

Linking civil registration services to the health system, in order to register children immediately after birth, a case study of the Program BRAVO! of the Community of Sant'Egidio in Burkina Faso

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Introduction

The Program BRAVO! (Birth Registration for All Versus Oblivion) of the Community of Sant'Egidio promotes civil registration to safeguarding legal protection and fundamental rights particularly for the most vulnerable children. The Program BRAVO! collaborated with different African governments to improve their civil status systems and to guarantee free and universal birth registration. BRAVO! is currently cooperating with the governments of Mozambique, Burkina Faso and Malawi through 1) training and technical-updating courses on civil registration for government officials, developing the standard training modules that the country can adopt, and providing manuals and relevant legislation; 2) strengthening the infrastructure of the civil registration systems; 3) implementing effective systems for collecting and processing data on civil registration; 4) raising the population's awareness; 5) adapting legislation both at the legal and regulative levels; 6) running free birth registration campaigns focusing on the most vulnerable population and on rural areas.

In order to achieve universality of infant birth registration and to guarantee the sustainability of the system, BRAVO! supports the opening of new registration centers in the health facilities that provide pre and post natal services. Up to now 9 registration centers have been opened in Mozambique and 13 in Burkina Faso. 12 registration points will be soon available also in Malawi. In the last decade many efforts have been made to increase the coverage of pre and post natal care with significant progress. It seems to be cost-effective for the state and easy-access for the public to bring together the different services provided for early childhood.

In Burkina Faso the Program *BRAVO!* partner with the Government since 2008 to improve their civil status system. In 2015 the Community of Sant'Egidio started an impact evaluation study in the Sanguié province to look over the outcomes of the linkage of civil registration with the health system at a grassroots level. In every health facility of one urban district (Réo) and one rural district (Godyr) a secondary registration center opened in order to give a birth certificate immediately after birth to every child born and/or attending the services of the maternity ward (vaccination, post-natal care).

The Sanguié province in the Centre Ouest region was chosen because of its low birth registration coverage. National birth registration rate is 77%, in the Centre-Ouest Region is 62%, only the Sahel region has lower birth registration rates than Centre Ouest (source EDSBF- MICS IV, 2010). Furthermore, the Centre-Ouest region is at the core of the upcoming social emergency of non formal gold mines, where children are particularly exposed to illegal employment and hazardous work¹.

The study aims at investigating the increase of civil birth registrations, its coverage and possible selective effects of the most vulnerable children. Through the use of IT archiving, the study aims also at improving vital statistics production and at testifying the procedures to cross the data from the health system with those of the civil registration system. This will assess the effectiveness of the services and reduce the failure rate of the registration system.

¹ KidsRights Report, *Minors not Miners. Hazardous Child Labour, with a focus on gold mining in Burkina Faso*. On line available at:

<https://www.kidsrights.nl/Portals/0/Peter%20R/Minors%20not%20Miners%20Hazardous%20Child%20Labour,%20with%20a%20focus%20on%20gold%20mining%20in%20Burkina%20Faso.pdf>

Furthermore, the pilot gives us the opportunity to set up and adjust the methodology for the decentralized registration system, by testifying a low investment and cost effective method, reproducible on the whole national territory.

Materials and methods

BRAVO! is supporting local authorities of one rural and one urban district to run stable registration centers in every health facility, promoting birth registration of children born or vaccinated there. An impact evaluation study was designed, comparing the two study districts with two comparable control districts. Retrospective and current data are collected from civil registration registers and health registers for delivery and vaccination.

Réo, the administrative center of the Sanguié province, is an urban district with 68.000 inhabitants, and nine health facilities. Since June 2015 nine secondary registration centers back up the principal registration center. Godyr is a rural district of the Sanguié province, with 22.000 inhabitants. Since March 2015 secondary registration centers were opened in the four health facilities, backing the principal registration center. Trained civil registration staff raises awareness of the users over birth registration procedures and run interviews to the parents of newborn children. The staff records the access of newborns to the health facility, crosses data to assess how many children get out of birth registration procedure and invites parents to register their children.

In order to measure the impact of such a decentralized organization of the registration system, data from birth civil registers are compared with data collected from health registers for delivery and vaccination. Both civil and health registers are available also in years before 2015, from Primary Registration Centers and health facilities respectively. This makes possible to consider a long term perspective, in order to control for:

- A possible underlying process of increasing awareness among the population about the relevance of birth registration, supported also by occasional national campaigns
- The effect of political events that could interfere with the regular civil life
- Seasonality (both atmospheric events and seasonal economic activities).

We decided to reconstruct time series from 3 years before the implementation of secondary registration services to one year after.

As our aim is to evaluate the *impact* of the program (that is, the effect on the birth registration rate directly related to the program), we compare birth registrations in the two “treated” districts with those observed in two comparable “control” districts with similar characteristics, where birth registration follows the national program at the Primary Registration Center in the center of the district. We selected the urban district of Yako (81.000 inhabitants) and the rural district of Gomponsom (18.000 inhabitants) in the Passoré province.

The research design allows us to highlight the causal effect of decentralization of registration centers through impact evaluation methods. We can analyze the trends of births/vaccinations and registrations, comparing districts with or without decentralized registration centers, controlling for some characteristics of the household, the mother and the child. Primary registration centers are appointed for IT archiving and for information, supplying and control in addition to civil status registrations, that will be reduced in numbers by the opening of new secondary registration centers.

Health registers collect data about mother life course and her socio-economic characteristics, pregnancy and delivery, children health. Moreover, interviews of the parents of newborn children will add further information over the family. The individual linkage to birth civil registration offers the possibility to study the possible selection in the access to registration, focusing on the most vulnerable population and on rural areas, compared to urban ones. These results will be relevant in order to address future efforts to improve procedures and training to guarantee a real universal birth registration.

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Results

Very preliminary results are presented here. At the moment individual data collected in the first months of implementation of the program is being recorded in the database. We will present here the data for the first six months of activities in the rural district of Godyr, the first in which the experimentation started.

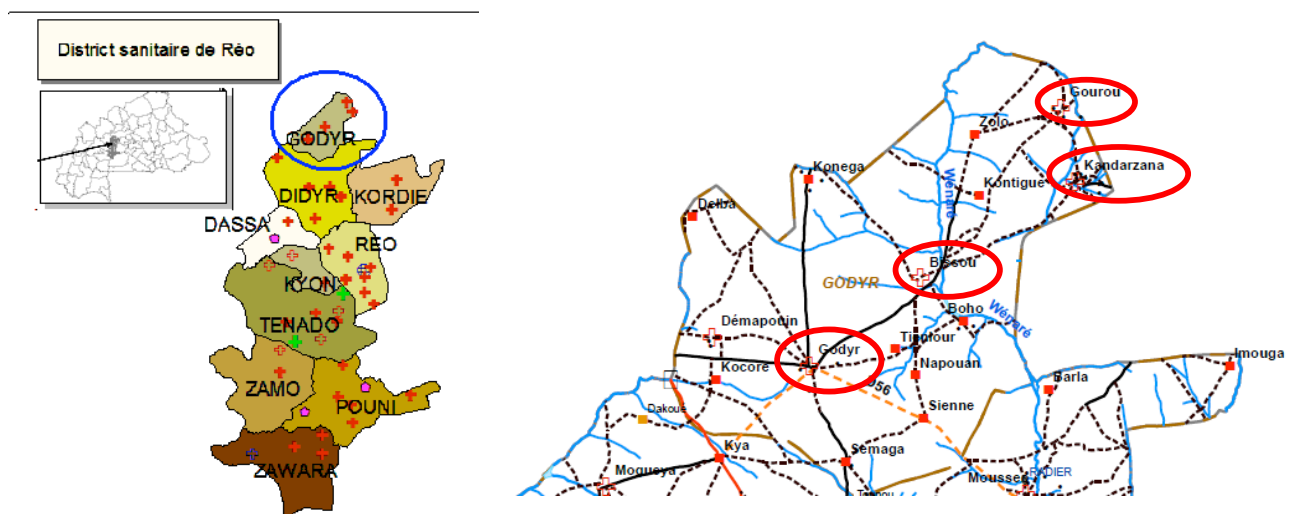


Figure 1. The territory of Godyr rural district and localization of health facilities.

Table 1 provides a comparison between the number of children 0-60 days old who have had access to the services of the health facilities and the number of birth certificates issued to them. It is clear the “absorption” effect of peripheral registration compared to central registration. In the Primary Registration Center of Godyr only 4 birth registrations occurred. The total amount of birth registrations increased remarkably. In the first six months since the implementation of the program started, the number of registered children has increased extremely as for the previous year. The total number of children registered in Godyr from 20/2 to 19/8 /2015 was 334, compared with the 122 children registered in the same date range of 2014, there is a boost of +274%.

	Eligible children	Registered Children	% Registered Children
ALL CENTERS	509	334	65,62%
BISSOU	202	96	47,52%
GOUROU	62	59	95,16%
KANDARZANA	86	60	69,77%
SEMAGA	155	115	74,19%
PRINCIPAL REGISTRATION CENTER GODYR	4	4	

Table 1. Number of registered births from 20-2-2015 to 19-08-2015 in the District of Godyr

The coverage of birth registration, although remarkably increased, still have a drop off of 34%. To better understand the bottleneck of the system and possible enhancement strategies, following tables present birth registration coverage for selected groups of the cohort of eligible children of the study.

Table 2 presents data over birth registration rate of children born in the maternity wards.

	Eligible children	Registered Children	% Registered Children
ALL CENTERS	392	291	74,23%
BISSOU	160	69	43,13%
GOUROU	59	57	96,61%
KANDARZANA	60	57	95,00%
SEMAGA	113	108	95,58%

Table 2. Number of registered births among the children born in the maternity wards in the District of Godyr

Table 2 presents a remarkably higher performance in registering births among the children born in the maternity wards. We can suppose that the performances on birth registration rate is due to multiple factors. The most important are 1) for delivery the mothers remain in the health facility for a longer time lapse and probably they have the opportunity to know about the availability of birth registration in the health facility; 2) the fathers come to the health facility and the parents, mostly non formally married, can register the birth of the newborn baby by both recognizing their children.

The Bissou health facility shows a huge dissimilarity to the other three centers. It was verified that the civil registrar was absent for several days and thus the office was'nt operational. Data shows the very relevance of human factor in the registration process and the need for motivational training and supervision. Data shows also the advantages of computerization to better understand trends, problems and truanicies in the system.

Table 3 presents data over birth registration rate of those children who attended the health facility only for vaccination.

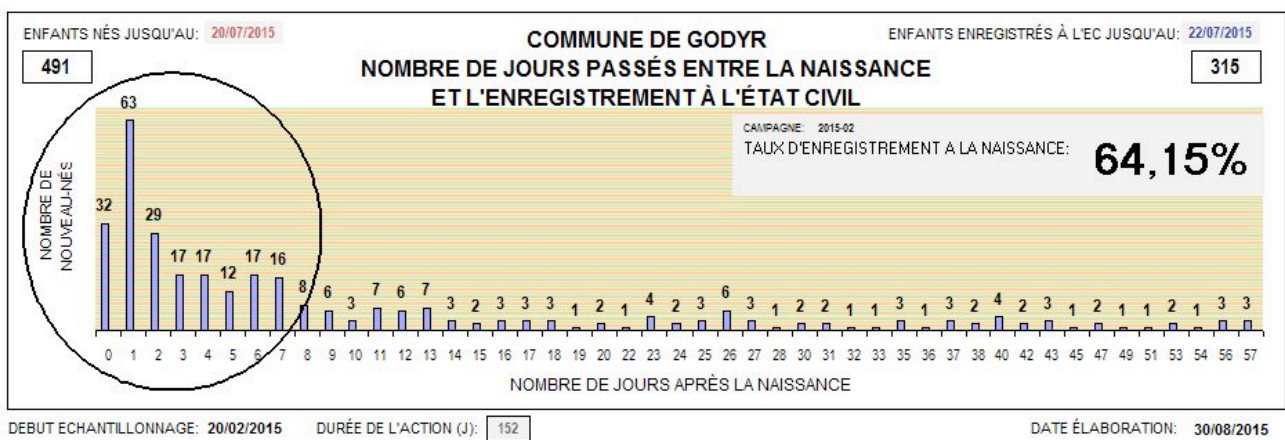
	Eligible children	Registered Children	% Registered Children
ALL CENTERS	105	31	29,52%
BISSOU	35	20	57,14%
GOUROU	3	2	66,67%
KANDARZANA	26	3	11,54%
SEMAGA	41	6	14,63%

Table 3. Number of registered births among the children who attended the healt facility only for vaccination in the District of Godyr

Table 3 presents lower birth registration rates among children attending the health facility only for vaccination. This is due probably to many factors, among others 1) the short stay in the health facility – less

than two ours – and 2) the absence of the father. The high variations among centers shows that there is a huge potential of improvement of birth registration rate through the 1)use of standardized procedures; 2) coordination with the health personnel. It is crucial to prioritize interview with family members waiting to vaccinate children; involve the health personnel in the awareness raising activities of relatives and in information on the possibility to register children within the health facility; ensure the opening of the office and the presence of the civil registrar during the hours in which vaccinations occur.

Table 4 provides birth registration data according to the days elapsed between delivery and birth registration. Most of the birth certificates are issued before discharge or at the time of first vaccination. Even if it is not highlighted in Table 4, there was a greater number of birth registrations on Thursdays and Fridays, the days in which children are vaccinated.



Conclusions

The preliminary data presented here shows some strengths and weaknesses of the present system. The cohort of children met in the health facilities is 560 children 0-60 days old, among them there are 51 non eligible children, i.e. 9.1%, who came for vaccination being born in another district of the country or, in 6 cases, in Cote d'Ivoire. These data should provoke reflection in the legislator on how to manage in the most fair and efficient manner high mobility of the population, in order to avoid lack of registration or false statements.

Very preliminary results of the study have been presented here. The availability of complete data for the four study and control districts will allow us to draw further and more considered conclusions. Indeed the data shows the very positive outcomes of linking civil registration to the health system, as long as we don't limit ourselves to the opening of an office, but we take positive action in order to reach all families receiving health care and we take advantage of the support of the health personnel for the awareness raising activities.