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Birth registration improvement in Burkina Faso over the last years and current challenges. The contribution of the BRAVO! Program

Background

Birth registration is the official recognition of the legal existence of a child and is considered a fundamental human right under Article 7 of the UN Convention on the Rights of the Child. The Sustainable Development Goals provide a target at Point 16.9: “By 2030, provide legal identity for all including birth registration”. Providing legal identity to marginalized persons is instrumental to achieve many of the other SDGs.

Well-functioning civil registration and vital statistics (CRVS) systems are considered essential for guaranteeing civil and human rights. However, nearly 230 Million under-five children worldwide have never been registered at birth. In sub Saharan Africa the birth registration rate is the lowest in the world: 44% of children 0-5 years old have been registered. Furthermore, most of the children are not registered immediately after birth. Those who later apply for a document follow a costly and complicated procedure, the others - more frequently women - never receive a legal identity.

Children without a birth certificate have limited access to basic rights and services such as education and healthcare and can face life-long discrimination. Not being registered prevents children of Burkina Faso - and many other countries- from continuing to study at the end of the primary school. In fact, it is compulsory to present the birth certificate in order to take the final exam of primary school. Lack of official documents can put children at greater risk of experiencing violence, abuse, child marriage, and trafficking, and place them at risk of arrest and detention with adult prisoners, deprived of the opportunity to enjoy milder sentences and protected prison conditions.

The Community of Sant’Egidio started the “Birth Registration for All Versus Oblivion Program” (BRAVO!) in 2008 to promote civil registration with the aim of granting legal protection and fundamental rights, especially for the most vulnerable children. The Programme is active in Burkina Faso since 2008.

Objective

Two are the main objectives of this research. First, to track the changes that have occurred in the civil status registration of Burkina Faso since the last population census (2006) to date, exploiting existing data, although samples, collection methods and aggregations differ among sources.

Second, to assess the impact of national policies and pilot actions currently implemented in the country to boost the system, notably to assess coverage and quality of collected data.

Data and methods

Data on birth registration of the Burkinabé population from four sources have been analyzed: the 2006 population census; the 2006 Multiple Indicator Cluster Surveys; the 2010 Demographic and Health Surveys; and the 2014 multisectoral continuous inquiry. We analyzed the changes that have occurred in birth registration along the years from the point of view of geographical areas, urban/rural residence, age classes, and sex.

In-depth study of the BRAVO! Program is presented, comparing health data from the registers for delivery and vaccination and civil registration data in the pilot phase in the Réo and Godyr municipalities, to validate the goodness of the collected data. Preliminary data collected with the extension of the project to all 38 Municipalities of the Centre-Ouest region, as well as to 22 Municipalities of the Centre, Centre-Sud and Plateau Central Regions will also be presented, for a total of 60 municipalities (17% of the municipalities of the country). In the province of Boulkiemde (Centre-Ouest region), the centers have been opened since the end of 2018 and I can present the data for the first half of 2019. The 3.34% of the population of Burkina Faso lives in this province.

Results

Landlocked in the heart of West Africa, Burkina Faso is ranked as one of the world's poorest countries. Burkina Faso has a young age structure – the result of declining mortality combined with steady high fertility – and continues to experience rapid population growth. Half of the population is less than 16 years old, and the population is growing at 3% annually. The total fertility rate is 5.4. This youth of the population is even more pronounced in rural areas where the median age is 14 years against 20 years in urban areas.

In Burkina Faso, the total population in 2019 is 20,870,000 inhabitants (Projections of the National Institute of Statistics and Demography, INSD). A new census of the population is planned in the coming months.

Burkina Faso's 2006 population census detected an overall birth registration rate of 62.32%. Registration rates were very homogeneous, with little difference across age groups. Among children below the age of 10 years the registration rate was 60.68%, among children aged 10-17 it was 62.79%, and among adults (18+) it was 63.48%. On the contrary, the differences between the registration rate of females and males were very significant, as 56.2% females were registered, compared to 68.9% males (almost 13 percentage points, and women, obviously, less registered than men). The total population of the country was 13,974,047, and 5,265,239 were those not registered at birth. During the same year, the Multiple Indicators Cluster Survey indicated that 63.7% of under-five children were registered at birth.

In 2009, the government started a national registration campaign, advised and supported by BRAVO! For one year, teams of civil servants visited all villages, offering free-of-charge registrations to all people. The birth registration rate rose significantly in the country. The Demographic and Health Survey (DHS) in 2010 presents a surge in registrations. DHS 2010 collected data on both birth registration and birth certification for children under the age of five. At national level, 52.3% of children had their birth certificate; while 76.9% were registered at birth. The interviews for 2010 DHS have been conducted between April 2010 and January 2011. The late free of charge national birth registration campaign ended in December 2010. That means that 2010 DHS reports the increase due to the national campaign, although it is possible that the increase of the campaign was not entirely caught by the survey.

Subsequently, in 2014 the multisectoral continuous inquiry presented results over birth certification rate of the population at national and regional level. Four years after the previous inquiry, the birth certification rate of 0-4 years old children increased from 52.3% to 59.9%. The increase in the upper age groups was even more significant: the overall birth certification rate rose to 79.2%. The percentage for residents in urban areas is almost complete (96.7%), while for residents in rural areas it is 74.1%. For men it is 4.7

percentage points higher than that for women. Although there remains a difference in women's registration rates compared to men, this difference has been reduced by two thirds in eight years.

The possibility of having been involved in several free registration campaigns, including the national one in 2009, has resulted that it is in the age group between 40 and 50 years that the maximum of possession of the birth certificate is reached. Further, 90% of the population aged between 30 and 60 owns a birth certificate.

The differences between regions are very significant: the highest coverage is in the Centre Region (97%), while the lowest in the Sahel (41%) and in the Centre-West (62%).

In 2011, the General Directorate for the Modernisation of Civil Registration (DGMEC) was created at the Ministry of Territorial Administration. In May 2012, it drew up a National Strategic Plan, accompanied by an Operational Plan valid for the five-year period 2012-2016. At the end of 2016, the DGMEC did not consider satisfactory the results obtained by the plan implemented in 2012, notably in terms of continuity and universality of the registrations. Computerization has never been started satisfactorily, to the detriment of the production of reliable demographic statistics, even if an official software now exists ("Citoyen"). In December 2016, DGMEC drafted a new "Action Plan 2017-2021".

During the same period, three distinguished projects for improving birth registration through the use of internet technology in the country have been implemented at different scales. The EDEN project, related to the SIGEC project of the MATD; the iCivil project, a private initiative based on an authentication technology and currently tested in Ouagadougou; and the BRAVO! program enlarged to all health centers of the Centre-Ouest Region and selected health centres of the Centre Region (266 secondary civil registration offices in health centers in 60 municipalities in 2019).

As mentioned, since 2009 BRAVO! supports the national birth registration system. The focus is on children, to protect them from the first moments of life, as also provided by international conventions, or to remedy the lack of registration. Children are the most disadvantaged category. In order to achieve a universal system, in addition, we need to foster timely registrations, that means, immediately after birth (in Burkina Faso timely registration is within 60 days from birth and is for free), in order to avoid - or minimize - the use of late registration sessions.

BRAVO! commenced in 2015 its focused pilot intervention, aimed at establishing a continuous system, able to register children immediately after birth. A decentralized, low investment, and sustainable registration system that could serve as a model for a possible national extension was set up by opening registration offices in health centers, to offer the possibility of timely birth registrations (within 60 days from birth) to children born, and/or vaccinated there. The intervention started in two municipalities of the Sanguié Province in the Centre-Ouest Region, namely Réo and Godyr.

As of 2015, a registration center is opened in each health center of the two mentioned municipalities where deliveries and vaccinations are performed, and entrusted to a civilian employee, so as not to overload the health staff and guarantee quality service. A check is made on those born and vaccinated to determine which children escape registration and to compare the two municipalities with two other control municipalities. The results are very encouraging: 90% of children who attended a health center also registered with the ordinary and free procedure within 60 days of their life. It should be noted that this is not the rule, but the exception in Burkina Faso, where only 20% of children are registered under the conditions stipulated by law and free of charge. The General Directorate for the Modernization of Civil Registration estimates that timely registrations in the country are 20%, even the sample searches carried out by BRAVO in the registers for the births of the four municipalities involved in the study confirm that only 20% of the registrations take place with ordinary procedure, while around 80 % occurs with the late procedure, which is expensive, longer and more complex.

The results of the pilot action have been published in the April 2019 issue of the Bulletin of the World Health Organisation <https://www.who.int/bulletin/volumes/97/4/18-221705.pdf>

Following the results of this intervention, the Ministry of Territorial Administration issued a regulation to all mayors, asking to open secondary registration offices in health centres, to foster the registration of all children within 60 days of birth.

In 2019, in collaboration between BRAVO! and the government, the registration system within health centers is implemented in the entire Centre-Ouest Region (38 municipalities), and in selected municipalities in the Centre, Centre-Sud and Plateau Central Regions (22 municipalities), as a precondition for its enlargement at national level. A total of 266 health centers have now a secondary registration office, entrusted to a registrar.

Interoperability among Civil Registry, National Statistical Institute, and Ministry of Health statistical department is fostered, searching for effective and lasting data sharing systems.

In the province of Boulkiemde, in the Centre-Ouest region, the centers have been opened since the end of 2018 and I can present the data for the first half of 2019. The 3.34% of the population of Burkina Faso lives in this province, which is entirely taken over by the project: each health center in each municipality has been provided with a registration center. The National Institute of Statistics and Demography calculates that expected deliveries over six months are 13,830. Of these, 76.8% (10,622) should take place in health facilities (projections from the Ministry of Health).

For all centers where there is a secondary registration center supported by BRAVO !, the individual birth and vaccination data within 60 days of life are collected in a database, as well as the birth registrations. Our data show that 10,147 children were born in health care facilities across the province, in line with Ministry of Health forecasts. The 82.0% of these children (8,323) were registered. Indeed, broadening to larger contexts has allowed us to maintain excellent levels of registration, much higher than national levels for children from 0 to 60 days. Evidently this percentage concerns children who have been born in health centers, not all children born in the community.

This highly decentralized system entrusted to the civil registrars lends itself to the incorporation of innovations expected in the civil registration system, such as the introduction of computerized registration, and innovations facilitating the registration of deaths, which remain major challenges for the country.

Conclusion or contribution

Analysis of birth registration data between 2006 and 2014 indicates a clear improvement in national birth registration rates. Presently, Burkina Faso is facing the challenges of moving to universal and timely registration. It is confronted with the challenge of implementing the electronic register as well.

These challenges can be faced by harmonizing the interventions and overcoming the experimental phase, creating a stable interconnection between the civil status register, the national statistical system, the health system and the identification system.

Furthermore, the pilot program in the Centre-Ouest municipalities of Réo and Godyr and its very recent enlargement to 266 health centres in 60 municipalities of the country indicated population mobility and infant mortality as two of the main barriers to timely registration. The mobility barrier could be addressed through amendments that allow for declaration of birth, even in municipalities other than the birthplace. Regarding infant deaths, extensive sensitization activities should be carried out, targeting families, civil, and health personnel, and traditional and religious authorities, to disseminate the importance and usefulness of death registration. Further, future regulations should envisage a more extensive interpretation of the existing

legislation, tasking the health and administrative staff, and the traditional and religious authorities with a "clerical" death declaration, answerable when they receive notice of an undeclared death.

Furthermore, the transition to computerized registration is now within the country's reach and can facilitate data sharing and exploitation between the Ministry of Territorial Administration, the Ministry of Health, the National Statistical Institute and other state Institutions.