

Addressing Information Barriers to Birth Registration

Project report

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Executive Summary

Under-registration of births is a persistent problem in Guatemala. Estimates suggest that between 4 and 10% of the population are not registeredⁱ, equating to up to 1.6 million people.

Not being registered with the Guatemalan Civil Registry Office, *Registro Nacional de las Personas* (RENAP), can lead to a number of issues, such as lack of access to healthcare, education, social programs and land ownership. Individuals living in poverty are more likely to lack formal registration and are thus at greater risk of being denied access to these services, exacerbating existing inequalities.

Inconsistent information about how to register a birth is a major barrier for parents seeking to register the birth of their child. It creates unnecessary obstacles throughout the process and leads to misconceptions about the process and associated costs.

Policy objective

The objective of this project was to increase the number of birth registrations by providing clear and consistent instructions to parents and RENAP staff about the requirements for registration. Additionally, the project aimed to reduce the number of late registrations (those occurring more than 60 days after a child's birth).

Intervention

The intervention consisted of providing RENAP offices and health centres with posters containing information about the requirements for the registration process. Emails were also sent to RENAP staff to outline the purpose and importance of the posters, and to remind officers to rely on the posters for providing information to parents. The emails also acted as a mechanism to check compliance (offices

were prompted to share pictures of the posters hung up) and ask for feedback.

The intervention was targeted at:

1. **RENAP staff:** There were many inconsistencies with regards to birth registration requirements across offices. The intervention sought to provide RENAP staff with clear, standardised information about the registration process.
2. **Parents:** The posters also sought to inform parents about the requirements for birth registration. Icons, concise information and simple instructions were meant to guide parents through the steps required to register their children.

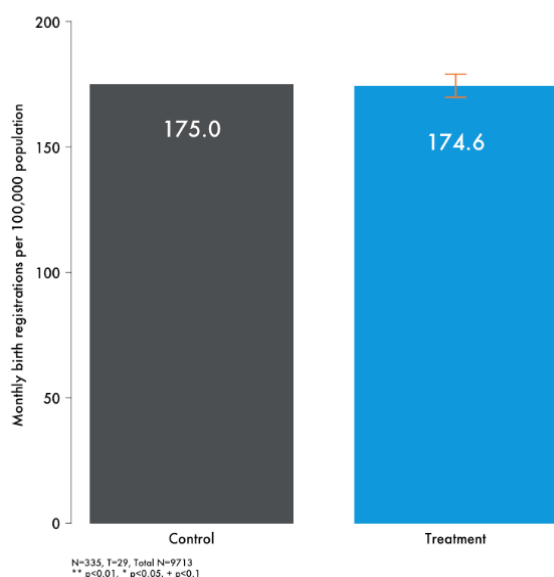
Our sample consisted of 335 birth registries across Guatemala, one within each municipality.

We conducted a two-armed randomised controlled trial (RCT), with randomisation and outcome measurement at the municipality level.

Results

We found that the posters had no effect on average birth registration rates (as measured per 100,000 population) or average timely birth registration rates over the trial period. For both outcomes there was no statistically significant difference between the control group and the treatment group, with almost identical registration rates observed across both groups.

Figure 1: Monthly Birth Registrations



Recommendations

Based on the findings of this trial we recommend the following:

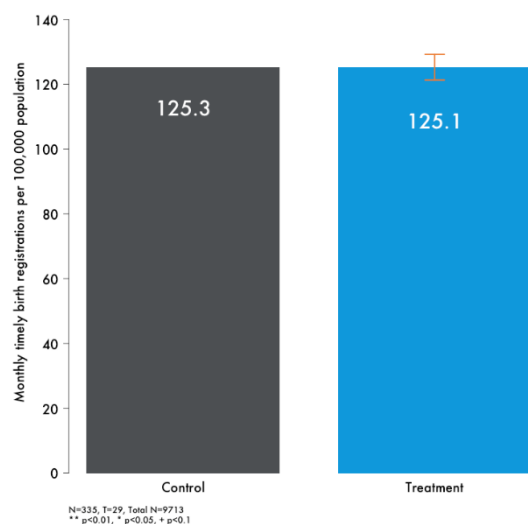
General methodology:

- **Evaluate before scaling:** RENAP was planning on distributing the posters to all RENAP offices and health centres. Results show the importance of evaluating the impact of interventions before scaling.
- **Monitor Compliance:** Unfortunately, we were unable to directly observe compliance (i.e. whether posters remained hung up for six months). For future campaigns, we recommend that RENAP puts in place measures to more accurately measure compliance.

Policy challenge:

- **Do not distribute posters further:** Since results show a null effect, we recommend that RENAP does not spend additional resources on the distribution of the remaining posters.
- **Develop new projects to address other barriers to birth registration:** There are other barriers to birth registration, such as that many children are born outside formal healthcare settings, and that midwives can't register children at birth. We recommend that RENAP explore interventions to address these barriers, such as increasing the proportion of registered midwives producing RENAP-approved 'birth reports'.

Figure 2: Monthly 'Timely' Birth Registrations



01 / Introduction

The Behavioural Insights Team (BIT) began collaborating with the Guatemalan Civil Registry Office, *Registro Nacional de las Personas* (RENAP), in July 2017 to apply behavioural insights and rigorous evaluation to increase birth registration in Guatemala.

This report outlines the results from a trial that was developed in collaboration with RENAP's Central Registration team, the Under-Registration Prevention team and the Department for International Cooperation. The trial forms part of the programme of work funded by the **Global Innovation Fund (GIF)**ⁱⁱ, which aims to (i) apply behavioural insights and rigorous evaluation to policies and services that seek to improve the lives of those living on less than \$5 per day and (ii) build capacity within partner country's governments by applying BIT's project methodology.

Our intervention aimed to increase birth registration by providing clear and consistent information about the requirements for registration through the use of large (A2-size) posters in RENAP offices and health centres.

02 / Background

It is difficult to precisely calculate the scale of under-registration of births in Guatemala. Estimates suggest that between 4 and 10% of the population are not registered, equating to up to 1.6 million people.ⁱⁱⁱ

Despite RENAP's efforts to tackle under-registration, such as a national census, under-registration of births continues to be a problem.

Not being registered with RENAP, and therefore lacking a legal identity, can lead to a number of issues later in life, such as lack of access to health, education, social programs and land ownership. For example, most schools only accept children that are registered with RENAP. Individuals living in

poverty are more likely to lack formal registration and are thus at greater risk of being denied access to these services, exacerbating existing inequalities.^{iv}

There are a number of barriers that prevent parents from registering the birth of their child. Below we outline some of the barriers impeding registration, dividing them into two categories: 1. barriers preventing parents from engaging with the birth registration process and 2. barriers preventing parents from completing the process.

Barriers preventing parents from engaging

1.1 A considerable proportion of births occur outside of formal healthcare settings

It is estimated that around 40% of births in Guatemala occur outside of hospitals or health centres.^v These births should be attended by a registered midwife. RENAP estimates that there are 70,000 midwives operating in Guatemala, of which only 33% are officially registered with the Ministry of Health and are thus able to produce a RENAP-approved birth report. The remaining 67% may be less likely to produce a medical report, and if they do, it must be signed both by the parents and the midwife in front of a public notary for it to be valid for registration.

1.2 Late birth registrations are fined

Birth registrations are considered 'timely' if they happen within 60 days of birth. If registration occurs after these parents have to pay a GTQ25 'late' fine (approx. USD3.25). According to RENAP data from 2017 to 2019, on average, 74% of birth registrations were 'late'.

There are many misconceptions about the associated costs of registration. For instance, many parents that we interviewed thought that fines for late registration increased over time, making it less likely that they would register their child after the deadline.

In addition, there were often additional costs incurred when registering the birth of a child such as the cost of transport to get to a local RENAP office or the cost of parents applying

for an ID card, GTQ85 (USD11.20) per person. Research suggests that even small fees can act as a considerable barrier and cause significant reductions in take-up of services.^{vi}

2. Barriers preventing parents from completing the process

2.1 Complex requirements for registration

The process of registering a birth requires several documents (including an authorised 'birth report', parents' identification) and, depending on the age and marital status of the mother, multiple individuals to be present for registration.

If a child is born in a public hospital, parents should receive a medical report before being discharged.^{vii} However, there is anecdotal evidence that in a small number of cases, the reports are not issued to parents.

Furthermore, if a 'birth report' has not been filled out correctly, or has not been signed by a doctor, registered midwife or firefighter, then RENAP are unable to process the registration. During our fieldwork we learned that errors within medical reports were quite common, potentially due to literacy rates varying considerably among midwives in particular.

Parents can submit alternative paperwork, instead of the birth report, but are often not aware of this.

2.2 Lack of consistent information about requirements

During interviews with parents and RENAP staff members, we identified a number of inconsistencies within and across offices with regards to the process for birth registration (for instance, some offices required a 'birth registration application form', others did not). In addition, despite it being a requirement for registration that parents bring photocopies of their ID, the RENAP website only states that parents need to bring the original copy.

Lack of consistent and clear information about the exact requirements for birth registration is a considerable barrier preventing parents from completing the process.

03 / Intervention

The intervention sought to address information barriers preventing parents from completing the birth registration process, with a particular focus on reducing inconsistencies across offices, and encouraging timely registration. While we felt there was great value in delivering interventions that sought to encourage a greater number of parents to engage with the registration process, we felt that focusing on creating clear, consistent information was the most straightforward first step in our collaboration with RENAP.^{viii}

Reducing the effort and simplifying the actions required to complete a process can have a surprisingly large effect on behaviour. The harder it is for an individual to undertake a behaviour, the less likely they are to do it.^{ix}

Our trial with RENAP aimed to increase birth registration by providing clear and consistent instructions to parents and RENAP staff about the requirements for registration. In addition to increasing registrations, the intervention also aimed to reduce the number of 'late' registrations (those completed more than 60 days after the birth), thus decreasing the number of parents having to pay the GTQ25 fine (approximately USD3.25).

To provide information about the registration process, the intervention consisted of the following components:

1. A2 Information Posters

We created A2 posters (see page 8) that presented information about the requirements for birth registration and clarified common misconceptions (see Annex 3 for English translation of the poster). Specifically, the poster outlined:

- **Who needed to be present for registration.** This was presented in the form of a flowchart. Simple decision aids, such as flowcharts or checklists have been shown to alleviate cognitive load, reduce errors,

and improve the consistency of decision-making.^x

- **Which documents parents needed to bring** (in the form of a checklist).
- **Whether parents needed to pay for registration.**

The posters were sent to RENAP offices, health centres and specialised maternal health centres within Treatment municipalities.

Posters at health centres aimed to target parents during prenatal and neonatal visits (as well as those parents giving birth in health centres) and acted as timely reminders of the registration requirements. In addition to targeting parents, posters at RENAP offices supported RENAP staff by providing clear and consistent information.

Offices and health centres were asked to hang the posters in prominent locations so that they are clearly visible to parents and staff.^{xi} Annex 2 and the photo below show were posters were hung in the offices.

2. Emails to RENAP staff

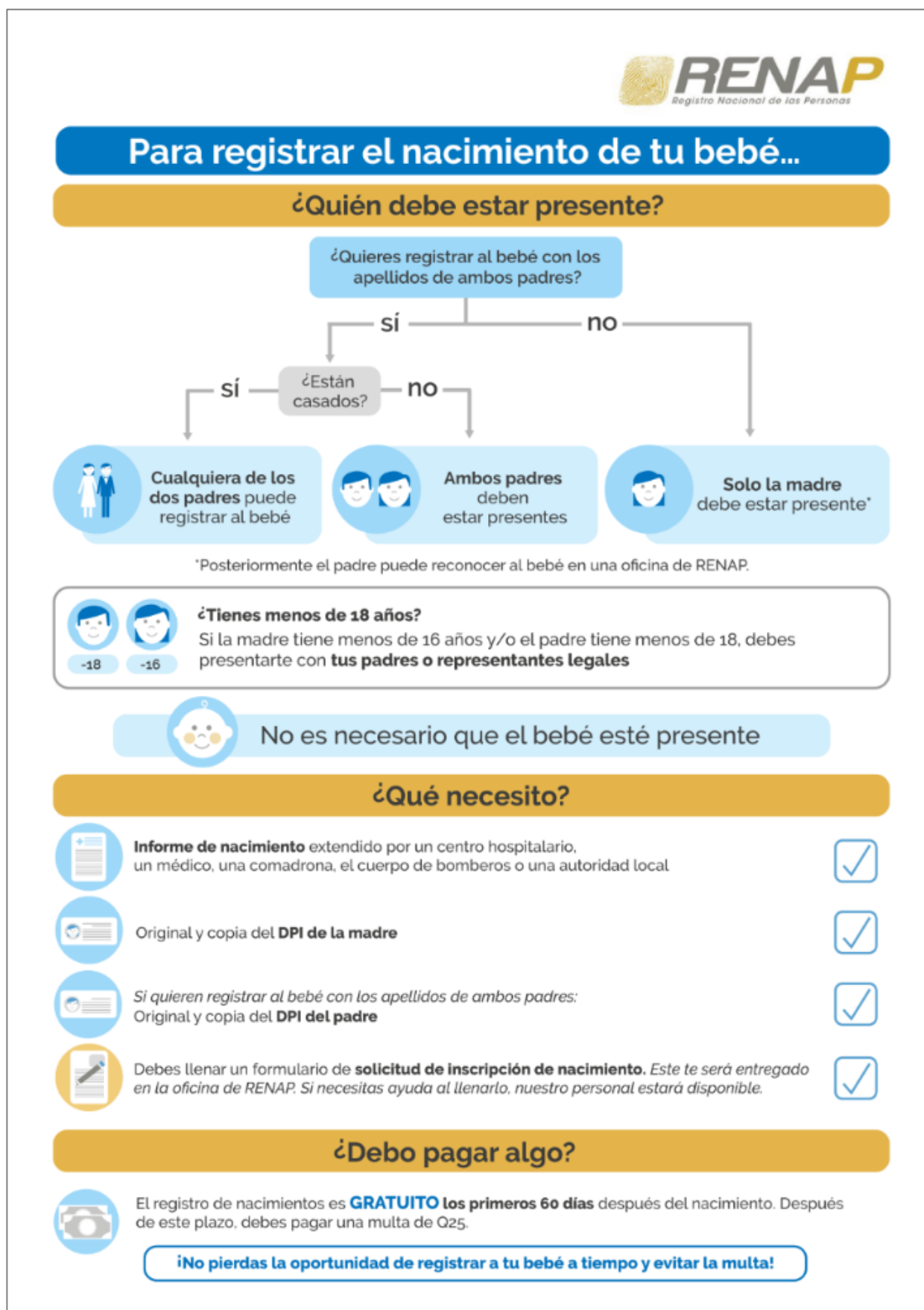
RENAP frequently circulates updates to the heads of offices through emails. As part of the intervention, we sent four emails to the heads of RENAP offices. The table below outlines the timings of each email and a summary of its content (see Annex 1 for the full email content).

Figure 3: A poster hung up in health centre reception area



| Email | Timing | Content |
|---------|---|---|
| Email 1 | One week before the posters were sent | <ul style="list-style-type: none"> • Notifying offices that the posters would be arriving • Outlining the purpose of the posters, emphasising the need for them to be hung up for six months and for RENAP staff members to be aware of the requirements detailed on the poster. As we did not have email addresses for hospital or health centre staff, we attached a note to the posters with similar content to the first email - outlining the purpose, and emphasising the importance, of the posters and leaflets • Highlighting common misconceptions or errors committed by RENAP staff. For instance, it is not legally required for registration to have the 'birth type' (e.g. caesarean) on the birth certificate) • Asking offices to send photos of the posters hung up once they had arrived |
| Email 2 | One week after the arrival of the posters | <ul style="list-style-type: none"> • Checking that offices had received the posters • Prompting offices to send photos of the posters, if they had not already done so |
| Email 3 | Three months after the arrival of the posters | <ul style="list-style-type: none"> • Reminding offices to keep posters hung up for at least an additional three months • Asking offices where they felt was the best location for the poster • Prompting offices to send photos of the posters, if they had not already done so |
| Email 4 | Five months after trial launch | <ul style="list-style-type: none"> • Sharing feedback from Email 3 about the best locations • Asking offices for feedback on the impact and content of the posters • Prompting offices to send photos of the posters, if they had not already done so • Reminding offices to keep posters hung up for at least an additional month |

Figure 4: Posters sent to RENAP offices and health centres (see Annex 3 for English translation)



04 / Trial design and implementation

Randomisation

We delivered a two-armed randomised controlled trial (RCT), with randomisation conducted at the municipality level. Treatment municipalities received the posters, whereas the Control municipalities continued with the existing approach and received no new materials. Randomisation was conducted using pseudo-random computer-generated numbers before the start of the trial. We randomised municipalities at the start of the trial, stratifying on a quartile split of population density to ensure balance on this variable.^{xii}

Sample

The intervention was implemented in August 2018, with our study period covering the subsequent nine months until May 2019. Our sample consisted of 335 RENAP offices across Guatemala, one within each municipality. This covered 358,160 registered births across Guatemala during the study period.

For each municipality, we had monthly birth registration data across a 29-month span from January 2017 to May 2019.

Implementation

In total, there were 167 Treatment municipalities. Posters were sent to 167 RENAP offices (each municipality has one RENAP office) and 800 health centres (equating to an average of 5 health centres per municipality).

Due to RENAP's limited budget, we were unable to use their internal transportation system and instead contracted a courier company to deliver the posters. The courier company collected a signature upon delivery of each of the posters, so we were able to verify whether the poster had arrived. Each RENAP office received two posters and the

health centres received one poster. For both RENAP offices and health centres, posters were delivered with a cover letter that outlined the purpose of the trial, encouraged compliance and asked for the recipient to share a photo of the poster hung up.

We emailed RENAP offices several times to notify them about the posters and prompt them to share pictures and feedback.

Due to geographical distribution of Treatment municipalities, it took a week for all of the posters to be delivered. Thus, some offices received posters on 17th August, while others did not receive them until 24th August. For analysis, we consider the 1st August 2018 as the start of the study period (however, we recognise that some offices may not have received posters until later in the month than others).

Finally, we encountered an implementation challenge with regards to collecting feedback from RENAP offices. We prompted RENAP offices to share feedback in Emails 3 and 4. We had used a pre-paid SIM for the trial, asking Office Heads to send feedback to the phone number via WhatsApp or email. Unfortunately, we lost the data from Email 4 due to technical problems with the phone company. Thus, we did not receive concluding remarks and feedback about the intervention from the offices.

05 / Main findings

Birth registrations were measured monthly in each municipality from February 2017 to May 2019.^{xiii} We measured both total birth registrations and 'timely' birth registrations.^{xiv}

The trial period was between August 2018 and May 2019.^{xv} Yearly population data was used to standardise our outcome measure across municipalities. All analysis was performed by BIT researchers using the statistical software, R.

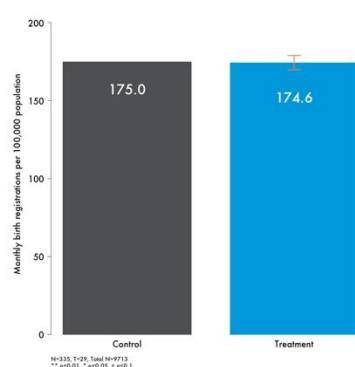
We found the posters had no effect on overall, or timely, birth registrations over the trial period.

Registered births per 100,000 populations

Among municipalities in the Control group, we observe an average monthly registration rate of 175 births per 100,000 population.

We find no statistically significant differences between our treatment and control groups, with an almost identical average registration rate (174.6 births per 100,000 population) in our Treatment group.

Figure 3: Monthly Birth Registrations

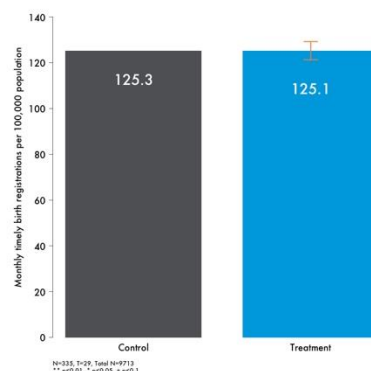


Timely registered births per 100,000 population

Among municipalities in the Control group, we observe an average monthly timely registration rate of 125.3 births per 100,000 population.

We find no statistically significant differences between our Treatment and Control groups, with an almost identical average registration rate (125.1 births per 100,000 population) in our Treatment group.

Figure 4: Monthly 'Timely' Birth Registrations



As previously stated, it is estimated that approximately 6 to 10% of the population is not registered. Based on our findings, we believe that either:

- Posters may not be the best method through which to convey information about birth registration. It may be that providing leaflets to parents during antenatal appointments, for instance, could be a more timely and salient manner through which to make parents aware of the requirements for birth registration.
- Other barriers, besides information, may be preventing parents from registering their children (for instance, the additional steps required for births occurring outside of hospitals or health centres). This is likely to be the case for hard-to-reach parents who are not currently registering their children.

06 / Additional findings

We gathered feedback from RENAP officers through WhatsApp and email responses. We sent emails with information to a total of 167 RENAP offices. In general, officers reported that they were compliant and shared information, particularly around the location of their posters (Annex 2 provides some of the photos received).

From the 167 emails sent in August, we received responses from 79 offices (45% response rate) with photos of the posters. We received responses from 95 offices (55% response rate) with feedback about the location of posters. For future interventions, we learned that both email and WhatsApp are effective communication channels to contact RENAP staff and gather feedback.

07 / Recommendations

Based on the findings from this trial we recommend:

1. General methodology

1.1 Evaluate before scaling

- RENAP was originally planning on distributing the posters to all RENAP offices and health centres. They were also intending to create other posters to share additional information. Results show the importance of evaluating the impact of interventions before scaling.

1.2 Monitor Compliance

- Unfortunately, we were unable to directly observe compliance (i.e. whether posters remained hung up in a prominent location for six months) across all RENAP offices and health centres that received posters. For any future campaigns, we recommend that RENAP puts in place measures to more accurately measure compliance across offices. For instance, leveraging the Under-Registration Prevention team.

2. Policy Challenge

2.1 Do not distribute posters further

- Since results show a null effect, we recommend that RENAP does not spend additional resources on the distribution of the remaining posters. Since there is no evidence of any negative effect, if possible and costless, they could distribute the remaining ones to other offices to provide information for staff and parents.

2.2 Develop new projects to address barriers to birth registration

At the beginning of our collaboration with RENAP in 2017, we explored different areas in which we could develop behaviourally informed projects to increase birth registrations in Guatemala. We believe the following are promising:

- **Increase formalisation of midwives:** Estimates suggest that around 40% of births in Guatemala occur outside of hospitals or health centres, usually with a midwife present.^{xvi} RENAP estimates that there are 70,000 midwives operating in Guatemala, of which approximately 30% are officially registered with the Ministry of Health and are thus able to produce RENAP-approved birth reports. The remaining 70% are unlikely to produce a birth report, and if they do, it must be signed both by the parents and the midwife in front of a public notary for it to be valid for registration. As such, many of these births are not registered. RENAP could develop an intervention, in collaboration with the Ministry of Health, that aims to increase formalisation of midwives. Because of Guatemala's language diversity and high illiteracy among parents, we recommend RENAP to explore other options to deliver clear and simple registration instructions to parents, for instance considering audio or video interventions.
- **Evaluate the impact of removing fines for late registrations:** We hypothesise that the fines could be discouraging parents from completing the registration process. Similarly, RENAP could offer small incentives to those registering quickly.

08 / Capacity building

This project, which was a collaboration across several teams within RENAP, provided RENAP with insight into the application of behavioural science and the use of rigorous evaluation. We interviewed our RENAP partners about the lessons they had learned through the process and their experience working on the trial.

Monitoring and evaluating policy initiatives had previously been uncommon in RENAP. Mirna L. Álvarez, Professional in Technical Cooperation, highlighted, *“we had never worked on a project in this way. We experienced a different and novel modality. RENAP has plenty of information that needs to be shared with the user, but we do not know how to measure our communications’ effectiveness,”*.



Mirna Álvarez, Professional in Technical Cooperation

Following fieldwork conducted jointly by BIT and RENAP, the team proactively engaged with the intervention design. Dennys Sum, Registry Advisor in the Central Registration Team, said *“It struck me that this project was a very simple and practical form of sharing information with end users. The emails were a way of self-evaluating because they enabled us to receive feedback from RENAP officials.”*



Dennys Sum, Registry Advisor, Central Registration Team

On reflection, Inguer Morales, Under-Registration Prevention Coordinator, believes that one of the difficulties with the posters might have been that it has too much text, which could prove difficult among users with low literacy levels - *“A subsequent phase could explore how to reach these people.”*

Indeed, she is optimistic that BIT’s project methodology could be applied to other challenges that RENAP are facing: *“In my department, we are constantly searching for more projects. I believe that we could apply behavioural insights and what we have learned with BIT to different purposes.”*

Inguer believes behavioural insights might help RENAP contact and inform hard-to-reach citizens. *“One of RENAP’s current challenges is the number of people migrating to Guatemala. I believe we could potentially reach those people, who are normally difficult to reach, with information about RENAP through behavioural interventions.”*

Behavioural insights could also be useful when communicating other key procedures. Initiatives related to burials and cemeteries could also benefit from behavioural insights. Many people still do not understand how these processes work.”

Mirna agreed, *“We would like to apply this approach to other areas such as marriages, divorce, registration and burials.”*



Inguer Morales, Under-Registration Prevention Coordinator

Mirna also felt that having a document that outlines the process through which TESTS projects are run could be a helpful tool for RENAP to encourage and enable others to deliver similar projects in the future. BIT’s TESTS guide could serve as a helpful tool for RENAP in the future.

09 / Conclusion

Approximately 4-10% of the population in Guatemala are not legally registered, equating to approximately 1.6 million people. The problem persists partly due to a lack of consistent and clear information on the process.

We designed posters with clear instructions on the registration process and distributed them among RENAP offices and health centres. We also sent follow-up emails to RENAP staff to emphasise the importance of the posters and collect their feedback.

Our results show that the posters had no impact on the birth registration rate.

This trial is an illustration of the importance of evaluating interventions before scaling, as they may not always have the intended impact.

However, given that they had no detrimental effect, we believe there is no harm in leaving the posters as an information resource, and further distributing the remaining ones.

We recommend exploring other possible interventions to tackle this policy issue. For instance, interventions involving encouraging formalisation of midwives so that births occurring outside of hospitals and health centres can still be formally recognised by RENAP.

Annex

Annex 1 - Emails to RENAP officers

Email 1

Email 1 - Introducción e información

De: x

Asunto: ¿Cuáles son los requisitos para realizar inscripciones de nacimiento?

Hola:

Sabes si,

- ¿una madre de 17 años puede inscribir el nacimiento de su bebé sin que sus padres estén presentes?
- ¿una madre que no está casada puede registrar a su bebé con los apellidos de ambos padres si tiene ambos DPIs pero su pareja no está presente?

El documento adjunto forma parte de un proyecto piloto del RENAP y contiene respuestas a este tipo de preguntas. En él, resumimos los requisitos para la inscripción de nacimiento para los usuarios y el personal.

Tu oficina ha sido elegido para recibir el afiche. Dos copias físicas del afiche llegarán pronto a la oficina. Debes colocar estas copias en lugares visibles y deben mantenerse ahí por lo menos 6 meses. Cuando los recibas, por favor envía una foto de los afiches colocados en tu oficina, con el nombre de tu oficina y ubicación, **por WhatsApp a +502 4113-9917**.

No es necesario que contestes a este correo.

Esperamos que el afiche ayude a hacer el registro de nacimientos más eficiente.

Atentamente,

Registro Central de las Personas

*Email 1 - English translation***Email 1 - Introduction and information****From:** x**Subject:** What are the requirements to carry out birth registrations?

Hello:

Do you know if,

- a 17-year-old mother can register the birth of her baby without her parents being present?
- an unmarried mother can register her baby with both parents' last names if she has the personal identities but her partner is not present?

The attached document is part of a RENAP pilot project and contains answers to these types of questions. In it, we summarize the requirements for birth registration for users and staff.

Your office has been chosen to receive the poster. Two physical copies of the poster will arrive in your office soon. You must place these copies in visible places and they must be kept there for at least 6 months. When you receive them, please send a photo of the posters placed in your office, with the name of your office and location, **by WhatsApp to +502 4113-9917**.

You do not need to reply to this email.

We hope the poster helps make birth registration more efficient.

Sincerely,

Registro Central de las Personas

*Email 2***Correo 2 (una semana después del envío de los afiches)**

Asunto: ¿Has enviado foto de tu afiche?

Hola:

Deberías haber recibido dos afiches recientemente que resumen los requisitos para la inscripción de nacimientos.

¡Muchas gracias a todos los que ya han enviado fotos de los afiches colgados en la oficina!

Si todavía no has enviado una foto o encontraste problemas al enviarla, por favor envíalas, con el nombre de tu oficina y ubicación, **por WhatsApp a +502 4113-9917**.

No olvides que los afiches deben mantenerse colgados por lo menos 6 meses.

Muchas gracias por tu colaboración.

Atentamente,

Registro Central de las Personas

Email 2 - English translation

Email 2 (one week after posters were sent)

Subject: Have you sent a photo of your posters?

Hello:

You should have received two posters recently outlining the requirements for birth registration.

Thank you so much to everyone who has already sent photos of the posters placed in the office!

If you have not yet sent a photo or encountered problems sending it, please send them with the name of your office and location, **by WhatsApp to +502 4113-9917**.

Do not forget that the posters must be hung for at least 6 months.

Thank you very much for your cooperation.

Sincerely,

Registro Central de las Personas

Email 3

Email 3 - Recordatorio

De: X

Asunto: ¿Cuál es el mejor lugar para colgar el afiche con los requisitos para la inscripción de nacimiento?

Hola:

En agosto enviamos un afiche con los requisitos para realizar la inscripción de nacimiento a varias oficinas RENAP, entre ellas la suya.

Cada oficina decidió dónde colgar el afiche y ahora queremos saber cuáles son los lugares más efectivos. Envíenos una foto de los afiches por [WhatsApp](#) a **+502 4113-9917** y cuéntenos por qué cree que ese lugar fue efectivo.

En el próximo correo compartiremos algunas de las respuestas. Esto permitirá que otras oficinas de RENAP aprendan de su experiencia.

¡No olvide que deben mantener sus afiches colgados por lo menos 3 meses más!

Atentamente,

Registro Central de las Personas

*Email 3 - English translation***Email 3 - Reminder****From:** X**Subject:** Where is the best place to hang the poster with the requirements for birth registration?

Hello:

In August we sent a poster with the birth registration requirements to several RENAP offices, including yours.

Each office decided where to hang the poster and now we want to know which were the most effective places. Send us a photo of the posters **on WhatsApp at +502 4113-9917** and tell us why you think this place was effective.

In the next email we will share some of the answers. This will allow other RENAP offices to learn from their experience.

Don't forget that you should keep your posters hanging for at least 3 more months!

Sincerely,

Registro Central de las Personas

Email 4

Email 4 - Recordatorio - 5 meses después del envío

De: X

Asunto: Última oportunidad para darnos retroalimentación sobre los afiches

Hola:

El 1 de marzo se cumplen 6 meses del envío de los afiches con los requisitos para realizar la inscripción de nacimientos.

Dando seguimiento al proyecto piloto, queremos pedirte que nos cuentes la experiencia de tu oficina con los afiches.

Por ejemplo, gracias a los últimos mensajes supimos que:

- Un buen lugar para colgar el afiche es la sala de espera porque es el primer contacto visual que tienen los usuarios al ingresar a la oficina.
- La sala de espera también es un lugar adecuado porque los usuarios leen el afiche mientras esperan su turno.
- No es recomendable colgar el afiche muy alto porque se dificulta leerlo.

Nos gustaría recibir tu retroalimentación sobre los afiches y el proyecto piloto.

- ¿Piensas que los afiches han sido útiles para el personal y los padres de familia? ¿Por qué?
- ¿Crees que podríamos mejorar los afiches? ¿Cómo?
- ¿Tienes alguna recomendación adicional para hacer el proceso de inscripción más eficiente?

Por favor envíanos tus respuestas respondiendo **por WhatsApp a +502 4113-9917**

No olvides que los afiches deben mantenerse colgados por lo menos hasta el 1 de marzo.

Muchas gracias por tu colaboración.

Atentamente,

Registro Central de las Personas

*Email 4 - English translation***Email 4 - Reminder - 5 months after posters were sent****From:** X**Subject:** Last chance to give us feedback on the posters

Hello:

March 1 marks the 6th month of sending the posters with the requirements for registering births.

Following up on the pilot project, we want to ask about your experience with the posters.

For example, thanks to the latest messages we learned that:

- A good place to hang the posters is the waiting room because it is the first place users see when entering the office.
- The waiting room is also a suitable place because users read the poster while they wait for their turn.
- It is not recommended to hang the poster too high because it is difficult to read it.

We would like to receive your feedback on the posters and the pilot project.

- Do you think the posters have been helpful to staff and parents? Why?
- Do you think we could improve the posters? How?
- Do you have any additional recommendations to make the registration process more efficient?

Please send us your responses by replying **through WhatsApp +502 4113-991**.

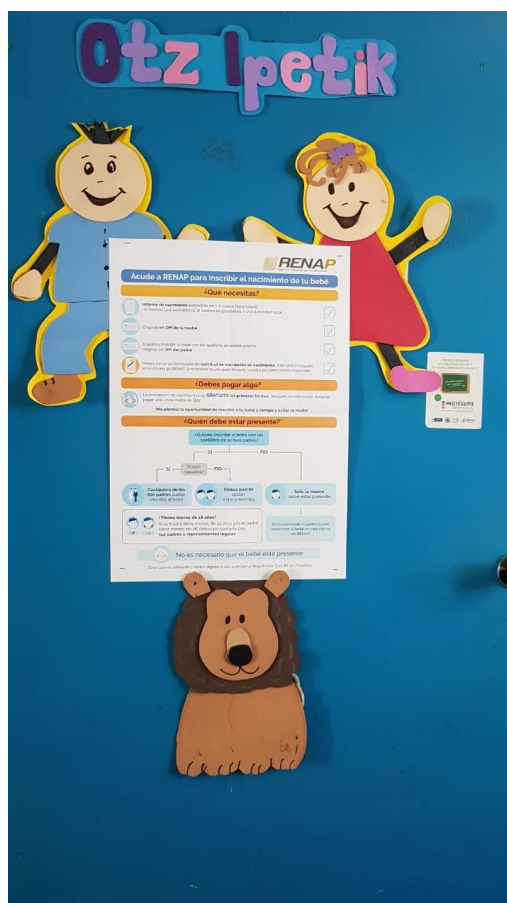
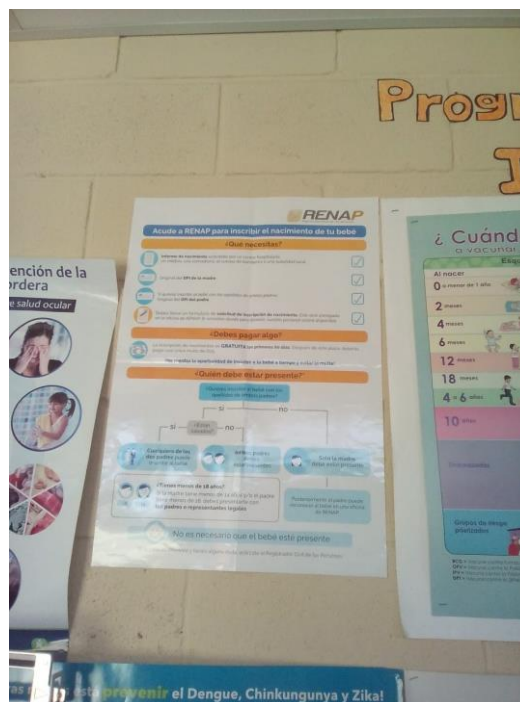
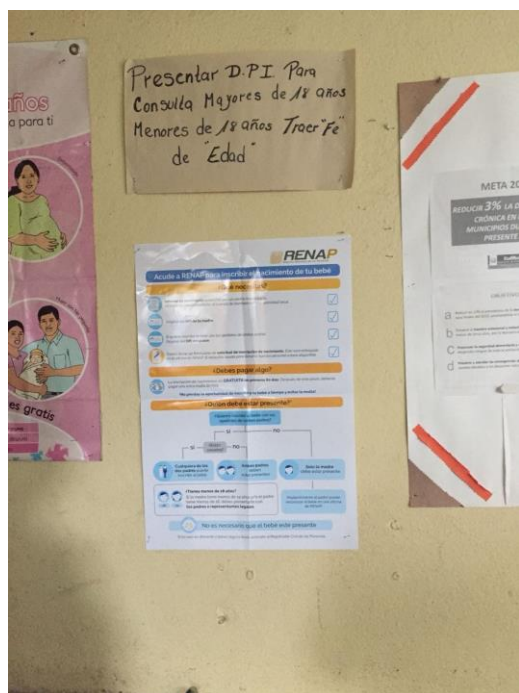
Don't forget that the posters should be kept hanging until at least March 1st.

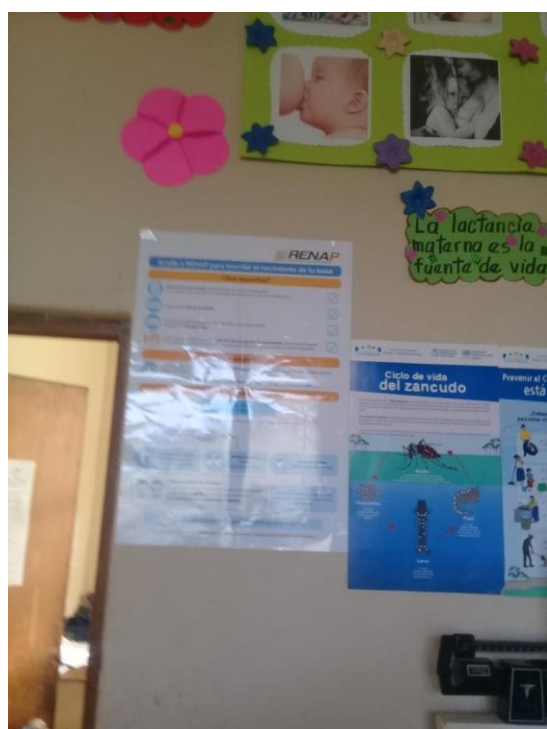
Thank you very much for your cooperation.

Sincerely,

Registro Central de las Personas

Annex 2 - Photos sent by RENAP officers of the location of the posters



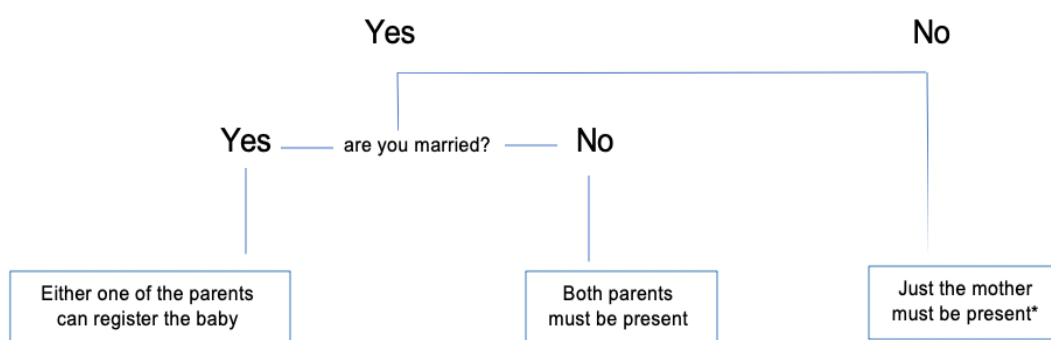


Annex 3 - Poster English translation

To register your child's birth...

Who needs to be present?

Do you want to register the child with both parents' last names?



*The father can recognize the baby at a later time at a RENAP office.

Are you under 18 years old?

If the mother is less than 16 years old or the father is under 18, **your parents or legal guardian** must be present.

It is not necessary that the baby is present

What do I need?

Birth report from a health centre, a doctor, a midwife, firefighter force or local authority.

The **mother's identification** document and a copy

If you want to register the baby with both parents' last names:

Father's identification document and a copy

You must fill out a **birth registration application form**. This will be given to you at a RENAP office. If you need any help filling it, our staff is available.

Should I pay something?

Birth registration is **FREE** for the **first 60 days** after birth. After this time period, you must pay a Q25 fee.

[Do not miss the chance to register your baby on time and avoid the fee!](#)

Notes

ⁱ<https://publications.iadb.org/bitstream/handle/11319/5696/elsubregistrodenacimientosenguatemala:lascconsecuencias.pdf?sequence=1>

ⁱⁱ <https://www.bi.team/capacity-building-gif>

ⁱⁱⁱ<https://publications.iadb.org/bitstream/handle/11319/5696/elsubregistrodenacimientosenguatemala:lascconsecuencias.pdf?sequence=1>

^{iv} *ibid*

^v<http://www.prensalibre.com/noticias/comunitario/renap-subregistro-disminuye-registro-de-ciudadanos-0-1051095090>

^{vi}<https://www.povertyactionlab.org/sites/default/files/publications/The%20Price%20is%20Wrong.pdf>

^{vii} In addition to their main offices, RENAP also has offices within public hospitals. Parents whose children are born within public hospitals are able to register their child's birth within a RENAP hospital office, however the deadline for timely registration within hospital offices is three days, rather than the 60 day deadline imposed in RENAP's main offices.

^{viii} While we hoped to be able to simplify the actual process for parents, any changes to the process would have required legislative amendments.

^{ix} The Behavioural Insights Team. (2014). EAST: Four simple ways to apply behavioural insights

^x Gigerenzer, G., Gaissmaier, W., Kurz-Milcke, E., Schwartz, L.M. & Woloshin, S. (2008). Helping

doctors and patients make sense of health statistics. *Psychological Science in the Public Interest*, 8(2), 53-96.

^{xi} It is worth highlighting that Guatemala's literacy rate is amongst the lowest in the Central America region. When designing the poster, we ensured that the language used was as simple as possible, and incorporated imagery throughout to aid comprehension. As the intervention targets parents and RENAP staff, we hoped that the posters would enable RENAP staff to provide more accurate guidance about registration requirements to parents who may be unable to read the information on the posters.

^{xii} Population and birth registration data was the only data we had access to and we were therefore not able to conduct any further balance checks.

^{xiii} Our final dataset is panel of observations over time for each municipality

^{xiv} Timely registrations are deemed to be within 60 days of birth

^{xv} We used historical data from January 2017 to August 2018 to improve the precision of our study.

^{xvi}<http://www.prensalibre.com/noticias/comunitario/renap-subregistro-disminuye-registro-de-ciudadanos-0-1051095090>