

# The Role of Civil Registration and Vital Statistics in the Attainment of Selected Sustainable Development Goals in Nigeria

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## Abstract

One of the weaknesses that led to adequate assessment of the Millennium Development Goals was the inability to have accurate and reliable registered information. Given the Importance of Civil Registration and Vital Statistics (CRVS) as stated by the United Nations (UN), this study seeks to explore the role CRVS in the attainment of selected Sustainable Development Goals in Nigeria. The study mainly made use of secondary data in its analysis of civil registration and vital statistics pertaining to birth, death and stillbirth registration in Nigeria from the National Population Commission. The study revealed that despite the slow pace of progress being made by Nigeria in CRVS, it is far from meeting up with the UN Standard. Hence, this has several implications in the recording and providing data for the on-going SDGs in Nigeria. Factors attributable to the poor CRVS in Nigeria include; Bureaucratic Bottleneck, Shortage of human resources, poor budgeting. It was recommended however, that itinerant registrars could solve the problem of human resources, adequate budget provision to solve the finance problem, long term plan with continuous and sustained implementation to have a non-stop registration process etc.

**Keywords:** Sustainable Development Goals, Civil Registration and Vital Statistics, Birth Registration, Death Registration

## Introduction

Civil registration and vital statistics (CRVS) systems are widely recognised as critical requirements for advancing human development. The value posed by these systems can be summarized by their three core functions of: Establishing fundamental human and civil rights, providing vital statistics for measuring and monitoring development and thirdly establishing a legal identity for all members of the population. These three functions are significant components of the global and continental development agenda and are strongly reflected across

the goals of the millennium development framework, the sustainable development agenda as well as the African agenda 2063.

The call to *inclusiveness*, and to ensuring that we “*leave no one behind*” by the high-level panel on the sustainable development agenda requires that every member of the population is known by his/her government. Such knowledge can only be achieved when every birth is registered and provided with a legal proof of identity through civil registration. On the other hand, a complete record of the dead and the corresponding causes is a fundamental component for efficient governance (particularly in health), service delivery and human development, especially in the context of a continent with alarming levels of morbidity and mortality.

In terms of statistics needed for measurement and monitoring of development, the United Nations recognises that no other data technique compares to civil registration in terms of universality, continuity, cost-effectiveness and the ability to provide population data that can be disaggregated up to the lowest levels of administration.

## The Status of CRVS Systems

In Africa, systems of routine registration of events births and deaths are incomplete in most parts of the continent. The United Nations Children’s Fund (UNICEF, 2013) estimates that only 44% of children in Sub-Saharan Africa have had their births registered. According to UNICEF, birth registration coverage rates range from as low as 3% in Somalia, 4% in Liberia, 7% in Ethiopia, 16% in Tanzania to a high of 95% in South Africa. Only one country in sub Saharan Africa is known to have achieved completeness in the registration of births (i.e.

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over 90% coverage of the respective events). According to Matangi, Mhlanga and Siziba (2012), 'The reported birth registration coverage rate is calculated based on mothers' responses to questions in household surveys about their most recent births; it is likely that the true coverage for the general population is much lower'.

The World Health Organisation (WHO, 2014) reports that of the 44 countries in the Sub-Saharan region, (representing more than three quarters of the continent), it is only in two – South Africa and Egypt where nearly all the dead are counted and cause of death information recorded. In the remaining countries, such data is only available for very limited areas or parts of their populations. Because many countries do not have complete registration of deaths – or reliable and accurate registration of causes of death – the quality of cause-of-death data is even more deplorable. Africa performs very poorly in comparison to other regions (Matangi, Mhlanga, and Siziba, 2012).

## Civil Registration and Vital Statistics

The United Nations defines civil registration as; 'the continuous, permanent, compulsory recording of the occurrence and characteristics of vital events, and as provided, through decree of regulation in accordance with the legal requirement in each country'. Civil registration is done based on the legal document as provided by the law of a country, though there are international laws that guides the conduct of civil registration. Nevertheless, the significance of the records provided by CRVS as a source of statistics is becoming increasingly recognized (WHO, 2013). There is also a framework within which civil registration exists. That framework should cover all vital events occurring in all geographic areas and all population groups in the national area. Civil registration according to the UN should include live births, deaths, foetal deaths, marriages and divorces. The goal is to also include annulments, judicial separations, adoptions, legitimations and recognitions (United Nations Statistics Division Demographic Statistics [UNSD], 2016). It is based on this note that civil registration (CR) and vital statistics (VS) are simultaneously referred to as CRVS, as they provide a demographic record of vital events of countries of the world.

In the same vein, Vital statistics entails the process of systematically acquiring, organizing, as well as

cataloguing of statistics on crucial events of people in their lifetime. In effect, vital statistics take a keen cognizance of pertinent characteristics of the events as well as the characteristics of the persons involved. Importantly, vital statistics make provision of crucial information on the nation or a country's overall population. Given the nature of information it provides for a country, vital statistics becomes a tool for examining a country's social and economic plans to enhance appropriate intervention programmes, as well as measuring the quality of the lives of people of a given country (WHO, 2013).

According to the United Nations Statistical Division (UNSD 2016) 'Vital statistics are obtained preferably through a civil registration system, as this is the ideal source from which to derive accurate, complete, timely and continuous information on vital events. vital statistics derived from the civil registration system (and the population registers) can include annual flow statistics from the smallest civil divisions, which no other data-collection system can provide'. Vital statistics provides information regarding birth and death. In an event where any irregularities are discovered regarding the report on crude birth and death rate, an estimation is drawn from sources like the census and sample survey. It is very important to note here that both the vital statistics and the civil registration are marked with some disadvantages. These disadvantages are often expressed in terms of inconsistent censuses, the duration of censuses-it requires a lot of time, as well as the cost of conducting a census. Critically, survey results usually don't provide reliable data.

Generally, civil registration takes into accounts the registration of births, deaths, marriages, divorces, causes of deaths, migrations and other pertinent life events. These data are crucial and useful for population estimation. Specifically, these data are used for administration purposes. Having highlighted the general use of civil registration, our focus will be on the registration of births and deaths. Thus, improvement of CRVS consists of two major parts:

**Civil Registration:** Improving (or establishing) the registration of births and deaths, etc. Usually carried out by a civil registration office or system.

**Vital Statistics:** Improving (or establishing) the production and publication of vital statistics. Data are usually processed by a national statistical office.

A significant proportion of vital events are registered in some countries of the world however its propagation has remained a complete fiasco for several reasons on the part of technical know-how, disposition of institutions to communicate its data or availability of funds etc.

According to the World Health Organization (WHO) (2014), there are three major vital events that are crucial for planning: birth registration, death registration and marriage registration. For birth registration, it helps to identify the population health needs. This means that birth registration needs to take place “immediately” following birth. Usually, the standard measure should be within 30 days of birth. The move to high coverage health services for mothers and children makes universal birth registration at or shortly after birth a realistic goal. It is also central to global efforts aimed at improving early childhood development.

Similarly, death registration is important in providing legal rights to the family such that in conferring property or other individual or personal transfer of rights to remaining family members would be possible. Also, cause of death registration provides critical information for health and development planning to improve the survival of children and adults. A current example of weak CRVS systems is the lack of credible and coherent maternal mortality statistics in areas where mortality is highest (WHO, 2014).

Although marriage and divorce registration is a largely unrecognized part of well-developed CRVS systems. Having good marriage and divorce registration are frequently required to obtain documents that can contribute to women’s ability to inherit property and register their children in some countries, among other benefits. Registering girls at birth and recording their marriages provide a legal backing against early and forced marriage, for instance (WHO, 2014).

### CRVS and the Sustainable Development Goals

There has been growing recognition over the last several years of the importance of accurate vital statistics for meeting the sustainable development Goals in Nigeria. CRVS data will be essential for reporting against development frameworks. CRVS has secured the spotlight for being most favourable platform for buttressing expedient governance. Paul (2016) in his own part saw it

as a ‘tool for financial management (linkages with social security) and data linkages (through identity management) and a key element in supporting human rights (through the recognition of identity and associated rights, and the accountability of measuring and recording deaths)’.

Though the pointers for the SDG goals are often altered in accordance to the priorities of a country, nevertheless, CRVS has aided countries in meeting their goals and this for a fact is irrefutable.

In buttressing the importance of CVRS in sustainable development, the United Nations statistical division (UN STATS) stated thus;

*‘At its most fundamental, CRVS is essential for population data as a denominator for all population-based targets and indicators. While censuses provide strong population data once every five or ten years, accurate up-to-date information is needed for responsive monitoring of population based indicators. It is therefore essential to be able to accurately update population data between census years through either universal registration of births and deaths, or at the very least through accurate mortality and fertility estimates derived from these collections (UN STATS, 2016).*

Nevertheless, in recent times, the SDG has made CRVS a target (Goal 16). This is necessary for monitoring key outcome indicators (such as maternal mortality and NCD related deaths); and this according to UN STATS (2016) ‘is a key strategy for effecting progress in others (such as social inclusion and access to education)’.

### Goal 1. End Poverty in all its Forms Everywhere

The number one Goal of the SDGs is to end poverty. Three targets of this goal where CRVS can play a role include;

Target 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable;

Target 1.4: By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance;

and

Target 1.5: By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extreme events and other economic, social and environmental shocks and disasters.

The role of CRVS in meeting up with the above target is firstly; to provide access to social protection systems which is generally predicated on legal identity which is also a contingent of birth registration. Hence the data needed for the provision of legal identity of any member of the society is the completeness of birth registration. Secondly; as identified by UN STATs (2016), 'Ownership, access to banking, and inheritance are difficult without recognized identity documents, while inheritance is greatly simplified through formal death registration procedures that support the deceased person's assets to be legally transferred'. However, there are still problems with gender registration as women registration are often incomplete compared to their male counterparts. The effect of this is that unwholesome registration for females perhaps might eliminate other vulnerable populations. On this note, the data needed for achieving this target is Birth and death registration completeness, disaggregated by sex, region and other vulnerable groups (possibly single mothers, ethnicity etc. depending on the local setting) (UN STATs, 2016).

Although disaster planning response calls for local area demographic information, access to its advantages is intricately tied to a valid identity document. This can also be used to reunite displaced families after inimical disastrous events. By implication, CRVS systems might have the capacity to react to outstanding events swiftly and substitute lost and destroyed records. Therefore, the CRVS data required for this tasks is; CRVS back-up storage system with credibility to respond to un-be-known events and re-issue critical identity document.

### **Goal 2. End hunger, Achieve Food Security and Improved Nutrition and Promote Sustainable Agriculture**

Of the five targets in this goal, CRVS is relevant to the first two targets namely; 2.1 By 2030, end hunger and ensure access by all people, in particular, the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round, and

2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.

To monitor infant nutrition, the number of births is needed as a denominator. This is provided by the birth registration component of CRVS. Again, measurement for target 2.2 requires, as a denominator, the number of pregnancies (estimated by the number of births) and number of infants and children to provide adequate information for target two. This is also provided by the birth registration component of CRVS.

### **Goal 3. Ensure Healthy Lives and Promote Well-Being for All at All Ages**

Most of these goals have direct measurements of CRVS whereas some have indirect measurements. Targets of this goal that are relevant to CRVS are;

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

3.2 By 2030, end preventable deaths of new-borns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents, and 3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

Targets 3.1 and 3.2 have direct measurements of this SDG using the CRVS system. The data needed for the measurements of these targets include; Deaths due to maternal causes (deaths by cause-ICD summary tabulation list), number of births and Deaths by age (<28 days, <1 year and <5 years). All these are direct measurements made from the CRVS system. Consequently, a crucial way of checking the effects of epidemic diseases is the

number of deaths that are attributed to them. In effect, this usually reflects the cases of deaths alongside with the causes (ICD summary tabulation list). Furthermore, the cases of premature mortality are often related to NCDs which is also a direct measurement of the CRVS system. It is also very crucial to establish here that the cases of deaths by ages should necessarily be taken into account if we are to develop an indication of ‘premature deaths’ that is relevant to our states. On this note, it becomes pertinent to measure deaths that are occasioned by suicide as important determinants of mental health and well-being. Importantly, the data which are needed constitute those cases of deaths and their causes which may not grossly be equalized the by age group and sex and Life expectancy which must be calculated by deaths by age group and population. In addition, direct measurement can be made using CRVS from target 3.6, as deaths that are attributed to external causes, such as traffic accidents tend to occur differently in younger adult. In effect, this will produce more value if examined by age group. More so, data needed for this case are deaths attributable to natural cause and by age group (ICD summary tabulation list). The role of CRVS in target 3 is to identify both the regularities and irregularities or variations in the number of deaths and the patterns of death which are a critical investigating tool that enables the identification of, as well enhancing apt responses to emerging health concerns. Hence, data needed for this target is deaths by cause (ICD summary tabulation list) by age group, sex, and geographic sub-region.

#### **Goal 4. Ensuring Inclusive and Equitable Quality Education and Promote Lifelong Learning Opportunities for All**

Four of the targets in goal for of the MDGs are of relevance to CRVS. These include;

4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.

4.2 By 2030, ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.

4.3 By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university, and

4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations.

The role of CRVS to this target 1, 2 and 3 of this goal is to ensure free access to school. Emphatically, this target is to subsequently attain substantial academic achievements. As such, this will require a formal identity or birth certificate. As expected, the data needed for these three targets are coverage of birth registration by age 5, by sex and geographical sub-region. Furthermore, children of single mothers, those raised by extended family via informal adoption, minorities, and those from other regions may not be disposed to acquiring a formal identification from a birth certificate, thus, where these off springs are opportune to have access to education, there are known occasions where these children are being propelled to ‘drop out’ early because they are unable to partake in the required progression exams of their schools due to them being deficient of a birth certificate particularly in industrialized societies. Therefore, the registration of birth by the age of five, by gender, geographical sub-region, and other vulnerable groups, and late registration procedures accessible to all is a mandatory data.

#### **Goal 5. Achieve Gender Equality and Empower All Women and Girls**

Generally, the targets here are mainly indirectly measured. Specifically, there are three targets in this goal relevant to CRVS. These include:

- 5.1 End all forms of discrimination against all women and girls everywhere.
- 5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.
- 5.3 Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.

For target 1, birth registration, and legal identity, becomes critical to promoting certain social inclusion like individual freedom, political participation, and education etc. It is essential that birth registration is important for both boys and girls. To do this, Birth registration completeness by sex is the data that is required. CRVS

role in target 2 is that women and girls who have a legal identity and are formally recognized are better protected from trafficking and other forms of exploitation, and this is provided by Birth registration completeness by sex and Age at marriage by sex. Similarly, for target 3 accurate and universal birth registration is essential to accurately monitoring age at marriage and preventing early marriage (in line with national legislation). This is also provided by Birth registration completeness by sex and Age at marriage by sex.

### **Goal 10. Reduction of Inequality within and Among Countries**

Essentially, one target in this goal is of importance to civil registration and vital statistics. This specifically focuses on facilitating orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies. Much more, the basic population data required for addressing this target is the documentation of migrants' identity. Therefore, a proper migration would depend on impeccable identity documentation and the ability of this information to propel confidence among countries that identity documentation can be banked on. A functioning Civil Registration and Vital Statistics systems which takes into account the record of all births and deaths, provide the foundation for such a national system. To get such information, Registration completeness for births and deaths and procedures for verifying identity documents and evidence for registration are in place are the data required.

### **Goal 16. Promote Peaceful and Inclusive Societies for Sustainable Development, Provide Access to Justice for All and Build Effective, Accountable and Inclusive Institutions at all Levels**

Targets 1 and 9 have a direct measurement of CRVS on this SDG, while target 3 is having an indirect role to the CRVS. The targets relevant here include;

16.1 Significantly reduce all forms of violence and related death rates everywhere  
16.2 End abuse, exploitation, trafficking and all forms of violence against and torture of children.

16.9 By 2030, provide legal identity for all, including birth registration.

Direct measurement of this indicator through cause-specific mortality rates is what is required in this target. Notably, the trends of death in deaths due to extraneous causes (such as injury, accidents, homicide, assault or self-inflicted), are popularly slackly recorded in the most countries; with medical certification, autopsy investigation procedures needing buffing. Deaths by cause (ICD summary tabulation list) by sex and age group are a viable data required to strengthen this process. In relation to target 2, it is clear that the protection of children legal identity is guaranteed. In effect, they are protected from trafficking and other forms of abuse. Much more, the factors responsible for children's death constitute a crucial outcome measure for this target. Based on this note, the statistics on the registration of birth especially for girls by age 12 months, and cause of death distribution in children are the required data. In this view, identity clones into sine quo non for the protection of human rights as well as social inclusion. Birth registration coverage (for both new births within the previous 12 months, the under 5 population and ultimately for the whole population) are required data for target 9.

### **Goal 17. Strengthen the Means of Implementation and Revitalize the Global Partnership for Sustainable Development**

This is the final goal from the SDGs that is relevant to CRVS. Targets 18 and 19 are the two targets which indirectly require CRVS. They stated thus;

*17.18 By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts*  
*17.19 By 2030, build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries (United Nations, 2015).*

CRVS is much more, a crucial part of any country's statistical system and it is essential for generating timely, and continuous data on births and deaths. It is also a system through which population measures such as fertility and

mortality are ascertained. With regards to reliability of the data generated from the CR the nearly 100% for births and less 80% for deaths is required. Collections should also be representative of the population. Also to ensure the reliability of the data derived from the CRVS, the coverage of birth and death that spans through twelve months events is required.

## Nigeria CRVS: Implication for the Sustainable Development Goals

The distribution of the live births registered during 1994-2007 shows the percentage distribution of the live births registered for each state during the period. Accordingly, the National Population Commission 2008 report revealed thus:

*The general trend shows lower levels of registration recorded in all states at the beginning and steadily rising until 2004 when it showed a decline due to the Enumeration Area Demarcation (EAD) exercises preparatory to the 2006 Population and Housing census. There has been a marked increase in 2007 following the renewed vigour with which NPC is focused on vital registration program. Thus, birth registration increased from low level of 0.01% in 1994 to 23.93% in 2007 (NPC, 2008).*

Similarly, Makinde, Olapeju, Ogbuoji, and Babalola, (2016), in their study revealed that birth registration completeness rates by birth cohorts between 2002 and 2010 ranged from 30% to 41%. A further regional analysis of their study revealed that the South West zone had the highest rates for all years, maintaining levels above 60% from 2007 to 2009. The South-East zone showed the most progress, as it rose from 38% to 62% from 2002 to 2008. In contrast, the North-West zone had the lowest rates overall, increasing by only approximately ten percentage points (12% to 22%) from 2002 to 2010. They also went ahead to assert that completeness rates in the North-East zone increasingly drops since 2005, from 36% to 20% in 2010. Similarly, their findings projects that, all the zones decline in completeness rates in 2009 and four of the six zones dropped further in 2010.

Makinde, et. al (2016), studies further indicated that the proportion of children registered between 2007 and 2011 respectively was 31.5% and 41.5%. They therefore concluded that children born in 2011 had better odds

of being registered compared to children born in 2007. Nevertheless, 2011 completeness is still far below the national the United Nations goal of 90%.

The National Population Commission (2008) given the distribution of total deaths registered for the period of 1994-2007 by states and national levels, showed that, generally, deaths registration is very low perhaps due to public apathy towards the reporting of this event and the low level of awareness of importance of registering the event. Thus, registration was as low as 0.01% in 1994 only rising to 13.49% in the year 2007.

Again, from the report of NPC (2014) the percent distribution of stillbirths recorded by sex was very low. Reports reveal that some social patterns and complete lack of emotions inherent in the populate factors the peanut reports on the prevalence of this event. Thus, only a total of 4838 cases were registered out of which 55.07% were males and 44.93 percent were females.

These findings are not far from what Makinde, et. al. (2016), who observed that the predictors of CRVS include some socio-cultural determinants such as; age, gender, location, maternal age and education, religion of the mother, household wealth, and mother's engagement in health-seeking behaviour etc.

Various surveys in Nigeria (NPC, 2008, Makinde, et. al. 2016), has indicated CRVS is not usually done immediately after the occurrence of the incidence in Nigeria. One implication of this is that late registration becomes associated with increased errors and falsification of dates. Apparently late registrations will remain an endemic in Nigeria rooted in the flaws on the part of government to establish a strong system that will enable all children in the country under age % to be legally registered

In accordance to recent proves proposing that health results in countries having an impeccable CRS are at advantage than countries lacking such a system, thus there is a need to strengthen CRVS system in countries on the lacking ends (Lopez and Setel 2015; Phillips, AbouZahr, Lopez, Mikkelsen, de Savigny, Lozano, Wilmoth, and Setel, 2015). This study is in line with assertion, as we noted that the North-west and the North-east geopolitical zones of the country, which have the worst birth registration statistics, have also been observed to have the worst infant and under-five mortality rates (Adedini, Odimegwu, Imasiku, Ononokpono, and Ibisomi, 2015;

NPC and ICF Macro, 2014; Phillips et al. 2015; Wollum, Burstein, Fullman, Dwyer-Lindgren, and Gakidou, 2015).

Besides, poor CRVS systems have several implications in monitoring and keeping information about the achievements of the sustainable development goals.

Firstly, goal one targets 3, 4 and 5 and this will be difficult to ascertain a level of completeness in the registration of births and deaths due to the disaggregation by sex, region, ethnicity, and other vulnerable groups depending on the local setting and the ability of the CRVS system to respond to an emergency and re-issue critical identity documents are the various tools needed for the ascertaining of the success of the SDGs in Nigeria.

Secondly, measurement for goal 2, targets 1 and 2 requires, as a denominator, the number of pregnancies (estimated by the number of births) and number of infants and children, which cannot be determined without a good CRVS system.

Furthermore, to monitor the performance track of goal 3 and its targets of the SDGs, number of deaths due to maternal causes, number of births, deaths by age, cause of death, and life expectancy are required. Hence, the lack of a CVRS that provides this in Nigeria has several implications to the achievement of the SDGs.

In addition, for the relevant targets mentioned in goal 4 for to be met, there is a need for birth registration coverage by age 5, by sex and geographical sub-region, as well as by other vulnerable groups where possible which Nigeria is having a problem getting an accurate and updated data on.

Again, Goal 5 and its relevant targets require birth registration quality and completeness including age at marriage by sex. As stated earlier, Nigeria is still lagging in terms of providing quality, complete and timely data on this regard. Hence, it might be difficult in ascertain how this goal and its targets will fare.

Finally, for goals 10, 16 and 17 to be monitored, registration completeness for births and deaths, procedures for verifying identity documents and evidence for registration, birth registration coverage (for both new births within the previous 12 months, the under 5 populations and ultimately for the whole population), Cause of death distribution in children and publication schedule for vital statistics data which are derived from

CRVS is required. Hence, a system with poor SRVS system is bound to fail in her quest of achieving the SDGs.

## Conclusion and Recommendations

Nigeria currently is not only faced with the challenges of meeting up with the SDGs, but also providing a strong, qualitative and quantitative, reliable and complete CRVS systems which happens to be the vital tools for the achievements of the SDGs.

In view of this, there is need to revamp the CRVS system in Nigeria, in order to invest in the health care sectors within the country. It is in this light that Lopez and Setel (2015) argued that the health outcomes in countries with a functioning CRVS are better than in countries without such a system. As such, the functioning CRVS system is necessary for the development of any given society.

*“With strong conviction, Antai, (2011) posited that ‘a poor pattern of maternal hospital utilization has been observed to negatively influence the chances of survival of children under five years’. Hence, regenerating hospital utilization for delivery, apart from having a direct effect on the health of the women concerned, may set the stage for raising birth registration completeness in Nigeria while in the same vein improve the outcomes for the children born to these stipulated women. However, this is a matter of concern, as only 36% of deliveries in Nigeria take place in health facilities, according to the 2013 DHS, a marginal increase from the 2003 estimate of 33% (NPC and ICF Macro, 2014)”.*

Solutions should be proffered to the perpetual underutilization of health facilities for this to have an effect on birth registration. For instance, in the United States, one of the 1940 evaluations of the CRVS discovered that birth registration was poorer among children who were born outside the four walls of an hospital (Lenhart 1943).

A relationship should be established between the NPC (which registers births) and the health authorities. While this is spotted and birth registration points centres are positioned in some public health facilities, nonetheless some private health facilities in the country remained quarantined from this. As shown in a recent study by Adi, Abdu, Khan, Rashid, Ebri, Cockcroft, and Andersson, (2015) in Cross River and Bauchi states revealed that

children of women who were delivered in public health facilities had better chances of birth registration. Similarly, International Finance Corporation 2007; Makinde et al. (2014) reveal that while private health facilities make up 33% of health facilities in Nigeria, they have been noted to serve over half the population. Thus, if efforts are not directed towards these centres it will ensue a huge loss of the target population, additionally, it might be a plus to involve alternative medical healers, such as traditional birth attendants, who often provide delivery services to women in Nigeria in informal settings, and solicit them to direct parents to the appropriate government birth registration centres after delivery. Another way to go about it could be the use of community registers at these locations to buttress state registration centres.

The reasons for the poor progress toward achieving universal birth registration in Nigeria are multifaceted. Responsibility for the management of the Nigerian health information system structure cuts across several government institutions, which have their own individual bureaucratic bottlenecks. There is no linkage between the NPC and the Ministry of Health although they share a function of overseeing births. To our knowledge, there is no policy document that details how these institutions should interact. This is a major barrier that has recently caught the attention of policymakers and hopefully will be addressed in due course through legislation. Some countries, such as the Maldives, have tackled this problem by making the MOH solely responsible for handling the registration of births and deaths (Ye, Wamukoya, Ezech, Emina, and Sankoh, 2012). However, there are drawbacks to this approach, as the MOH usually focuses mainly on service statistics and may neglect the CRS, thus undermining it further.

In addressing the issue of poor registration Dow (1989) cited in Olusesan et al (2016) argued that 'human resource shortage and budget limitations in the NPC need to be alleviated by itinerant registrars, a system that has been tried and found effective in countries such as Argentina, Ecuador, Mozambique, and Zimbabwe, among others'. Crucially, an active CR system that utilized 'family visitors' - a variant of itinerant registrars - to collect routine statistics on births and deaths by weekly in the 1960s and 1970s in Igbo-Ora, Nigeria, which led to completeness rates of over 95% (Ayeni and Olayinka 1979). In the same vein, the utilization of volunteers in a rural community in Kaduna State as in Igbo-Ora doubled the level of

registration in the community in a three-year period (Idris, Hassan, Tambaya, and Sabitu, 2006). Obviously, providing increased opportunity for registration is likely to significantly improve birth registration in Nigeria.

Improving the completeness of civil registration requires a long-term plan, with continuous and sustained implementation of that plan. This must include improving access (especially in rural areas and northern Nigeria) and awareness about birth registration and implementing legislation to remove financial barriers that further deter poor and rural families from registering their children's birth. Improving health facility deliveries, better linkages between the NPC and health facilities, and economic empowerment of households should also be used to move toward completeness in birth registration. Birth registration is an important way to protect children from social ills and may entitle them to nationality, health care services, education, and land. This important event and the data it provides cannot be replaced by interim measures to generate birth statistics. Efforts must be directed at ensuring that the target of universal birth registration is met by 2030 (Makinde, Olapeju, Ogbuaji and Babalola, 2016).

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