

# Nigeria

Three main technical products completed during previous Countdown Phase (2020-2022)

1. Country Technical Report
2. Policy-brief
3. Journal article

## Summary results

### Nigeria Country Report – RMNCH National and Subnational Coverage

Summary of DHIS2 data quality 2017-2021 using ANC, delivery, vaccination and OPD

Data Quality Indicators	2017	2018	2019	2020	2021
<b>Completeness of monthly facility reporting (green &gt;90%)</b>					
% of expected monthly facility reports (mean, national)*	75.0	79.3	84.0	79.9	80.9
% of districts with completeness of facility reporting >= 90%*	21.6	27.0	37.8	35.1	27.0
% of districts with no missing monthly values in the year*	100.0	100.0	100.0	85.6	99.5
<b>Extreme outliers (green &gt; 95%)</b>					
% of monthly values that are not extreme outliers (mean, national)*	99.5	98.5	98.7	97.9	96.7
% of districts with no extreme outliers in the year*	95.0	88.3	90.1	84.7	84.2
<b>Consistency of annual reporting (green &gt;85%)</b>					
Ratio ANC1 – penta1 numbers (national)	0.68	0.70	0.73	0.55	0.71
% of districts with ANC1-penta1 ratio between 1.0 and 1.5	18.9	29.7	21.6	5.4	27.0
Ratio Penta1 – penta3 numbers (national)	1.09	1.09	1.07	1.07	1.07
% of districts with penta1-penta3 ratio between 1.0 and 1.5	100.0	100.0	97.3	100.0	97.3
<b>Annual data quality score (mean indicator 1a to 3b)</b>	72.9	74.7	75.7	69.8	73.2

\*Mean for ANC, delivery, immunization and OPD services

Fig. 2: Facility-Derived Coverage for ANC4 across States in Nigeria in 2017 and 2021

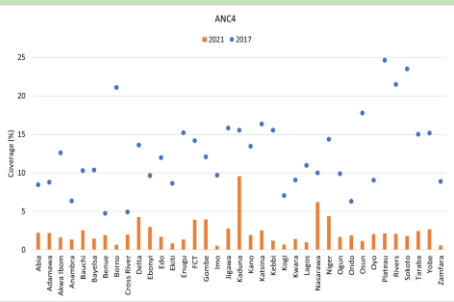


Fig. 4: Mean absolute difference from the mean (MADMW), weighted estimates, for 2017-2021: BCG, Penta 1, Penta 3 and Measles Vaccination

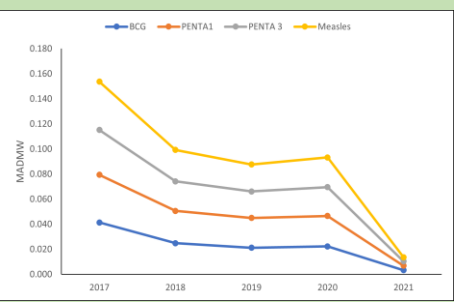


Fig. 3: Mean absolute difference from the mean (MADMW), weighted estimates, for 2017-2021: ANC4, Institutional delivery and SBA

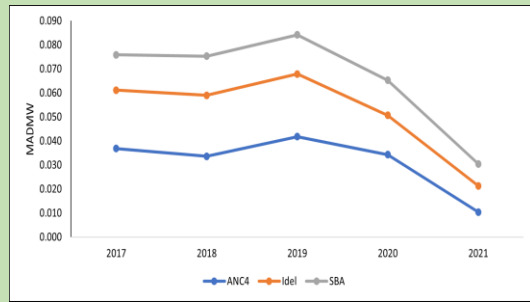


Fig. 4: Share of the service provision (%) by type of health facility, selected indicators, NDHS, 2018

Type of facility	Public sector	Private sector	Other
Institutional births	67.0	29.5	3.5
Family planning methods	65.2	31.0	3.8
Treatment of sick children	34.102	54.3	11.6

### NIGERIA STUNTING SUB-NATIONAL STUDY

#### Background

Prioritizing stunting reduction as part of broader multisectoral investments in human capital development is vital to ensure that Nigeria is on track to meet global stunting reduction targets and positioned for better health and economic success.

Figure 1: Sub-national Stunting Reduction Exemplars from 2008-2018

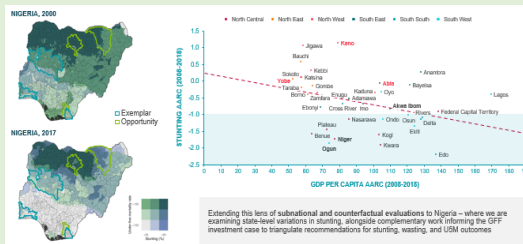
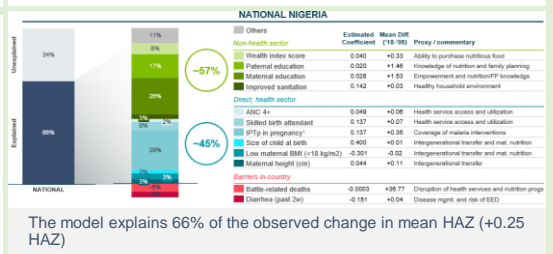
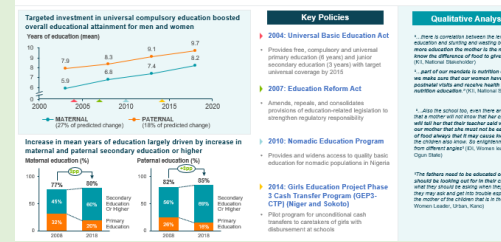


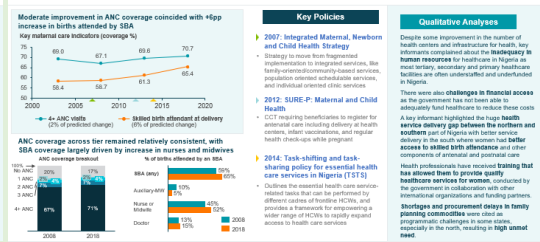
Figure 2: Decomposition model contribution of each factor to the predicted change in HAZ from 2008-2018



#### EDUCATION | BOTH MATERNAL AND PATERNAL EDUCATION HAVE MADE SIGNIFICANT CONTRIBUTIONS TO STUNTING



#### MATERNAL CARE | ADDITIONAL GAINS IN ANC AND SBA COVERAGE LIMITED BY INADEQUATE HUMAN RESOURCES AND FINANCIAL BARRIERS



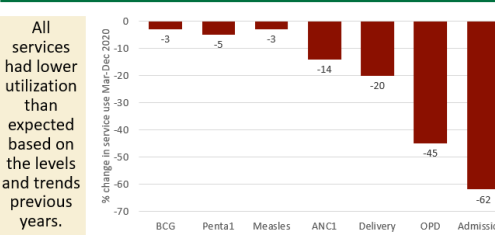
#### Conclusion

Stunting reduction in Nigeria requires an integrated multisectoral approach that includes investments and improvements both within and outside the health sector. External factors such as increasing household wealth, higher education for mothers, and enhanced attention to water and sanitation are critical to meeting global nutrition targets and setting Nigeria for improved health and economic success. Important health measures, such as malaria control, maternity and newborn care, and improving maternal nutrition, are also required to drive improvements in child growth and nutrition.

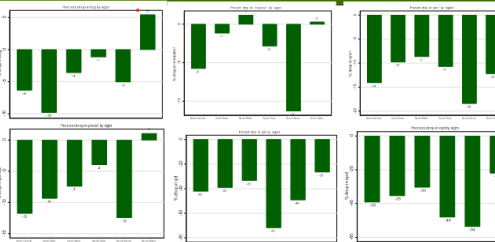


### Impact of COVID-19 Pandemic on the Continuation of Child Health-Related Services in Nigeria

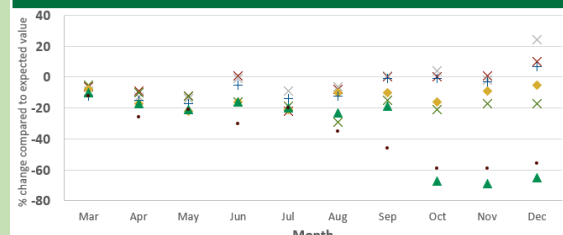
Percent change in utilization of selected services during March – December 2020, compared to expected utilization based on the preceding three years



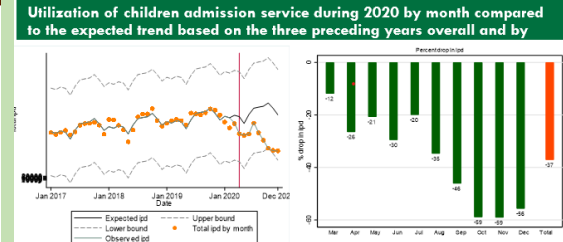
Percent change by month during March-December 2020 for selected services, compared to expected utilization based on the preceding three years



Percentage Drops in Service Utilization by Region



Utilization of children admission service during 2020 by month compared to the expected trend based on the three preceding years overall and by region



### Learnings

- The state health facility reports provide a solid basis for trend assessment after extensive data quality assessment and adjustment.
- The need to give attention to facility data quality assessment and adjustment, joint assessment of surveys and facility results, and consideration of possible other biases were emphasized.
- The importance of learning from successful examples to improve stunting reduction efforts in Nigeria has been highlighted.
- Major effort is required to overcome the negative effects of the pandemic on the progress towards the SDG health targets by 2030 and get back on track for the ambitious SDG targets.
- Need to intensify efforts at ensuring timely reporting and improving completeness.
- Repeat systematic analyses of the Nigeria DHIS2 at least twice per year, particularly to check for internal consistency.
- In epidemic preparedness, there is the need to conduct this kind of analysis of indirect impact on the continuation of services using facility data during any crisis.

#### Acknowledgements:

1. African Population & Health Research Centre
2. Gates Venture
3. The Hospital for Sick Children (SickKids), Canada
4. Federal Ministry of Health, Abuja, Nigeria
5. University of Ibadan, Nigeria