

Right to Identity for Rural Children in Colombia

Birth Registration in Rural Areas of Colombia



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Background Research

Poverty in Colombia

- 35% living below **the poverty line**
- Violent internal conflicts for more than 50 years
- Low accessibility to social and health services
- Wealth disparity
- Serious humanitarian crisis



Child Poverty in Colombia

Main issues:

Armed conflicts in the country lead to people's **displacement** (nearly 30% of all families didn't have adequate housing in 2018)

→ people live on the streets, no schooling for children, child labor, sexual exploitation of children, forced marriage, recruitment as child soldiers



Birth Registration

Official record of a child's existence

The process in Colombia:

- Presence of the person to be registered
- Original of the *Live Birth Certificate* or *Civil Registration* of the person to be registered
- Identification of the parents
- Certificate of blood type and RH factor of the person to be registered
- Centralized RNEC database



Problem Definition

Root Causes for Non-registration

- Security Concern
- Transportation Barrier
- Unawareness of the importance of Birth Registration*



unite for
children

unicef 

*Source: *Every Child's Birth Right, Inequities and trends in Birth Registration* (UNICEF, 2020)

Consequences of Non-registration

Unregistered rural indigenous children in Colombia (~20%) due to armed conflicts

- don't have basic human rights and claims for citizenship, as being **stateless**
- socially, economically, politically disadvantaged
- don't have access to programmes aimed at the reduction of poverty (e.g. Más Familias en Acción, Produciendo por mi Futuro)

Protect rural indigenous children's rights for birth registration in Colombia

SDG Targets



SDG 1.1: By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than \$1.25 a day

SDG 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable



SDG 4.1: By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes

SDG 4.2: By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education

SDG Targets



SDG 5.3: Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation



SDG 8.7: Take immediate and effective measures to eradicate forced labour, end modern slavery and human trafficking and secure the prohibition and elimination of the worst forms of child labour, including recruitment and use of child soldiers, and by 2025 end child labour in all its forms



SDG 10.2: By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status



SDG 16.2: End abuse, exploitation, trafficking and all forms of violence against and torture of children.

SDG 16.9: By 2030, provide legal identity for all, including birth registration.

Solution

Solution

Rural births reporting and documents submission system

Midwife → Members of local community center (young females) → Local civil registry
SMS *Application*



Competitive Analysis: Mobile Units

$$\begin{array}{c} \text{RNEC (National Civil Registry)} \\ + \\ \text{UNHCR (UN High Commissioner for Refugees)} \\ = \\ \text{UDAVP (Vulnerable Population's Attention Unit)} \end{array}$$

- + Provide identity documents in the remotest parts of the country
- + Registration on the spot

The need of a properly roofed and ventilated space with tables and chairs -
A lot of equipment (vehicles, computers, modems, printers, etc.) -

Step 1: Training

Train **midwives** to conduct:

- Promotion of birth registration
- Report through SMS
- Blood type testing

Train **local community center staff** or **young female active members of the community** to conduct:

- Birth registration on the spot
- Document submission through the app
- Emergency assistance



Kit for easy-to-conduct blood type testing (example)

Step 2: SMS Reporting

SMS and app solutions are **the most common forms** of mHealth applications in low and middle-income countries*

SMS notification from the *midwife* should include:

- Name of the midwife
- Date and estimated time of the event
- Estimated location



*Source: *mHealth Application Areas and Technology Combinations: A Comparison of Literature from High and Low/Middle Income Countries* (H. Abaza, M. Marschollek, 2017)

Step 3: Validation

After receiving the SMS notification, the assigned *staff from the local community service center (young females)* or *female active members of the community* will arrange a visit



Step 4: Online Application

The staff should apply for birth registration on the spot via phone application.

- Convenience
- Trustworthy staff
- Prevention of leaking of confidential information of parents (e.g. national ID)

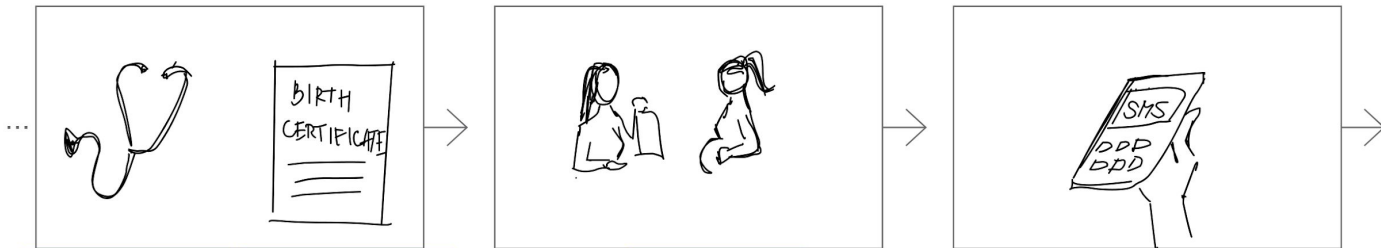


Supervision

Birth information can be **tracked and monitored** by all 4 stakeholders in the *CRVS* (civil registration and vital statistics) system in Colombia.

- Registraduría Nacional del Estado Civil (RNEC)
- Instituto Nacional de Medicina Legal y Ciencias Forenses (INML-CF)
- Departamento Administrativo Nacional de Estadística (DANE)
- Ministerio de Salud y Protección Social (MSPS)





Midwives' training on:

the importance of birth registration, how to use the blood test kits, and how to notify live birth to local community service center using SMS message

Midwives inform parents-to-be about the birth registration and conduct easy blood type test

Young female staff from local community service center will make a visit after receiving SMS report from the midwives.



Young female staff in each area will be assigned with User ID and Password to check and apply for Birth Registration on spot via the platform

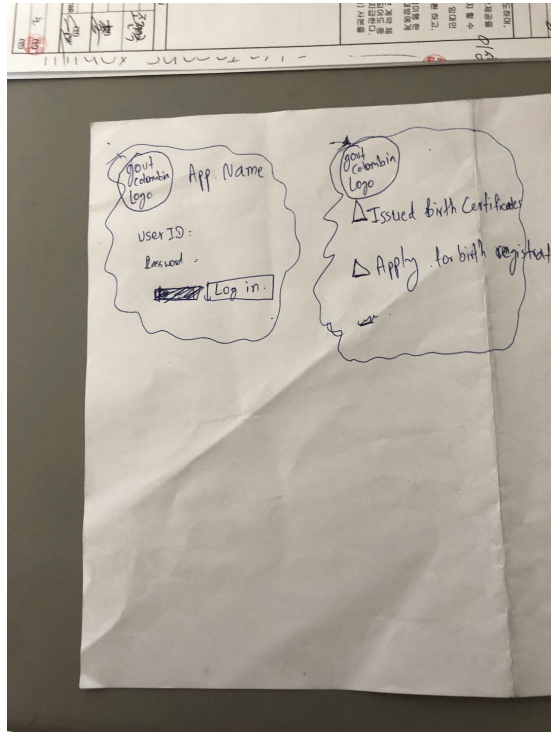
The civil registrars in each municipality will be able to log in and track all cases with available information in order to register the child

In case there are any concern, the local registrar will file a request to the assigned female staffs

All confirmed cases will be then submitted to RNEC database and tracked by all 4 stakeholders in CRVS in Colombia.

Prototype

Sketches



APPLICATION NAME

Sign Up

It's easier to sign up now

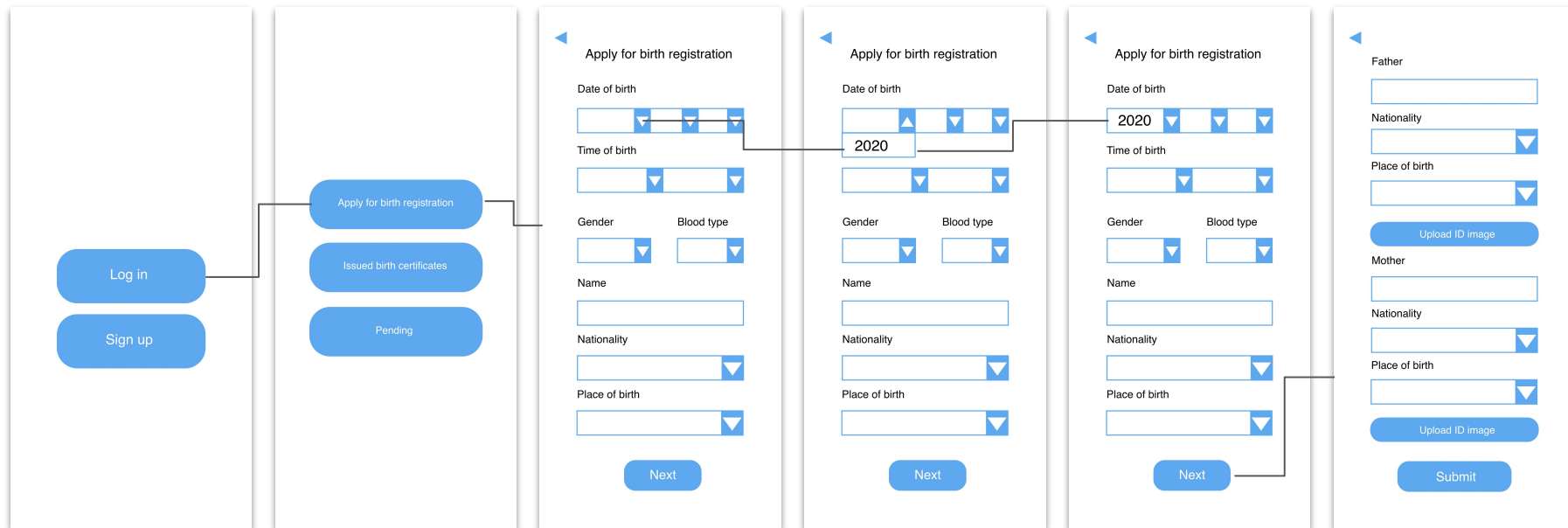
 Continue with Facebook

I'll use email or phone

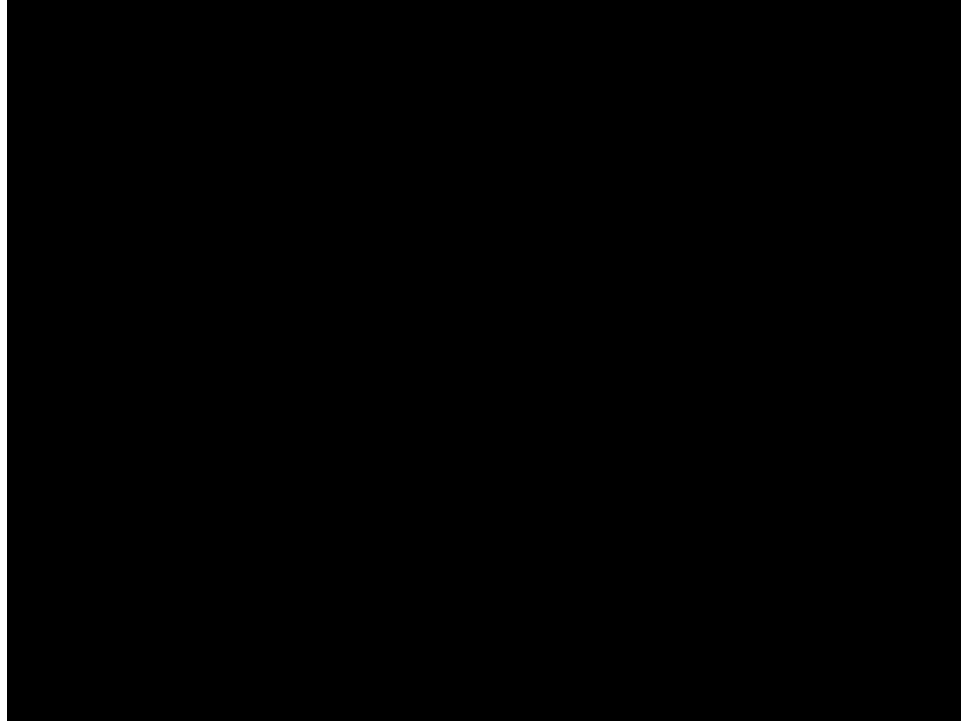


Already have account? [Login](#)

Wireframes



Prototype



<https://xd.adobe.com/view/94612cc8-7bb4-4d65-b32a-5b849c45dc8b-c132/?fullscreen&hints=off>

Prototype Testing

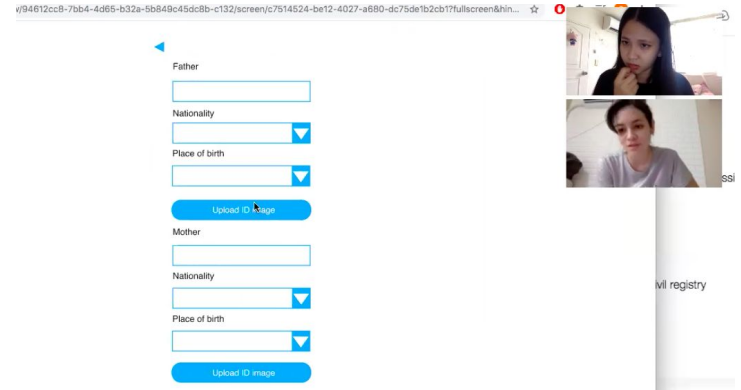
Usability Testing

Online Interview with *Colombian students*:

Daniela Gonzalez & Dania Carolina Rivera Diaz

Impressions:

- Unaware of this issue happening in rural indigenous communities
- Convenience registering through this application
- Wish to contribute and participate in this project



Usability Testing

Feedback: **things to take into consideration**

- Language
- Conservative communities
- Clear understanding of geographical area in each community
- SMS, technological barrier for midwives
- Possibility of parents not having national ID cards

Further Action

- Campaign to raise awareness in urban areas and other parts of the world for more collaboration
- Maintaining communication with representatives of each community to prevent misunderstanding
- Effective human resources for training program preparation





Thank
you