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LAS FINAL
STUDY REPORT

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FINAL REPORT

Assessment of feasibility for the electronic registration of child births in Albania

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Introduction

Birth registration is essential for the child's place in the world. When a child is born, his/her whole future could depend on the piece of paper, called birth certificate. Without it, the child could lose the access to legal, political, social, health, educational and other basic rights before the law. Without it, the child's life is threatened and he/she is more vulnerable to abuse, trafficking and exploitation.

The Article 7, UN Convention on the Rights of the Child is stating: "The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality and, as far as possible, the right to know and be cared by his or her parents."

Executive summary

The purpose of the study is to complete the Child Birth Registration and Reporting system in Albania and contribute to guide the MoH and MoI structures as well as other interested actors towards an effective way of registering children, including their electronic registration and reporting of the birth from health institutions to civil status office.

The analysis focuses on the current functioning of the state structures such as civil registry office services and health institutions (maternity and health centers) that exist in the country as well as for the births happening out of the health institutions.

The report is divided into five sections in addition to the introduction and executive summary. The first section presents the GIS map of whole system of civil offices and the maternities and health centers in Albania; the second section presents the methodology used by the field teams to collect the data and information; the third presents a description of existing technology situation and services; the fourth is a description and analyses of costs for computerizing maternities and health units; the fifth contains annexes with data, diagrams, photos and case studies for the births happened out of the health centers.

The methodology used for this assessment included different types of information gathering and analysis based on several research techniques, quantitative and qualitative ones. Desk review was conducted as well as in depth discussions after each mission to follow step by step fieldwork and the main activities for the data collection process from 37 maternity, 75 health centers and 355 civil registry offices. The information was collected through direct visits in maternities and health centers, interviews, questionnaires, surveys, core team group discussions and geo-tagged images taken directly in the field.

Key results

Results derived from this study and its fieldwork will be useful for all responsible actors who are involved in child birth registration issues and child protection rights, for policy makers, practitioners of national and international agencies, governmental officials and legislators.

At a macro-level of findings, the mapping and analysis undertaken through this study reveals that the existing laws, regulations, structures and services for birth registration process are not achieving fully the intended results.

The coordination mechanism at the central level between MoI and MoH does not include a plan for cooperation and development of an integrated system of birth registration, there do not exist operational agreements between them with a focus on procedural aspects as stated in the Law On Civil Status.

At the local level, the coordination between community leaders, frontline servants such as civil office servants, midwives or nurses and social workers clearly have to be stronger in the process of

identification, registration of births and reporting or refering problems to national level structures for different types of unregistered birth cases.

The qualitative and quantitative data collected from the study are a roadmap for further improvements of the existing birth registration and reporting system used in the health units, which will address this problem in the whole country.

Some of the key findings from the study could be classified in two groups:

1. Key findings regarding the way in which documentation and methodology is used to register and report on mothers and newborn in the targeted health units

- In total 35,012 children were born in Albania during 2012; 34,795 of them were born in 37 maternities and **only 217 children were born in 23 health centers.**
- Based on analysis of the interviews, visits and questionnaires, it resulted that **52 health centers**, part of the health centers in the communes, **did not have birth delivery activity during 2012 and previous years.**

Institution	Number of institutions	Number of births during 2012	Number of computers	Number of computers used by the delivery birth sector
Maternity	37	34 795	13	0
Birth delivery homes	23	217	14	0
Birth delivery homes	52	0	36	0

- In 100 % of cases, the authorized persons in the maternities and health centers assigned with recording and giving mothers written documents for their newborn **record the data manually to fill in the Birth Assistance Certificates.**
- Only 72% of the authorized staff in maternities and health centers are using the updated Birth Assistance Certificate forms issued on December 7, 2011 from the Minister of Health **and 28% of them were still using the old version of the Birth Assistance Certificate.**
- 62% of the respondents among 112 health units have given relevant reasons based on their knowledge on why some births happen outside the health institutions.
- 81.3% of the health units use admission papers for the mothers when they arrive to give birth to a child. 98% of the mothers present an identification card to be registered in the maternity or health centers units.
- 88.4% of health units report the newborn data only to the health structures in the way required by MoH's internal regulations, and **only 11.6 % of them claim to report the births also directly to the civil registry offices every three month.**

Key findings on the use of technology in maternities and health centers:

- A total of 56% out of the 112 health units interviewed have computers. The computers are usually used by the Finance or Administration offices. The staff authorized to provide an Assistance Birth Certificate form, such as doctors, midwives, nurses or head nurses have no access to the computer.
- 80% of the health units interviewed need to be trained on how to use computers and especially special programs such as Excel etc.
- 100% of the respondents use mobile communications.
- 53% of the 112 health units interviewed have access to the Internet in their respective institutions and around 71.4% of health units cover the cost of Internet access through funds allocated from the state budget.
- 86% of maternities have alternative sources to ensure electricity through generators. These data are derived from the study and analyses of the completed questionnaires in the 112 health units.

Discussion

The study has been trying to provide answers the following questions based on the findings outlined above and information gathered during field work:

- How, when and where should births be reported;
- The quality of birth-related documentation as related to the correctness of the registration data actually gathered pursuant to the regulations made by the Ministry of Health;
- The lack of information flow and statistical data reported to civil registration offices and what measures can be taken to prevent the non-registration of births;
- Do all 75 health centres deal with active births?

From the data gathered, it is clear that at the sectorial institutional level, for example within the Ministry of Health, there are clear responsibilities for registration of birth-related information. The same is true at the sectorial level within the Ministry of Interior. However, there are no clear responsibilities for the coordination of activities and reporting among different institutions, for example between the Ministry of Health and the Ministry of Interior. This finding suggests that there is a need for the establishment of an effective coordinating mechanism. As a result, there is no integrated vision or inter-sectorial plan for the establishment of operational agreements for the necessary monitoring of the birth registration system.

Community workers such as nurses, midwives, doctors and community leaders agree on the importance of inter-sectorial cooperation in order to improve the birth registration system.

They confirm that at this time, it is a common occurrence that women give birth outside health centres or related health structures. **Such births are not regularly reported or are reported incorrectly and consequently there is a lack of accurate data in this regard.**

From a legal and political perspective, in the past few years, improvement of the children's registration process has taken place in Albania

However, often, these institutional or structural improvements are not well known, **particularly among staff of health centres or related health structures**. Particularly, maternity unit and health centre staff do not have the necessary information and knowledge relating to legal changes.

They also lack information regarding the needed **flow of data from health structures to civil registration offices**, which would help in preventing at a great extent unregistered births.

From the analysis of data in the context of this feasibility study, we find that part of the Albanian legislation reform process related to the improvement of birth registrations should involve the **upskilling and training of community workers who are directly involved in this process, from staff in maternity units and health centres to community leaders and social workers**.

Another finding of the study regarding births that take place outside health centres **is the important role that social workers can play, particularly where there is lack of appropriate staff (midwives/nurses) in health centres or related health structures**. In these cases, the lack of such staff in health centres could not be considered as an obstacle in birth registrations as such a role can instead be taken over by social workers. **Social workers can take on responsibility for the identification, referral and provision of assistance in gathering the necessary data and evidence for the birth registration process as required pursuant to applicable civil status legislation**.

The interviews conducted and questionnaires completed in the framework of this study provide evidence on the role of authorised representatives of health centres in the completion of Birth Assistance Certificates and issuing such certificates to new mothers. ***In very few health centres (11% out of 112), the health workers who were interviewed declared that they have sent birth reports to civil registration offices.***

It is clear that the vast majority of maternity units and birth delivery homes do not consider reporting of births to civil registration offices as part of their role, **and there is a lack of clarity over what and to whom birth data should be reported**. Also it is clear from the analysis above that reporting process is incomplete and is not used effectively to implement the law. Due to the lack of coordination by central structures, such reporting is not useful, it is just an informal collection of data.

In order to render such reporting process effective, it is necessary that this information is provided to central state structures, civil status offices, which can follow up on the unregistered birth registration cases with the public officials who have the responsibility to fulfill this duty.

It is necessary that such information related to a child birth which is not yet being registered in the civil registration offices, should be provided to central government structures as well as non-governmental bodies that are active in the field of providing support for children and ensuring that procedures for the registration of children in civil registration offices are correctly implemented.

In order that this information reported by Ministry of Health System to be effective, the civil status offices have the opportunity not only to reflect and process data collected in the proper software, but also to report the lack of registration to structures that are active in registering children. On the other side, the civil status offices as well should report back to health structures, including them in **the information exchange scheme** of children's birth registration and reporting system.

Reporting of child registrations would be rendered most effective through cooperation between central bodies **in issuing common regulatory guidance** to ensure that information and data gathered by public officials with legal responsibilities relating to children's registration is processed and shared appropriately with a view to achieving improvements in children's registration.

Conclusion:

In order for an “electronic system of birth registration” to function as an effective solution for birth registrations in Albania, it is necessary:

- to create and implement joint plans and collaboration agreements at an institutional level between the relevant Ministries and other bodies;
- to reduce the time for birth registrations, including registration in the basic register;
- to minimise errors in registration of the mother’s personal data by using identification numbers based on the national register;
- to undertake specific initiatives for the registration of vulnerable or excluded children, such as children who live within the Roma community, abandoned children, etc;
- to specifically coordinate efforts to register children who are born outside health centres.
- The implementation of an “electronic system of birth registration” in Albania will result in an improvement of the living conditions of children and their rights.

Recommendations:

The setting up of an electronic system for the registration and reporting of children’s birth data is an effective way not only for the identification of unregistered births but also in increasing efficiency in the health reporting system including for example production of periodic reports for monitoring the child health .

The need to promote the use of information technology as a means for consolidating the registration and reporting of births in real time should be emphasised and should be added to the responsibilities of health system workers. This responsibility will require that data gathered at the local level in maternity units and home delivery centres be transferred to health and civil registration structures at national level and vice versa. A clear identification of roles, responsibilities and reporting lines of all frontline workers involved in the process of registration and reporting will need to take place.

Training of specialists in the health system such as nurses, midwives, specialised doctors, workers in statistics units and other staff dealing with registration of birth data should be considered a priority and should be supported with materials such as posters, leaflets and guidance materials.

It is also necessary to take steps to upgrade the skills of community leaders and improve their knowledge and their relationships with civil registration offices, social workers, staff of the health system (nurses, midwives, doctors) and other non-governmental or community bodies in order to improve birth registrations and refer the more vulnerable mothers to the right places to seek assistance when needed. Such trainings will also help in sharing experiences gathered to date and in sharing best practice, innovative solutions and improving inter-regional cooperation.

One of our recommendations is better administration of data from different sources (not just from health institutions). In particular, in areas where health workers are not present during the birth of children, the social care services should play their role and should be an interested and competent party in providing assistance and facilitating birth reporting. In addition, the job description and responsibilities of social worker is being revised under the Social Care Service Reform of MOLSA. This could present a good opportunity to inform and follow cases of children who are not registered

pursuant to applicable civil status legislation.

As a conclusion of this feasibility study, we recommend two plans of action for the Albanian Government, specifically the Ministry of Health and the Ministry of Interior in connection with the creation and implementation of an electronic system for the registration and reporting of birth data:

Plan of action 1:The first plan of action assumes the implementation of an electronic/online system in the 37 maternity units. The 23¹birth units would then be connected with the existing computer system in the civil registration offices. We estimate that the cost of this plan of action is 253,673 Euro.

Plan of action 2:The second plan of action assumes the implementation of an electronic/online system in only the 37 maternity units. Electronic registration in the 23 birth centres could then be facilitated through smart mobile phones and mobile Internet. We estimate that the cost of this plan of action is 179,061 Euro.

¹Costs are calculated based on 23 birth centres out of 75 health centres. Our recommendation based on this feasibility study is that the electronic registration system is not extended to the remaining 52 health centres which do not deal with births.

Part I: Map of Civil Offices, Maternities and Birth Delivery Homes in Albania

This map is published in Google earth format on www.sidalbania.org



Maternity



Birth delivery home



Municipality



Civil Office

Part II: Maternity Houses and Birth Delivery Homes Assessment on actual situation and on demand for realization of the electronic birth registration

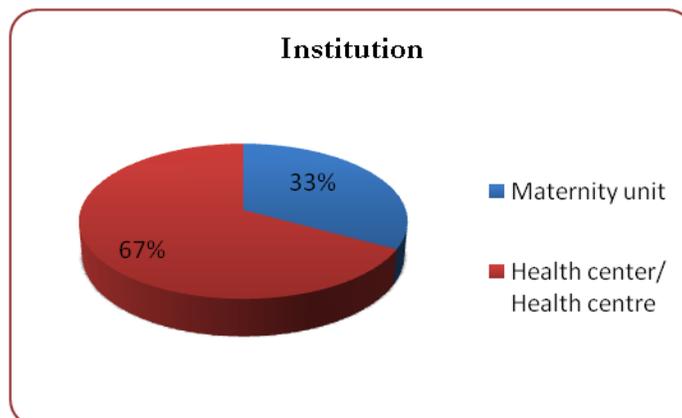
In the context of this study, TLAS working groups have collected information from a variety of public sources, but an important part of this information has been collected directly on the ground. The subjects of the study were medical personnel in 37 maternity units and 75 Birth Delivery Homes / Birth Delivery Homes ² across 60 comunes and 51 municipalities, and reaching the country’s 12 regions.

The questionnaires prepared for thus this project were discussed initially in the training session organised for this purpose. Feedback provided by the participants in such training session helped in structuring a more complete and precise set of questions for the first questionnaire which is annexed No 3 to this report. The interviews and visits in the maternity units and Birth Delivery Homes were carried out over a 3-week period and during such visits, the field workers interacted directly with the respondents in the study and assessed the needs of these institutions in the context of use of an electronic registration systems and the associated reporting to the relevant bodies.

From the collection of data and assessment of the questionnaires, we conclude that the percentage of participating institutions is as follows:

Diagram 1

Maternity	37
Birth delivery homes	75
Total	112



The distribution according to the municipalities and comunes where the study was focused is shown in table 1.

Table 1

Local authority	Institution		Total
	Maternity unit	Birth Delivery Homes	
Municipalities	37	15	52
Comunes	0	60	60
Total	37	75	112

The questionnaire’ interviewees are holding different positions in the maternity units and Birth Delivery Homes as is shown in Diagram 2.

² The birth delivery homes usually are set within the health centres.

Diagram2 is showing the percentage of respondents according to their job position/title.

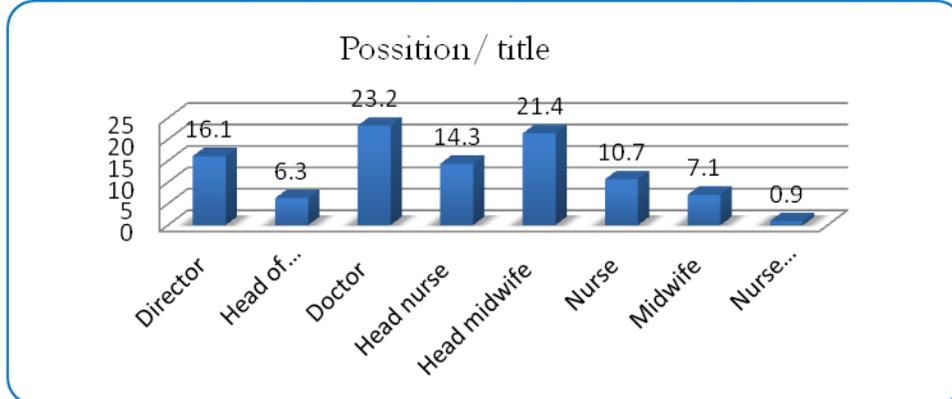


Diagram 3: shows whether the institution in question has access to computers or not:

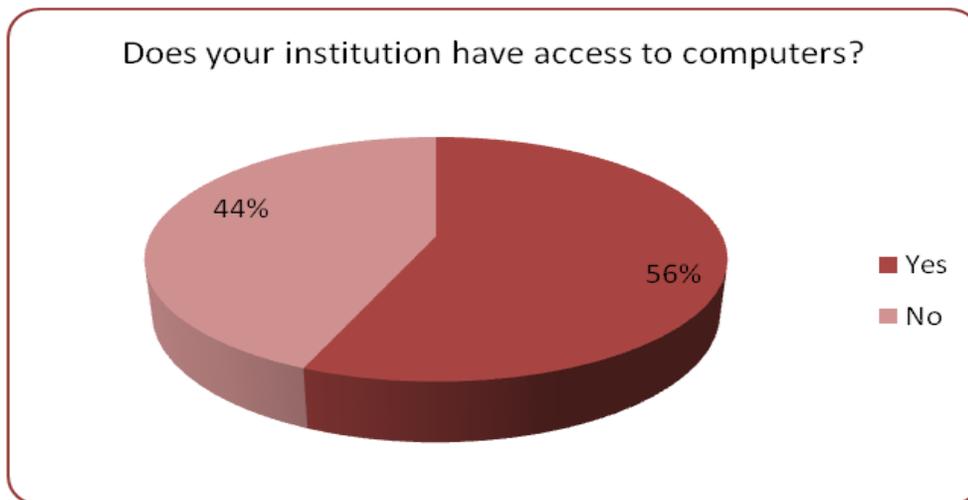


Table 2 shows the types of computers that the institutions mentioned above had access to, at the time when they responded to the questionnaire:

Type of computer	Quantity	Type of computer	Quantity
ACER	1	HP	7
Assembled computer	2	Laptop	1
ASUS	1	Lenovo	3
Brend IBM	1	LG	1
DELL	5	Different types	4
Fujitsu	5	Panasonic	1
Fujitsu Siemens	18	Samsung	2
HKC	1	Siemens	13
Total	34		32

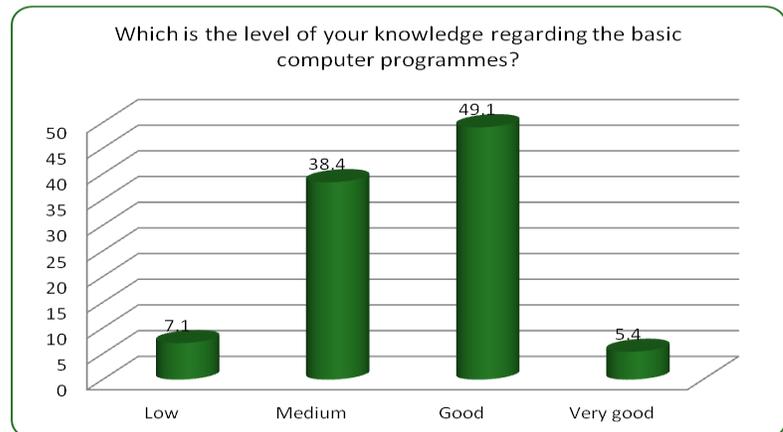
In response to the question on the level of proficiency relating to basic computer programmes, almost half of the interviewees (49.1%) noted that their proficiency level is good, 38.4% of the interviewees noted that their proficiency level is medium and the remain noted that their proficiency level is low or very good, respectively 7.1% (low) and 5.4% (very good) (see Table 3 below).

Table 3

Proficiency level of basic computer programmes	Number	Percentage
Low	8	7.1 %
Medium	43	38.4 %
Good	55	49.1 %
Very good	6	5.4 %
Total	112	100.0

Diagram 4

Low	7.1 %
medium	38.4 %
Good	49.1 %
Very Good	5.4 %
Total	100 %



In response to the question as to the level of proficiency in connection with specific computer programmes such as Excel, 36.6% of the interviewees noted that they have a good level of proficiency, 33.9% noted that they have a medium level of proficiency, 19.6% noted that they have a low level of proficiency and 5.4% noted that they have a very low level of proficiency meaning that they do not know how to, or cannot, use the Excel programme (see Diagram 5).

Diagram 5

Low	7.1 %
medium	38.4 %
Good	49.1 %
Very Good	5.4 %
Total	100 %

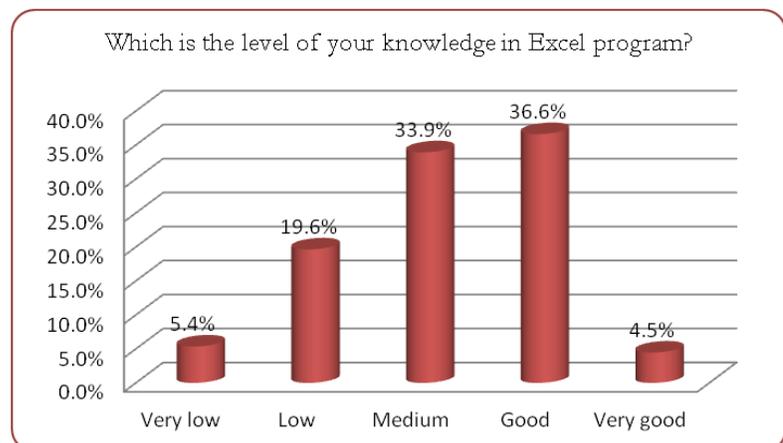
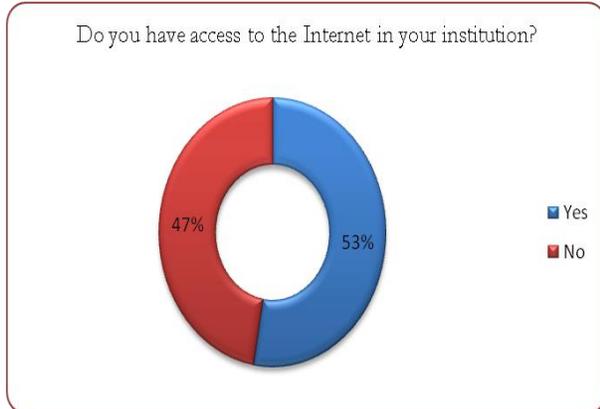


Diagram 6 and 7 below shows whether the interviewees have access to the Internet in their respective institutions and the **Percentage distributed by Internet service provider** shows, who have access to the Internet, who the Internet service provider is. In relation to 74.6% of the interviewees is Altelekom and USB or other service providers in relation to other interviewees:

6



7

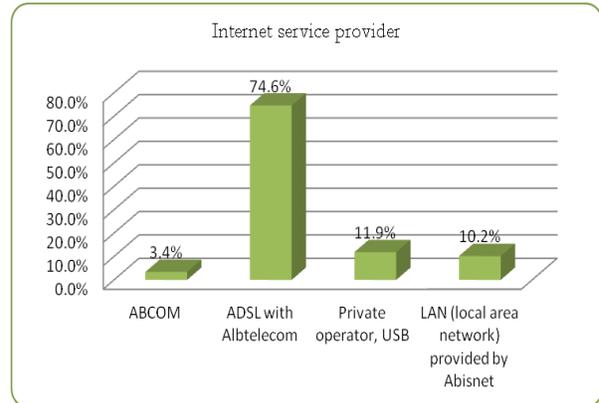


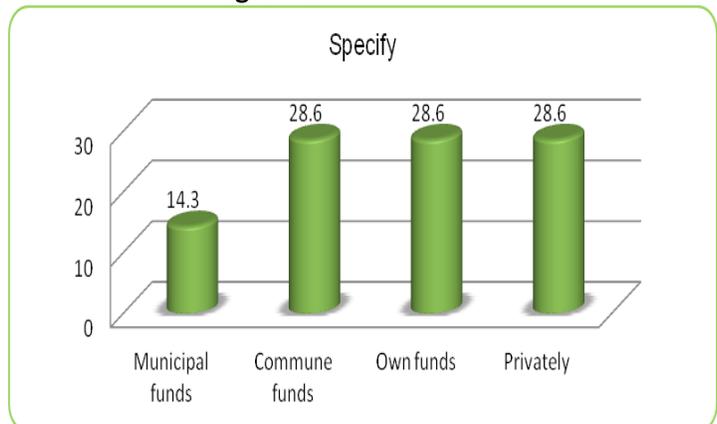
Table 4 shows the responses to the question relating to the financial source covering the costs of Internet service provision:

Responses shown by type of institution:

Institution	Who cover the costs of Internet service		
	state budget/ public funds	Other sources	Total
Maternity unit	20	0	20
Birth Delivery Homes	22	17	39
Total	42	17	59

Diagram 8

Source of funds	%
Commune	28.6 %
Municipality	14.3 %
Own funds	28.6 %
Privately	28.6 %



Conclusion: Around 71.5% of maternity units and Birth Delivery Homes that have access to the Internet, cover the costs of Internet access through funds derived from the state budget.

Table 5 shows the responses to the question relating to the continued availability of electricity/Power during 2012 and the institution alternative Power use of sources (e.g. generators).

Table 5:

Frequency of power outages during 2012	Min	Max	Alternative Power sources	Quantity
Hours/day	0	3	Generator	39
Hours/week	0	18	Batteries	2
Hours/month	0	108	No other sources available	71
		108/ hours		112

Table 6: Responses shown by type of institution:

Institution	Do you have use of alternative power sources during a power outage?			
	Generator	Batteries	No other power sources available	Total
Maternity unit	32	0	5	37
Birth Delivery Homes	7	2	66	75
Total	39	2	71	112

Diagram 9:

Institution	Alternative sources	No/alternative sources
Maternities	32	5
Birth delivery	9	66
Total	41	71

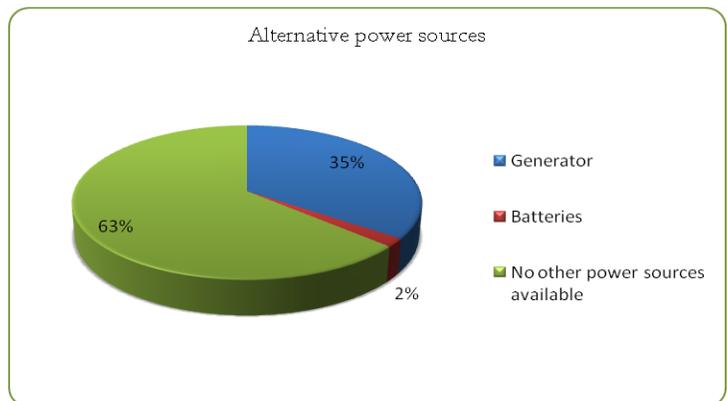
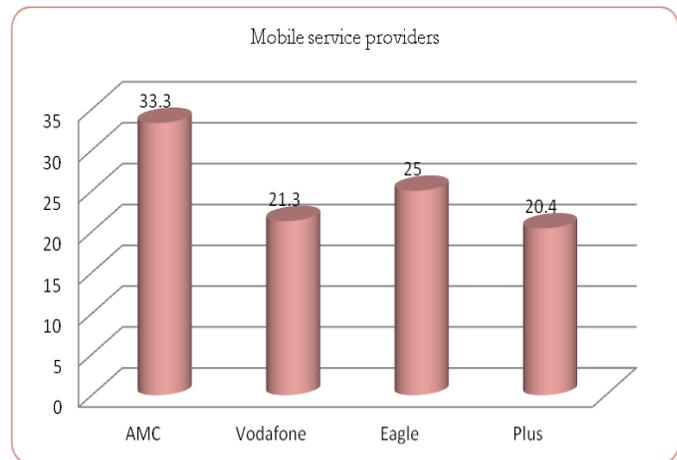


Diagram 10: shows the responses to the question relating to use of mobile communications.

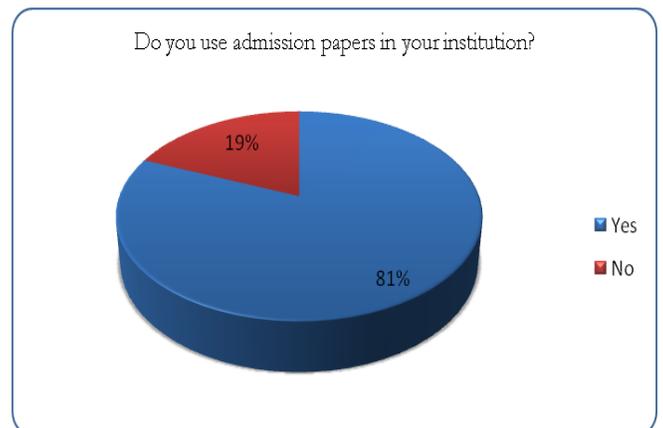
Mobile service providers	%
AMC	28.6 %
Vodafone	14.3 %
Eagle	28.6 %
Plus	28.6 %



The use of mobile phones seems to be frequented by all the respondents, which are familiar with this technology and find the mobile phones very practical for the communication and their services.

Diagram 11 shows responses to the question as to whether admission papers are used in the relevant institution and 81.3% of respondents said yes.

Use of the admission papers	Yes	No
Maternity unit	37	0
Birth Delivery Homes	54	21
Total	91	21



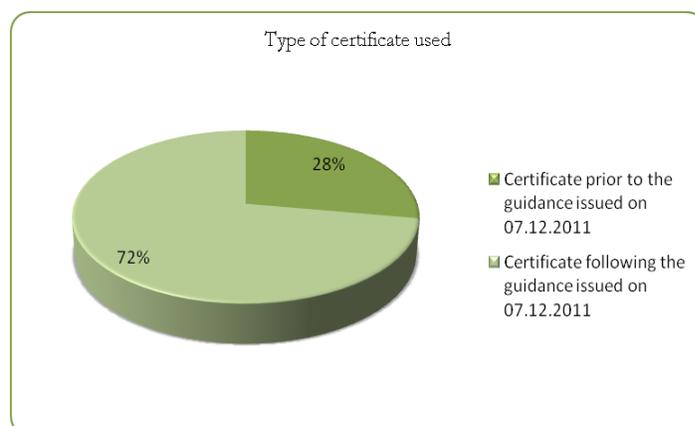
21 Birth Delivery Homes noted that they do not use admission papers. These are the municipalities of Mamurras, Klos, Fushe Kruje, Rubik, Vau i Dejes and Divjake; and the comunes of Gjegjan, Gjinar, Brakaj, Kote, Rogozhine, Golem, Luz i vogel, Kryevidh, Lekaj, Trush, Dalc, Fratar, Selite Libofsh and Mollas.

Table 8 shows the types of certificates completed by the health institutions, “ Birth Assistance Certificate” break-down by institution

	Certificate prior 07.12.2011	Certificate issued on 07.12.2011	Total
Maternity unit	6	31	37
Birth Delivery Homes	25	50	75
Total	31	81	112

Diagram 12

Type of birth certificate used	Yes	No
Maternity unit	37	0
Birth Delivery Homes	54	21
Total	91	21



A more detailed table showing the maternities using the Birth Assistance Certificate issued prior 07.12.2011:

No.	Institution	No.	Institution
1	Maternity Vlore	17	Birth Delivery Homes Orosh
2	Maternity Kolpik	18	Birth Delivery Homes Ostren
3	Maternity Bilisht	19	Birth Delivery Homes Brakaj
4	Maternity Erseke	20	Birth Delivery Homes Rrogzhone
5	Maternity Delvine	21	Birth Delivery Homes Kryevindh
6	Maternity Kruje	22	Birth Delivery Homes Bushat
7	Birth Delivery Homes Libohove	23	Birth Delivery Homes Vau I dejes
8	Birth Delivery Homes Tamare	24	Birth Delivery Homes Fratar
9	Birth Delivery Homes Mamurras	25	Birth Delivery Homes Selite
10	Birth Delivery Homes Iballe	26	Birth Delivery Homes Cakran
11	Birth Delivery Homes Qelez	27	Birth Delivery Homes Strum
12	Birth Delivery Homes Gjinar	28	Birth Delivery Homes Mollas
13	Birth Delivery Homes Fushe Kruje	29	Birth Delivery Homes Vithkuq
14	Birth Delivery Homes Piskove	30	Birth Delivery Homes Maqellare
15	Birth Delivery Homes Ballaban	31	Birth Delivery Homes Fierze
16	Birth Delivery Homes Carshove		

Conclusion: The unification of the use of the new certificates based on the guidance issued by the Minister of Health on 7 December 2011 remains an issue across institutions and it should be specifically addressed through training of relevant health personnel who deal with the completion of this very

important document, whether manually or through electronic means. The details that are recorded in such certificate are extremely important and impact directly on the identification of the child and on the rights that each child is entitled to under the Convention on the Rights of the Child and the Constitution of the Republic of Albania.

Table 10 shows the method for completion of the details in the Birth Assistance Certificate which the mother receives upon giving birth in such institutions:

Institution	Method for completion of the certificate of "Birth Assistance Certificate"		
	Manual	Computer	Total
Maternity unit	37	0	37
Birth Delivery Homes	75	0	75
Total	112	0	112

Diagram 13 shows responses to the question relating to what method of identification is provided by mothers who give birth in the Maternity Units or Birth Delivery Homes:

Institution	Identity card
Identity card	98 %
Certificate	2 %
Total	100 %

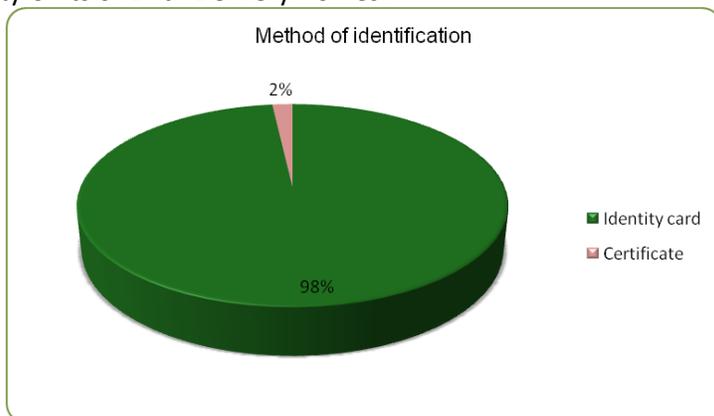


Table 11 shows responses to the question relating to the method of reporting in relation to births in the maternity units and Birth Delivery Homes:

Where is reported the birth	Maternity	Birth Delivery Homes	Total
To the statistics office of the maternity unit/ Birth Delivery Homes	10	8	18
To the statistics office and following that, to the registry office	9	4	13
To the statistics office and following that, to the Public Health Directorate and Ministry Of Health	17	34	51
There are no births	0	11	11
No answer provided	1	18	19
Total	37	75	112

Showing the information according institution:

Institution where the relevant data is reported	Number	Percentage
Ministry of Health	110	100
Registry Office	13	11.6
Public Health Directorate	110	100
Other	2	1.8
Total	112	100.0

Conclusion:

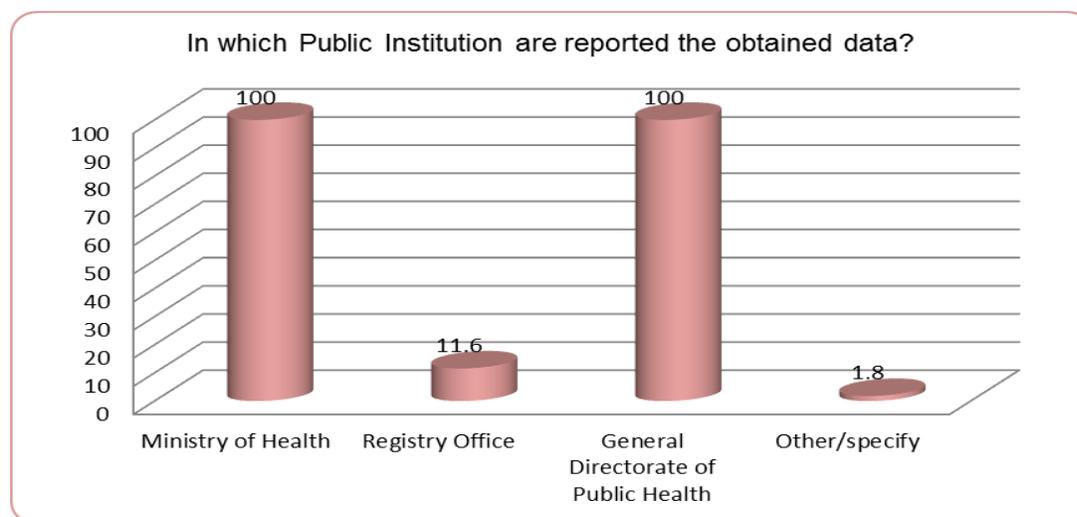
It is clear that reporting is carried out vertically within the different health state structures and for the purpose of addressing statistics' requirements of the Ministry of Health.

The obligations imposed by the Law on Civil Status³ are applied sporadically and inconsistently; Only 11.6 % of interviewees admit that they report also to the relevant registry offices.

There exist no unified guidance or directive from Ministry of Health in relation to the reporting of newborns to civil status offices.

It is clear from the responses to the questionnaires that the registration of a child with the civil registry status office is left up to the parents or guardians. Reporting is not coordinated among the two institutions responsible for birth registration, regardless of the willingness of the parents or guardians.

Diagram 14: Percentage of institutions where birth data is reported



³/According to Article 38 of the Law no. 10129, dated 11. 05. 2009 "On Civil Status", "births in terms of fact, time, place, gender and maternity are confirmed by the birth assistance certificate, medical report or transcripts held in the time of birth, certified by the present medical personnel..."

Table 12 gives information on average births per month and per year in the health institutions in Albania.

Number of births in 2012	Number of health institutions	Average
Per month	112	583
Per year	112	35,112

One important question in the questionnaires completed by health institutions related to the issue of births outside such institutions. The relevant responses are shown below:

Table 13

Are you aware of births outside health institutions	Number	Percentage
Yes	47	42.0
No	65	58.0
Total	112	100.0

70 out of 112 interviewees provided answers on the reasons why births are occurring outside the health institutions. The relevant responses are shown below:

Table 14

Reasons why births happen outside health institutions	Number
Religious reasons	1
Long travel distance to maternity unit/birth centre; road blockage/isolation during winter	26
Economic reasons	6
Premature and/or complicated births	4
Lack of knowledge by the mother and/or the family	8
Very quick Birth Delivery	17
There are no women councillors/midwives	3
The mother does not wish to be identified	5
Total	70

During visits and interviews on the ground, TLAS representatives identified certain cases where mothers have given birth outside health institutions and consequently have encountered difficulties in registering the birth in the registry office.

These problems resulted from the lack of economic means, the difficult geographic location of the family (e.g. remoteness i.e. inaccessibility), indifference or medical personnel not fulfilling their duties, etc.

Diagram 15 shows responses to the question “Who provided assistance for births that happened outside health institutions “.

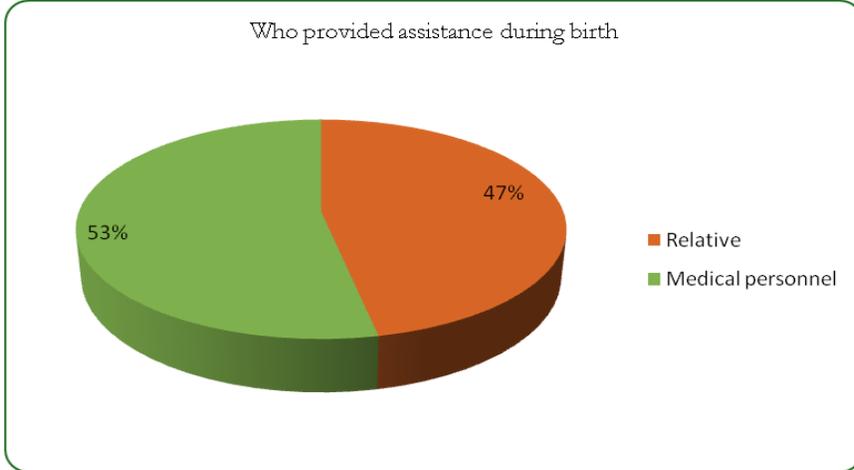


Diagram 16

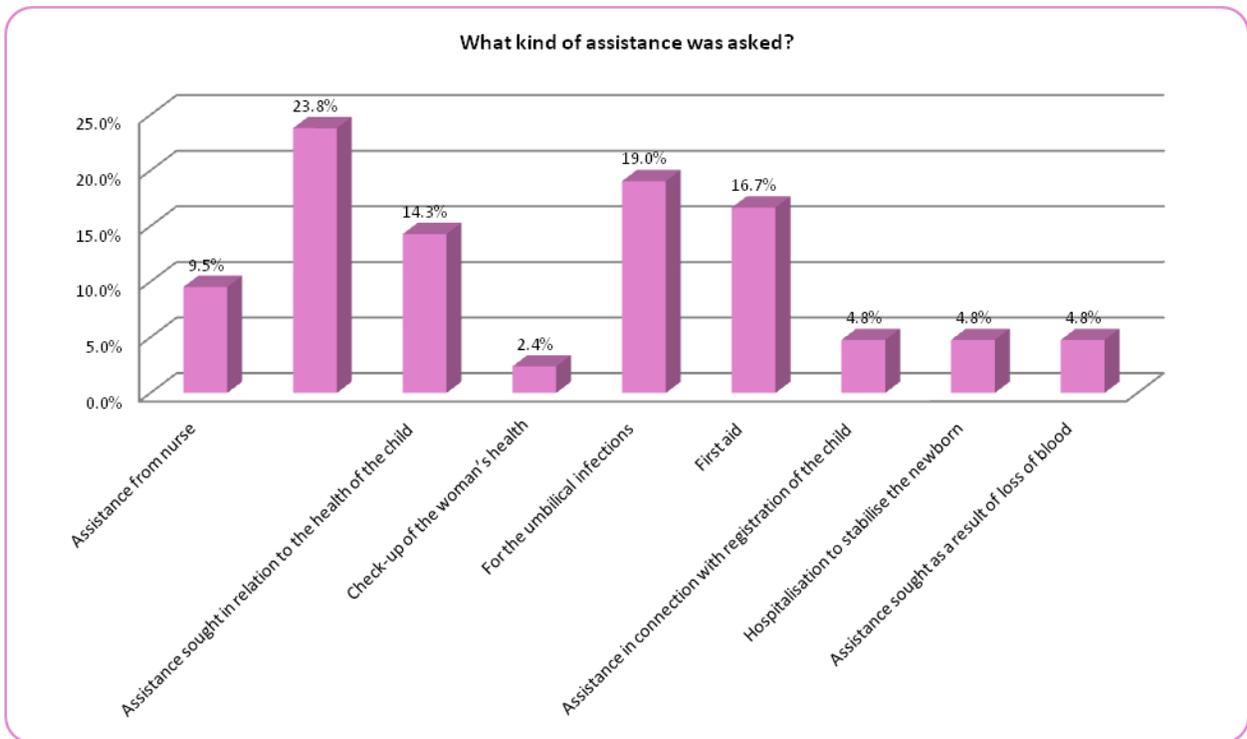
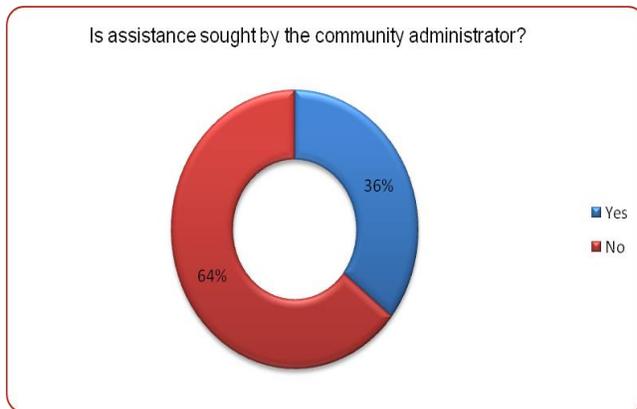


Table 15 shows answers to the question if any assistance or evidence is sought by the community administrator in cases of births outside health institutions.

Is assistance sought by the community administrator?	Number	Percentage
Yes	40	35.7
No	72	64.3
Total	112	100.0

Diagram 17



This important question was intended to identify the level of interest of the parent regarding registration of the child in the registry office. It is a fact, that for the children born outside health institutions, a medical evidence is needed, to act as substitute for the birth assistance certificate.

The community administrator in such cases according to the law can certify that the individual is a resident in the community and has given birth to a child at home during the relevant period. A new role that the community administrator and social worker can take is to ensure that the medical report is issued from health personnel to the parent/guardian which is important as it gives information required by the law such as; whether a child is male or female and whether a child has had a check-up and/or has been vaccinated (regardless of where the child was born).

Conclusion:

The conclusion from the above is that the community administrator, social worker and medical personnel in remote areas and in the Roma community need to be trained so that they can provide the necessary support in relation to births outside health institutions and also so that they can provide the necessary evidence for purposes of a filed court procedure. They are both key persons and witnesses regarding the birth and the relationship between the unregistered child and the child's mother.

PART III: Conditions for Computerizing/digitalizing the System of Birth Registrations

TLAS group of experts would like to stress again that the study performed regarding the project entitled “Assessment of the feasibility for the electronic registration of child births in Albania”, supported by UNICEF was carried out in 12 regions of the country and covered the entire country, respectively 60 Communes and 51 Municipalities. The working groups visited and interviewed at their workplace employees of the statistics office/service and the management of 37 maternity hospitals and 75 healthcare centers.

This study aims to: a) evaluate the actual and prospective conditions to determine the necessary existing equipment and supplies; b) identify the new and additional equipment in order to complete or supplement the network of digitalizing the maternity hospitals; and c) identifying the appropriate locations for such equipment. The final study reflects important data and specifications that will be needed in order to install the network and equipment in a simple and efficient way. This report alongside with Annex No. 2 (Sites surveys, calculations and photos attached to the report), may be used by the implementation teams who will install the network and cables during this project’s implementation. The report aims to give a realistic picture of the needed equipment, providing number, distances, location and placemarks on the map.

This study aims to describe the current network setup and planning the future setup of the network. The distance for cables in some of the maternity hospitals may not match with the given data. This comes due to various reasons during the installation phase and the cables cannot be placed where it was initially planned. One of the reasons is that the network cables cannot be positioned along the high power cables to avoid interferences in the network.

The working groups have visited the maternity hospitals with the purpose of studying and assessing the following:

- Determining the office space where the existing equipment is located or where the additional equipment will be placed;
- Accurate planning of space, in order to calculate the network installation;
- Assessment of the electrical network;
- Internet access;
- Training the relevant staff on computer literacy and basic programs.

On the basis of the requirements determined from the visits to the locations (as described above), our interviews and responses to the questionnaires, we determined the following evidence, see Annex No.2 attached where details and pictures illustrate the above referenced features.

TLAS group compiled the following table after collecting the information with questionnaires and pictures during “on site” visits to the 37 maternity hospitals in Albania and Birth Delivery Homes:

- Internet Access

23 maternity hospitals have internet access

NR.	CITY	INTERNET PROVIDER	EXISTING EQUIPMENT
1	Berat	Adsl Albtelecom	Modem 4 Portal
2	Bulqize	Adsl Albtelecom	Modem 4 Portal
3	Delvine	Adsl Albtelecom	0
4	Devoll	Adsl Albtelecom	Modem 4 Portal
5	Diber	Adsl Albtelecom	Modem 4 Portal
6	Durres	Net Lan	0
7	Gjirokaster	Adsl Abissnet	Modem 4 Portal
8	Gramsh	Adsl Albtelecom	Modem 1 Portal
9	Has	Adsl Albtelecom	Modem 4 Portal
10	Kavaje	Lan	0
11	Korce	Lan	0
12	Kruje	Adsl Albtelecom	Modem 1 Portal
13	Kurbin(Lac)	Adsl Albtelecom	0
14	Malesi e madhe	Adsl Albtelecom	Modem 1 Portal
15	Peqin	Adsl Albtelecom	Modem 1 Portal
16	Pogradec	Adsl Albtelecom	0
17	Puke	Adsl Albtelecom	Modem 4 Portal
18	Shkoder	Lan	0
19	Skrapar	Adsl Albtelecom	0
20	Tepelene	Adsl Albtelecom	Modem 4 Portal
21	Tirane	Lan	0
22	Tirane2	Lan	0
23	Tropoje	Lan	0

The identified equipments needed for the 37 maternity hospitals are attached in Annex No. 2

As conclusion, it is necessary that all of the 37 maternity hospitals be equipped with new computers and printers. Our findings show that the existing computers are typically used by the finance offices or the secretary's offices and medical staff do not have access to such computers for use of online registrations of births.

The study shows also that not all maternity hospitals have the same birth activity volume. In those centers with a higher birth volume, more than one computer is needed. As an example, in the maternity hospital Koco Glozheni in Tirane, we propose the installation of 2 new computers due to the high volume of births, whereas in the hospital "Mbretresha Geraldine" in Tirane, there is a need for 3 new computers. Our field visits show that 20 modems ADSL with 4 Ports and 20 switches are needed because those maternity hospitals that have a modem, possess one Port model and they are in need of a model that can provide connectivity to more than one computer. There are cases where the distance between ADSL modem and computer is longer than 100 meters. For that, switch devices are required to bridge the distance. – See Annex 2 attached.

9 maternity hospitals do not need a network because they already have a an internal LAN network. A modem needs to be installed to establish a parallel connection; in the other 28 maternity hospitals, a network is needed to be installed in order to enable access to internet for the computers. For further details, please see the Summary table which follows.

Situation in Birth Delivery Homes

Our on site visit of 75 Birth Delivery Homes where such delivery places are located, data collection through questionnaires and photos of the sites, show that only 23 delivery centers perform deliveries. As mentioned in case for maternity hospitals above, the computers are not used by the medical staff of the delivery centers for filling out the certificates of birth or even to report a birth. The computers are used in the administrative or finance office only.

52 Birth Delivery Homes did not perform deliveries during 2012, and the number of births in these centers is reported as 0.

In conclusion and from discussions with the Ministry of Health experts:

In our opinion, for the initial stage it is not efficient to computerize all 75 Birth Delivery Homes. We recommend to computerize only 23 of 75, those that have had birth delivery activity during past years and during 2012. **We recommend** that the computerization should not be applied to the 52 Birth Delivery Homes that do not perform delivery activity. Instead, an alternative method that is reliable and manageable from a financial and statistical perspective should be used. The suggestion is to use mobile/smart phones dedicated for this purpose. In such cases, there is an obvious need to train the personnel that will perform the registration and reporting of the newborn child in such delivery centers via mobile phones because the mobile phone will contain a prepared sample of notification of the basic data that the personnel needs to transmit to the nearest office that is designated as the appropriate governmental body from the Ministry of Health.

Second, our recommendation is to computerize all maternity hospitals. These hospitals should be provided with a network capable of internet access. This will enable addressing the digitalization aspect of recording data systems in institutions where deliveries are performed.

Only by doing so, the personnel responsible for reporting statistics in these institutions will be able to achieve the objective of registering every newborn child and ultimately report such registration to the civil registry register.

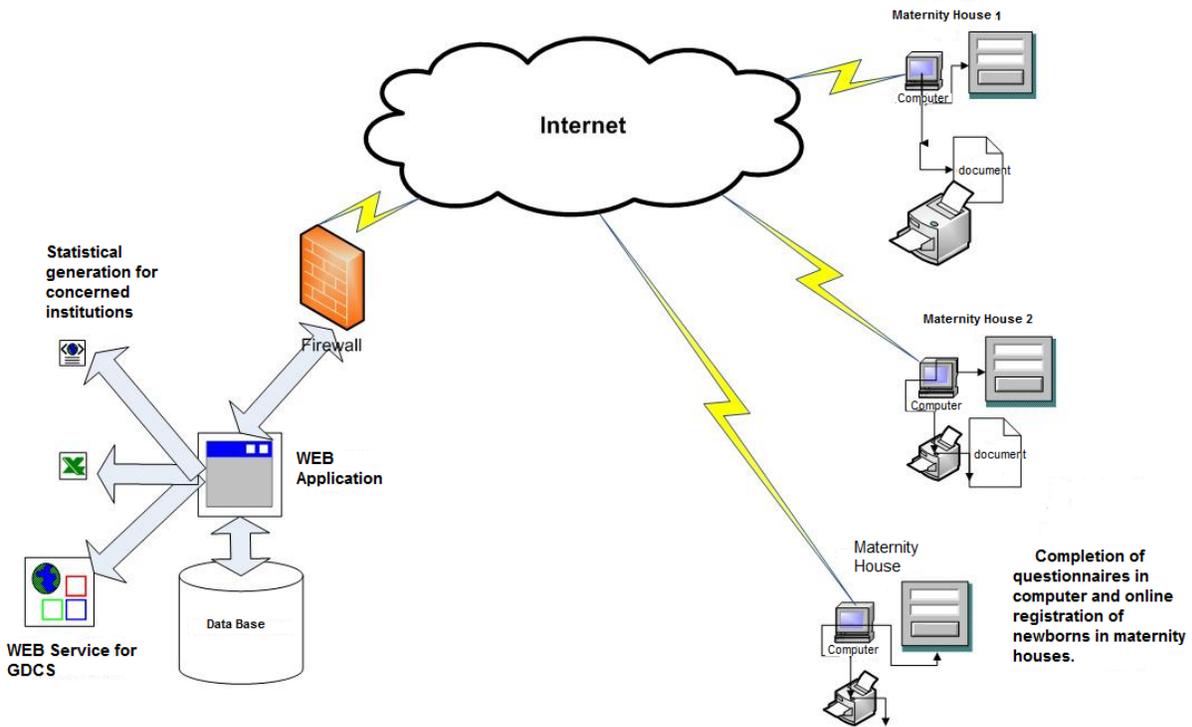
Two alternatives are proposed:

- 1. The Needs and Costs calculated to computerize 37 maternity hospitals and 23 Birth Delivery Homes**
- 2. The Needs and Costs to computerize 37 maternity hospitals and to use smart phones for 23 Birth Delivery Homes**

The group of experts discussed the trial software that is being developed for use in the process of identifying, registering, and reporting births of every newborn in maternity units and birth delivery

homes. The main goal is to register the births data electronically online in the civil registry data base. The software is subject to final approval after receiving the necessary comments and testing phase.

Below is a software scheme of the draft plan for the electronic registration flow:



The system that is described through the software above will be a web based application and data base on a Microsoft platform. This application will enable the following services to the delivery births units (maternity hospitals and units):

- Online registration of newborn children using data and categories enclosed and approved in the Certificate of Birth Assistance
- Automatic transmission of the Certificate of Birth assistance to the dedicated server of the General Directorate of the civil registry
- Reports for the Ministry of Health containing data of newborn children born in maternity hospitals or Birth Delivery Homes /delivery centers, with basic statistics on request; such as the number of newborns delivered in each maternity or delivery center, number of deliveries per week, month or year, the sex of newborn babies, etc.
- The General Directorate of the Civil Registry will be able to send, via a web service, such data to the office of civil registry servers.

The software would cover the following activities:

- Study of system's workflow
- Designing of the data base
- Developing web applications
- Report designing.
- Building a web service for sending information to the Civil Registry System
- System Testing
- Preparation of a manual for program use
- Training of users

COST ANALYSIS

Based on the data's from questionnaire and the IT report, a cost estimate was developed, using markets rates for labor, information technology equipment , material costs and subcontracting tasks. Two scenarios for the electronic birth registration were analyzed.

The first scenario is considering establishing an online/computerized system in 37 Maternities s and 23 Birth Delivery Homes to link them with the civil status server system. Our estimated costs for the first scenario are Euro 230,612 per System installation Costs and Training and Euro 23,061 for the coordination and management costs, for a total cost of Euro 253,673

The Second scenario is considering establishing an online/computerized system only in 37 Maternities and us of smart phones and wireless internet for the 23 Birth Delivery Homes .Our cost estimate for the second scenario is Euro 162,783 per System installation Costs and Training and Euro 16,278 for the coordination and management costs, for a total cost of Euro 179,061

The costing pages of the estimate spreadsheets are attached on the Annex 3 of this report .

Group of Experts

TLAS

July 3, 2013

ANNEX NO.1

CASE no.1

Mrs. A is living in a village, in a remote area of Mirdita district. She is married, she was not able to go to the nearest hospital and the child was born at home. She was lucky because during the birth she was assisted by the midwife of the village. After a while, Mrs. A wanted to register the child in the civil office registry but she has not any written document issued by the midwife.

The difficulties to travel, the poverty and economic situation have influenced this family to delay their trip to their civil registration office for the birth registration. No one in the civil registration office knew about this newborn. No one else but the parents could help the family register the child. The parents delayed the trip to the civil registration office due to shortage of money to undertake the trips. In the meantime, the midwife was not there anymore, she emigrated out of the country and no one could reach her.

The midwife that assisted the case was not aware for the importance of the written piece of paper as a declaration, to be used as a "medical report" indicating that the newborn have had birth at home as well as further details for the mother and the newborn. Based on law, the birth of a natural event requires only "the necessary guarantees", to verify this fact, as the birth of the child, the sex, the time, and the place and mother personal data.

The child was almost 8 years old when he was finally registered in the civil office registry, based on evidence provided by the leader of the community and the pediatrician doctor which provided a document for the child and both have been used as proofs for the registration.

CASE no.2

Mother B. from south of Albania was pregnant, when she crossed the border illegally, so she delivered her child, with the help of family members outside the hospital and outside home. She came back in her place of residence, GJ, wanting to register the child in the civil office, but she had not any document to prove the birth of her child, except the mother in law which was present.

According to paragraph 2 of Article 38 of Law No. 10 129 dated 11.05.2009 "On the civil state". In the absence of documentation referred to in paragraph 1 of this Article, the authentication of the fact of birth can be verified by the court.

The mother of the child and mother in law as a testimony have to be present in the court session. The declaration from the community leader and a medical report of the doctor of the area are also necessary documents to be provided before the judge. What was difficult from the mother to be ensured was the Medical Report from the doctor, pediatrician. He was not aware and convinced to give details about the age of the child and he was not familiar with the law.

CASE no. 3

C.D is the mother of five children, in a community in the south-east of Albania. Four of the children were born home, only the youngest one was born in maternity and is registered in the civil status registry. The other four were not registered yet. The oldest is 10 years old.

Because the village was located in a very remote and mountainous area, the mother of the children was unable to reach the hospital. After the birth, the mother tried and failed to notify the health structures in the commune for the 4 first births.

The health structures are authorized to issue the official document or medical report providing the basic data to be used for the act of birth, but they didn't. The family was living in the extreme poverty.

It is evident that often there are families which cannot follow the simple procedures for several important factors such as poverty, the lack of incomes to travel. In such cases the medical staff around and the community leaders or social workers have to identify, refer, assist cases till the birth registrations be finalized in the civil offices.

CASE no.4

The S.H.T has been recently moved to Tirana from a deep region of Dibra. She is married to D.H and now is settled in an area in Tirana living in very bad hygiene-sanitary condition. While the spouses are living in Tirana and they did not transferred yet the civil status data from Dibra to Tirana they have given birth to 2 other children while they had 2 children born in Dibra.

They have 4 unregistered children and during the interview she was pregnant with a fifth child. Two of the children were born in the Health Center in Dibra, but the mother lost the birth assistance certificates. She was unable to go to Dibra because of the expenses.

The biggest problem is the registration of the two children born in Tirana, out of the health institutions.

The mother was helped by her relatives to give birth to her children in her shack under very bad conditions, but no one helped her to register the children, no one directed her to the health center staff after the moment of birth delivery in order to ask the medical report from them and to take the next steps towards the birth registration.

Legal opinion and solution for birth registration happening out of health institutions and without the presence of health staff

The Study identified the issues which often are faced during handling procedures of birth registration for similar cases in the country .

1. Failed practices of parents or relatives to register **newborn** children born outside health institutions because do not possess necessary documentation to register the children with the Civil Status Offices.
2. Failed practices of parents or relatives to register unregistered children age 1-18 (not newborn), because do not possess necessary documentation to register the children with the Civil Status Offices.

The solution of the above cases depends on the specifics of each case summarized as below:

1. Births out of health institutions or without presence of the health staff

According to Article 38 of the Law no. 10129, dated 11. 05. 2009 "On Civil Status", *"births in terms of fact, time, place, gender and maternity are confirmed by the birth assistance certificate, medical report or transcripts held in the time of birth, certified by the present medical personnel..."*

This provision it is obvious that the legislator has provided more space in the law ,making more clear to health persnel that he/she is responsible to issue a medical report for the identification of the birth (verification of birth fact).

The articulation of the provision indicates that, besides the standard document of "birth assistance certificate" issued by health delivery institutions , the same importance or value has the alternative document as "medical report or transcript" issued by the closer local health staff.

The up-to-date practice shows that the alternative documents, i.e. the medical report or transcript may be filled by the health staff that, even not present during newborn birth delivery, becomes aware and convinced of the fact.

The local health staff are usually in contact with a newborn child, providing medical assistance to the mother and the child. This is clearly expressed in law, giving to health staff the authority and competence to confirm the birth fact, based on the process of medical assistance.

In cases when the health staff have not been informed by the newborn family , and couldn't issue the medical report, the community leaders and social workers must take care for such cases and refer them health staff, follow the procedure till finalization of birth registration with civil office .

2. Unregistered children held by parents or relatives without documents.

From the legal viewpoint, "the parent " is the person registered as such in the civil status office registry, where are registered as well the children. As a result, a person taking care of a child, claiming to be "parent" or "relative", legally cannot be considered as such until he is registered with this status (parent) in the civil status registry.Their incapacity to prove the relation with the child, forces them to fail to register the child with the civil status registry.

As such, although in goodwill, they hamper the child to realize one of the most fundamental rights, to be registered with the civil status office followed by other rights recognized by the Constitution and legislation.

There are two ways to be followed for the solution

- a. Trial procedure started by the parent in court, in the same time the registration of the child in his/her capacity of parent.
- b. Using initially administrative procedure to register the child as "abandoned child" and afterwards the procedure to recognize the maternity or paternity by trial proceedings.

The second procedure offers rapid possibilities to the child to enjoy the rights within a short time, followed by the temporary custody of the parent until the completion of the court procedure to recognize the paternity or maternity.

It is in the best immediate interest of the child and necessitates active commitment of the state structures and civil organizations to discover the cases and to encourage the custodians of the child to act in the best interest of the child by registering him/her.