

The infographics below show selected key National Health Indicators for diseases of public health importance over the last six months



HEALTH FACILITY REPORTING RATE

The reporting rate for the month of February is 82.7% at the time of this report.

We encourage states to continue to deploy mobile devices and computers for direct reporting to the DHIS-2 as it is more cost-effective and enhances data quality

Figure 1: Health Facility Reporting Rate

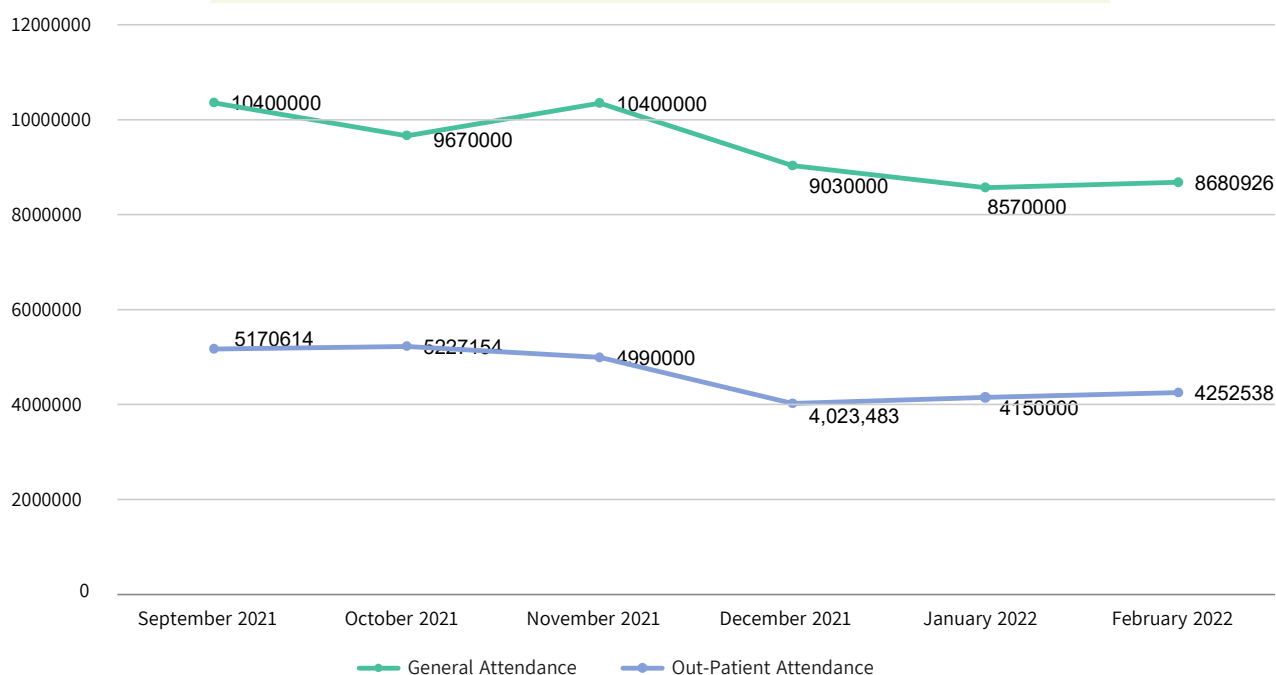




FACILITY ATTENDANCE

Figure 2 below shows the trend of general facility attendance and outpatient attendance from September 2021 to February 2022.

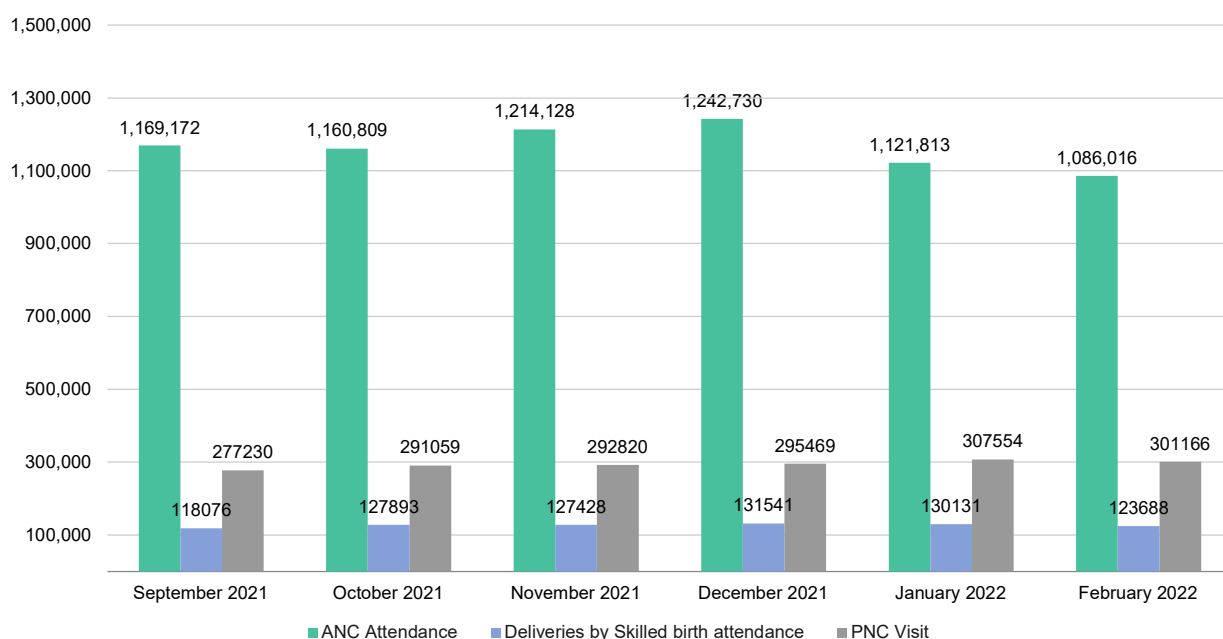
Figure 2: Facility General Attendance Versus Outpatient Attendance



MATERNAL HEALTH (ANC AND PNC)

Figure 3 below compares ANC attendance to deliveries by skilled birth attendants and post natal care visits in reporting facilities from September 2021 to February 2022.

Figure 3: Continuum of care during pregnancy, labour and delivery





IMMUNIZATION

Figure 4 compares the total BCG vaccines given at birth to total live births in reporting health facilities. The report shows that the total BCG vaccine doses given were more than the total live births in the facility for the same period.

This is partly due to the combination of fixed immunization sessions (in the facility) and outreach/mobile (within the community) immunization services data which covers for under-1 children delivered both in the community and at facilities.

Figure 4: Total live births and BCG given

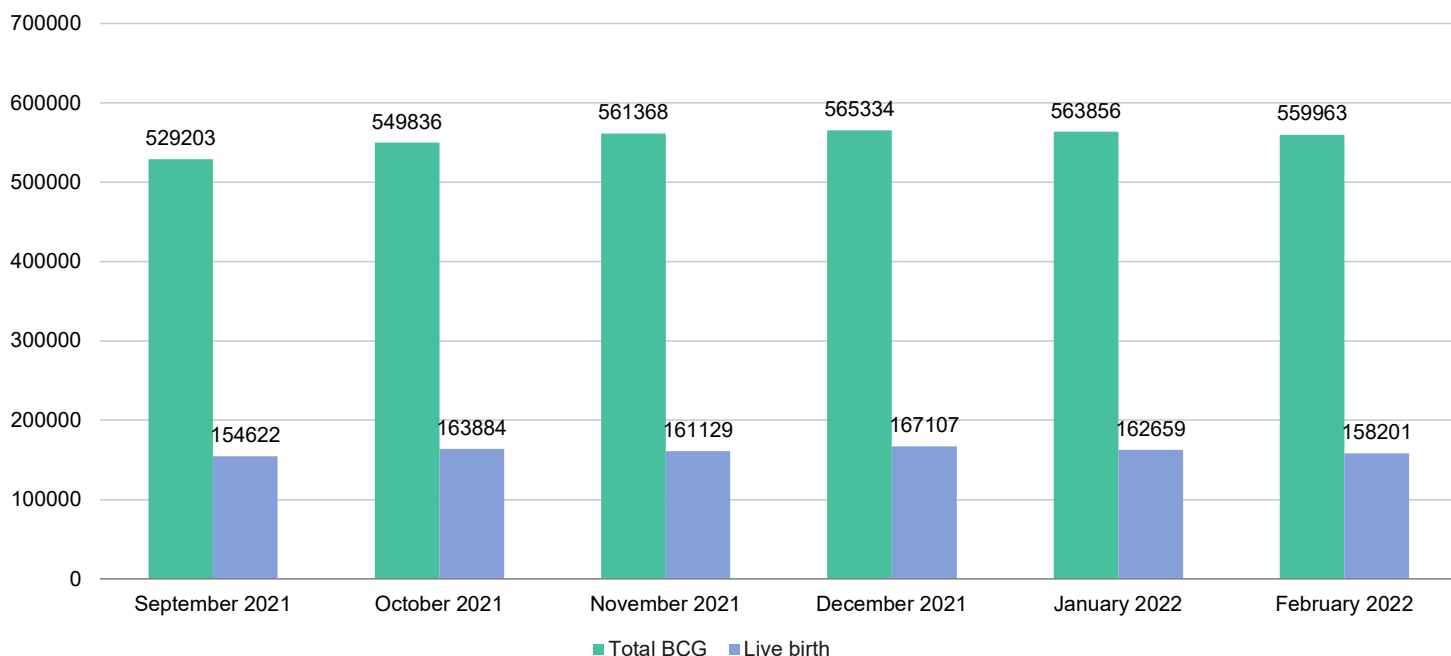
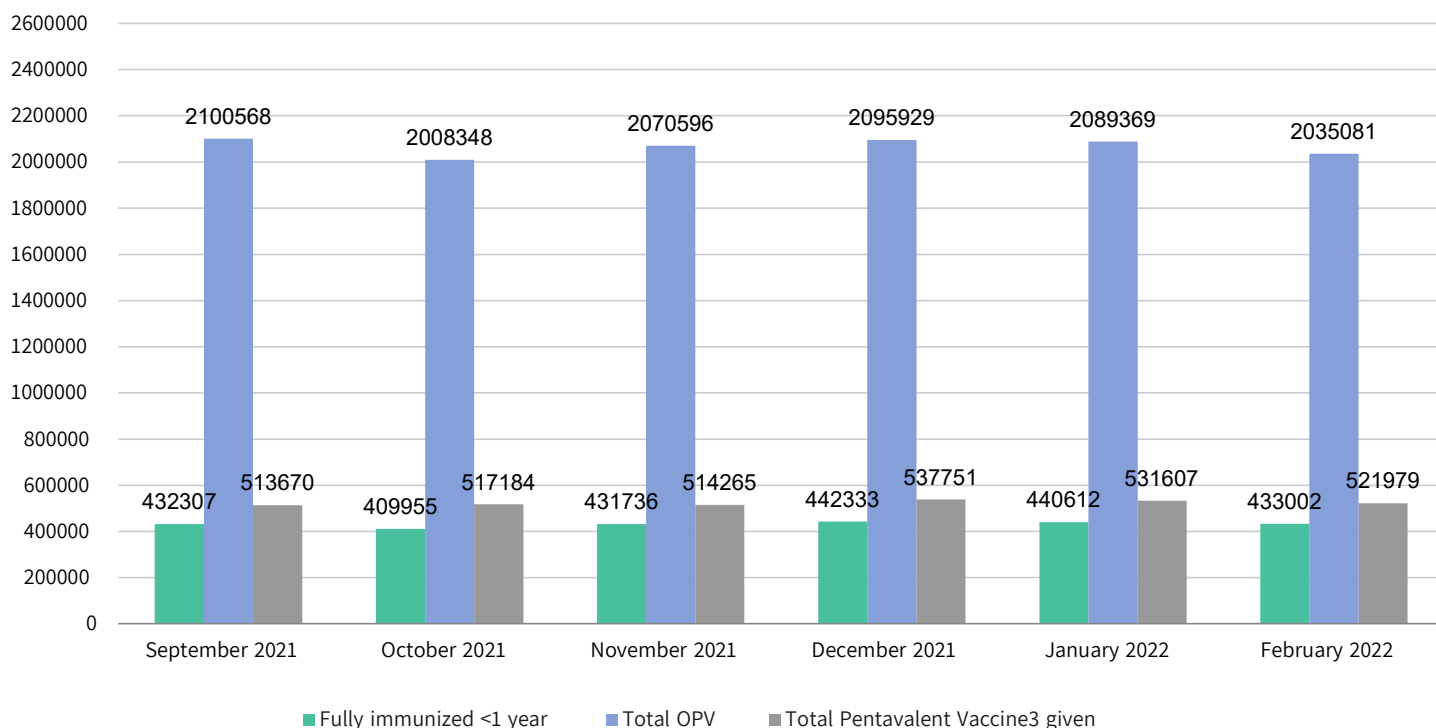


Figure 5: Fully immunized <1 year, OPV, Pentavalent vaccines 3 given

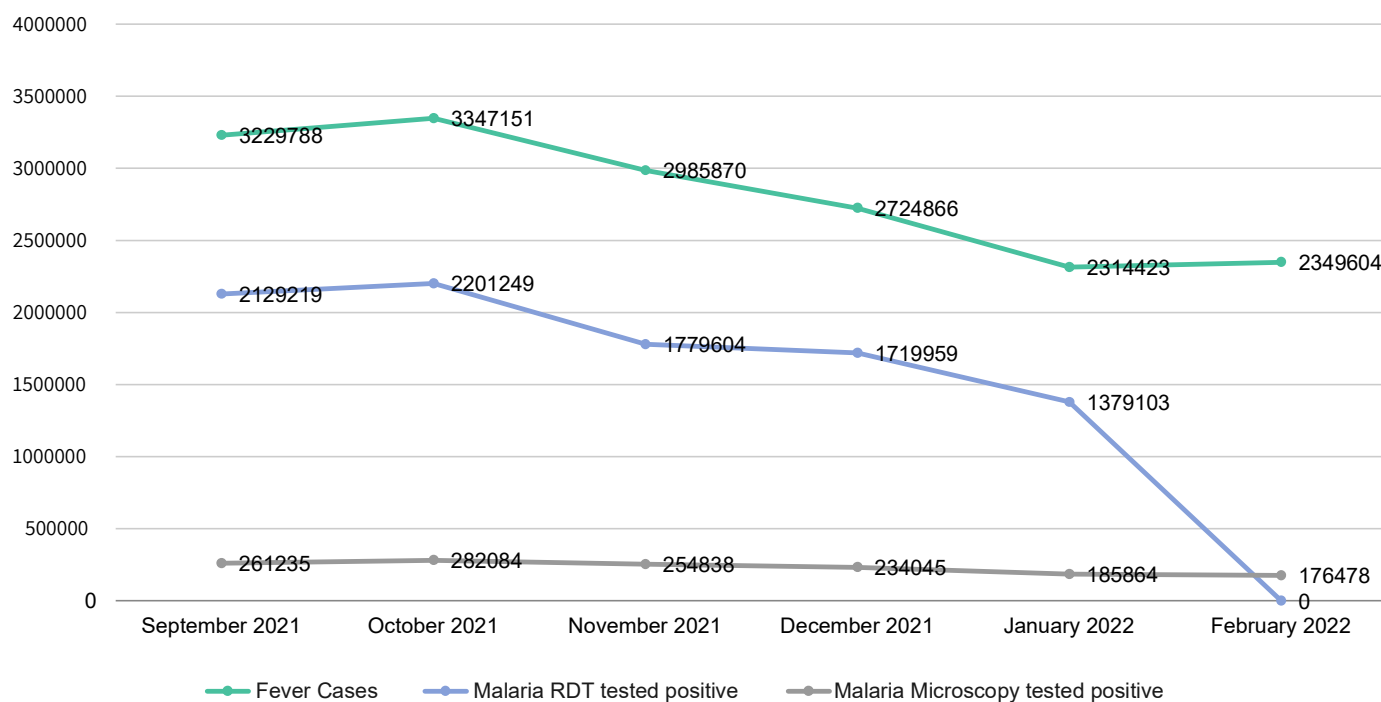




TOTAL FEVER CASES, MALARIA RDT AND MICROSCOPY TESTED POSITIVE

Figure 6 shows fever cases, malaria diagnosis using rapid diagnostic testing and microscopy testing in reporting facilities.

Figure 6: Number of fever cases, Malaria RDT and Microscopy tested positive





UNDER 5 DEATHS

Malaria and Pneumonia diseases remain some of the leading causes of under-5 deaths in Nigeria

All states are encouraged to train their health workers on proper reporting of diagnosis and management of diarrhea disease.

States are also advised to intensify efforts in the prevention, treatment and overall control of Pneumonia and Malaria.

Figure 7: Causes of under 5 deaths - Diarrhoea

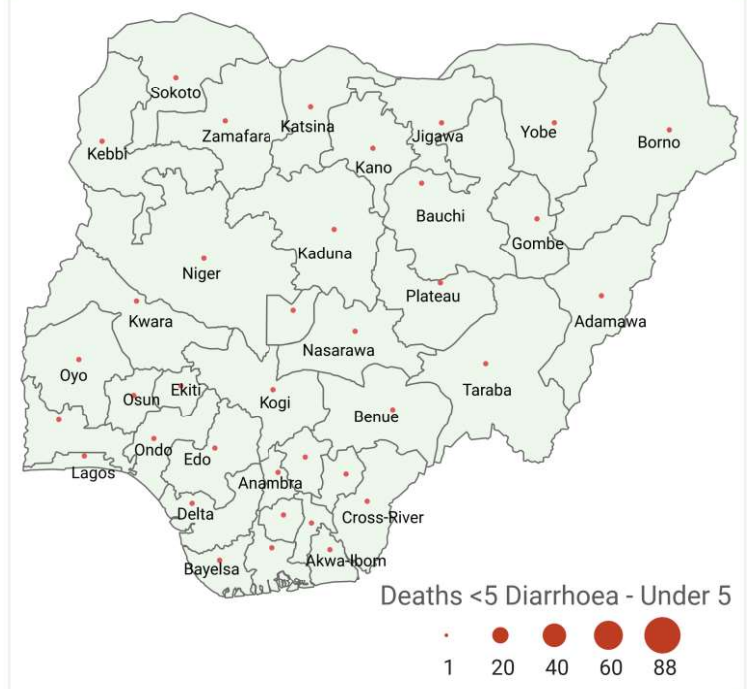


Figure 8: Causes of under 5 deaths - Malaria

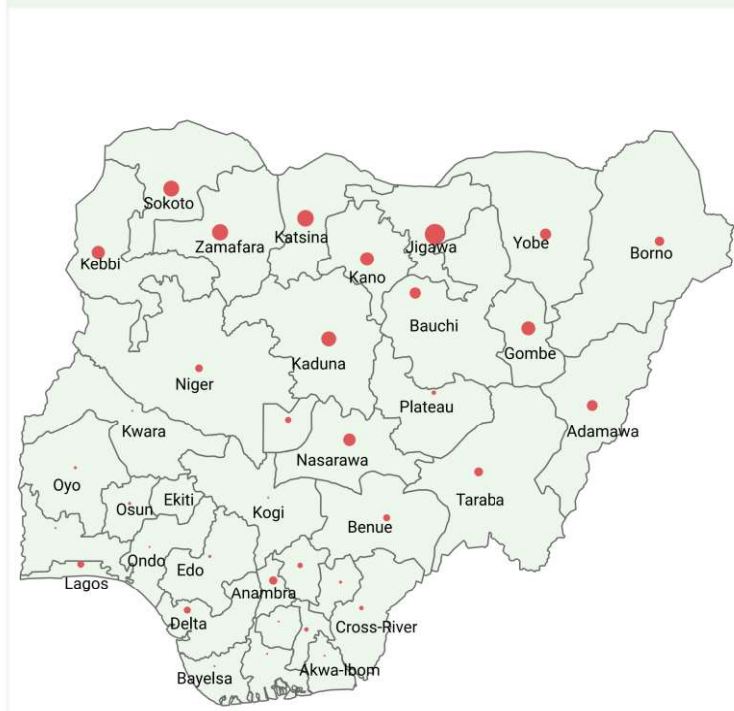
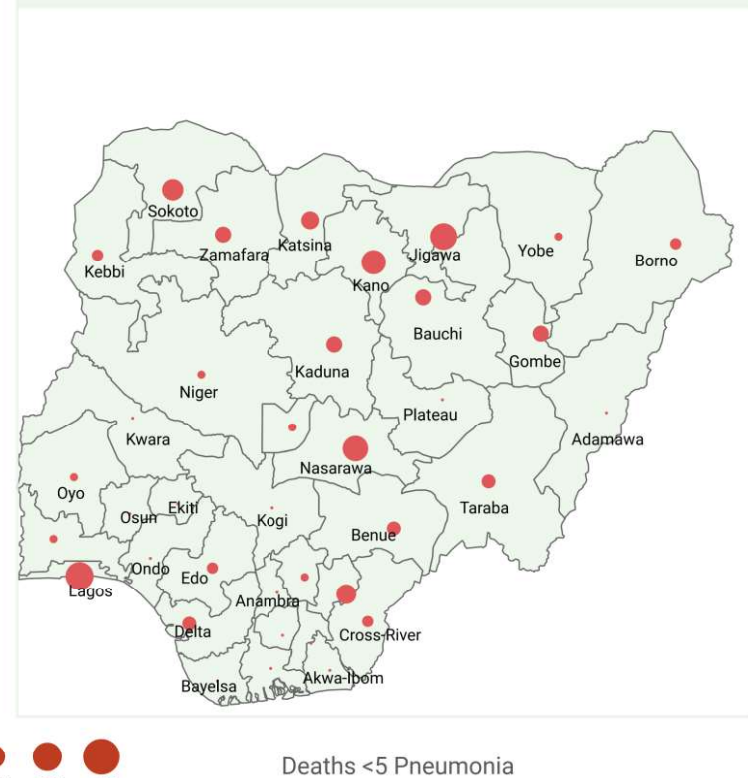


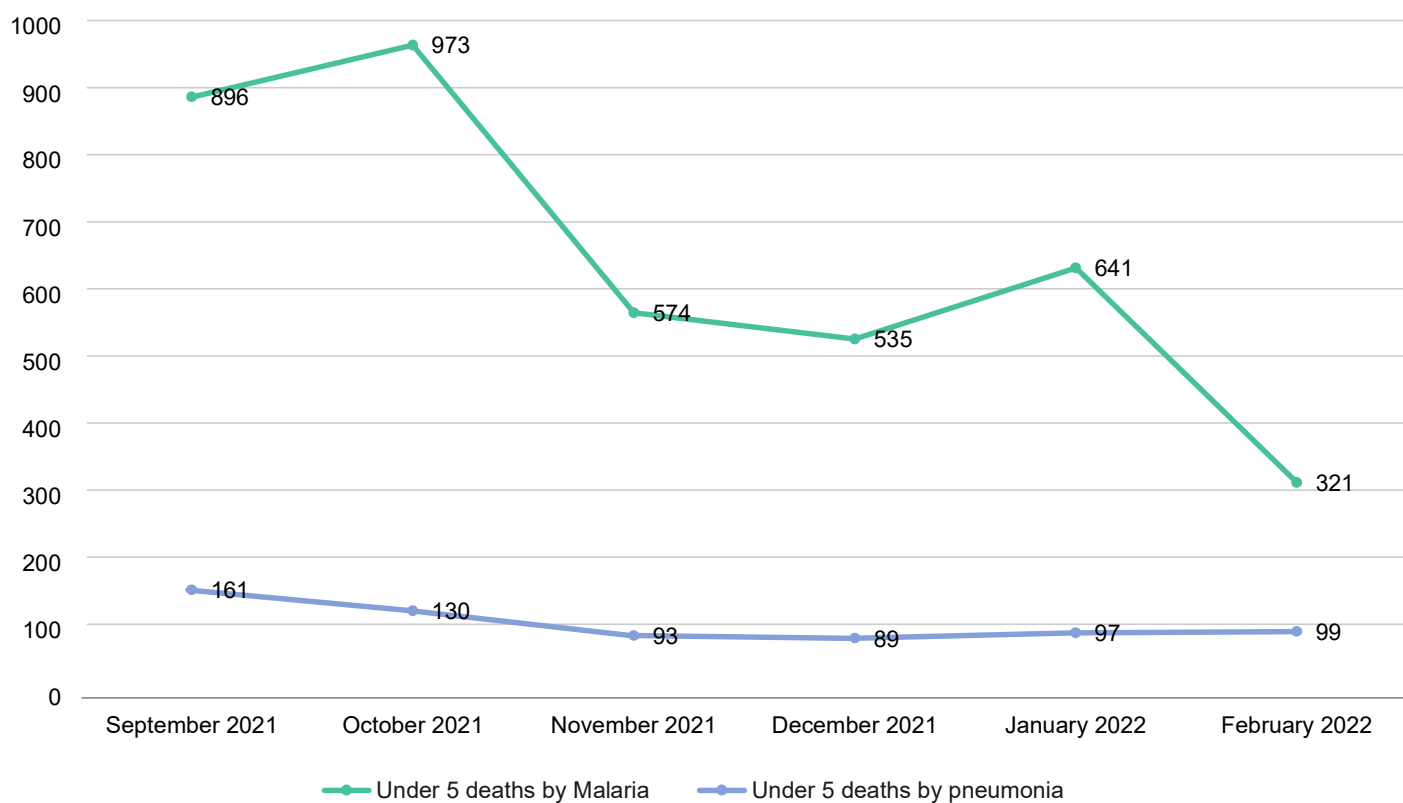
Figure 9: Causes of under 5 deaths - Pneumonia





Malaria remains the leading cause of death among under-5 children in the country. The value reported for the month of February 2022 is 321 deaths, lower than the previous month (January 2022 with 641 deaths).

Figure 10: Under 5 Deaths by Malaria and Pneumonia



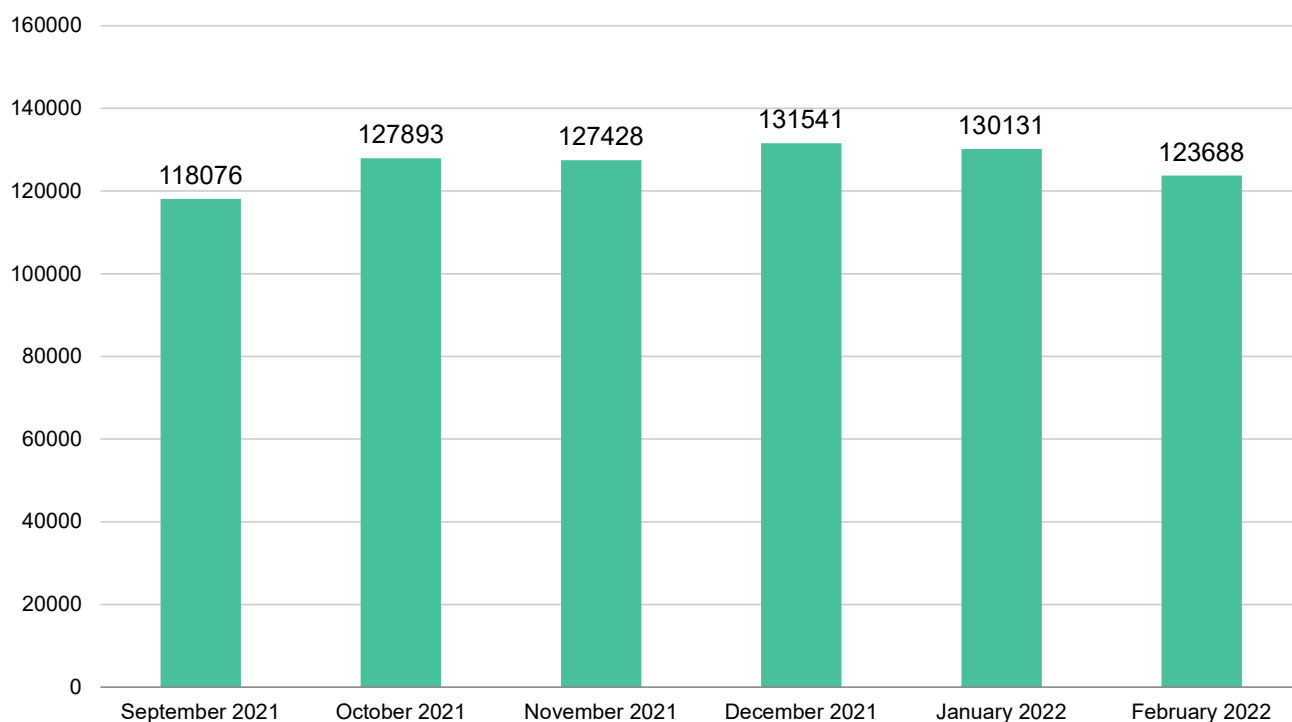
HEALTH SERVICE UPTAKE



The onset of the COVID-19 pandemic led to the deployment of several measures to curb the spread of the virus. Consequently, health services uptake was also affected as citizens adhered to strict lock - down measures which led to reduction in certain health delivery services at health facilities.

The analysis below presents data on deliveries by skilled birth attendants (Figure 11)

Figure 11: Deliveries by Skilled Birth Attendants

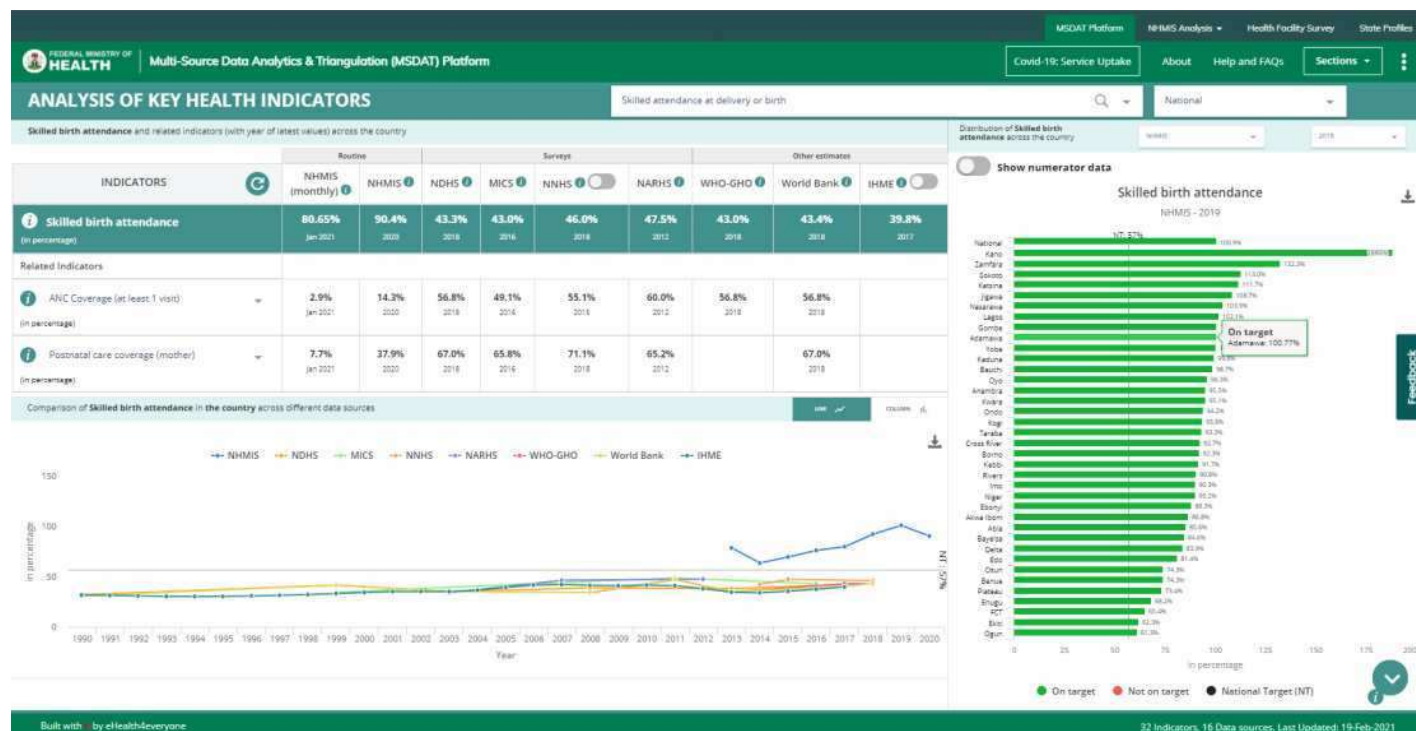


For more analysis, visit: https://msdat.fmohconnect.gov.ng/covid19_health_service_uptake/index.html



THE NATIONAL MSDAT PLATFORM

Recognizing that data quality, trends and interpretation depend on the data source and methodology, the platform offers comparisons of key metrics across three categories of data sources, namely; routine, surveys, and global estimates.



https://msdat.fmoconnect.gov.ng/central_analytics

AVAILABLE PROGRAM AREAS

RMNCH

- Adolescent Birth Rate
- ANC Visit (4 visits)
- ANC Visit (at least 1 visit)
- Contraceptive Prevalence Rate
- Percentage of children with diarrhoea who received treatment
- Postnatal Care Coverage (mother)
- Prevalence of diarrhoea
- Prevalence of Symptoms of Acute Respiratory Infection among under 5 Children
- Proportion of children under 5 with ARI who received treatment
- Skilled Attendance at Delivery or Birth
- Total Fertility Rate
- Unmet Need for Family Planning

MALARIA

- Percentage of children under 5 with fever who received ACT
- Percentage of women 15-49 years who received at least one IPT dose during pregnancy
- Percentage of women 15-49 years who received two or more IPT doses during pregnancy
- Prevalence of malaria among under five children (m croscopy positive)

NUTRITION

- Percentage of children under 6 months who were exclusively breastfed
- Prevalence of Stunting among under 5 children
- Prevalence of Wasting among under 5 children
- Underweight prevalence among under 5 children
- Vitamin A supplementation coverage

IMMUNIZATION

- DPT3/Penta 3 Coverage Rate
- IPV Coverage Rate
- Measles Immunization Coverage
- Percentage of children fully immunised against childhood diseases by age 1

HIV

- Percentage of people age 15-49 years who have been tested for HIV and know their results
- Percentage of pregnant women tested for HIV during antenatal care
- Prevalence of HIV

MORTALITY

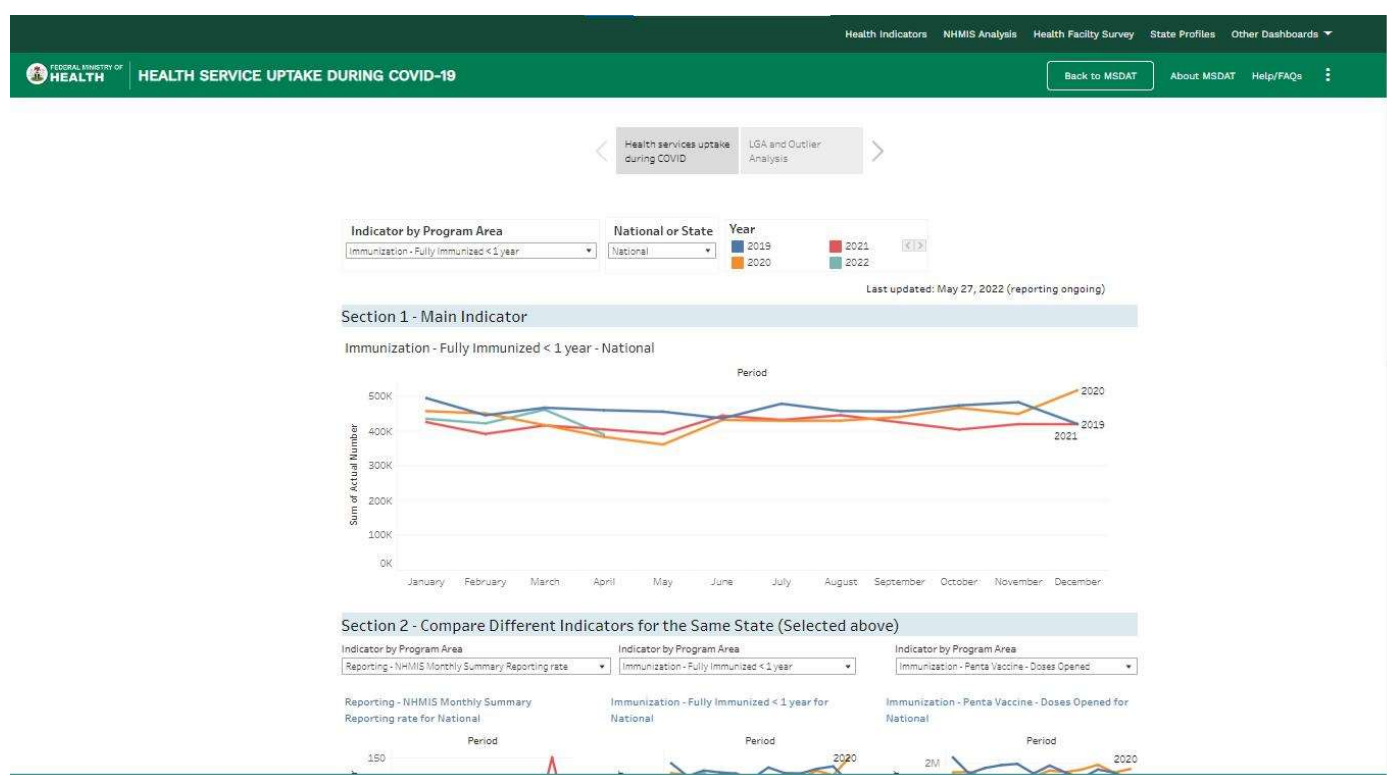
- Infant Mortality Rate
- Maternal Mortality Ratio
- Neonatal Mortality Rate (per 1000 live births)
- Under Mortality Rate
- Pregnancy-related mortality

THE NATIONAL HEALTH SERVICE UPTAKE DASHBOARD

Nigeria Health Analytical Tool showing Health Service Uptake (during the COVID-19 Pandemic) allows you to compare health service uptake on a monthly basis using key metrics as reported from health facilities across the country through the Nigerian National Health Management Information System (NHMIS).

It compares the trend from the most recent months to trends in the past year.

Use the menus to select indicators and states for analysis. Each section allows for different types of comparative analysis.



Note: While data quality may vary, trend analysis compared to the previous month and year is useful in determining whether health service uptake has been affected relative to past trends.

This does not in anyway imply causality but does offer a useful proxy measure to gauge what could be happening across different health services during this period and areas for further investigation.

For more analysis, visit: https://msdat.fmohconnect.gov.ng/covid19_health_service_uptake/index.html

THE NATIONAL DIGITAL ISS/DQA PLATFORM

All States and the FCT are encouraged to use the digital Integrated Supportive Supervision (ISS)/Data Quality Assessment tools which have the following:

- Smart data collections forms;
- Almost instant individual facility analyzed reports to track changes and for programming;
- Images;
- Multiple reviews;
- Facility Score after each review and many more.

Visit https://fmohconnect.gov.ng/is_dqa.html

View submission reports. Select State, LGA and facility below to see the facility's reports.

State: LGAs: Facility: Submissions: [DOWNLOAD PDF](#)

General Information

State	LGA	Ward	Facility Type	Ownership	No Of Beds
kwara	ilorin_south	Akanbi v	public	public	-
Cachement Size	No of health workers	No Of Medical Doctors	No Of Midwives	No Of Nurses	No Of Resident Doctors
3450	20	-	-	-	-

Media

Surveillance poster

General Management	63.2%	●
Business Plan	0.0%	●
Finance	0.0%	●
Care for the Indigents	59.1%	●
Hygiene and Sterilization	33.3%	●
Family Planning	78.6%	●
Laboratory	93.3%	●
In-patient Wards	58.3%	●
Essential Drugs Management	87.5%	●
Tracer Drugs	50.0%	●
Maternity	33.3%	●
Antenatal Care	73.7%	●
Surveillance	87.5%	●
HIV/TB	100.0%	●
Total Score	58.2%	●

Keys : ▼ No/Not Available ▲ Yes/Available - Not Applicable

GENERAL MANAGEMENT	CARE FOR THE INDIGENTS	LABORATORY
NHMIS Health facility monthly summary form ▲	Are there plans to care for Indigents expenditures? ▼	Medical Laboratory technician available ▲
NHMIS health facility daily attendance register ▲	Evidence of Free services to indigents under HUWE (BHCPE) -	Laboratory is open every day of the week ▲
NHMIS health facility daily GMP (growth monitoring) register ▲	Are monthly indigent committee meetings held? ▲	Microscope available and functional ▲
NHMIS health facility Immunization register ▲	Indigent list shared with the LGA and General Hospital ▼	Malaria rapid tests available ▲
NHMIS health facility labour/delivery register ▲	Reports of activities carried out in the previous month available. ▲	Centrifuge available and functional ▼
BUSINESS PLAN	HYGIENE AND STERILIZATION	IN-PATIENT WARDS
Does facility use a business plan? ▼	Health facility has a fence and is well maintained ▲	Space between the beds is at the least one meter ▼
Outreach strategies for (EPI, FP; ANC) services -	Is waste pit for health care waste available and according to the norms? ▲	Each ward has access to drinking water ▼
Plan for care of the indigents -	Is sterilizer functional (e.g Autoclave) ▼	Light available in each ward ▲
Monthly updated Quality Improvement Plan -	Safety box for needles well positioned, and used (and not full) ▲	Weight, temperature, and eventual laboratory exams recorded ▲
Was the business plan prepared with key stakeholders? -	Needle cutter available and used ▼	In patient register available and is well maintained ▲
FINANCE		SURVEILLANCE
Does the facility have a functional bank account? ▼		Is there a surveillance focal person located in the health facility? ▲

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NEWS, ANNOUNCEMENTS AND UPCOMING EVENTS



Upcoming News

Useful Links

To see further analyzed health information, kindly visit our platform:

https://msdat.fmohconnect.gov.ng/central_analytics

To view approved list of health facilities nationwide, kindly visit our Health Registry:

<https://hfr.health.gov.ng/>

To see ISS forms and reports of ISS/DQA exercises conducted visit: <https://fmohconnect.gov.ng/iss-dqa.html>

All State HMIS officers can request for their access to the national digital ISS and for SPHCDA/LGAM&EO officers.