

Integrating birth notification into community health programmes

Lessons from South Sudan

Key learning

- With appropriate training and supervision, community health workers (CHWs) can effectively promote, refer and increase caregivers' uptake of birth notification services offered by health facilities. This, in turn, increases the availability of accurate population data for planning.
- Assimilating birth notification activities into CHWs' existing integrated community case management responsibilities provides opportunities for passive and active screening of children for birth notification.
- Sensitising community leaders and groups around the importance of birth notification at the outset of implementation offers opportunities to improve dissemination of information and uptake of services.

Background

In South Sudan, the majority of births remain undocumented: just 35 percent of births of children currently under five years are registered with the government.^[1] Birth registration is an important process as it enables the child to receive a birth certificate, the official proof of his/her identity, nationality and legal existence and a ticket to vital state-provided services such as immunisation and education.

However, birth registration rates are often low in countries that are experiencing conflict or turbulence, have nascent or informal birth registration systems, or have populations that are dispersed. In such settings, birth notification can be undertaken as an alternative. This process sees a caregiver bring a newborn to a local health facility so its name and date of birth can be recorded and a document – the birth notification – generated. This can then be used for a range of administrative processes including registering for schooling, applying for a passport and obtaining a birth certificate in later life.

Many children still lack this crucial documentation despite the Ministry of Health having the legal instruments and mechanisms in place to promote early birth notification in South Sudan. Strong community engagement and awareness-raising interventions are, therefore, required to improve birth registration and notification rates in the country.^[2]

Project overview

In May 2018, Malaria Consortium launched a pilot that sought to improve birth notification rates and strengthen linkages between communities and the health facilities that provide this service. The five-month Unicef-funded pilot took place in two counties of the former state of Northern Bahr el Ghazal (Aweil North and Aweil Centre), where just 17 percent of under-fives births were being registered.

Since 2013, we have supported CHWs – volunteers known as community-based distributors (CBDs) – to provide underserved communities with access to essential health services via integrated community case management (iCCM) programmes. As such, we were well positioned to integrate birth notification activities into the existing iCCM structures. Under the pilot, we expanded CBDs' roles to include conducting household registration visits. During these, they:

- tracked all new births in households
- recorded the number of under-fives whose births had not been notified
- promoted birth notification
- referred caregivers to health facilities for birth notification.

Activities

1. Training

We held a training of trainers workshop in Aweil Centre for county health department staff, health facility staff, community leaders, and other individuals with the capacity to train CBDs to ensure community engagement with and secure local health authorities' ownership of the project. This focused on explaining:

- the rationale for using CBDs in the pilot – i.e. to use their access to and position within communities to encourage fellow community members to notify designated health facilities of recent births
- how to use the Boma Health Initiative's (BHI) Family Health Information Register to register all households in a community
- how to effectively use monthly reporting tools to capture the number of birth notifications that had taken place at health centres.

Following the workshop, and with support from our monitoring and evaluation officers, attendees cascaded the training to 945 CBDs who were already providing routine iCCM services in the two counties.

2. Community engagement

Each CBD visited 40 households, capturing data using the BHI Family Health Information Register, identifying children whose births had not been notified, and providing referral slips for birth notification at designated health facilities. Concurrently, trained community leaders held sensitisation meetings to inform community members about CBDs' additional responsibilities and to encourage them to take up birth notification referrals.

During household visits, CBDs reinforced key messaging around birth notification being a human right, free of charge and possible for caregivers to complete at local health facilities or at hospitals immediately after birth. They also explained that birth notification could help with school enrolment, locating a missing child and preventing recruitment into the armed forces or child marriage, as well as enable them to acquire birth certificates.

CBDs then updated their records when once birth notification had taken place at the health facilities.

3. Supervision

Supervisors who were already routinely overseeing CBDs' delivery of iCCM services also reviewed their BHI Family Health Information Registers during supervision visits to ensure that CBDs were comprehensively and appropriately capturing household data. They also provided on-the-job training to CBDs who required further support.



Community-based distributors receiving training during the pilot

Results

Analysis of monthly reports and focus group discussions with caregivers revealed that between May and October 2018:

- CBDs registered a total of 36,148 households using the BHI Family Health Information Register (86 percent of Aweil North's and 81 percent of Aweil Centre's households)
- CBDs delivered birth notification awareness activities in 18,449 of the households visited (51 percent)
- CBDs identified and referred on 8,016 under-fives whose births had not been notified across the two counties (70 percent of the total number of under-fives recorded during visits)
- caregivers notified health facilities of 4,914 under-fives' births following referral from CBDs.

Lessons learnt

- With appropriate training and supervision, CBDs can effectively promote birth notification and refer caregivers to health facilities to register their children's birth.
- The availability of health facilities offering birth notification services may well affect caregivers' referral response rates. Just one of Aweil Centre's 15 health facilities offered such services, compared to eight out of 10 in Aweil North. This may explain the lower uptake in Aweil Centre.
- Integration with routine iCCM activities offers opportunities for both proactive and reactive screening for birth notification; CBDs screened children during house-to-house visits and when children visited them for treatment of childhood illnesses.
- Integrating household registration and birth notification activities into CBDs' existing responsibilities and supervision of the additional tasks into supervisors' workloads requires consideration. Although CBDs adhered to national iCCM guidelines and covered an average of 40 households each, due to long distances between households CBDs were unable to provide their usual prompt treatment to sick children in their communities. Similarly, many supervisors were unable to attend training sessions due to competing priorities and initially resisted the proposed on-the-job training on data verification, collection and consolidation as such tasks were additional to their iCCM responsibilities.
- Conducting household registration activities during the school holidays allows CBDs with low levels of literacy to receive support in completing the BHI Family Health Information Register from literate school children. As 75 percent of CBDs in the pilot were illiterate, this mitigated risks around poor data quality and delayed provision of iCCM activities that might otherwise have arisen while CBDs sought support from elsewhere during term time.
- Environmental and geographic factors, such as flooding during the rainy season and communities being located far from health centres, adversely impacted CBDs' registration of households and caregivers' uptake of birth notification referrals.

Recommendations

Our recommendations for those considering scaling up such activities in South Sudan are summarised below.

1. Map all health facilities that provide birth notification services in any proposed intervention site and cross-check these with existing iCCM/BHI programmes and the communities they serve, in order to identify viable opportunities for **integration**.
2. **Train** more health facilities in proposed intervention sites to provide birth notification services, thereby increasing caregivers' access to such services.
3. Engage other prominent **community-level stakeholders** from the outset to foster greater community engagement, ownership and uptake of birth notification referrals. Women's groups, churches, community nutrition volunteers and traditional birth attendants could all be key allies in the drive to increase birth notification rates. Implementers could provide such groups/individuals with information on birth notification services that they could disseminate to their members. They could also consider involving community nutrition volunteers and traditional birth attendants, who have frequent interactions with caregivers of children under five, in mobilisation efforts.
4. Ensure that **recruitment** takes into account the area over which CBDs would have to travel to reach the ideal ratio of CBDs to households (i.e. 1:40) and alerts CBDs to the impact that integrating new birth notification activities into their existing responsibilities may have on their provision of routine iCCM services. This should help avoid attrition.
5. Allocate sufficient **resources** to training trainers, CBDs and supervisors. Training of CBDs should be held at *payam* (the second lowest administrative unit) level to secure strong attendance and reduce transport costs and time spent away from livelihood activities. Such training should ensure standardisation of implementation at all levels.
6. Adapt household registration forms so that they can be easily used by CBDs with low levels of literacy – for example, through the introduction of pictorial data collection tools – and provide formal and on-the-job training of their usage. In the absence of such **context-specific tools**, CBDs should be accompanied by a supervisor, literate family member, or literate school child to ensure that households' information is accurately recorded.
7. Encourage health facilities to set up **outreach centres** closer to households in the rainy season to avoid caregivers having to travel long distances to take up the birth notification services they offer. This should contribute to maintaining high levels of household registrations and uptake of birth notification referrals.
8. Assess the feasibility, acceptability and cost-effectiveness of integrating birth notification activities with other outreach services such as postnatal care, vitamin A supplementation, mobile health clinics, the Ministry of Health's Expanded Programme of Immunisation and Community Management of Acute Malnutrition programme, and emergency response programmes. This would provide policy makers and programmes with much-needed **evidence** for decision making and could facilitate the provision of birth notification services to communities that are harder-to-reach, located far from health facilities or prone to flooding.

References

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