

# Enhancing vital registration system in Nigeria: prospects and challenges

Haruna Halilu PAI

Department of Demography and Social Statistics, Faculty of Arts,  
Social and Management Sciences, Federal University, Birnin Kebbi,  
Nigeria

halilupai@yahoo.com; halilupaiharuna@gmail.com

## Abstract

The current global effort on data revolution place premium on national data for developmental planning and tracking of program performance. Vital registration constitutes a major part of national government databank for effective planning and policy direction. There are challenges and gaps in optimising vital registration across many developing countries, particularly in Sub-Sahara African Countries. This article reflects on the issues and perspective in optimizing vital registration in Nigeria. It raises issues on the prospect and challenges with options towards enhancing vital registration in Nigeria. The paper concludes that there is the need to improve on the vital registration system and also identified proactive measures by stakeholders including government agencies for efficient vital registration system in Nigeria.

**Key words:** Vital Registration, System, Nigeria

## Introduction

The importance of civil registration data and vital statistics in enhancing national and global development is widely acknowledged (Akinyemi & Isiugo-Abanihe, 2014; Maduekwe, Banjo & Sangodapo, 2016). The current global data revolution also identified civil registration and vital statistical (CRVS) as very important source of developmental indicator statistics. The importance of these data and statistics for national and sub-national development cannot be overemphasized. With respect to policy making, records on number of births and deaths from civil registration could be used to update benchmark demographic statistics pertaining to geographic/political regions during inter-census periods. The data could also be used in the classification of population by sex and age, and in population projection exercises. Based on past trends of natality and mortality along with assumptions of future trends, future prospects of population size, distribution and characteristics could be derived.

However, like in many sub-Saharan African countries, the dearth of good and reliable data in Nigeria continues to haunt developmental outcomes. Existing systems of data collection and registration either do not function at all or do so at a sub-optimal level, thereby further proliferating the existence of incomplete, poor quality, inaccurate and hard to

process data for data users to contend with. In Nigeria, the primary sources of essential demographic data are during censuses and/or designed sample surveys as well as through the registration of vital events. While the former types are expected to be collected periodically and the later are expected to be collected on a continuous basis to update the former, vital registration system coverage in Nigeria was reported at less than ten percent in 2016 (WHO, 2016). The issuance and registration of vital events related to births, deaths and marriages are usually administered by Local Government Areas (LGA), some traditional institutions and some religious organizations. The general interest of these institutions is primarily on the issuance of certificates and for the revenue charged on registration.

National Population Commission (NPC) remains the major agency with mandate to record these vital events and to generate statistics on same for developmental purposes. The vital registration data collected by NPC also concerns both the individual and the event being registered. Information collected or recorded in both birth and death registers include: - name, age, sex, marital status, occupation, place of usual residence and nationality of both the child and his parents, and place and date of occurrence of the event. In the case of deaths, causes of the death are



Source State's Data from Report of Live births, Death and Stillbirths in Nigeria (194 – 2007). NPC Publication, November, 2008. Page 15, Appendix I, page 69. Zonal data are derived from the table. Births registered in a year may not have occurred in the year.

Beside the low coverage, poor training of the vital registration field staff and the high rate of attrition of staff also raise some concerns about the quality and standard of the data. Consequently, there are challenges in utilizing vital registration data collected to evaluate previous censuses conducted in 1991 and 2006 or other national data from specialized surveys.

Techniques generally used in collecting the VR data are the active, passive and semi-active approaches. The registration staff visits households for information in the active approach while persons associated with the event "follow" (i.e. go to) the registration staff in the passive approach. In the third method, reliance is also placed on informants (who could be individuals, institutions like educational and health institutions and religious and/or community/associations leaders) to report the occurrence of the events. Their reports are then translated into the Registers and the Registration Forms.

The second and third methods have been mostly used by various organisations that attempted to record vital information in Nigeria in the past. The NPC currently uses the three approaches but with more emphasis on the third. Urban areas usually have better transport facilities and so minimal accessibility problems to registration centres. People in the cities also have better appreciation of the need for such documents like birth and death certificates in their quest to register their wards in schools, ascertain their nationality and when in need of travelling papers. The passive and semi-active techniques are, therefore, generally adopted for urban areas. But for the rural areas that have dispersed localities with poorer accessibility to registration centres, the active approach is more adopted. As the benefits of the documents obtained at registration are not readily self-evident to the rural populace, the passive approach has not been seen to be very effective in such areas.

The NPC started a pilot experimental scheme for the registration of births and deaths in 1988 with a primary objective of developing for the nation in the long run a culture of registering births and deaths. The experimental project was implemented in 73 centres selected from four urban Local Government Areas selected from four states including Anambra, Kano, Plateau and Oyo. The project was expanded to cover all state capitals in 1991 with at least two registration centres in each (of the 774) LGAs in the federation. With a population of over 100 million (in the year 2000) and a landmass of about 923,789 km<sup>2</sup>,

this translate to an average of about 560 km<sup>2</sup> to a registration centre. This culminated in a lot of challenges with a very poor carrying capacity in terms of ration of the registration centres to population. The data generated from the centres are also flawed because it has no time reference or defined geographical area boundary. That limits the usefulness of the data for any meaningful demographic analysis. The registration centres were usually located at health centres and did not limit their registration to any defined geographic area. This partly explained some of the errors inherent particularly in terms of multiple registration and mismatch of information. The quality of the field staff and their approaches to the data collection also leave more to be desired on the quality of the data. The Vital Registration Assistants (VRAs) that man the registration centres simply send out (issue) Notification Forms (Forms NPC B.4, SB.3 or D.4) to whoever they think could know of the occurrence of the events. Besides institutions, the VRAs are supposed to make use of praise singers, native barbers, traditional healers and individuals whose trade has to do with the rituals and/or ceremonies that go with the events as their informants. The duly completed Notification forms are used to complete the registration forms B.1, D.1 or SB.1 for births, deaths or stillbirths, respectively. Individuals interested in collecting birth and/or death certificates for themselves and their wards also report the occurrence of the events. The registration forms are also used to complete the births, stillbirths and deaths Registers (Forms B.3, D.3 or SB.3) respectively. In turn the Registers are used to issue certificates for births and deaths (Forms B.2 and D.2). No certificate is issued for stillbirths. Registration and issuance of certificates by NPC is free of charge and done by the Vital Registration staff in the centres.

In general, the current approach does not guarantee the collection of complete data for the undefined catchment areas of VR centres. At the LGA level for instance, it was observed that in 1996, most LGAs in Kebbi State registered less than fifteen per cent of expected births. This may not be any better in most other States in the Federation (see table 3). At lower administrative levels, the births and deaths recorded against areas with health centres may not, after all, be of those areas. For instance, pregnant rural women who deliver in health centres, or sick persons that die in the (urban based/biased) hospitals may have lived elsewhere and should

technically be recorded against areas of their 'usual' residence. These two kinds of errors may be compensating in nature when computing the total population of the area, as both errors erroneously add and subtract to the (urban) areas respectively.

Assessing the contribution of each may not be easy just as it may not be easy to evaluate most other demographic analysis made that are based on these data without information on usual-place-of-residence recorded.

**Table 3 Recorded Births and Percentage Coverage of Birth registration by LGA Kebbi State of Nigeria**

S/N	LGA Centres	VR Centres	Population 1991 Census '91	Projected* 1997 (2,366%)	Expected Birth/Year (CBR=40)	Recorded** Birth 1997 (Actual)	Coverage %
1	AREWA	2	137,538	158,517	6,341	456	7,2
2	ARGUNGU	2	204,285	235,445	9,418	1,758	18,7
3	BAGUDO	2	153,935	177,415	7,097	800	11,3
4	B/KEBBI	4	150,520	173,479	6,939	1,484	21,4
5	BUNZA	2	127,614	147,079	5,883	1,111	18,9
6	DANDI	2	101,919	117,465	4,699	563	12,0
7	DANGO/WASAGU	2	48,230	55,587	2,223	1,215	14,6
8	GWANDU	2	107,429	123,815	4,953	574	11,6
9	JEGA	2	161,096	185,668	7,427	911	12,3
10	KOKO/BESSE	2	107,170	123,517	4,941	1,207	24,4
11	MAIYAMA	2	113,072	130,319	5,213	896	17,2
12	NGASKI	2	68,800	79,294	3,172	393	12,4
13	SAKABA	2	149,763	172,606	6,904	863	12,5
14	SURU	2	116,971	134,813	5,393	462	8,6
15	YAURI	2	150,378	173,315	6,933	953	13,7
16	ZURU	2	169,770	195,665	7,827	1,164	14,9
	KEBBI STATE	34	2,068,490	2,383,998	95,360	14,810	15,5

Source Unpublished VR Results of kebbi State in the State office

- - Assumes LGAs have CBR=40 and all grow at State Growth rate of 2.3%.
- - Project to 6 years after Census 1991.
- No Absolute number of deaths registered for the Years is available in the State office

### Prospect of Enhanced Vital Registration System

Among the often-quoted major obstacles to developing a viable vital registration system includes insufficiency of funds, lack of public motivation, low status of expertise of personnel and administrative management problems. Others include incomplete spatial coverage of existing registration system especially in rural areas with highly dispersed population, illiteracy, poverty, cultural barriers and inadequate transportation system.

A successful vital registration system needs to guarantee a complete and reliable vital record that is within the reach of individuals, researchers and policy makers/planners. In order to improve on the system therefore, emphases must be placed on both the coverage and reliability of the data. The first step to this is to sensitize the public on the relevance of the vital records. Such advocacy should be extended to policy makers and researchers in order for them to put the expected premium on ensuring its quality. The registration process will also need to be within the reach of all citizens in a way that is easy and convenient.

There is the need to evoke penalties or sanctions for failure to register the vital events in order to improve on coverage of registration. Such penalties

as presentation of birth certificate for school, voters and other civil registrations will be in the right direction. But, with an average of only two centres per LGA, the public should not be solely blamed if the registrations are not complete.

In ensuring reliability and validity of process, training of staff should be harmonized and centralized and VR-centres should have defined catchment area. Any birth or death could be registered in any centre in the federation. But the Commission has Enumeration Areas (EA) sketches that, put together, cover every square inch of the nation. This could be used to define VR catchment areas and therefore ensure proper refencing of the place of occurrence of the event as well as ensure complete coverage and minimise duplication and/or omission in the recording of the events. However, where there are enough trained registration officers, accuracy with respect to place and time of occurrence of event would also be ensured.

The Vital Registration program demands that the events be recorded with respect to their area and time of occurrence. The Census Enumeration Area (EA) gives a convenient reference area. The nation was demarcated into Enumeration Areas (EAs) for the purpose of both 1991 and 2006 national

population censuses. The census results are kept grouped by household within respective EAs. By definition, an EA is a properly delineated part of the national territory with a population of about 450 to 650 persons living on a land size that could be conveniently canvassed by a pair of census enumerators within five census days. The Census'91 population figures of about 88.9 million people gave an average of about 420 persons per EA for Nigeria while the average for 2006 census is less than 210. As a matter of law, all EAs were curved and numbered within LGAs, the third tier of government in Nigeria. Within the LGAs, EA boundaries respected, as much as was possible, District and Communal boundaries. It was therefore possible to identify the EAs that make any town/locality for all LGAs of the Federation.

A sound scientific projection is necessary for the staff requirement to capture these events. Based on the assumption of annual growth rate at 3.0% and mortality level at 15 (in a Coale & Demeny West Life Table) irrespective of the variations across sex, rural-urban and other geo-demographic differentials, an  $e_0$  of 50 years has a birth and death rate of about 0.0425 and 0.0125 per person per annum, respectively (i.e. 42.5 and 12.5 per 1000 population). In other words, about 23.375 births and 6.875 deaths per EA with an average population of 550 persons and 116.875 births and 34.375 deaths per Census Supervisory Area (SA) that has an average of 5 EAs. Based on the assumption that 35% of all SAs are urban SAs and that a Vital Registration Informant (VRI) is expected to cover up to five such urban SAs. These five SAs, that are expected to be contiguous, should make up the catchment area for a unit of Urban Vital Record Collection Unit (UVR-Unit). With this simple projection, the country will require 16,554 VRIs in the entire nation and this also translate to the number of Collection units expected to be established. In other words, one urban VRI would be expected to notify about 63 events (48.7 births and 14.3 deaths) per month while his rural counterpart notifies about 25 (19.5 births and 5.7 deaths) for the same period. Given about 10% allowance for attrition, about 18,200 VRIs shall be required for all the LGAs in the Federation to cover about 250,000 EAs across the 774 LGAs,.

For better performance, the VRIs should be trained in the legal and statistical implication of their work as well as know the exact boundary of their area of coverage.

#### **Vital data collection, collation and dissemination**

The way data are presented depends upon the data collected and the uses to which they are to be put into. A beautifully collected data, if poorly presented,

can be meaningless and that would mar the success of the entire exercise. Emphasis is therefore placed on the kind of data collected and the type of demographic estimations needed. The statistics that the VR-system generates should be seen as instruments of national development planning to be opened to the public for general use. Therefore, both the collection and the collation should be thorough enough to permit estimation and further analysis and the evaluation and improvement of the data generated. Many international organisations and agencies have in the recent past worked to establish standard definitions and classification of civil registrations and vital statistics. This is in order to bring about greater uniformity of data so as to promote international comparison of vital statistics.

Nigeria, being part of the international community, will have to understand and abide, as much as possible, with these standards. The current practice is for the LGA staff to use completed Registration forms (NPC: B.1, D.1 and SB.1) and the Notification forms (NPC: B.4, D.4 and Sb.3) to issue certificates (NPC: B.2.2 and BSS.2) and to complete the Registers (NPC: B.3, D.3 and SB.3). The first sets of forms (B.1, D.1 and SB.1) are simply parcelled and sent to the NPC headquarters while the certificates go to the parents (or relations) of the baby or the deceased. The Registers and all other forms are kept in custody of the LGA Registration Assistant. Even where the registers are fully used, and another volume opened, they are not, in most cases, retrieved from the LGA offices. It is at the State and nation levels that some statistics are expected to be produced. [The 13 identified topics are listed as Appendix D.]

The validity, authenticity and reliability of the data are to be guaranteed (right in the field) to a tolerable level. The State office could easily go back to the field to confirm any suspected content or coverage error. It is also bound to take shorter time to produce the final result and data transfer is easier and more dependable. Also, there should be easy accessibility to researchers interested in the study. Generated statistics should be made available to all governments and agencies that assist in the data generation and dissemination. The philosophy should be for the provision of timely and relevant data to all Nigerian governments, researchers and planners at minimal cost.

The importance of publicity in planning social surveys is very essential. The general medium of reaching the population would have to be the traditional print and electronic media. The difficulty would be in sustaining the continuous publicity program for an almost indefinite time. The objective of the publicity may have to be directed primarily at

making the adults (parents' age-group) have faith in the entire Vital Registration project such that they would willingly report the occurrence of the events. Persuasion rather than coercion should be the initial approach. Secondly, publicity should aim at making the policy makers, researchers and planners aware of the existence of the vital data.

Among the major reasons cited for the poor spread of vital registration centres in many developing States is lack of finance. In the case of Nigeria, even the few centres created are largely ill equipped. It is however, a considered opinion that with enough government commitment, the vital registration program would definitely succeed in Nigeria. Therefore, Donor Agencies, State and Local Governments and other authorities and institutions should be encouraged to be interested in the program and to generously contribute towards its success. At take-off, the program would have to depend upon the good will of the governments in the Federation. With time and as the program expands, the program should aim at being a self-sustaining one.

At take-off, the VR-program would require such essential structures as office furniture, stationery, computers, bicycles and other vehicles. Means of training and paying the remuneration of the staff and embarking on an extensive but directed publicity would have to be also evolved. There are invariably going to be about three vital Registration Centres (VR - Centres) in each LGA. The Comptroller's office, which is expected to be in the LGA's capital, could be one Centre. The two other centres could be located in any dispensary or any similar kind of public building within their respective coverage areas. The offices, which should necessarily be conspicuous, are to be provided by the LGA while the furniture (tables, cupboards and benches), signboards, posters and other office items necessarily required for the take-off of the VR-Centres, are to be supplied by the Commission. The VRIs do not have to be provided with a room to themselves as the VRAs would. After all, they are already staff of that LGA. They may, however, also require tables, benches, cupboards and office-space in any of the public buildings in their defined catchment area: the VR - Collection centres. These are to be provided for by their respective LGAs.

In order to ensure uniformity and maintenance of standards, all registers, certificates, registration forms and all other control forms to be used in collecting VR-data have to be provided for by the NPC. The LGAs should, however, be encouraged to also assist with things like plain sheets of paper and other writing materials that are to be used by the VRIs. In particular, the LGAs could assist in the provision of Notification forms to the VRIs.

The logistic support to the offices will ensure good and wide coverage of events. With regards to transportation, more bicycles, motorcycles and 4-wheel driven vans will be needed at take-off. About half of the suggested VR-Centres (1509/2) may need a bicycle each. Additional 380 (10 per State) motorcycles, 76 (2 per State) 4-wheel-driven vans and some boats would be about the minimum required at take-off to supplement those already in existence in the Commission. The funds to be generated from donor agencies could be used in primarily purchasing part of these materials and higher-grade computers for processing the data from States at national levels. It is expected that most of these materials would be provided for gradually but on continuous basis until all VRAs can cover/reach/access their catchment areas adequately. The Commission should aim at providing each and every VRA with at least a motorcycle and the VRIs a bicycle in the long run. The Registration should continue to be free as provided for in the 1992 decree on vital registration. However, for the program to be self-sustaining in the long run, other means of generating funds from within the Commission should be worked out.

### Conclusion

Ordinances and decrees have been enacted to make vital registration compulsory in Nigeria. Of course, since the governments have not demonstrated enough interest in the success of the project, the laws have not been enforced and the project has therefore not made any appreciable progress. There is the need for political will from government. Vital statistics system generally differs in the amount of authority given to the collection agency, the nature of the agency and the degree of national centralisation of the agency carrying out the programs. The most recent vital registration law (of 1992) makes it an offence not to register births, deaths, marriage and some other vital events. However, there are also legal backings for other agencies and informal organizations to register vital events. Registration of marriages and separations are done by religious and traditional agencies. Internal Affairs Ministry does the registration of changes in individual's social status and the NPC, the LGAs and some religious/traditional agencies do the registration of births and deaths. This has serious implication for ensuring efficient and complete system. There is the prospect for effective collaboration in a multi-disciplinary national project/program. This demands that the data so collected be monitored and centrally kept such that it can be accessed by all. The natural custodians of the data for births and deaths, however, need be the NPC.

The vital registration system is not, by design, a revenue-generating venture. In the over twenty years (1994-2015) of the NPC's renewed effort at expanding the vital registration project in Nigeria, coverage is still reported as below twenty per cent. Indeed a lot of effort is needed for the project to attain an acceptable level as reached by such African countries like Mauritius and Tunisia. In order to improve the vital registration system, government must demonstrate interest and the public must be convinced of the value of the product (certificates and data).

**REFERENCES**

Akinyemil A. I., & Isiugo-Abanihe U. C. (2014). Demographic dynamics and development in Nigeria: Issues and perspectives. African Population Studies. Vol 27, 2 Supp (Mar 2014) <http://aps.journals.ac.za> 239

Daily Trust Newspaper, February 1, 2016.

Maduekwe, N.I., Banjo, O.O. & Sangodapo, M.O. (2016). The Nigerian Civil Registration and Vital Statistics System: Contexts, Institutions,

Operation Soc Indic Res. pp 1–24  
doi:10.1007/s1120501614485

McCaa R., Cleveland L., Kelly-Hall P, Ruggles S., & Sobek M. (2015). Statistical coherence of primary schooling in population census microdata: IPUMS-International integrated samples compared for fifteen African countries. African Population Studies Vol. 29, No. 1, 2015. <http://aps.journals.ac.za> 1570

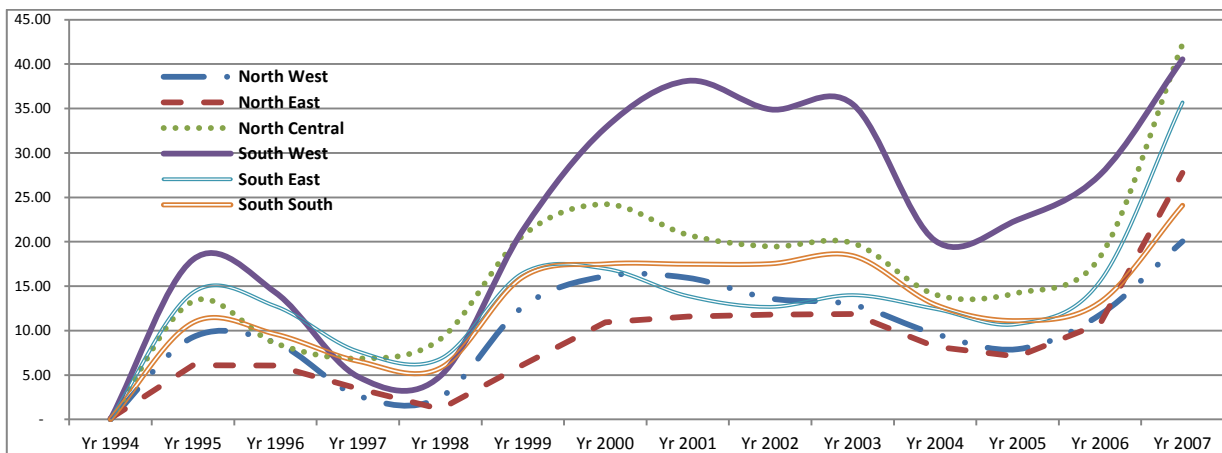
NBS 2004: A Report on Registration of births and Deaths in Nigeria, 2004. A publication of National Bureau of Statistics, Abuja, Nigeria

NPC, 2004: A address of the Chairman, NPC at a launching of Vital Registration Program at Abuja, Nigeria, May 2004.

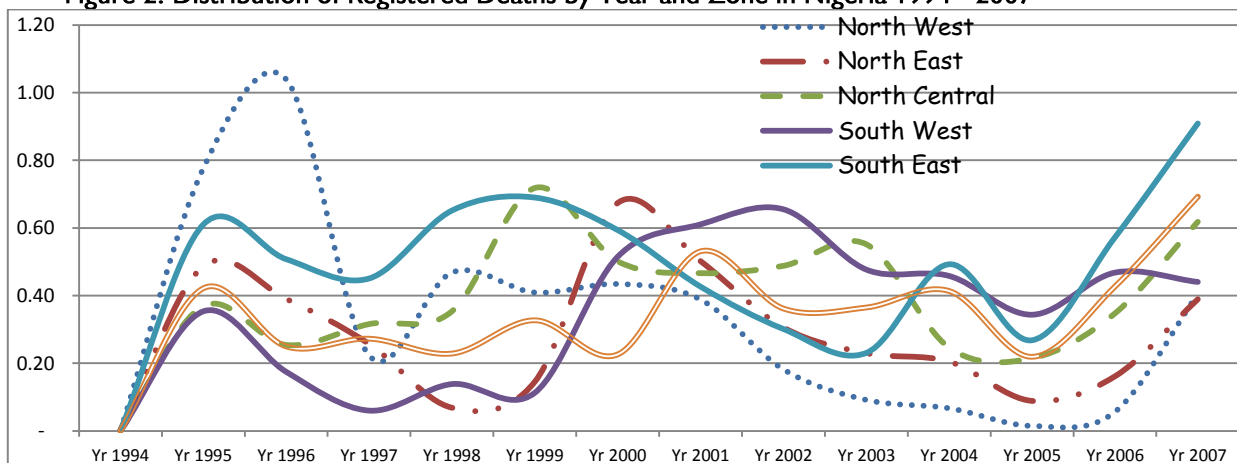
NPC, 2008: Report of Live-births, Deaths & Stillbirths in Nigeria (1994-2007); A publication of National Population Commission, 2008.

NPC, 2009: Address of NPC VRD Director at the launching of the book 'Report of Live-births, Deaths & Stillbirths in Nigeria (1994-2007)'

**Figure 1: Distribution of Registered Live births by Year and Zone in Nigeria 1994 - 2007**



**Figure 2: Distribution of Registered Deaths by Year and Zone in Nigeria 1994 - 2007**



**Table 2: Total registered deaths by year of registration 1994-2007**

Registration Year	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	Total
1 ABIA	0	9	1	0	462	311	646	54	11	29	1	9	304	694	2,531
2 ABUJA-FCT	0	2	4	0	241	136	336	225	133	435	152	285	608	447	3,004
3 ADAMAWA	0	21	260	55	120	88	2,539	1,790	1,253	1,032	657	402	594	726	9,537
4 AKWA IBOM	0	0	0	582	356	629	342	1,781	644	728	986	541	936	1,318	8,843
5 ANAMBRA	0	1,003	1,164	1,116	1,131	1,046	925	1,260	580	786	913	727	1,007	2,317	13,975
6 BAUCHI	0	0	4	14	163	1	4	115	92	190	59	0	66	129	837
7 BAYELSA	0	0	0	60	0	5	0	1	0	0	55	0	34	146	301
8 BENUE	0	23	0	4	677	1,061	813	265	318	555	274	596	701	1,436	6,723
9 BORNO	0	1,029	788	723	133	317	326	283	171	143	141	51	123	895	5,123
10 CROSS RIVER	0	60	5	1	34	64	0	80	153	242	214	57	91	572	1,573
11 DELTA	0	776	415	304	283	504	405	453	489	394	548	440	666	782	6,459
12 EBONYI	0	12	3	28	0	175	153	55	238	183	220	8	441	361	1,877
13 EDO	0	1,050	690	350	410	406	353	504	731	669	531	144	740	1,436	8,014
14 EKITI	0	0	1	0	0	1	58	51	66	86	0	7	13	63	346
15 ENUGU	1	1,159	701	556	686	635	308	449	494	46	1,136	372	678	406	7,627
16 GOMBE	0	0	0	0	0	3	0	28	3	1	28	17	150	323	553
17 IMO	0	0	0	8	263	605	425	0	0	29	174	409	872	2,785	
18 JIGAWA	0	1,508	1,825	465	156	450	297	171	106	190	173	126	200	1,127	6,794
19 KADUNA	5	24	10	2	2,573	524	782	73	321	270	141	11	93	557	5,386
20 KANO	0	1,042	1,942	0	1	674	817	774	462	245	259	20	10	447	6,693
21 KATSINA	0	3,338	4,444	961	2	1,352	1,375	2,194	797	139	105	0	129	1,598	16,434
22 KEBBI	0	0	0	31	45	135	46	7	48	2	1	0	50	617	982
23 KOGI	0	721	497	291	267	622	358	168	147	133	161	177	238	310	4,090
24 KWARA	0	810	585	825	198	1,094	60	3	297	293	265	81	143	477	5,311
25 LAGOS	2	877	0	1	19	0	1,243	3,447	3,381	2,233	1,552	1,124	1,304	1,168	16,351
26 NASARAWA	0	0	0	0	0	43	4	10	3	27	40	0	0	0	127
27 NIGER	0	0	8	5	82	90	133	157	257	161	85	57	89	140	1,264
28 OGUN	0	0	0	0	0	87	819	2	694	880	1,403	1,169	1,411	1,322	7,787
29 ONDO	0	41	20	0	15	0	104	41	0	0	124	149	331	342	1,167
30 OSUN	1	705	432	271	548	127	530	341	260	234	174	47	220	370	4,260
31 OYO	0	439	598	101	306	532	767	434	387	173	333	289	652	569	5,580
32 PLATEAU	0	1	10	284	19	413	791	1,463	1,361	1,259	377	83	300	1,023	7,384
33 RIVERS	0	0	41	0	39	48	82	47	0	69	130	168	253	313	1,190
34 SOKOTO	0	45	0	331	821	223	538	375	4	59	0	0	107	62	2,565
35 TARABA	15	747	39	1	3	119	143	154	58	16	245	23	59	120	1,742
36 YOBE	0	149	523	317	46	134	157	181	50	1	29	0	2	253	1,842
37 ZAMFARA	0	0	0	31	347	197	41	0	0	0	4	0	26	144	790
Total	24	15,591	15,010	7,718	10,446	12,851	16,720	17,436	14,009	11,903	11,545	7,354	13,178	23,882	177,667
<b>Recorded Birth</b>															
North West	5	5,957	8,221	1,821	3,945	3,555	3,896	3,594	1,738	905	683	157	615	4,552	39,644
North East	15	1,946	1,610	1,096	302	661	3,165	2,436	1,535	1,193	1,100	493	928	2,317	18,797
North Central	-	1,557	1,108	1,423	1,647	3,460	2,499	2,406	2,608	3,053	1,413	1,279	2,145	3,962	28,560
South West	3	2,062	1,051	373	888	747	3,521	4,316	4,788	3,606	3,586	2,785	3,931	3,834	35,491
South East	1	2,183	1,869	1,708	2,542	2,772	2,457	1,818	1,323	1,044	2,299	1,290	2,839	4,650	28,795
South South	-	1,886	1,151	1,297	1,122	1,656	1,182	2,866	2,017	2,102	2,464	1,350	2,720	4,567	26,380
Nigeria	24	15,591	15,010	7,718	10,446	12,851	16,720	17,436	14,009	11,903	11,545	7,354	13,178	23,882	177,667
<b>Mid Year Pop</b>															
North West	24,791	25,565	26,369	27,201	28,063	28,957	29,887	30,849	31,847	32,882	33,960	35,076	36,234	37,437	
North East	12,909	13,322	13,752	14,199	14,664	15,148	15,654	16,179	16,727	17,297	17,894	18,515	19,163	19,839	
North Central	13,616	14,063	14,530	15,016	15,524	16,055	16,613	17,196	17,806	18,447	19,122	19,830	20,576	21,362	
South West	18,853	19,437	20,049	20,688	21,356	22,055	22,789	23,556	24,360	25,203	26,089	27,017	27,991	29,015	
South East	11,588	11,923	12,271	12,631	13,004	13,390	13,792	14,208	14,639	15,086	15,551	16,033	16,533	17,052	
South South	14,460	14,903	15,365	15,846	16,347	16,870	17,416	17,986	18,580	19,201	19,851	20,530	21,240	21,983	
Nigeria	96,218	99,212	102,337	105,581	108,958	112,475	116,151	119,973	123,958	128,116	132,468	137,001	141,737	146,687	
<b>% Coverage. Assuming CDR=30/1000</b>															
North West	0.00	0.78	1.04	0.22	0.47	0.41	0.43	0.39	0.18	0.09	0.07	0.01	0.06	0.41	
North East	0.00	0.49	0.39	0.26	0.07	0.15	0.67	0.50	0.31	0.23	0.20	0.09	0.16	0.39	
North Central	-	0.37	0.25	0.32	0.35	0.72	0.50	0.47	0.49	0.55	0.25	0.21	0.35	0.62	
South West	0.00	0.35	0.17	0.06	0.14	0.11	0.52	0.61	0.66	0.48	0.46	0.34	0.47	0.44	
South East	0.00	0.61	0.51	0.45	0.65	0.69	0.59	0.43	0.30	0.23	0.49	0.27	0.57	0.91	
South South	-	0.42	0.25	0.27	0.23	0.33	0.23	0.53	0.36	0.36	0.41	0.22	0.43	0.69	
Nigeria	0.00	0.52	0.49	0.24	0.32	0.38	0.48	0.48	0.38	0.31	0.29	0.18	0.31	0.54	

Source State's Data from: Report of Live births, Death and Stillbirths in Nigeria (194 – 2007). NPC Publication, November, 2008. Appendix I, page 90. Zonal data are derived from the table.

Births registered in a year may not have occurred in the year.

**Table 4: Estimated Births Registered by Year 2000 -2007**

S/N	YEAR	EXPECTED BIRTH	REGISTERED BIRTH	CHILDREN NOT REGISTERED	% COVERAGE	% NOT COVERED
1	2000	4,436,638	936,590	3,500,048	21	79
2	2001	4,532,173	978,222	3,553,951	22	78
3	2002	4,629,782	935,496	3,694,286	20	80
4	2003	4,729,509	982,043	3,747,466	21	79
5	2004	4,831,401	686,929	4,144,472	14	86
6	2005	4,935,505	679,137	4,256,368	14	86



7	2006	5,049,578	927,472	4,122,106	18	82
8	2007	5,166,388	1,807,025	3,359,363	35	65

Source: Report of Live births, Death and Stillbirths in Nigeria (194–2007). NPC Publication, Nov. 2008. Page 12, Table 1.3

Note that births registered in a year may not have been birth that occurred in the year.

The recorded increase may have been a result of effort put in that particular year.

### Vital Registration Tables Expected to be Prepared

TABLE No.	LIVEBIRTHS TABLES
Table B1:	Live Birth by Month, place and Year of Occurrence
Table B2:	Live Birth by Birth Order and Year of Occurrence
Table B3:	Type of Live Birth by Sex and Year of Occurrence
Table B4:	Live-birth by Age of Mother (In Single Year) and Year of Occurrence
Table B5:	Live Birth by Age of Mother (In 5 Year Age Group) and Year of Occurrence
Table B6:	Live Birth by Birth Order, Age of Mother (In 5 Year Age group) and year of Occurrence.
Table B7:	Live-Birth by Birth Order, Age of Mother (In single Year) And Year of Occurrence.
Table B8:	Live-Birth by Level of Education of Mother, Place and Year of Occurrence.
Table B9:	Live-Birth by Level of Education of Father and Year of Occurrence.
Table B10:	Live-Birth by State of Origin of Mother and Year of Occurrence.
Table B11:	Live-Birth by Ethnic Origin of Mother and Year of Occurrence.
Table B12:	Live Birth by Ethnic Origin of Father and Year of Occurrence.
Table B13:	Live-Birth by Occupation of Mother and Year of Occurrence.

TABLE No.	DEATH TABLES
Table D1:	Death by Sex, Major causes and Year of Occurrence
Table D2:	Death by Age at Death, Sex and Year of Occurrence
Table D3:	Death by Age of infant at Death, Sex and Year of Occurrence
Table D4:	Death. by Marital Status, Sex and Year of Occurrence
Table D5:	Death by Level of Education of Deceased, Sex and Year of Occurrence
Table D6:	Deaths by Sex, Major Cause and year of Occurrence
Table D7:	Deaths by Age, Major cause and year of Occurrence
Table D8:	Deaths by Level of Education, Major cause and Year of Occurrence

TABLE No.	STILLBIRTHS TABLES
Table SB 1:	Still-birth by place and Year of Occurrence
Table SB 2:	Still-Birth by Age of Mother and Year of Occurrence

#### Tables to be prepared by the Deputy Chief Registrar

I	Live Births, Deaths, Still Births by Reg. Area
B.1	Live Births by place of Occurrence
B.2	Live Births by' Birth Order
B.3	Live Births by, Age of Mother
B.4	Birth Order by' Age of Mother
B.5	Live Births by level of Education
B.6	Live Births by level of Education
D.1	Deaths by Place of death
D.2	Deaths by Age and Sex at death
D.3	Infant Deaths by age and sex
D.4	Infant Deaths by' sex and Rural - Urban
D.5	Deaths by Major cause groups
SB.1	Still Births by Age of Mother

#### Tables to be prepared by the Chief Registrars

II	Live Births, Deaths, Still Births by LGAs
B.7	Live Births by Place of Occurrence by LGAs
B.8	Live Births by Birth Order by LGAs
B.9	Live Births by Age of Mother by LGAs
B.10	Birth Order by Age of Mother by LGM
B.11	Births by level of Education of Mother by LGM
B.12	Births by level of Education of Father by LGM
D.6	Deaths by Place of death by LGAs
D.7	Deaths by Age at death by LGAs
D.8	Infant death by AgC and Sex by LGM
D.9	Infant death by sex and Rural/Urban by LGAs
D.10	Deaths by Major Cause Groups in Rural Area by LGA
D.11	Deaths by Major Cause Groups in Urban Areas by LGA
D.12	Deaths by Major Cause Groups in all areas
SB.2	Still Births by Age of Mother by LGAs