

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

HEALTH FACILITY REPORTING RATE

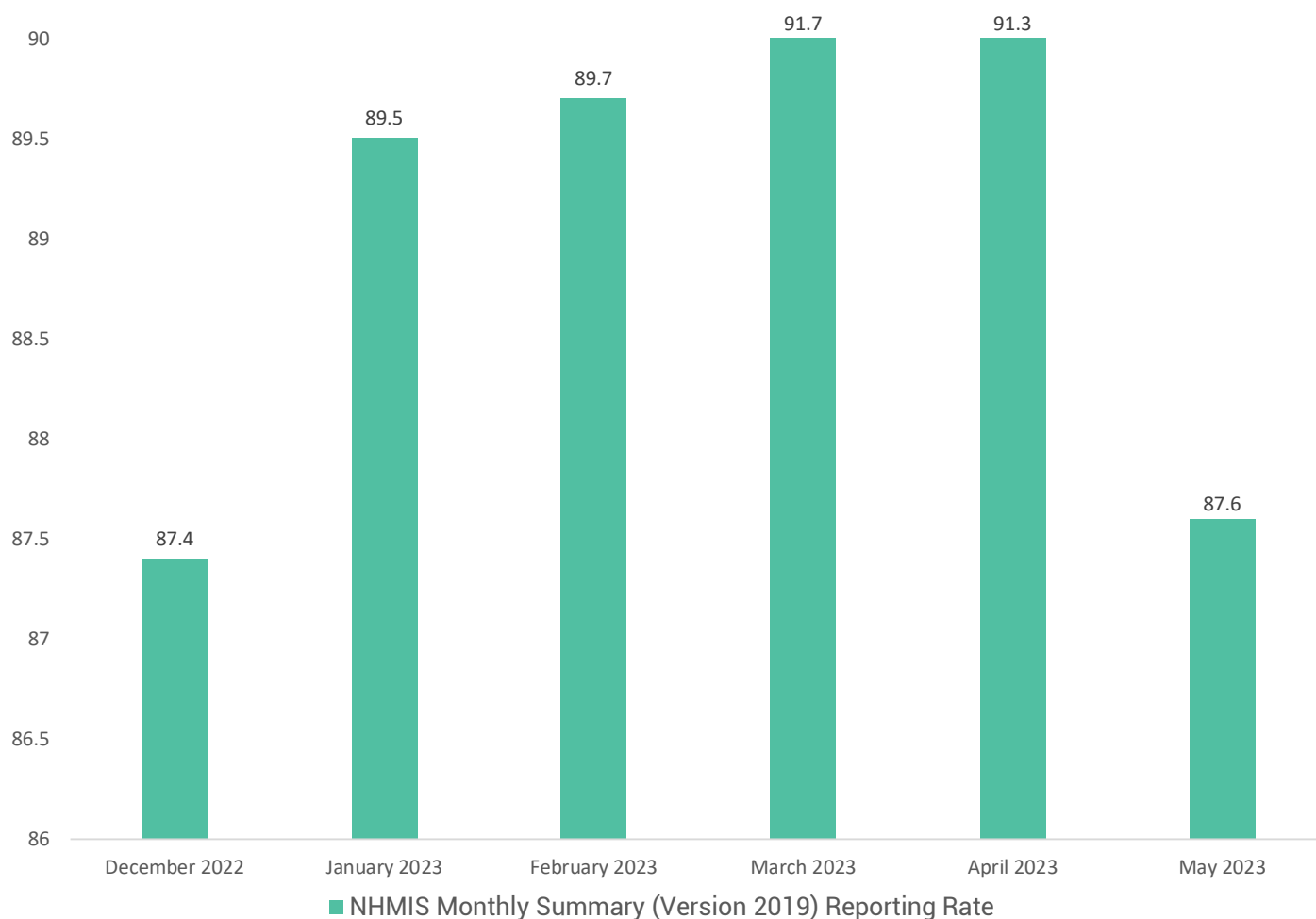


The reporting rate for the month of May 2023 was 87.6% at the time of this report.

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 shows the national reporting rate for the past 6 months.

Figure 1: Health Facility Reporting Rate Version 2019





HEALTH FACILITY REPORTING

Figures 2 & 3 show facility reporting rates by facility type (primary, secondary and tertiary) and ownership (private and public) for the month of May 2023

N:B. Differences in national reporting rates due to facilities that are not classified by type and or ownership

Figure 2: Health Facility Reporting rate(Facility Type)

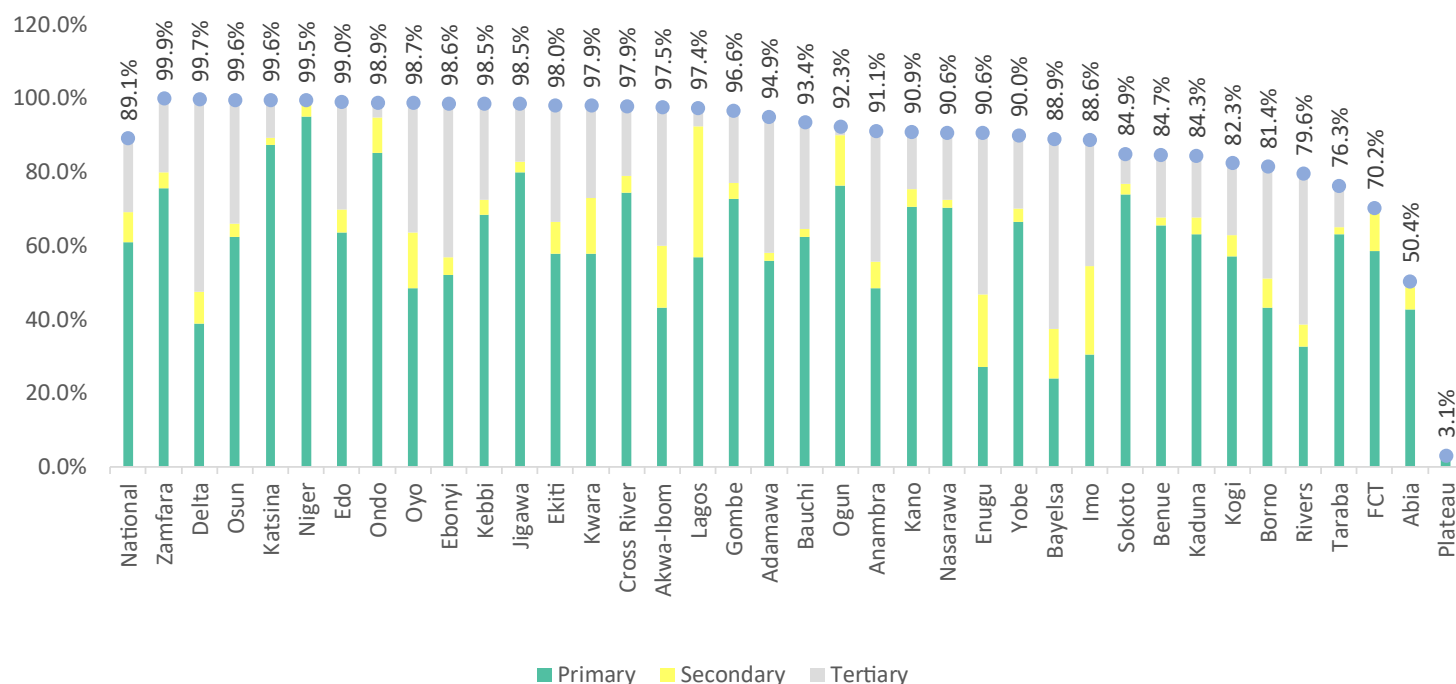


Figure 3: Health Facility Reporting Rate (Facility Ownership)

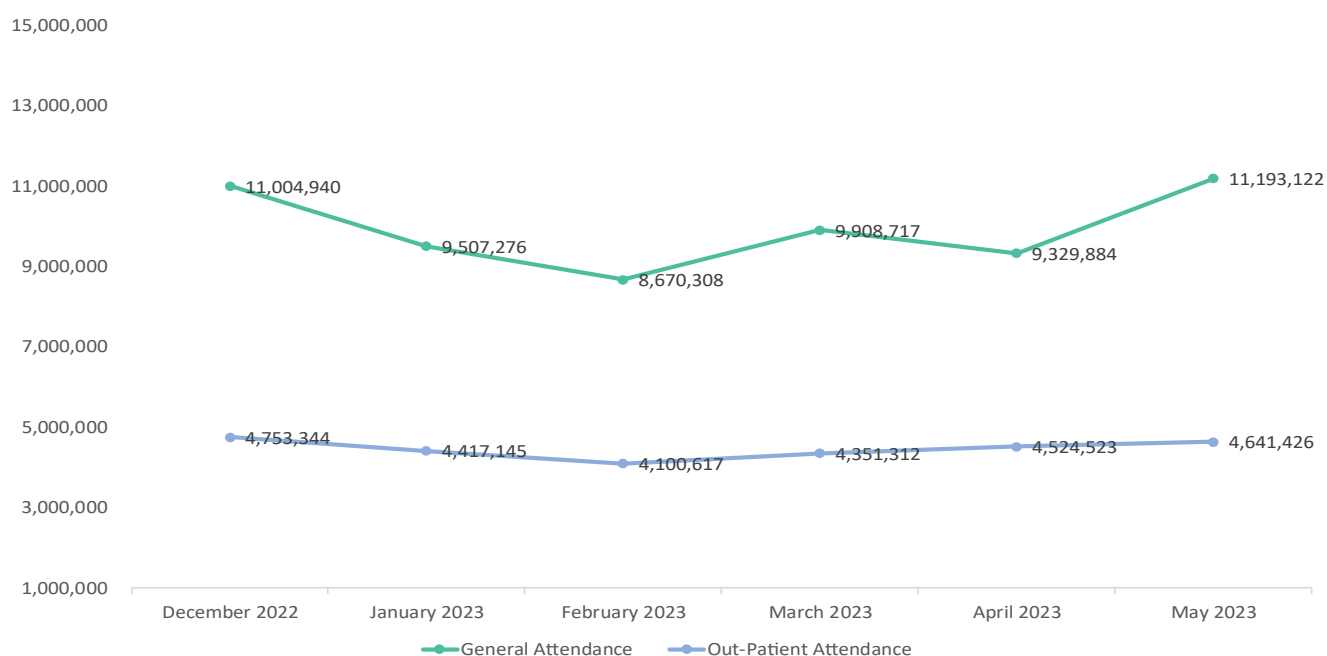




FACILITY ATTENDANCE

Figure 4 shows the trend of general facility attendance and outpatient attendance from December 2022 to May 2023.

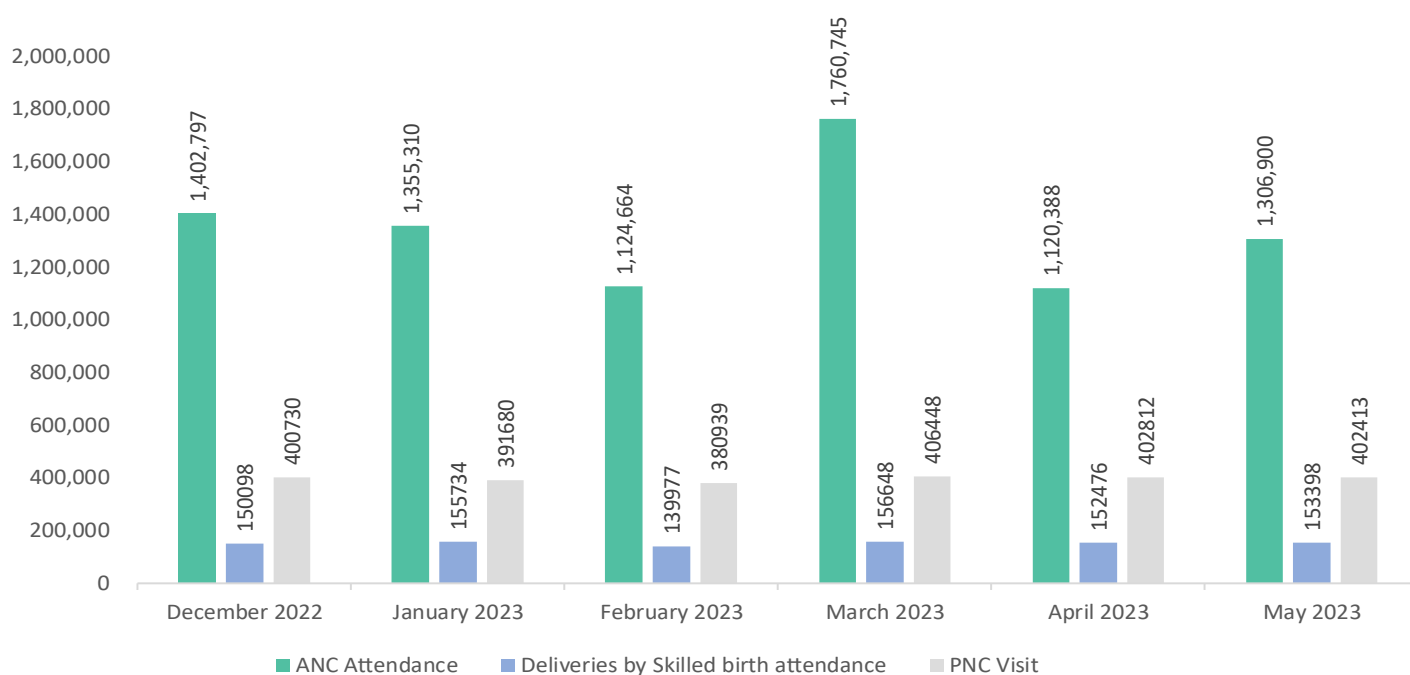
Figure 4: Facility General Attendance Versus Outpatient Attendance



MATERNAL HEALTH (ANC AND PNC)

Figure 5 compares ANC to deliveries by skilled birth attendants and post natal care visits in reporting facilities from December 2022 to May 2023.

Figure 5: Continuum of care during pregnancy, labour and delivery





IMMUNIZATION

Figure 6 compares the total BCG vaccines given at birth to total live births in reporting health facilities.

The total BCG vaccines given were more than the total live births in the facility for the same period.

This partly due to a 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 6: Total live births and BCG given

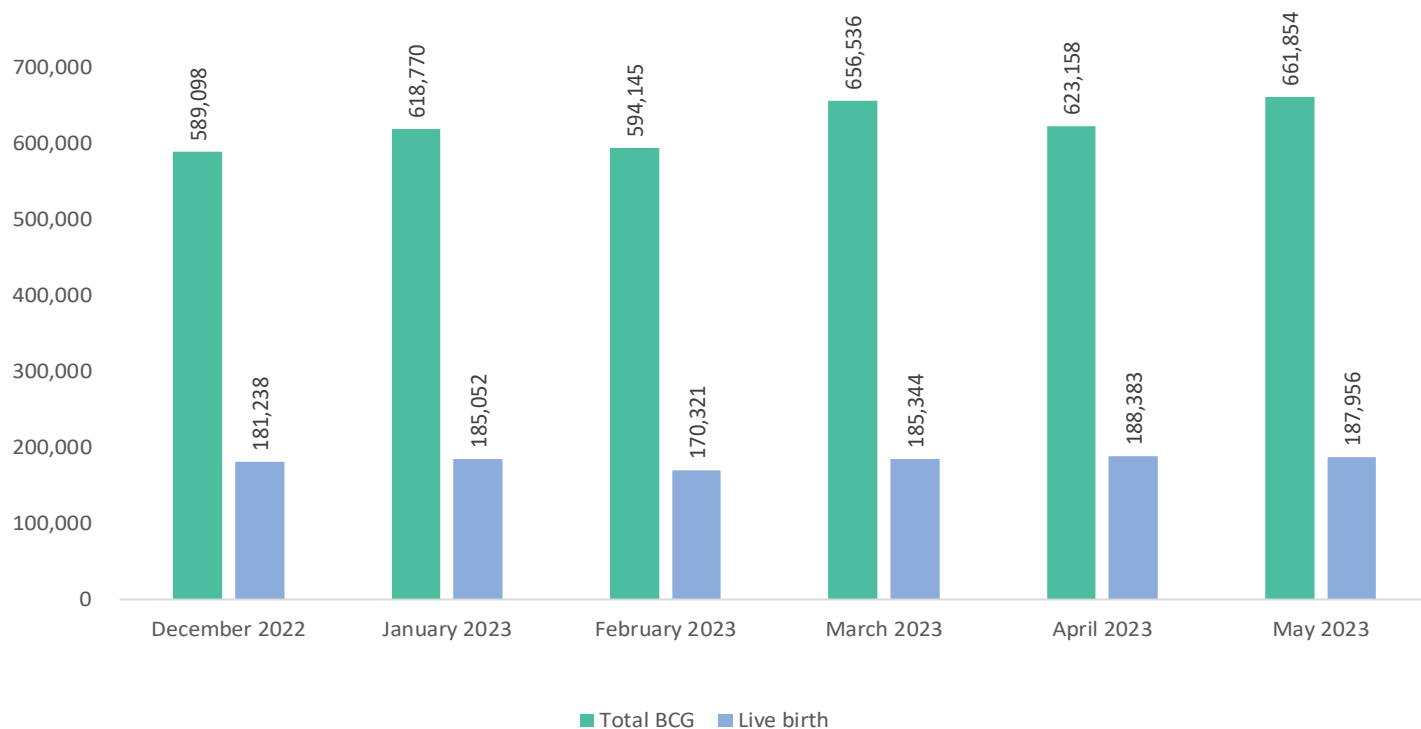
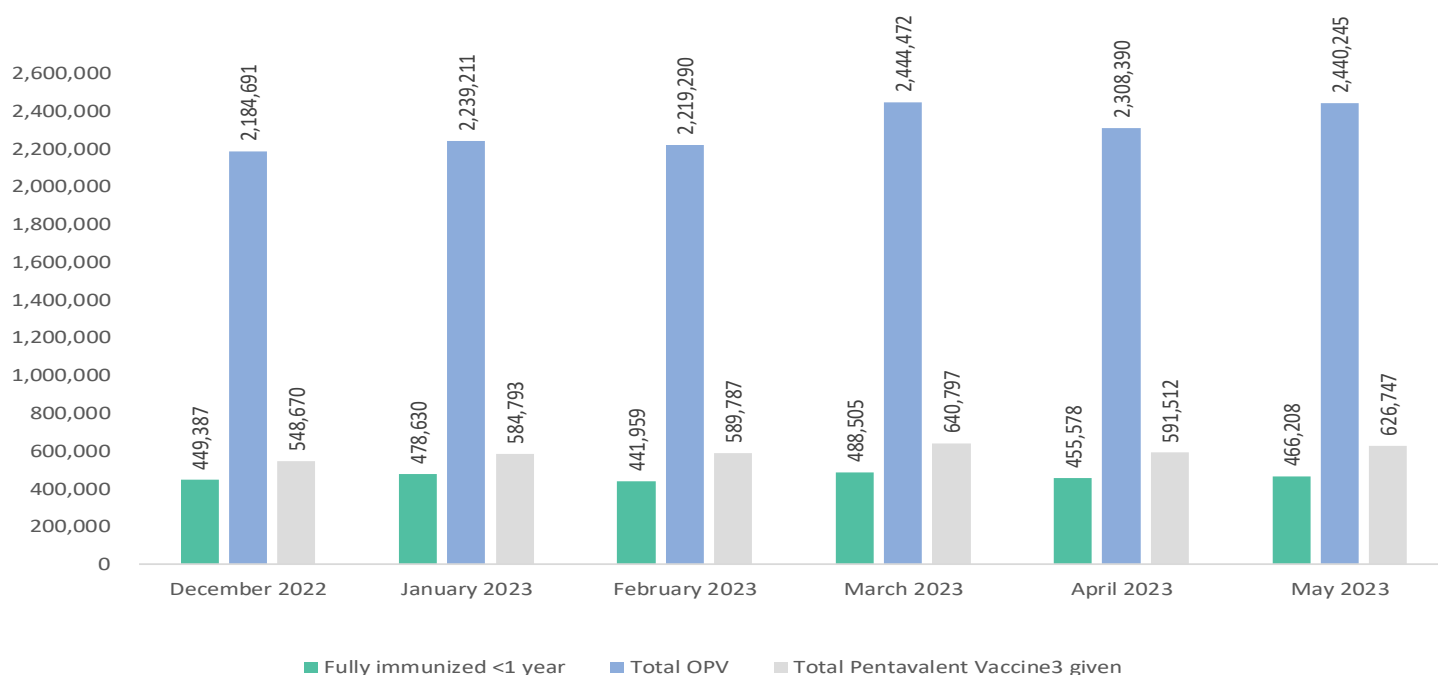


Figure 7: Fully immunized <1 year, OPV, Pentavalent vaccines 3 given

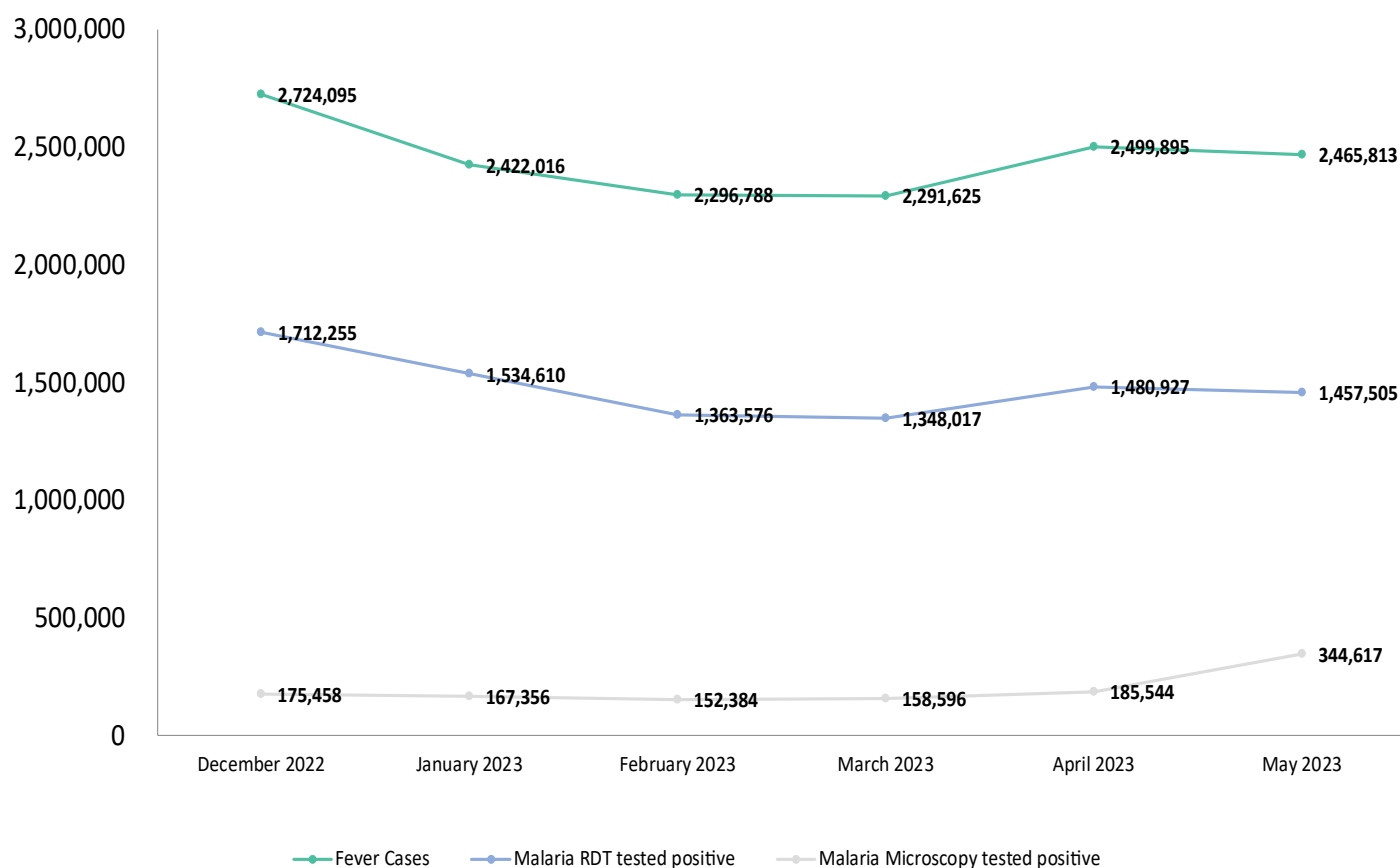




TOTAL FEVER CASES, MALARIA RDT AND MICROSCOPY TESTED POSITIVE

Figure 8 shows fever cases, malaria diagnosis using rapid diagnostic testing and microscopy testing in reporting facilities.

Figure 8: 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 9: Causes of under 5 deaths - Diarrhoea



Figure 10: Causes of under 5 deaths - Malaria

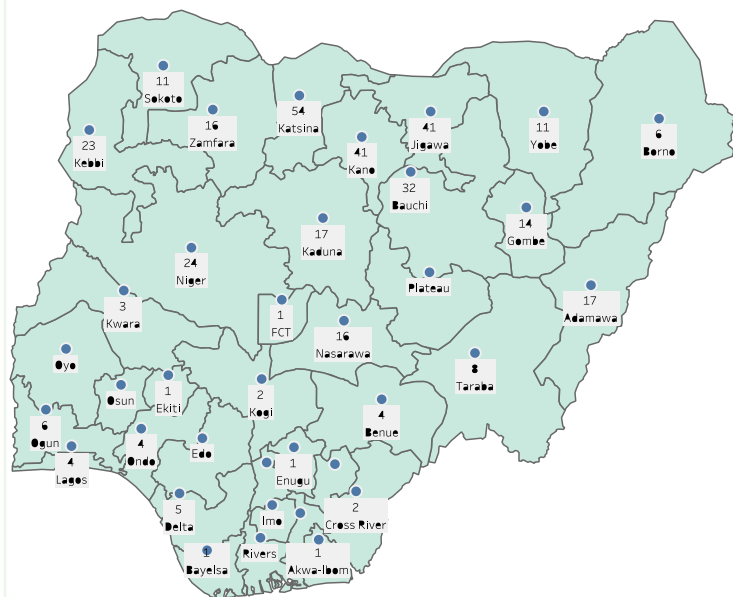
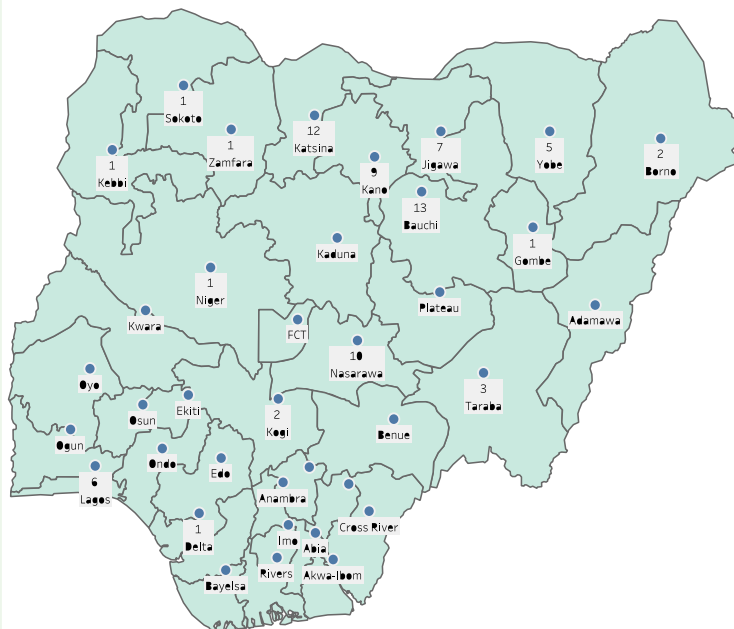


Figure 11: Causes of under 5 deaths - Pneumonia

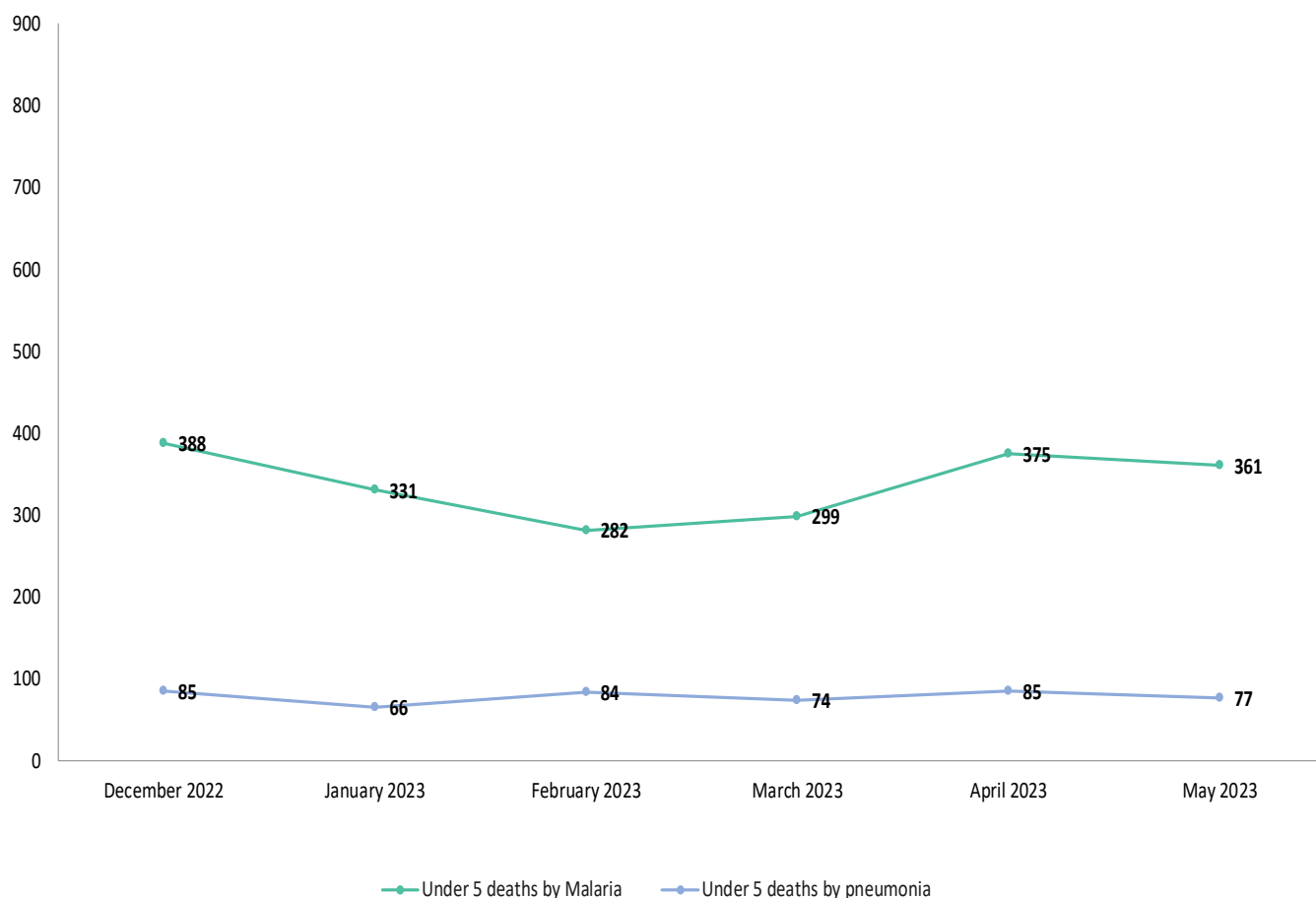




Malaria remains the leading cause of death among under-5 children in the country. The value reported for the month of May 2023 was 361 deaths.

N:B. Differences in national reporting rates due to facilities that are not classified by type and or ownership

Figure 12: 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 selected health service indicator: In-patient, out-patient admissions (Figure 13), and deliveries by skilled birth attendants (Figure 14).

Figure 13: Outpatient Attendance and Inpatient Admissions

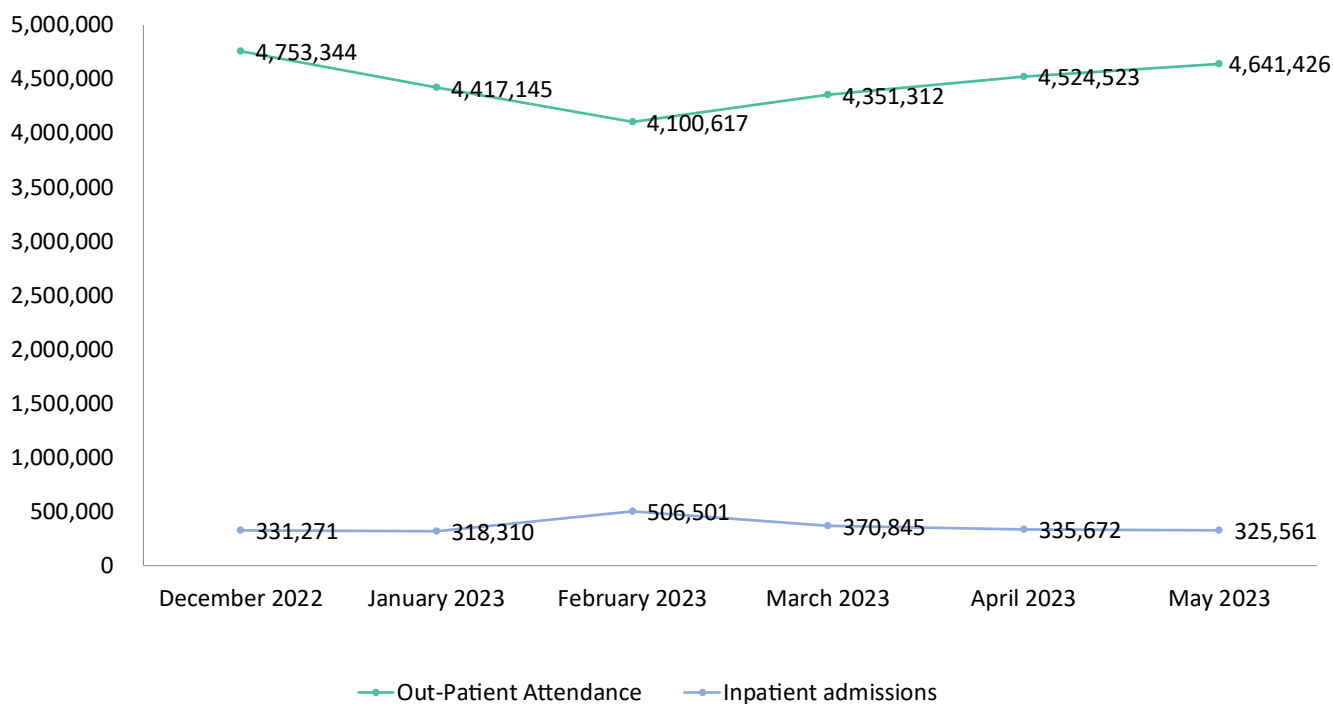
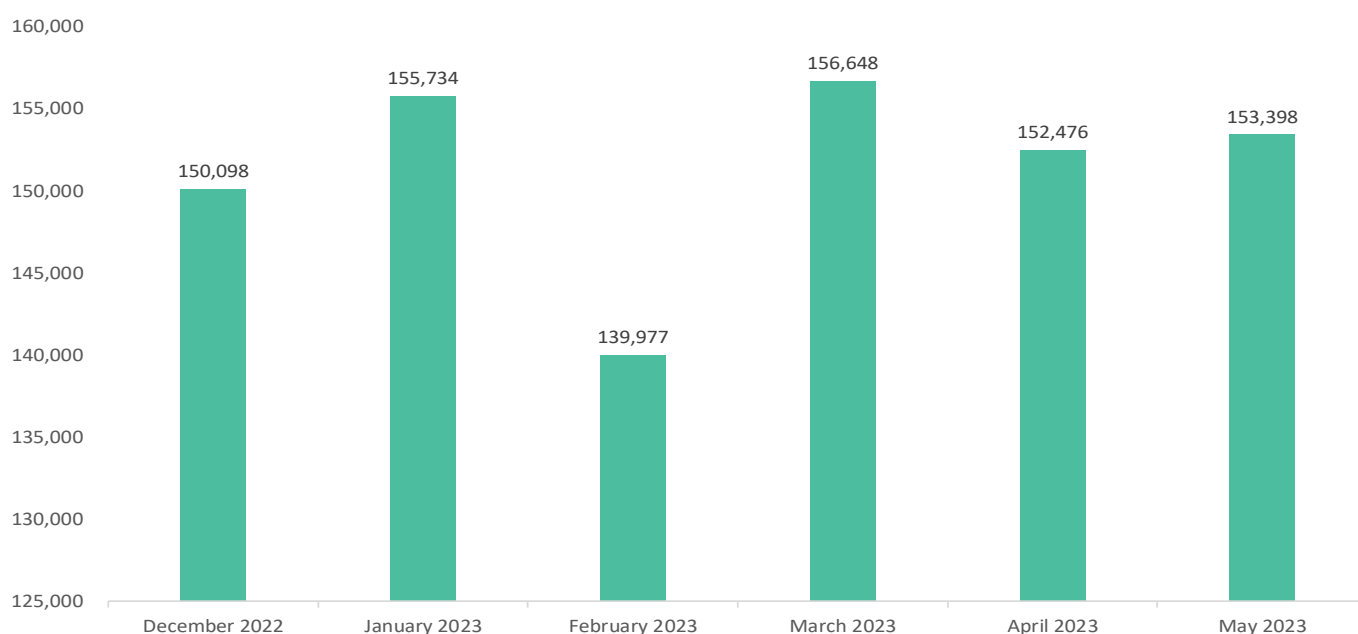


Figure 14: Deliveries by Skilled Birth Attendants



NHMIS BULLETIN

National Health Management Information System

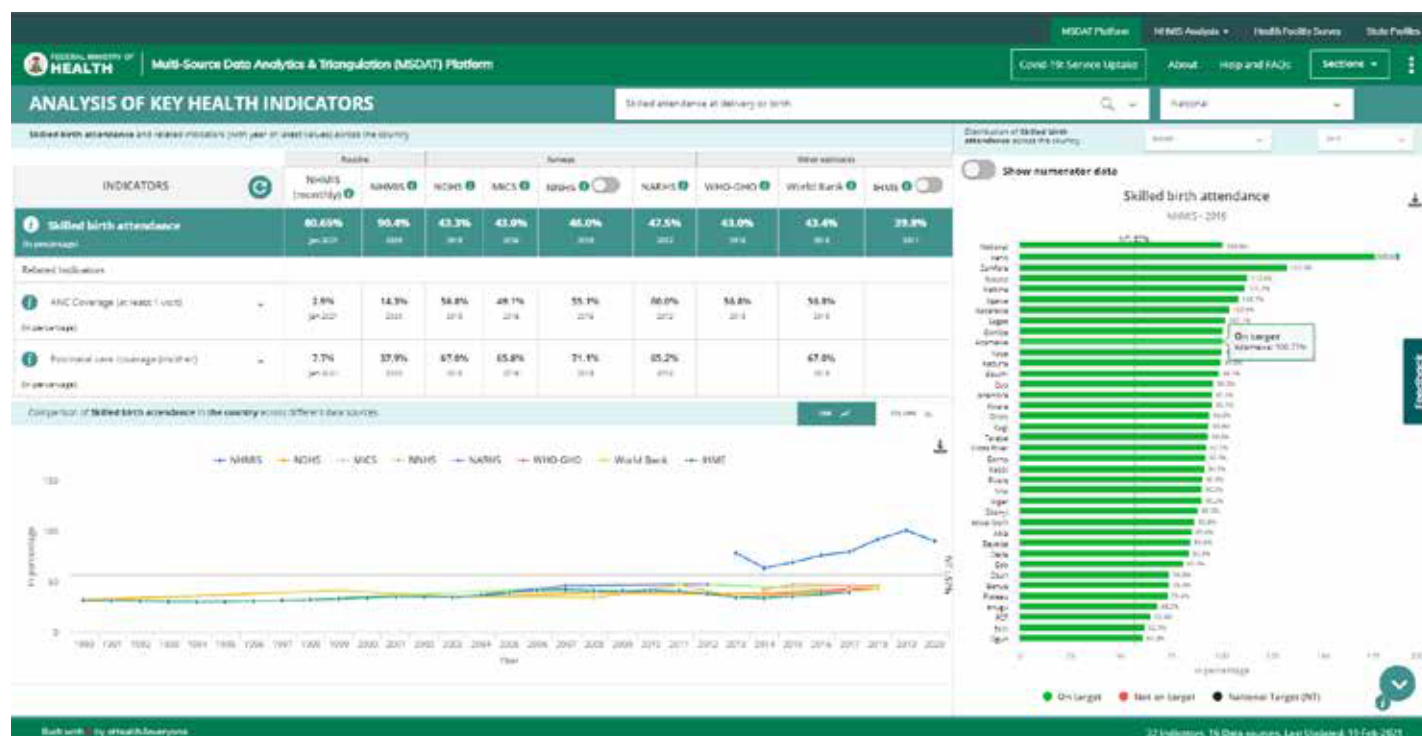
MAY 2023 EDITION

THE NATIONAL MSDAT PLATFORM



FEDERAL MINISTRY OF
HEALTH

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.fmohconnect.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 (microscopy 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

NUTRITION

- 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

IMMUNIZATION

- Infant Mortality Rate
- Maternal Mortality Ratio
 - Neonatal Mortality Rate (per 1000 live births)
 - Under 5 Mortality Rate
 - Pregnancy-related mortality



FEDERAL MINISTRY OF
HEALTH

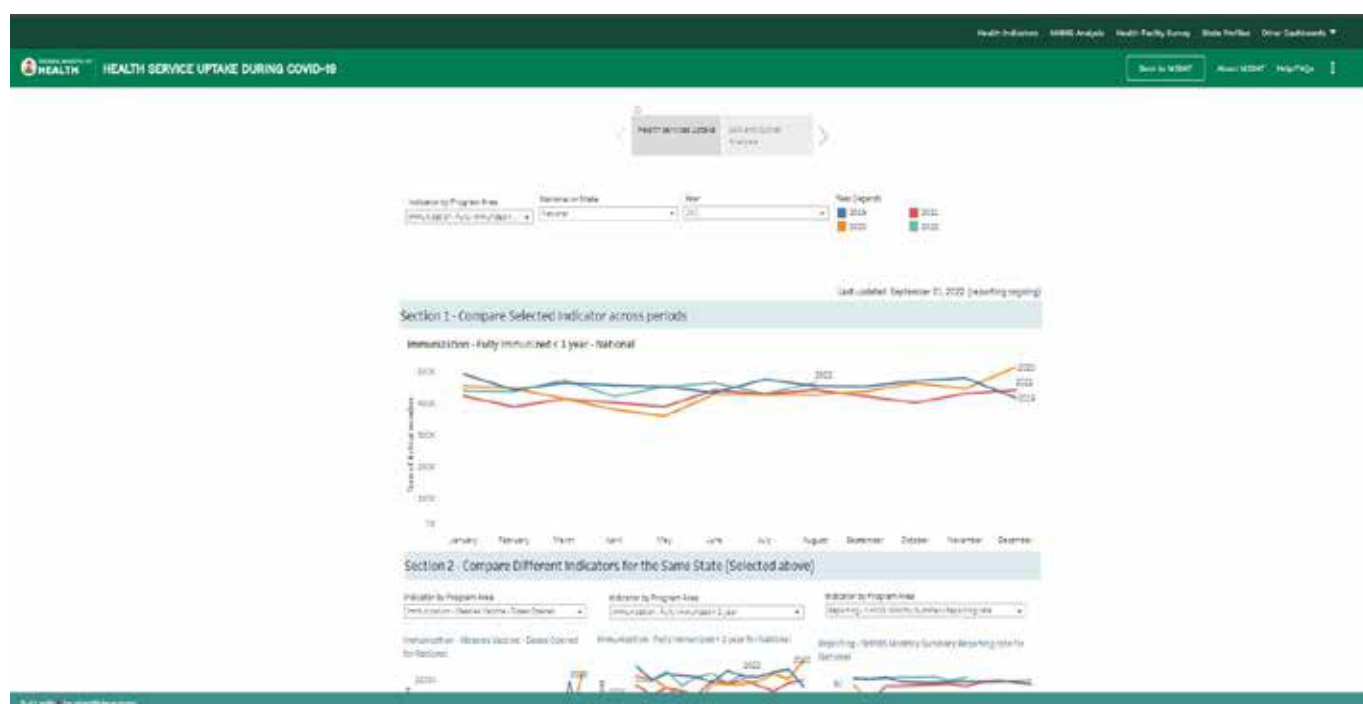
NATIONAL HEALTH MANAGEMENT INFORMATION SYSTEM, NIGERIA

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 (NHIMS).

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.

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

NHMIS BULLETIN

National Health Management Information System

APRIL 2023 EDITION



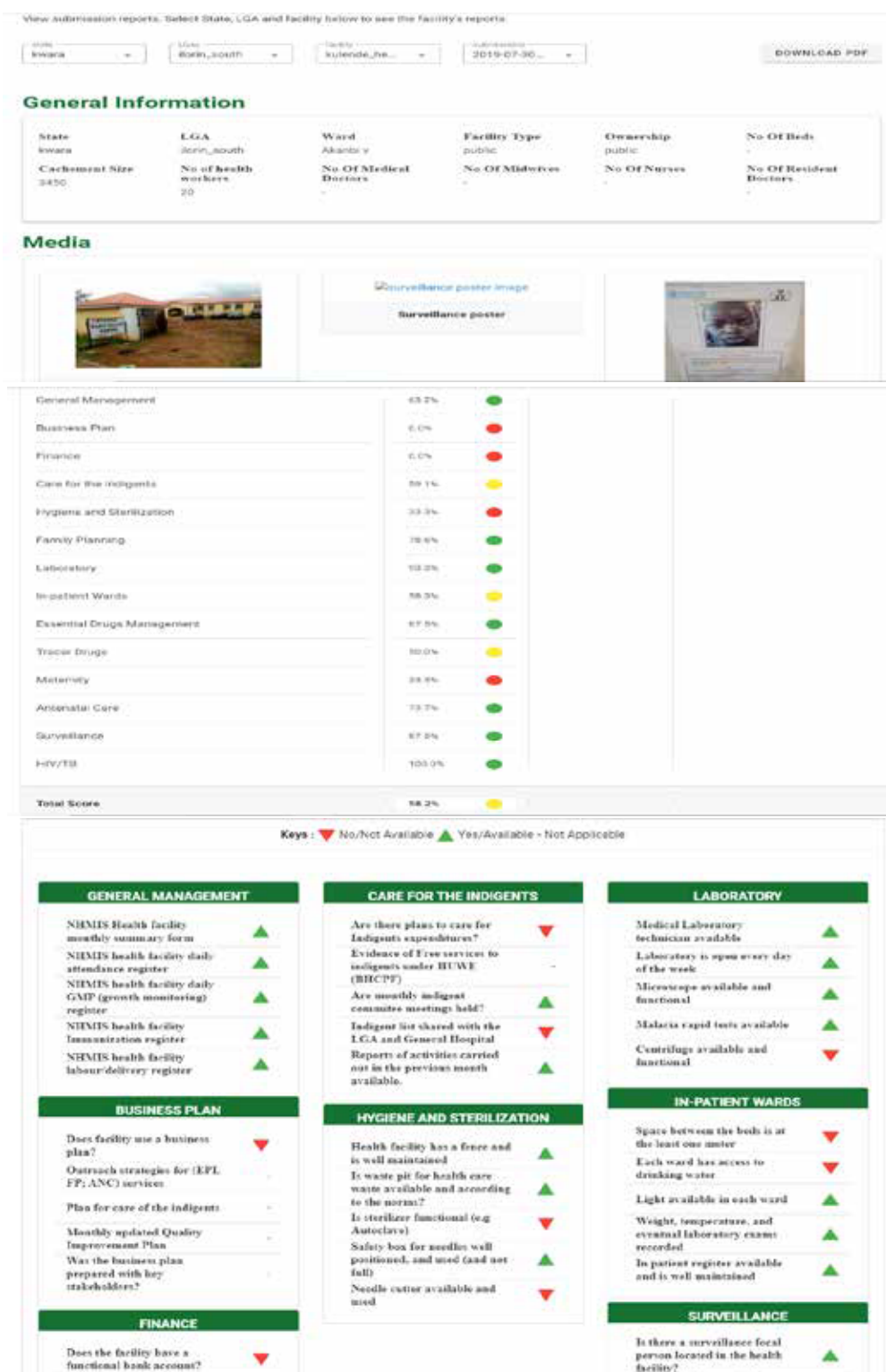
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THE NATIONAL DIGITAL ISS/DQA PLATFORM

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/iss-dqa.html>



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NATIONAL HEALTH MANAGEMENT INFORMATION SYSTEM, NIGERIA

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



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.