

# **Revamping the Civil Registration and Vital Statistics System in Nigeria**

## **Introduction**

The evolving dynamics that face civil registration systems and vital statistics in Nigeria are worrisome. The achievement of the health related Millennium Development Goals (MDGs) in Nigeria will remain a mirage if credible health information systems are compromised. Monitoring the MDGs specifically those relating to health and environmental sustainability requires credible health information system. Poor civil registration systems and vital statistics are peculiar to developing nations, particularly Nigeria, the Africa most populous country.

There has been increase in awareness of the implications of the unprecedented population trends for economic, health and social development. Across nations, different policies have been designed to curtail the upsurge in population growth. However, adequate demographic parameters and data, especially in developing countries are lacking to monitor the pace (Raymer and Rogers, 2007). The developing countries who strived to have one through either census or survey; data classified by age are often full of errors. In Nigeria, demographic information on the nation's population is poor and inadequate for planning of socioeconomic development and projection. Thus the need for reliable civil registration systems and vital statistics in Nigeria is critical.

Mba(2002) defined a civil registration system as “a system that is concerned with the continuous, permanent, and compulsory recording of the occurrence and characteristics of vital events such as births, marriages, divorce, migration and deaths”. It serves two main purposes; one, as personal legal documents for proof of age, identity, marriage etc. Two, they form the backbone of vital statistics system which is expectedly an integral component of a country's health information system. A vibrant health information system enhances the generation of information on the prevalence and distribution of morbidity and mortality from various causes. It also allows the monitoring of trends and tracking of progress in population health indicators(Mahapatra et al., 2007). The need for quality vital registration systems is a priority among several international agencies. Guideline for the establishment and improvement of a VRS has been developed by the Statistical Commission of the United Nations as far back as 1973 and revised in 2001(United Nations, 2001). There have been improvements in VRS in many countries especially in Europe and the Americas but Nigeria and other sub-Saharan African countries have remained at the lowest rung of the ladder (Mathers et al., 2005).The African Centre for Statistics, an agency of the United Nations Economic Commission for Africa is currently championing a renewed drive for improved vital registration across the African continent. Although such a move is encouraged, individual countries need to plan and implement actionable steps specific to their domains and situations. The aim of this paper is to review the past and current situation of civil registration and vital statistics system in Nigeria and suggest methods for its improvement.

## **Civil Registration Systems in Nigeria**

Earliest efforts on civil registration in Nigeria dated back to 1892 in Lagos colony when an ordinance was promulgated for birth registration. This was extended to Warri and Calabar in 1904. After the amalgamation of the southern and northern protectorates, a comprehensive legislation was issued in 1917 but its implementation was restricted to townships centres. In 1948, another ordinance on births, deaths and burials was promulgated. In summary, there were various forms of legislation on vital registration in the pre and post-independence era. At these

times, uniformity was lacking and coverage was poor because the intentions were mostly for tax purposes(NPC, 2010).

The first nationwide universal system of civil registration was introduced in 1979 via ‘the Births and Deaths Compulsory Registration Decree 39. This was further modified in 1992 by another decree. The modification gave the responsibility for civil registration to the National Population Commission (NPC). The provisions of the decree were further reinforced by section 24 of the third schedule of the 1999 constitution. The act makes provision for a passive hierarchical national registration system. There are positions such as Registrar-General (Chair, NPC), Chief Registrars (State Directors), Deputy Chief Registrar (Comptrollers of Local Government Areas) and Registrars (manning the various registration centres).

In 2007, the NPC developed a strategy document on birth registration for 2008-2011. A target of 60% completeness for birth registration was set for the year 2010 and 100% for 2015. Included in the strategies was a gradual reduction of population sizes of catchment areas from 60,000 to 40,000 in 2008 and 30,000 in 2009 with a resultant increase in the number of registration centres from 3560 in 2008 to 4665 in 2009. A national birth registration campaign was launched in 2007 by the president and subsequently there were series of public enlightenment campaign mostly in the print and electronic media. Presently, the campaign seems to have fizzled out. The result of an assessment by the NPC showed that birth registration coverage improved from about 18% for 2006 to 35% in 2007 (NPC, 2010). Some of the notable problems with the Nigeria civil registration system are the following among others:

- Bureaucratic inefficiency
- Poor data management
- Poor incentives
- Lack of proper stakeholders engagement and weak feedback systems
- Poor coverage in registration of vital events
- Poor public awareness
- Apathy to civic responsibilities among the populace due commonly to government insensitivity to their social needs

### **Suggestions for Improvement**

There are several documents with guidelines on how to establish/improve a civil registration system(AbouZahr et al., 2007; United Nations, 2001). Many of these publications are good reference materials but could not have been able to address some of the challenges confronting individual countries. We believe that the current system of civil registration in Nigeria could be enhanced for improved performance through some of the following strategies:

- **Stronger collaboration with other relevant government agencies.** Though, the NPC has the statutory responsibility for civil registration, their existing working relationships with health facilities could be strengthened. The commission has birth registration desks or focal persons in post natal clinics and/or maternal and child health centres across the country. Another form of collaboration proposed about four decades ago (Ayeni, 1971) is the use of local public health officials for collection of vital registration data. Specifically, it was proposed that sanitary inspectors could be engaged for civil registration. This was because their duties then required them to move from one house to another in the community. However, in present day Nigeria, such categories of public health workers may not fit in for civil registration because sanitary inspection has since lost its vibrancy. However, the staffs in the Primary Health Care departments of Local

Government Areas (LGA) who are in charge of immunization campaigns could readily be engaged. The NPC may compensate them for the efforts.

- **Expansion of registration points.** There is a current practice of having a registration desk or focal persons at major hospitals which could be extended to all maternity centres and registered Traditional Births Attendants (TBAs). Persons working at such facilities would have been rightly sensitized on the importance of civil registration so that their cooperation is assured.
- **Introduction of mobile registration systems.** This may be applicable in remote areas where access to registration centres is difficult. Countries such as Chile and Bangladesh have implemented this successfully (United Nations, 2001).
- **Engagement of traditional institutions.** Many communities especially in rural Nigeria have strong traditional institutions which are well organized. Even in urban areas, there are landlords/tenants association in most localities and they have meetings on a regular basis. These institutions could be strong agents for advocacy and public enlightenment on registration of births and deaths. In addition, the leaders could be sources of information on vital events for their domains. The NPC would just have coordinators who will visit these people regularly to gather the data. It has been popularly claimed that involvement of traditional institutions was one factor that helped the immunization campaigns in Nigeria so this can be extended to civil registration.
- **Involvement of religious leaders.** Strong opinion leaders such as Imams, clergy men and traditional priests' e.t.c could be harnessed for advocacy. For instance, Imams were used in the defunct Katsina province in North Western Nigeria for gathering information on births and deaths (Ayeni, 1971). The logic was that they often officiate at the ceremonies and therefore would have that information.
- **Improvement of utilization of health services:** The reasons for under registration of births in health facilities are numerous. Health facilities may be poorly located, inaccessible, services poorly timed, unaffordable and services not culturally acceptable. If health facilities are adequately patronized by people, births and death registration at these centres may be further improved.
- **Improved capacity for death certification by physicians and proper use of ICD coding schemes.** Cause of death is part of the vital information needed for death registration. There is need for regular training and re-training of designated health workers so that this information can be correctly captured. Causes of deaths outside hospitals are usually difficult to unravel but this could be salvaged by use of verbal autopsy techniques.
- **Introduction of demographic surveillance sites (DSS).** "Demographic surveillance is the process of defining risks and dynamics in rates of births, deaths and migration in a population over time" (Baiden et al., 2006). Events are actively identified through regular household visits within a defined geographic region. However, the surveillance site is not usually representative of the national population. There are over 30 DSS across Africa, Asia and Latin America. Unfortunately, there is none operational in Nigeria at the moment. A system similar to a DSS was operated in the 1960s till 1980s in Igbo Ora, a rural community in south-western Nigeria by Ibadan Medical School (Ayeni, 1978). A major limitation of a DSS is that the data cannot be generalised for the entire population. However, it could be a source of veritable data for health planning and other

interventions as was the case in Ghana (Hill et al., 2007). Nigeria is endowed enough to have one.

- **Greater political commitment by all tiers of government.** Vital statistics is a basic requirement for evidenced based policy and planning decisions. All tiers of government should provide all the needed infrastructures and logistics that could help improve civil registration in their jurisdictions.
- **Localisation of strategies.** Though uniformity is required in a country's civil registration system, strategies for successful running of the system could be tailored to local realities. Each LGA and state should be mandated to come up with suggestions for improving the registration of vital events. The development of such strategies should follow a bottom-up approach from the community to the LGA level. This will foster proper community sensitization and participation. It will also entrench a better sense of ownership.
- **Active feedback mechanism.** Feedback is an indirect incentive for sustained performance. All stakeholders must be in the feedback loop. The NPC need to ensure that civil registration data are regularly processed to generate vital statistics which could inform policy decisions. The production of such report would be a morale booster for persons involved in the process because there would be a sense of fulfilment coming from the awareness that their work is helping the society where they live. The people who provide the data would also be similarly encouraged.
- **Knowledge and experience sharing.** It is strongly believed that solutions to African problems must come from Africa. In lieu of this, African countries can learn from one another in order to improve their civil registration systems. For instance, innovations that worked in countries like South Africa, Ghana(Afele, 2011)etc can be adapted in Nigeria and other countries.
- **Periodic review and assessment.** Finally, the civil registration system needs urgent review. Such reviews would help improve the effectiveness and efficiency of the system in the light of current technological and socio-economic developments

## Conclusion

The absence of reliable civil registration systems made the advent of interim or complementary methods a necessity. Such methods include sample registration systems, health & demographic surveillance sites and demographic household surveys (e.g. World Fertility Survey, Demographic Health Survey and Multiple Indicator Survey). These approaches have been very rich sources of population and health information in most developing countries. However, they cannot be used as substitute for a civil registration system. These means of data generation in Nigeria are far from what they should be perfect data and have tendencies to bias the estimate of basic demographic parameters. A review of contemporary literature on census data in Nigeria reveals a striking lack of consistency and great discrepancies in estimates of basic demographic parameters. Thus, it may be hypothesized that the lack of good civil registration system is one reason for the increasing health inequalities in the country. Development would have been more widely and equitably distributed if policy makers and development planners had access to vital statistics. Therefore, no effort must be spared in revamping the civil registration in Nigeria and other developing countries.