

THE INTERNATIONAL JOURNAL OF HUMANITIES & SOCIAL STUDIES

Maternity User Fee Debts: An Infringement on Children's Rights

Karren Dube

Lecturer, Department of Development Studies, Lupane State University, Bulawayo, Zimbabwe

Pumulani Mpofo

Programmes Manager, Trinity Project 3rd Floor, York House, Bulawayo, Zimbabwe

Abstract:

The study investigates how maternity user fee debts infringe on the rights of children in Zimbabwe. The study employed a qualitative research design where questionnaires were administered to 32 women affected by maternity user fee debts who were either mothers or guardians of children without birth certificates. In addition key informant interviews were held with hospital authorities. The findings of the study are that maternity user fee debts, deprive some children of their birth confirmation records which is a primary requirement for them to get birth certificates. Children need birth certificates to unlock other rights because these rights are inter -dependent. Children who do not have birth certificates face many obstacles in life which children who are registered take for granted. The study recommends that greater political will by the government and development partners would be required to realize the quest for universal birth registration in Zimbabwe.

Keywords: *maternity user fee debts, rights of children, birth confirmation records, birth certificates, universal birth registration*

1. Introduction

In Zimbabwean hospitals and designated City Council clinics pregnant women pay maternity user fees when they are admitted to deliver their babies. The cost of delivery varies depending on whether the mother would have had a normal delivery or delivered by caesarean section. If the delivery is at a clinic the costs are lower than delivering at a referral hospital. A caesarean section can only be performed at a referral hospital in which case costs are considerably higher. For instance a normal delivery at two major public referral hospitals namely; United Bulawayo Hospitals 's Lady Rodwell Maternity Hospital and Mpilo Hospital is US\$80, while a caesarean section costs US\$250. These are considerably high amounts of money for people who are not gainfully employed. The modes of payment are cash or through medical aid. When the maternity bill is settled in full, a mother is issued a birth confirmation record of the child, upon being discharged from hospital. This birth confirmation record is in book form and was launched by the Registrar General's department in 1991 and is distributed in all medical institutions in Zimbabwe which have maternity facilities. This birth confirmation record is important because it is required when acquiring a birth certificate, as proof of where and when the child was born. If mothers are not able to pay maternity user fees, they are discharged, but not given the birth record. Hospitals do not issue birth records to mothers with maternity user fee debts as a measure of enforcing payment. The non -issuance of birth confirmation records of some of the children born in Zimbabwean hospitals is an infringement on their right to an identity and nationality, because without it a mother cannot obtain a birth certificate for a child. Lacking a birth certificate may be a barrier to other rights like health care, education and social services. According to UNICEF (2005), birth registration, the official recording of the birth of a child by the government is a fundamental human right and an essential means of protecting a child's right to an identity. Birth registration, therefore, is not only a fundamental right in itself but also key to ensuring the fulfillment of additional rights.

Children have a right to an identity. In Zimbabwe the right to identity is enshrined in the National Constitution (2013) and the Birth and Death Registration Act chapter 5:02. The Constitution of Zimbabwe (2013) in Chapter 3 section 35 subsection 3 (a) stipulates that "all Zimbabwean citizens are entitled to the following rights and benefits(c)..to obtain birth certificates and other identity documents issued by the state". The Birth and Death Registration Act Chapter 5:02, states that children should acquire a birth certificate within six weeks of birth. Moreover, the Universal Declaration of Human Rights of 1948 states that "everyone has a right to a nationality", in the same vein the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC) both to which Zimbabwe is a signatory emphasize that children should be registered at birth.

However, in reality in Zimbabwe there are some children who do not get registered within the six weeks stipulated at law. In Zimbabwe birth certificates can be obtained at the Ministry of Home affairs, Registrar's department, with has decentralised offices found in all districts in the country.

Many children get registered quite later on in life sometimes when they have become adults. Some parents do not acquire birth certificates within the stipulated period because they would have failed to access birth confirmation records of their children which hospitals generate upon each delivery, because of maternity user fee debts. If mothers are not able to pay hospital user fees, they are

discharged, but not given the birth record. Hospitals do not issue birth records to mothers with maternity user fee debts as a measure of enforcing payment. A birth record is required as proof of when and where a child was born. Maternity user fee debts are one of the major obstacles in children enjoying their first right which is the right to an identity. These children are denied their fundamental human rights largely because of the poverty of their parents. While there are myriad reasons why some children do not have birth certificates in Zimbabwe, this paper argues that maternity user fee debts are one of the major reasons why children especially those from poor backgrounds do not have birth certificates. Dow (1998) says that these children who do not have birth certificates “are denied their birthright by their very invisibility”. This shows that unregistered children do not exist in the civil registry of a country and are thus invisible and this can greatly disadvantage them.

1.1. Objectives

- To investigate the reasons for the non- payment of maternity user fees.
- To examine the impact of non- payment of maternity user fees.

1.2. Problem Statement

This study was prompted by the problem of birth records that are not issued by hospitals because of non -payment of maternity user fees by some mothers upon delivery. There are a sizeable number of children who are affected by this problem in Zimbabwe. UNICEF (2005) indicated that 51% of children under five in Sub Saharan Africa are not registered, even when more people deliver at hospitals .This could be a result of failing to access proof of birth. In addition 763 of 2936 children identified by Trinity Project between Oct 2013 and March 2015 were born in hospitals in Bulawayo and are failing to access birth registration due to failure to access birth confirmation records. There is therefore need to investigate the non- issuance of birth records by hospitals as an obstacle in some children not having birth certificates and how this infringes on their fundamental human rights, because without the birth record, some parents cannot register their children.

On 31 March 2000, a Statutory Instrument was put in place to allow children from birth to 6 years to be issued with birth certificates free of charge on registration of their births in Zimbabwe. This was meant to encourage parents to register their children before they go to school and alleviate the burden of parents failing to obtain birth certificates due to lack of financial resources (Registrar General’s report 2005). While acquiring the birth certificate itself is free for children 0-6 years, those without birth confirmation records, but born at a medical institution, cannot get birth certificates. The Registrar General ‘s Department has done a commendable job because apart from decentralizing civil registry offices to all districts, they also have been carrying out mobile registration exercises since 1981, although their weakness is that they tend to be intensified towards general elections because they offer births, deaths, national and voter registrations. Mobile registration exercises remove the burden of people travelling long distances to register their children. They are convenient to parents who do not have money for transport, because they would be able to register their children within their communities. What remains is to tackle the issue of birth records that are not issued by hospitals for children whose mothers have maternity user fee debts.

1.3. Conceptual Framework

The interest theory is relevant for analyzing the issue of human rights and the interests of children. This is because denying children birth certificates, denies them the ticket to citizenship and therefore their human rights. The interest theory holds that the function of a right is to further a right holder’s interests. Cowden (2012) contends that interest theorists argue that a right’s function is to protect those things, goods and services that are so intrinsically important to us that they are in our interest...and those people who may lack the power to obtain these goods for themselves, who lack competencies, are often those that need the protective force of rights the most. Federle (1994) argues that the interest theory appears most promising to children’s rights theorists because it proposes to resolve the problem of having a right without the present ability to exercise it. It is acknowledged that because of their age, children might not have the competence and capacity to exercise their rights of getting their birth records at hospitals and obtaining their birth certificates. Given that children because of their age and minor status, do not have the capacity and ability to exercise their right to obtain a birth certificate and other documents and the right to a nationality, the onus is on the parents, the state and other stakeholders to make children realise these rights.

2. Literature Review

The centrality of birth registration or obtaining birth certificates for every child that is born in this world is well documented. Harry Belafonte (2004) the UNICEF Goodwill ambassador aptly remarked that “for children to count, they have to be counted” and that “to deny children their legal documentation, their names, their identity is to jeopardize their very lives and to deny them a future as citizens.” UNICEF (2005) says that birth registration, the official recording of the birth of a child by the government, is a fundamental human right and an essential means of protecting a child’s right to an identity. Furthermore the Human Rights Council of the United Nations (2014), states that birth registration is a fundamental right, recognized by article 24, paragraph 2 of the International Covenant on Civil and Political rights and article 7 of the Convention on the Rights of the Child. Bequle (2005) underscores that birth registration is the first point of contact between a child and the state and that it is the first and fundamental right in and of itself and a door to other rights. Such rights among others, include access to health care, education, social services, employment, inheritance, the right to vote, open a bank account, acquire a national identity card and passport, protection from child labour, child marriages and enlisting in the army at an early age. Thus it can be seen that birth registration, is not only a fundamental right in itself but also key in ensuring the fulfillment of additional rights and as Dow (1998) says a “birth certificate is a ticket to citizenship and that without one,

an individual does not officially exist and therefore lacks legal access to the privileges and protections of a nation". In addition birth registration is profoundly significant because it provides data for effective planning at local and national levels in a country. Dow (1998) says that "without a registration system a country does not know its own birth rate- or death rate. An effective system of birth registration is fundamental not only to the fulfilment of child rights but also the rational operation of a humane government in the modern world."

However while there is an understanding that birth registration is a fundamental right and a ticket to citizenship, there are millions of children born in the world who are not registered. UNICEF (2013), estimates that 230 million children under age five do not officially exist. Of these, more than half 59 per cent live in Asia and another 37 per cent live in sub-Saharan Africa and this translates to one in every three children under the age of five. It is estimated that about 50 million children born each year around the world are not registered. Statistics contained in the Zimbabwe Interim poverty reduction strategy paper (2016:29) show that "in 2012, children aged between 0-17 years totaling 2.4 million, had no birth certificates, constituting 38.9 percent. Rural areas had a higher proportion (45.7 percent) of children aged 0-17 years with no birth certificates, compared to urban areas with 21.7 percent". This clearly shows that less than half of the children born in Zimbabwe are registered, yet the law requires them to be registered within 6 weeks of birth. Gwavuya (2014) contends that despite the provisions in the law, birth registration in Zimbabwe is far from comprehensive. Factors that impinge on universal birth registration in Zimbabwe are the level of education and socio economic status of the parents of the child and whether the child was delivered at home or at a health facility. Children who are born in a medical facility whose parents are educated and relatively well -off economically are more likely to be registered than those born at home whose parents are poor and not educated. Gwavuya (2014) says that in number terms, it shows that only about 32 % of children born at home are registered as compared to between 54 % and 63 % of children born in a health facility. About 74 % of children under five years of age from the richest households are registered compared to between 33 % and 44% from poor households. The wealth status of a household in Zimbabwe determines whether a mother is able to offset expenses associated with delivery as well travelling to registry offices to register the child. Thus while the birth certificate itself is free for children 0-6 years, there are considerable costs associated with delivery that are an obstacle to birth registration.

3. Methodology

The research for the study was qualitative in nature done through administering a questionnaire to a total of 32 participants, 30 of whom are mothers who delivered either at Mpilo Hospital, United Bulawayo Hospitals and designated Bulawayo City Council clinics such as Pelandaba, Tshabalala, Pumula, Magwegwe and Nkulumane. Two participants were grandmothers who were looking after children who were not registered and gave vital information about where their grandchildren were delivered and the challenges they were facing. These women were randomly selected from the Trinity project files. These women had previously approached Trinity project seeking assistance in clearing their maternity user fee debts at health institutions and obtaining birth records and birth certificates for their children.

In addition key informant interviews were conducted with selected United Bulawayo Hospitals (UBH) authorities namely the Operations Director, the Matron of Lady Rodwell Maternity hospital and key personnel in the accounts section.

4. Findings and discussion

4.1. Findings from Key Informant Interviews

Gathering information from key informants had serious limitations. Some of them were not comfortable providing information pertinent to the research to the extent that they contradicted themselves. It was contradictory for hospitals authorities to claim that there are no birth records which have been withheld at the hospital, but at the same time say that these birth records would be kept as long as the debt prevails. It was deduced from these contradictions that there are a lot of birth records which have not been issued over the years, although we could not establish the actual number which would give a clear picture of how bad the situation is.

However from the returned questionnaires, it was established that delivery costs in public hospitals were subsidized. A normal delivery costs US\$80 while a caesarean section costs US\$250.00. These costs cover operational procedures such as bedding, food provisions and sundry items related to delivery and drugs. It was indicated that United Bulawayo Hospitals (UBH) is a referral centre with its main catchment area being the provinces of Matabeleland South, Masvingo, Midlands, and Bulawayo Metropolitan. It was established that on average 350 women deliver at UBH per month and approximately 4000 women deliver per annum. The table below shows the number of pregnant women who were referred to United Bulawayo Hospitals from district hospitals and clinics. This shows that this referral hospital gets a sizeable number of patients with complications from other medical institutions and these women would not have been registered at this hospital for pre- natal maternity services and these are almost always emergency cases. Some of these women would not be covered by medical aid and also do not have money to pay their maternity bills. It was established that some of these patients have no traceable residential addresses and mobile phone numbers hence making it difficult for the hospital to make payment plans to clear the hospital bill. As a result hospitals do not issue the birth confirmation record if a mother has not cleared the debt.

Year	2014	2015
Referrals from District hospitals	1644	1694
Referrals from Bulawayo City Council Clinics	810	832

Figure 1: Number of referrals from district hospitals and Bulawayo City Council Clinics

Even though, hospital authorities understood that birth confirmation records are an important requirement for the registration of children and the realization of their rights, they were left with no choice but not to issue them as there was no other way in which they could recover the money owed to the hospital by the mothers. In the face of reduced disbursements for operational costs from government, hospitals had a duty to collect revenue to fund their operations. It was reported in the Herald newspaper of the 4th of May 2016 that government had approved a budget of US\$11 million dollars for public hospital operations countrywide and according to the Minister of Health, by May 2016 only US\$1 million dollars had been disbursed for all public hospitals countrywide. This amount was hardly enough to cater for the operational costs of all the hospitals. Given the reduced support for public hospitals by government, is not surprising that hospitals have to be ruthless in recovering debts from patients.

It is important to state that in terms of government policy hospitals should not be charging maternity user fees in Zimbabwe. Charging of maternity user fees was officially stopped with effect from 1 July 2012. Scrapping of maternity user fees was one of the key aspects of the Health Transition Fund. This was a multi donor pooled transition fund for health in Zimbabwe which aimed to raise about US\$435 million dollars. This Fund was established by the government of Zimbabwe and development partners in 2011 and its declared objective was to reduce maternal and child mortality through abolishing user fees and supporting high impact interventions and health system strengthening. Government scrapped maternity user fees in order to reduce maternal and infant mortality in Zimbabwe because many women who could not afford the required fees were delivering at home assisted by untrained midwives. As a result many women were dying because of maternity related complications.

It is commendable that pregnant mothers should not have to pay anything when they deliver their babies. However hospitals on their part need to recover costs associated with each delivery so that they would continue offering this service. Maternity user fees can only be truly scrapped if government timeously disburses money to hospitals as was the agreement and understanding under the Health Transition Fund. Disbursements from government to cover maternity related costs have been erratic countrywide, hence hospitals and clinics now demand payment from mothers who have delivered. In addition even Council clinics re-introduced maternity user fees. It was reported in the Chronicle newspaper of the 5th of September 2014 that Bulawayo City Council had re-introduced US\$30 maternity service fee in the 2014 budget because government had not paid over US\$350,000 in claims by the Council despite reminders. These claims were for maternity services provided at Council clinics. So as long as government does not fulfill its end of the bargain by disbursing money to hospitals and clinics to cover maternity costs, these medical institutions will recover the costs from the patients. The Minister of Health and Child Care, Dr. David Parirenyatwa in May 2016, commenting on the defiance of some public hospitals which still charge maternity fees said, "what is happening in some of these institutions is that because of the shortage of money they are scrounging around and that is a challenge. This is why, were asking that Treasury of all the important things in the country should give money to the health systems".

This statement clearly shows that health institutions in Zimbabwe have funding challenges which are acknowledged by the responsible minister and the plea is that health should be prioritised in the disbursements from Treasury. The diminished support of public hospitals by government means that hospitals pass the cost to the patients. In the case of pregnant mothers who cannot pay the maternity bill, the child carries the full burden of this debt, caused by circumstances beyond the control of the hospitals.

4.2. Findings from Mothers and Guardians

It was established that from the participants in the research that 27 women delivered at referral hospitals namely, Mpilo Hospital and United Bulawayo Hospitals (UBH) and five women delivered at Bulawayo City Council clinics namely Luveve, Pumula, Magwegwe, Pelandaba and Nkulumane and Tshabalala. Of the 27 women who delivered at hospitals only seven had actually registered for prenatal services there. The majority of the women, who delivered at Mpilo Hospital and United Bulawayo Hospitals (UBH), did so because of pregnancy related complications, which Council clinics had no capacity to handle. While participants agreed that it was good for women to get comprehensive obstetric care, especially when there are complications, some regretted giving birth at big hospitals because of the costs incurred. One participant said "I am very disappointed on the bill that has been imposed on me, I was in hospital for less than a week but the bill was US\$785 on the first month and kept on accumulating now it is US\$925." This is an incredibly high amount of money given the economic situation in Zimbabwe. Some of the women delivered their babies in 2005, but still do not have birth confirmation records of their children.

The majority of the participants had maternity user fee debts. 30 out of 32 people (93.8%) confirmed that they had hospital debts which they were not able to pay. Most of them were now pursued by debt collectors because hospitals were trying to recover their money. The debts range from US\$260 -US \$900. The participants decried the fact that these debts keep on accumulating interest.

The respondents cited unemployment as the major reason why they were not able to pay their debts and obtain the birth confirmation records for their children. 29 out of the 32 respondents (90.63%) were not formally employed. The majority, were vendors and some survived through doing odd jobs. Only three women had husbands who were formally employed, but even they were not able to settle the debts.

Five women (15.63%) delivered through caesarean section operations which can only be done at referral hospitals and had no money to clear their debts. One of these women had her two babies delivered through caesarean section operations at Mpilo Hospital and had not settled either debt. The cost for a caesarean section operation is US\$250 at a public hospital and this is a fairly high amount for people who are not gainfully employed, hence their failure to clear the debts.

In addition three respondents (9.38%) delivered at Mpilo Hospital because they had babies when they were under the age of 16. These young mothers are still staying with their parents and some of them have since gone back to school. Their parents had no money to clear their hospital debts. One of these three teenage mothers had no identity card at the time of giving birth and this leads to inter-generational lack of identity cards.

Furthermore two respondents (6.25%) were grandmothers of children whose parents were in South Africa and not cooperating in clearing the hospital debts and getting birth confirmation records of their children. One respondent (3.13%) reported that her husband died before paying maternity fees and as such was not able to get the birth confirmation record as she was not employed. Similarly another respondent reported that her husband was in prison and there was no one to clear the maternity user fee debt.

There were three women (9.38%) who had lost birth confirmation records and could not afford the US\$10 search fee that is required at the clinics. Two respondents (6.25%) had used paternal surnames on the birth confirmation and later acquired identity cards using their maternal surnames. The hospital officials were refusing to alter their records to correct this anomaly. To make matters worse, these women could not afford the legal fees for notarial deed for change of surname. In the end their children suffer because they cannot get registered since their mothers cannot get the birth confirmation records from the hospital.

The figure below graphically shows the reasons why mothers who participated in the study failed to get birth confirmation records for their children.

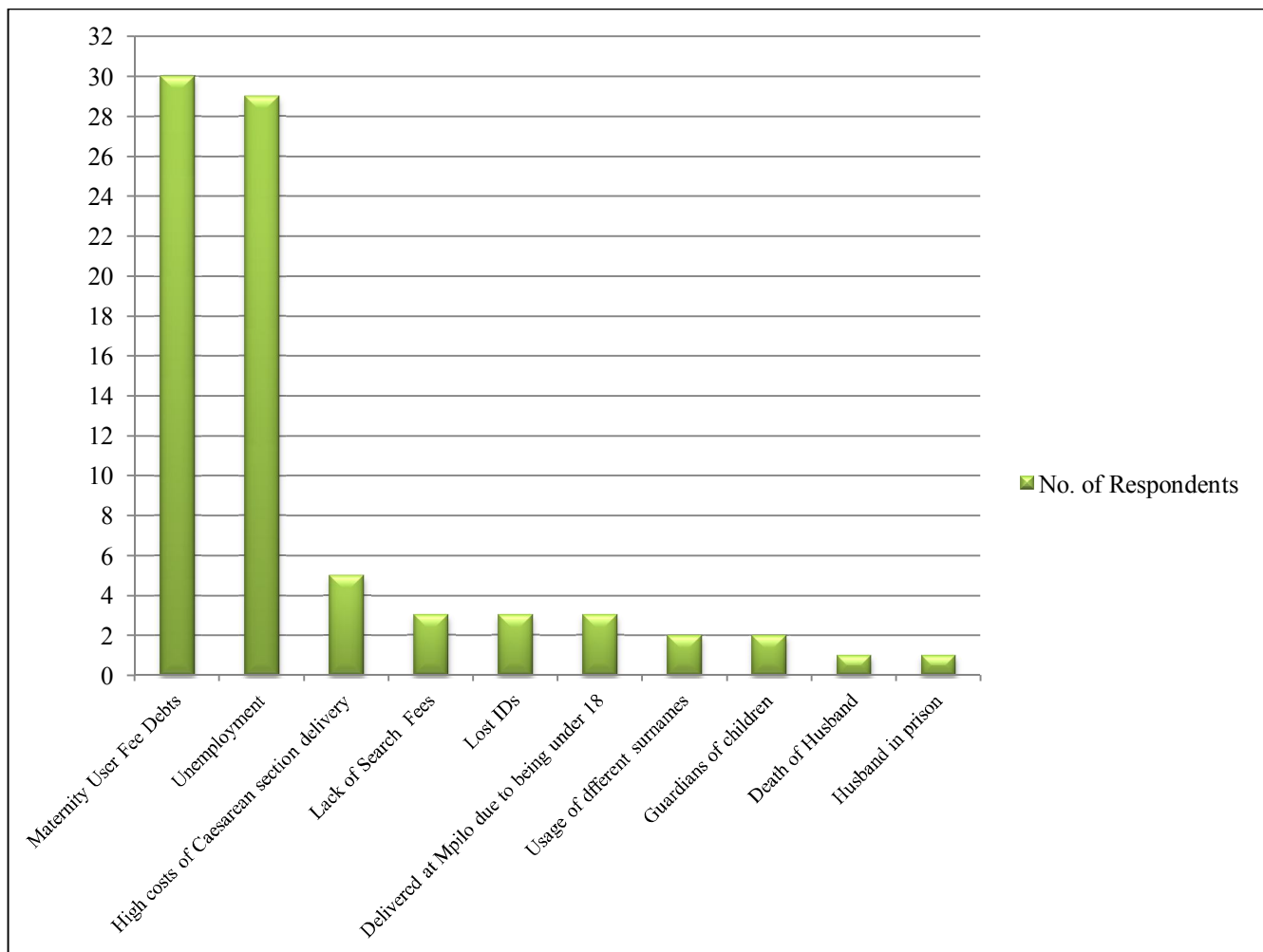


Figure 2: Reasons for lack of birth confirmation records

While many reasons for the lack of birth confirmation records and then non-registration of children were given by the participants, the over-arching reason was that of non-payment of maternity user fees due to unemployment, poverty and the lack of regular incomes. This is not surprising given that the unemployment rate in Zimbabwe is over 80%. Moreover the Zimbabwe Interim poverty reduction strategy paper (2016:29) on the issue of poverty and children, reports that “according to the 2011/12 population census, 26 percent of all Zimbabwe’s children aged 0-17 years were living in households considered to be in extreme poverty. Overall, 78 percent of Zimbabwe’s children were living in poor households. Children in rural areas were worse off than those in urban areas”. This shows the pervasiveness of poverty in the Zimbabwe.

Bequele (2005) contends that for a birth registration system to exist there must be a sound legislative framework which outlines which authorities are responsible for enforcement, and institutional framework for its implementation and sufficient resources must be availed to enforce the system. In Zimbabwe a sound legislative and institutional framework for enforcement for birth registration exists because birth registration is decentralised and in addition, mobile registration teams go on a blitz annually to register children in rural areas so as to bring civil registry closer to those people who may not have the means to travel to district civil registry offices. The missing link of the birth registration system in Zimbabwe is the lack of financial resources that can be used to offset the maternity user

fee debts of parents who do not have the means to pay. Availing financial resources will make it possible to enforce universal birth registration in the country.

In Zimbabwe, while birth registration itself is free for children 0-6 years of age, many children will remain invisible in the eyes of the law, because they cannot be registered as long as their parents do not have their birth confirmation records. The Registrar's department has to be sensitised about this issue of children who do not have birth confirmation records, because it affects its quest for universal birth registration. The Committee of the Rights of the Child (2014) recommends that an effective system of birth registration must be flexible and responsive to the circumstances of families. Unless and until government is responsive to the plight of poor parents, an effective universal birth registration will remain elusive. Children who come from poor backgrounds should not have their lives held to ransom because of the poverty of their parents. By not issuing birth records, hospitals punish the child more than the mother and by so doing infringe on the rights of children. The Law hub (2017) contends that:-

the obligations imposed by the constitution are binding on every person, whether natural persons (human beings) or juristic persons (companies, institutions such as hospitals, schools). Hospitals have the duty to respect the Constitution and to give full effect to its provisions. Consequently the hospital cannot frustrate a child's entitlement to a birth certificate and to citizenship. When it does so it acts illegally and against the constitution of Zimbabwe which is the highest law of the land.

The debt recovery mechanisms used by hospitals of not issuing birth confirmation records of babies whose mothers have debts at hospitals, is an obstacle to universal birth registration and an infringement on the rights of children. It is actually good and commendable that mothers deliver in maternity hospitals where they would be assisted by trained midwives and obstetricians. The government of Zimbabwe has done well in providing an environment for maternal and child safety, before, during, and after delivery, it should go a step further in providing mechanisms through which disadvantaged mothers can offset their maternity debts and have access to birth confirmation records of their children. Maternity fees especially in central hospitals are very costly to poor parents, the majority being those who are not gainfully employed. The issue of offsetting maternity user fee debts cannot be over emphasised because it has far reaching implications which negatively impact the rights of children.

4.3. Impact of non-registration on Children

Submissions from the mothers and guardians of children did show that children who do not have birth certificates encounter various challenges in life, especially at school. It was established that children of school going age do not go on school trips and cannot participate in inter schools competitions as they do not have birth certificates. One mother bemoaned the fact that her child was talented in athletics but was demeaned by the fact that he had to use someone else's birth certificate to enter competitions.

In addition not having a birth certificate might mean that a child cannot benefit from government social welfare programmes meant to assist disadvantaged children with school fees. One woman indicated that her child could not benefit from the Basic Education Assistance Module (BEAM), as he did not have a birth certificate. BEAM is a government facility that pays school fees for disadvantaged children in Zimbabwe. As a result this child now has school fees arrears which his parents are not able to pay. If he had a birth certificate he would not encounter this problem. This is double jeopardy and this is evidence of the lack of a birth certificate infringing on the child's right to education and to access social welfare if necessary.

Similarly one participant reported that her child could not write grade seven examinations as the school required a birth certificate which the child did not have. In a related case another participant reported that she had to fill in an affidavit for her child to write grade seven examinations, and it was a struggle for this child to enroll in a secondary school in an urban area because the child did not have a birth certificate.

In addition other participants noted that not having birth certificates negatively affects their children. Parents noted that they could not enroll children at schools of their choice, they had to settle for a school which they did not prefer, because it had offered their children a place without birth certificates. Some parents could not enroll their children for early child hood education classes, as they did not have birth certificates.

Apart from problems related to education, not having birth certificates denies children the right to acquire passports thereby curtailing their freedom of movement. One participant reported that her two children could not acquire passports because they did not have birth certificates. They needed these passports in order to visit their father who works in Botswana. Dow (1998:5) argues that these children who do not have birth certificates:-

spend their lives on the edges of the official world, skirting or falling over obstacles that never arise in the paths of those who had the good fortune to be registered when they were born.

Therefore it can be seen non-registration impacts negatively on the rights of children and as result such children have to contend with difficulties virtually everywhere where proof of identity is required.

5. Conclusion

Therefore maternity user fee debts at medical institutions in Zimbabwe are one of the major stumbling blocks in some children not obtaining birth certificates. Mothers who have maternity user fee debts in hospitals are not issued birth confirmation records for their children and hence are not able to have them registered. Without a birth certificate, these children are denied a ticket to citizenship and nationality, and a whole host of social, political and economic rights such as the right to education, right to vote, right to access welfare services, right to employment and right to inheritance. Hence non registration of children infringes on their rights.

To that effect, given the high levels of unemployment and poverty in Zimbabwe it is recommended that the government should take measures of retiring the debts owed by mothers who delivered in public institutions so as to ensure that there is universal birth registration in Zimbabwe. Resources should be set aside to assist poor parents who cannot afford to pay these debts. Making the birth

certificate free for children 0-6 years is not enough. Bequele (2005) contends that “the biggest obstacle to child registration in Africa seems to be lack of political will and pressure must be placed on governments and the public should be educated through mass mobilization at all levels”. Government has to demonstrate political will by taking the lead in ensuring that the universal birth registration of children is achieved by setting relevant policies. The concerned government ministries should liaise to solve this problem which is denying some children a fundamental right. These are the Ministries of Health and Child Care and the Ministry of Home affairs under which the Registrar’s department falls. It is all well and good to have sophisticated laws which guarantee the rights of the child, but there is a lot of groundwork to be covered to ensure that these laws are adhered to. This is a national problem which impacts on development, because it means that there is a sizeable number of people who do not officially exist in the civil registry of the country.

Furthermore government can set policies which require hospitals to issue birth records for all children born regardless of whether their mothers have maternity user fee debts or not. Hospitals should be innovative and come up with ways of recovering costs rather than withholding birth records as a way of enforcing payment for those mothers who have debts. Partnerships between the government and development partners such as those that were instrumental to the setting up of the Health Transition Fund should be re-activated so that funding can be mobilized which would make it possible for maternity services to be provided at public health institutions free of charge. Spirited campaigns and intense mobilization efforts should be made to achieve universal birth registration in Zimbabwe. Gwavuya (2014), notes that the country has achieved more than 90% coverage in immunizing children against child killer diseases. Thus the quest is to achieve the same degree of coverage with birth registration in Zimbabwe and this can be achieved, if there is adequate political will.

6. References

- i. Belafonte, Harry (23 February, 2004). Press release: Belafonte urges West Africa to redouble Birth registration efforts. DAKAR. Available: http://www.unicef.org/media/media_19351.html 3 UNHCR Division of International Protection
- ii. Bequele, A., (2005), Universal Birth Registration: The Challenge in Africa, Available: https://static1.squarespace.com/static/5519047ce4b0d9aaa8c82e69/t/5551e3dfe4b0ac09774e6170/1431430111352/universal_birth_registration.pdf
- iii. Cowden, M, (2012), Capacity, Claims and Children’s rights, in Contemporary Political Theory Volume 11, Issue 4, Available: <http://springer.com/article/10.1057/cpt.2011.43>
- iv. Dow, U., (1998), Birth registration: The ‘first right’, in the Progress of Nations, Available: <https://www.unicef.org/pon98/pon98.pdf>
- v. Ferguson, L., (2013), “Not merely rights for children but children’s rights: The theory gap and the assumption of the importance of children’s rights”, in International Journal of Children's Rights, Available: <https://papers.ssrn.com/sol3/Delivery.cfm?abstractid=2179049>
- vi. Gwavuya, S., (2014), Birth registration in Zimbabwe, can we do more? Available, https://www.unicef.org/zimbabwe/media_15175.html
- vii. Ministry of Finance and Economic Development, (2016) Zimbabwe Interim poverty reduction strategy paper (I-PRSP) 2016-2018, Available: <http://www.veritaszim.net/node/1856>
- viii. Mudede, T., (2005), Republic of Zimbabwe country Report, presented to the Eastern and Southern Africa Conference on Universal Birth Registration “Improving services to protect the Rights of Children”, Mombasa. Kenya, 26-30 September 2005: Available: nstats.un.org/unsd/vitalstatkb/Attachment190.aspx?AttachmentType=1
- ix. The Chronicle September 5, 2014, Maternity fees back... Council re-introduces \$30 service fee, Available <http://www.chronicle.co.zw/maternity-fees-back-council-re-introduces-30-service-fee/>
- x. The Herald, April 23 2015 ‘Scrapping of user fees bears fruit’, Available: <http://www.herald.co.zw/scrapping-user-fees-bears-fruits/>
- xi. The Herald, 4 May 2016, ‘Minister in Hospitals SOS’, Available: <http://www.herald.co.zw/minister-in-hospitals-sos/>
- xii. The Constitution of Zimbabwe (No 20), Act of 2013), Available: <http://www.zimlil.org/zw/legislation/act/2013/amendment-no-20-constitution-zimbabwe>
- xiii. The Law hub (25/01/2017) No maternity fees no birth record is this legal?. Available: <http://thezimbabwean.co/2015/no-maternity-fees-no-birth-record-is-this-legal/>.
- xiv. The Sunday News, May 15, 2016, Mpilo defies directive on maternity fees, Available: <http://www.sundaynews.co.zw/mpilo-defies-directive-on-maternity-fees/>
- xv. UN Human Rights Council, (2014), Birth registration and the right of everyone to recognition everywhere as a person before the law, Report of the Office of the
- xvi. United Nations High Commissioner for Human Rights, Available: www.ohchr.org/EN/HRBodies/HRC/RegularSessions/.../A_HRC_27_22_ENG.doc
- xvii. UNICEF (2013), Every Child’s birth right: Inequities and trends in birth Registration. Available: <http://data.unicef.org/topic/child-protection/birth-registration/>