Quantitative analysis of the changes in birth registration applications following the implementation of a cash transfer scheme.	The Majoni cash transfer scheme increased the number of applications for birth certificates of female children nearly 15 percent because of the financial incentive and increased awareness of the scheme.

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Table A.1. Annotated Bibliography

Title	Author(s)	Date	Country or region	Methodology	Key results
“Evaluacion del Programa Familias en Acción para Población Desplazada”	Centro Nacional de Consultoría	2008	Colombia	Analysis of the Familias en Acción program.	Of the children participating in the program, 97.3 percent had birth certificates compared to a certification rate of 91.7 percent of nonparticipants.
“The Cash Dividend: The Rise of Cash Transfer Programs in Sub-Saharan Africa”	Marito Garcia and Charity T. Moore	2012	Sub-Saharan Africa	Comprehensive desk review of 123 cash transfer programs through the analysis of published work and discussions with more than 200 individuals working in the analyzed programs or with the involved organizations. Detailed case studies of various countries’ cash transfer programs.	The rise of cash transfer programs in Sub-Saharan Africa addresses the development problems unique to Sub-Saharan Africa. Many programs have improved food consumption, nonfood consumption, and children’s nutrition and education. Though it is important to note that cash transfer programs have their own challenges and cannot fix all problems or vulnerabilities, overall the programs prove that cash transfers are valuable development tools and their use should continue to grow.
“Household-Based Cash Transfer Targeting Strategies in Zimbabwe: Are We Reaching the Most Vulnerable Children?”	Laura Robertson, Phyllis Mushati, Jeffrey W. Eaton, Lorraine Sherr, Jeremiah C. Makoni, et al.	2012	Zimbabwe	Quantitative analysis using baseline census data for a community randomized controlled trial.	The study measured the efficacy of three methods of targeting cash transfers to vulnerable children: using a wealth index to target the poorest households, using sociodemographic data to target HIV-affected households, and using dependency ratios to target labor-constrained households. The efficacy of the methods varied in ability to target at-risk children depending on the development outcomes, though the wealth index successfully targeted children without birth certificates.
“Conditional Cash Transfers for Improving Uptake of Health Interventions in Low and Middle Income Countries: A Systematic Review”	Mylene Lagarde, Andy Haines, and Natasha Palmer	2007	Global	Literature review of cash transfer programs.	Cash transfer programs can increase the use of preventive health services and improve health.

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Table A.1. Annotated Bibliography

Title	Author(s)	Date	Country or region	Methodology	Key results
“Social Protection to Support Vulnerable Children and Families: The Potential of Cash Transfers to Protection Education, Health and Nutrition”	Michelle Adato and Lucy Bassett	2009	Global	Literature review using more than 300 documents on cash transfer programs around the world.	Cash transfers have positively affected the health, education, and nutrition of children around the world. These programs seem to be of the best strategy to quickly reach and assist poor households.
“Effect of a Cash Transfer Program for Schooling on Prevalence of HIV and Herpes Simplex Type 2 in Malawi: A Cluster Randomised Trial”	Sarah J. Baird, Richard S. Garfein, Craig T. McIntosh, and Berk Ögler	2012	Malawi	Statistical analysis of a cluster-randomized trial.	Cash transfer programs are effective at reducing HIV and HSV-2 infections in adolescent girls in low-income countries. Cash transfers may be a powerful tool to encourage healthy behaviors and improve various outcomes.
“Cash or Condition? Evidence from a Cash Transfer Experiment”	Sarah Baird, Craig McIntosh, and Berk Ögler	2011	Malawi	Statistical analysis of randomized controlled trial, including survey data, test scores, and in-depth interviews.	The CCT arm of the experiment resulted in greater school attendance and scores on English reading comprehension tests than the UCT, although teenage pregnancy and marriage were less common for those in the UCT arm.
“Cash Transfer Program for Orphans and Vulnerable Children. Operational and Impact Evaluation, 2007–2009: Final Report”	Patrick Ward, Alex Hurrell, Aly Visram, Nils Riemenschneider, Luca Pellerano, Clare O’Brien, Ian MacAuslan, and Jack Willis	2010	Kenya	Impact evaluation using a mixed-methods approach based on data from a quantitative household survey, focus groups, and in-depth individual interviews.	The program is well designed and effective at delivering cash transfers to poor households, and it has increased consumption and reduced poverty as well as increased the proportion of children with birth certificates. However, the impact of the program on human development outcomes is less than desired, and the program should continue to be strengthened.
“Is There a Rationale for Conditional Cash Transfers for Children in South Africa?”	Francie Lund, Michael Noble, Helen Barnes, and Gemma Wright	2009	South Africa	Literature review of CCT programs and a case study of South Africa.	Program conditionalities and administrative requirements have the potential to detract from the purpose of the policy, and, in postapartheid South Africa, should have a simple and effective social democratic policy.

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Table A.1. Annotated Bibliography

Title	Author(s)	Date	Country or region	Methodology	Key results
“Strategies and Options for Scaling Up and Enhancing the Child Grant Nationally in Nepal”	Amjad Rabi, Gabriele Koehler, Tomoo Okubo, and Thakur Dhakal	2015	Nepal	Case study using qualitative and quantitative analysis.	Child Grant has been effective at improving social protection, including increasing birth registration. To maximize the benefits of the grant, the government of Nepal should increase the coverage and beneficiaries of the grant and the benefit level of the grant.
“O Sub-Registro de Nascimentos no Brasil”	Laura R. Wong and Cassio M. Tura	2007	Brazil	Case study. Indirect analysis of the effects a Brazilian social transfer program on the rate of birth registration using registration data and ages of Brazilians when receiving birth certificates.	Some Brazilians seemed to acquire birth certificates with the primary purpose of using them to enroll in a social program.
“Documenting Citizenship: Contemporary Efforts Toward Social Inclusion in Brazil”	Wendy Hunter and Natasha Borges Sugiyama	2011	Brazil	Case study of social transfer programs and birth registration in Brazil based on literature, data, and interviews and focus groups.	Brazil’s reform of social policy in the 1990s and 2000s created two significant social transfer programs that served as an incentive for Brazilians to receive birth certificates and other identity documents. The downstream effect of those policies helped development in other areas.
“Estatísticas de Registro Civil”	Instituto Brasileiro de Geografia e Estatística Brasília	2012	Brazil	Quantitative evaluation of civil registration in Brazil.	Birth registration rates in Brazil have increased significantly since the 1990s.
“Documents, Please’: Welfare State Extensions and Advances in Birth Certification in the Developing World”	Robert Brill and Wendy Hunter	2014	Global, Brazil and Bolivia	Qualitative and quantitative analysis of the prioritization of birth registration in developing countries and the effect of welfare programs with case studies on Brazil and Bolivia.	The advances in birth registration are a result of governments creating welfare states that require identity documents. As welfare programs incentivize the procurement of identity documents, governments often also work to decrease the costs of birth registration. Birth registration will continue to improve as countries develop public policies that connect citizens to the states.

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Table A.1. Annotated Bibliography

Title	Author(s)	Date	Country or region	Methodology	Key results
“The Impacts of the Child Grants Program in Lesotho”	Benjamin Davis, Silvio Daidone, Joshua Dewbre, and Katia Covarrubias	2015	Lesotho	Case study and impact evaluation of a program in Lesotho using data from a randomized control trial.	The Child Grants Program has had positive effects on multiple development indicators, including the birth registration rate.
“Completeness of Birth and Death Registration in a Rural Area of South Africa: The Agincourt Health and Demographic Surveillance, 1992–2014”	Michael Garenne, Mark A. Collinson, Chodziwadziwa W. Kabudula, F. Xavier Gómez-Olivé, Kathleen Kahn, and Stephen Tollman	2016	South Africa	Univariate and multivariate statistical analysis of birth and death registration data from 1992–2014.	Birth and death registration data has increased significantly since 1992. Factors that contributed to the increase of birth and death registration include the reorganization of the CRVS system and creation of registration infrastructure as well as financial incentives and public awareness campaigns.
“Noncontributory Pensions, Cash Transfers, and Documentations in Brazil and Latin America”	Robert J. Brill	2013	Latin America	Case studies of noncontributory pensions in Latin America and a survival time regression discontinuity analysis of data of Brazil’s noncontributory pension program.	Noncontributory pension programs have been successful at reducing poverty and inequality. Their requirement of identity documents to enroll in the system can act as an incentive to obtain birth certificates and other documents. The regression analysis could not conclusively determine a causal relationship between the programs and identity document procurement, although the correlations hint that social programs can influence citizens’ behavior.
“Reaching the Hard to Reach: A Case Study of Birth Registration in South Africa”	Joseph Wong, Kimberly Skead, Anthony Marchese, et al.	2016	South Africa	Case study of South Africa.	South Africa’s dramatic increase in birth registration was a result of political commitment, financial incentives, integration with health services, and improving outreach.
“Civil Registration and Vital Statistics: Progress in the Data Revolution for Counting and Accountability”	Carla AbouZahr, Don de Savigny, Lene Mikkelsen, Philip W. Setel, Rafael Lozano, et al.	2015	Global	Literature review of qualitative and quantitative evidence on the functions and importance of a CRVS system and global efforts to improve CRVS systems.	As countries and development organizations seek to improve CRVS systems, partnerships appear to play a key role in promoting collaboration, political commitment, and the sharing of lessons learned around the world. Many regional partnerships and initiatives work to improve CRVS systems.

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Title	Author(s)	Date	Country or region	Methodology	Key results
“Towards Universal Civil Registration and Vital Statistics Systems: The Time is Now”	Carla AbouZahr, Don de Savigny, Lene Mikkelsen, Philip W. Setel, Rafael Lozano, and Alan D. Lopez	2015	Global	Literature review of CRVS systems and their benefits.	A functioning CRVS system is a public good and crucial to improving development outcomes. Global efforts to strengthen CRVS systems have had some success, but further action from development partners and other actors is needed to implement successful CRVS systems around the world.
“Mobile Birth Registration in Sub-Saharan Africa: A Case Study of Orange Senegal and Uganda Telecom Solutions”	GSMA Mobile Identity Team	2013	Senegal and Uganda	Case studies of Senegal and Uganda.	Mobile technology can be a successful tool to address a social problem and increase birth registration.
“Performance-Based Payment: Some Reflections on the Discourse, Evidence and Unanswered Questions”	Cynthia Eldridge and Natasha Palmer	2008	Global	Literature review of performance-based payments.	Performance-based payments are a popular concept, though the definition of the term is undefined. The literature would benefit from more case studies of performance-based payments and clearer definition and measurement of performance-based payments.
“Governance and Policy Coordination: The Case of Birth Registration in Ghana”	B. Guy Peters and Andrew Mawson	2015	Ghana	Case study using a backward mapping methodology, fieldwork, and interviews.	Formal and informal coordination in Ghana regarding birth registration services is inadequate at multiple levels of government. Greater resources and high-level commitment to government coordination can help the country improve its registration rate.
“Governance and Policy Coordination: The Case of Birth Registration in Peru”	B. Guy Peters and Andrew Mawson	2016	Peru	Case study using a backward mapping methodology, fieldwork, and interviews.	Peru has been successful at registering its children because of an effective registration organization and high levels of government coordination. However, the registration organization is highly centralized and should focus on incentivizing local officials.
“UNICEF Good Practices in Integrating Birth Registration into Health Systems (2000–2009): Case Studies: Bangladesh, Brazil, Gambia, and Delhi”	Mariana Muḡgi	2010	Bangladesh, Brazil, Gambia, and Delhi (India)	Case studies using literature and collection of primary data through interviews and electronic communication with involved actors.	Integrating birth registration into health services is an effective way to improve birth registration. These efforts are often part of nationwide campaigns or initiatives and mutually benefit the health sector and the CRVS system.

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