

MONITORING OF CRVS OPERATIONS IN NIGERIA (SUCCESSFUL PRACTICE)

Introduction

Nigeria with a population of about 160 million is the most populous country in Africa. It has a land area of about 923, 768 sq km with diverse topography ranging from the forest regions of the south to the grassland regions of the north. Nigeria has over 250 ethnic groups most of whom have distinct customs, traditions and languages. The Federal Republic of Nigeria is constituted into 36 states, a Federal Capital Territory and 774 Local Government Areas. Political power is dispersed amongst three tiers of Government- Federal, state and Local Government.

The country operates a centralized CRVS system with the National Population Commission mandated as the sole organization to establish and maintain a continuous and compulsory system of Civil Registration and Vital Statistics (CRVS) nationwide. The Commission directs coordinates and monitor nationwide - the civil registration systems by setting national standards and uniform registration procedures for all vital events occurring within the country. Although the birth registration process by National Population Commission is necessary to realize the national benefits of birth registration, but there is an existing duality in the legal authority and mandate for birth registration which permits the existence of parallel registration systems at the Local Government Area/levels. There is no legal framework to define the relationship of NPopC and Local Government Area (LGA) registration efforts.

The Commission in spite of the dual/parallel registration systems, does establish registration centres, provides registration instruments, coordinates the registration procedures, supervise and evaluate the registration process of local registrars to - satisfy the legal and statistical requirements. Presently there are 2951 functional registration centres in the country. The registration hierarchy features the Registrar General at the National level, the Chief Registrar at the State level, the Deputy Chief Registrar at the LGA level and the Registrar at the registration centres/community levels.

Limitations

In spite of the functional registration centres, implementation of vital registration programme is still faced with very low coverage and the challenges of inadequate number of registration centres. Persistent low coverage is majorly caused by the dual registration systems which permit parallel NPopC and LGA birth registration activities, leading to incomplete NPopC registration coverage. This is coupled with lack of a formalized partnership framework between birth registration processes and health systems, thus presently constituting a big challenge and serious hindrance to wider coverage.

The health sector have established, deeply decentralized networks for service delivery to children and families. In Nigeria, national public health programming includes more than 25,000 health centers as well as many groups of community health workers. In contrast, there are about 3,000 birth registration centers. Thus, millions of children accessing the remaining 22,000 health centres are missed constituting a major reason for very low registration rates of new born and under 1 birth.

Specific Actions Taken

To change this trend, UNICEF in collaboration with NPopC developed a systemic partnership with the health sector through the inclusion of birth registration component in public health campaigns known as (Immunization Plus Days-IPDs and maternal and Child Health Weeks-MNCHW) in order to reach the new born and under-five population. The goal of Maternal Newborn and Child Health Week (MNCHW) is to increase population coverage of needed low cost, high impact interventions and thereby contribute to reduction of morbidity and mortality in mothers, newborns and under-five children in Nigeria. The specific objective amongst others is to promote utilization of health facilities by pregnant women and newborns, mobilize pregnant women to attend focused antenatal visits and ensure access of children of 06-59 months to Vitamin A and de-worming tablets and long lasting insecticide-treated nets.

Integrating birth registration with the national health delivery system is the practical approach in which UNICEF in collaboration with the National Population Commission is working at the Federal, State and LGA levels for increased birth registration coverage. Decentralized partnerships between birth registration and health sector initiatives is being defined and supported with high-level frameworks. UNICEF supported the platform for NPopC to participate in the 55th session of the National Council on Health meeting concluded in June 2012. The Council approved the institutionalization of registration of births & deaths in all health facilities at the State & LGA levels with the assistance of the health personnel; inclusion of messages on births & deaths registration in public health advocacy and enlightenment programmes at the State, LGA & Community levels; and that birth registration should form a component of all health intervention programmes. The opportunity provided by the National Council of Health will facilitate implementation of a formalized Plan of Action and a framework for improving birth registration coverage in Nigeria.

A multisectoral approach at linking birth registration and the health delivery system have also been supported by UNICEF not only through the integration into the Maternal New born and Child Health Weeks (MNCHWs), but also with the Midwives Service Scheme (MSS) and the Community

Management of Acute malnutrition (CMAM) OTP programme in the states. Due to the food crisis in the Sahel region in Nigeria, one of the most important components of CMAM is community mobilization¹ which includes screening, the detection, referral and follow-up of Severe Acute Malnutrition (SAM) cases. The age cohort of children eligible to access health care services provided in CMAM sites is 06-59 months. Within the CMAM sites/health centers one of the determinant factor for measuring the severity of malnutrition and the appropriate health care to be provided is the age of the child. Verification of the precise age of the child remains a challenge due to non-registration of births of most of the children as well as determining when to apply the therapeutic treatments.

Children seen in the CMAM sites tend to be poor, live in rural areas, have limited access to health care and these are not attending early childhood education. They are mostly born without the support of a health professional or midwife and their mothers have low levels of formal education. The lack of a birth certificate affects planning and denies these children access to quality education or health services, or realizing their right to legal protection as children. CMAM sites provides an enormous opportunity to work with health providers and nutrition officers to ensure that children accessing treatment in CMAM sites and newborns whose births are delivered in CMAM designated health centers are all registered. As such, birth registration of children enrolled in and treated in outpatient CMAM therapeutic programmes and sites is reported.

Other collaborative initiatives include integration of birth registration into education services at the point of enrolment - through Early Childcare Development and Primary Education - and promotion of birth registration by utilizing the presence and networks of Civil Society Organizations at the community level to mobilize parents to participate in birth registration process and to create needed awareness on the importance of birth registration. Religious leaders with considerable social and political influence were also engaged to become allies/advocates for universal birth registration.

Collating the data from different states across the country precipitated by the series of collaborative initiatives, especially during the MNCHW was time consuming highlighting the need to take advantage of the current innovative technology provided by RapidSMS, which is being used for

¹ National Operational Guidelines for Community Management of Acute malnutrition: Federal Ministry of Health, Family Health Department, Nutrition Division, 2010

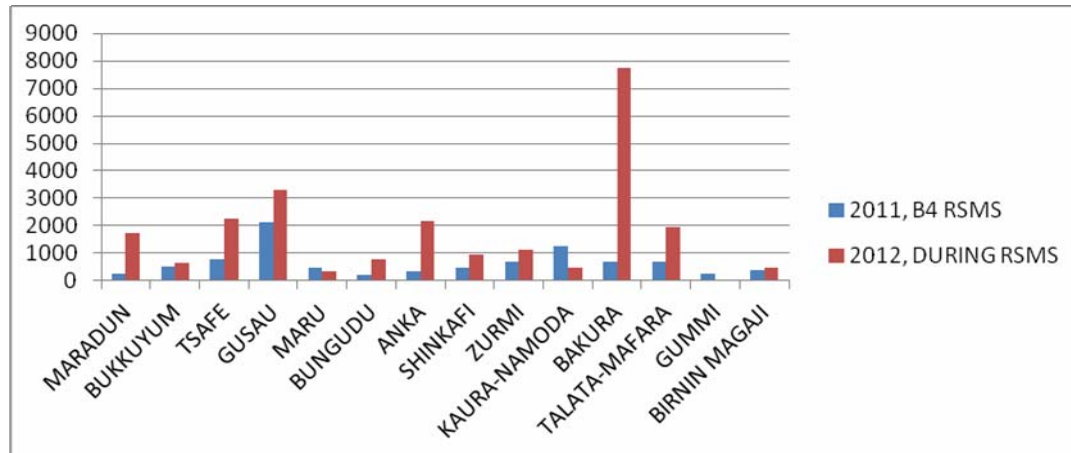
dynamic data collection, logistics coordination, speedy communication and leveraging basic SMS mobile phone technology

Monitoring Tools

Nigeria commenced implementation of a decentralized monitoring system using a mobile-phone based platform called RapidSMS in January 2011. The system was designed to identify regional disparities in real-time and facilitate prompt responses. Combined with data from central and survey sources, RapidSMS is a tool for better understanding local and regional level variations in service output. RapidSMS datasets count the number of birth registration cases reported from each registration center, including LGA, state, and geographic zone. LGAs were designated as urban or rural using population density, with urban status defined as greater than 311 persons per kilometer squared area. The RapidSMS innovation was considered to capture birth records to ensure effective collation and reporting of data on birth registration. Initial pilot testing using the RapidSMS to monitor and record the birth registration process was conducted in 23 LGAs in Kaduna state, between January and March 2011. By end of August 2012, thirty three (33) out of the 36 states plus FCT are reporting birth registration data in Nigeria. At a glance 2,887 registrars/registration centers, are reporting birth registration data in 686 LGAs and in 33 states plus the Federal Capital Territory through the RapidSMS deployment.

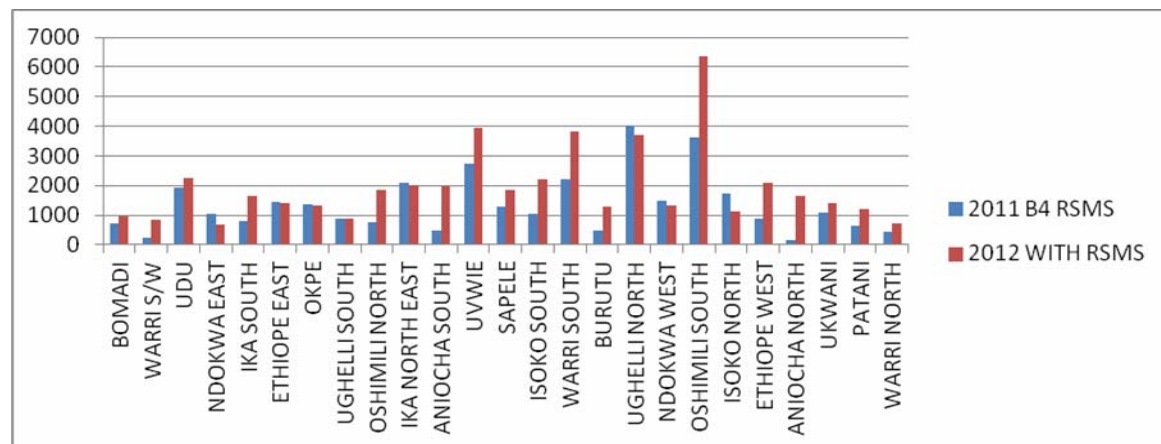
RapidSMS as a monitoring and management tool allows LGA/decentralized level analysis in tracking which LGAs are doing well and which ones are not. It is benefitting the most deprived, living in very rural and hard to reach areas especially in states with very low birth registration coverage mostly in the Northern part of Nigeria. Zamfara is in the North western part of Nigeria and is remarkably a good example of where there is an upward (improving) constant movement in its 14 LGAs monitoring with the RapidSMS lenses. (See figure 1). Births reported before RapidSMS innovation was introduced were compared with after the introduction and were computed based on the projected population. Zamfara has only two urban centres being Gusau and Kaura Namonda. The remaining Local Government Areas are rural and very rural areas. Bakura, a rural area recorded the highest number of births registered within the state indicating how the RapidSMS has helped a more systematic outreach to marginalized children living in very rural and hard to reach areas.

Figure 1: Zamfara state under - 5 registrations before and during RapidSMS monitoring



In some of the Southern states of Nigeria, registration of birth of under-five children is low especially in the conflict - affected areas of the Niger Delta region. RapidSMS was deployed to report data of births registered in the remote and hard to reach communities the riverine and conflict -ridden areas of the 9 states situated in the Niger Delta region. Delta State also stood out as a good example of poorly performing state turned around, also with the RapidSMS deployment.

Figure 2: Delta State under - 5 registration before and during RapidSMS monitoring



However, on review of the RapidSMS data, there are consistent patterns of irregular reporting or non-reporting in some LGAs. The reasons cited for non-reporting include mobile network errors, RapidSMS system crashes, and improper reporting. Non-reporting eliminates the utility of the RapidSMS system as a management tool, as managers have no method to track registration activities. In terms of larger scale data analysis, errors in RapidSMS reporting results in inaccurate results and therefore inappropriate responses.

To bridge the gaps, monitoring teams are being established across the 36 states and FCT to aid and improve the fidelity of RapidSMS reporting and drastically reduce erroneous reporting and non-reporting rates. Established monitoring teams in each state of the Federation are to monitor, document and report on the performance of registrars using the following indicators:

- Check and report blank RapidSMS reports/error reports in designated State/LGA/birth registration centres.
- Identify non-reporting or low coverage reporting registrars in designated State/LGA/birth registration centre.
- Identify registrars reporting poor coverage giving excuses of non-availability of materials.
- Report sufficient/insufficient supply of birth registration forms and birth certificates.
- Collate/collect from Deputy Chief Registrars the number of erroneous applications/wrongly filled birth registration forms.
- Identify and report DCRs/registrars having functional partnerships with LGAs.
- Identify, monitor and report on Influential/CSOs/Religious Institutions in support of and conducting birth registration activities.
- Identify and monitor number of health centers per LGA in support of and conducting birth registration activities.

Way Forward

In further collaboration with UNICEF and mobile service providers, certain modifications of the RapidSMS database are proposed to improve effective monitoring of birth registration process in Nigeria, particularly:

- Incorporating estimated births per LGA (based on 2006 census data) to allow for real-time registration coverage calculations.
- Rationalizing the RapidSMS dashboard interface for different management levels, i.e. detailed facility-level statistics for DCRs at LGA level, summarized LGA-level statistics for state level monitoring and national level monitoring.
- Implementing a color-coded classification scheme to identify facilities / LGAs / states achieving or not achieving target BR levels.
- Including export functions to move data more easily between the RapidSMS dashboard and simple analysis suites.
- Developing additional data fields for measuring rejected applications, incomplete reporting,

supply stockouts, and birth certification.

To consolidate on the gains and opportunity provided by the National Council of Health, high level consultative process is being proposed through engaging NPopC and the health sector actors (from the 36 States plus the Federal Capital Territory) to structure a framework for improved birth registration coverage. The collaborative engagement will facilitate the implementation of a formalized Plan of Action to promote 100% of health centers having birth registration services at centralized and decentralized levels and thus boost the current low level coverage in Nigeria.

Contact:

Director General

National Population Commission, Abuja

jdzubema@yahoo.com

www.npopc.gov.ng

gwaithiramathenge@uneca.org" <gwaithiramathenge@uneca.org>, Sharon Oladiji
<soladiji@unicef.org>, Jamin Zubema <jdzubema@yahoo.com>, babagana wakil
<babaganawakil007@yahoo.com>