

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



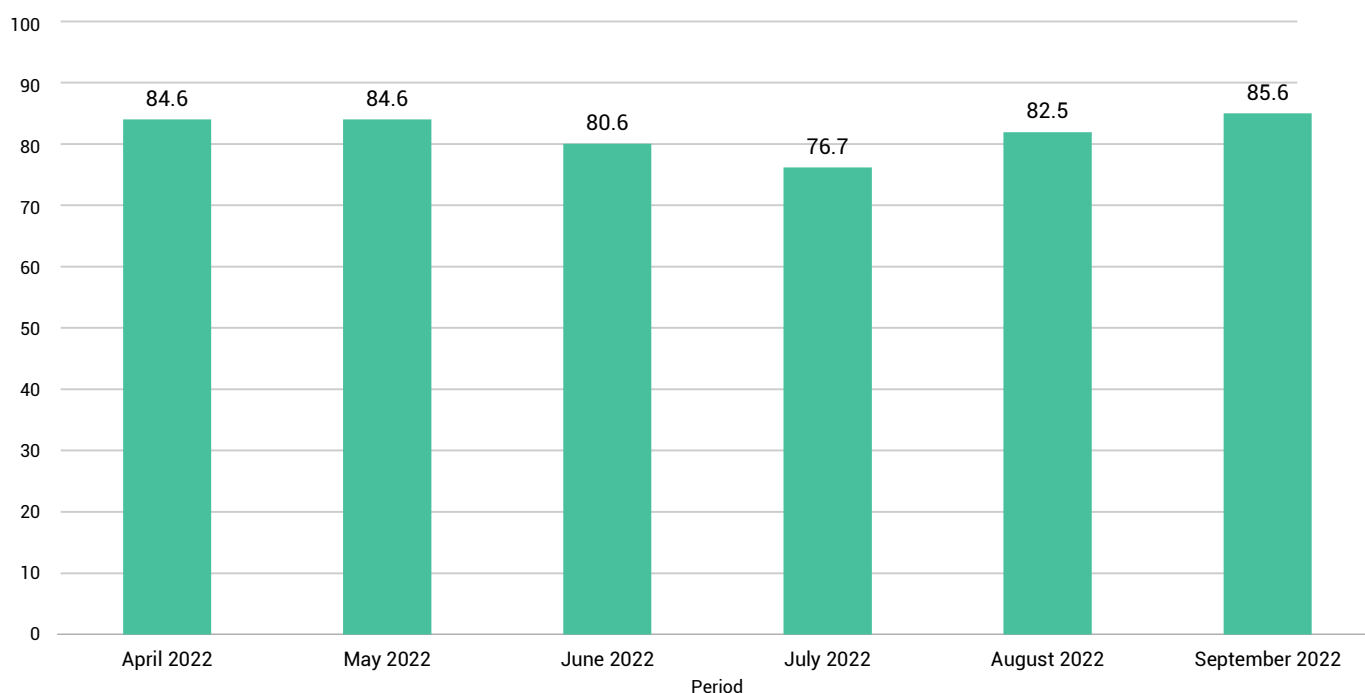
## HEALTH FACILITY REPORTING RATE

The reporting rate for the month of September 2022 is 85.6% 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 2013 and 2019

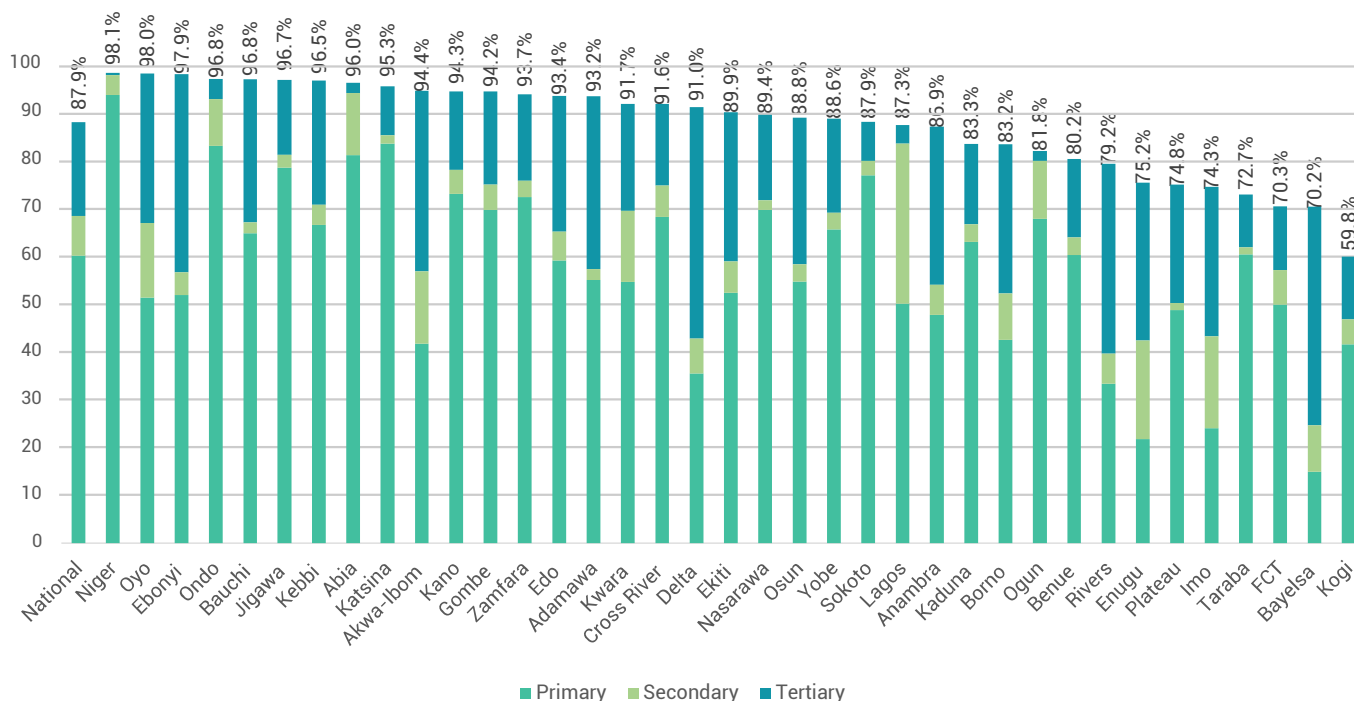




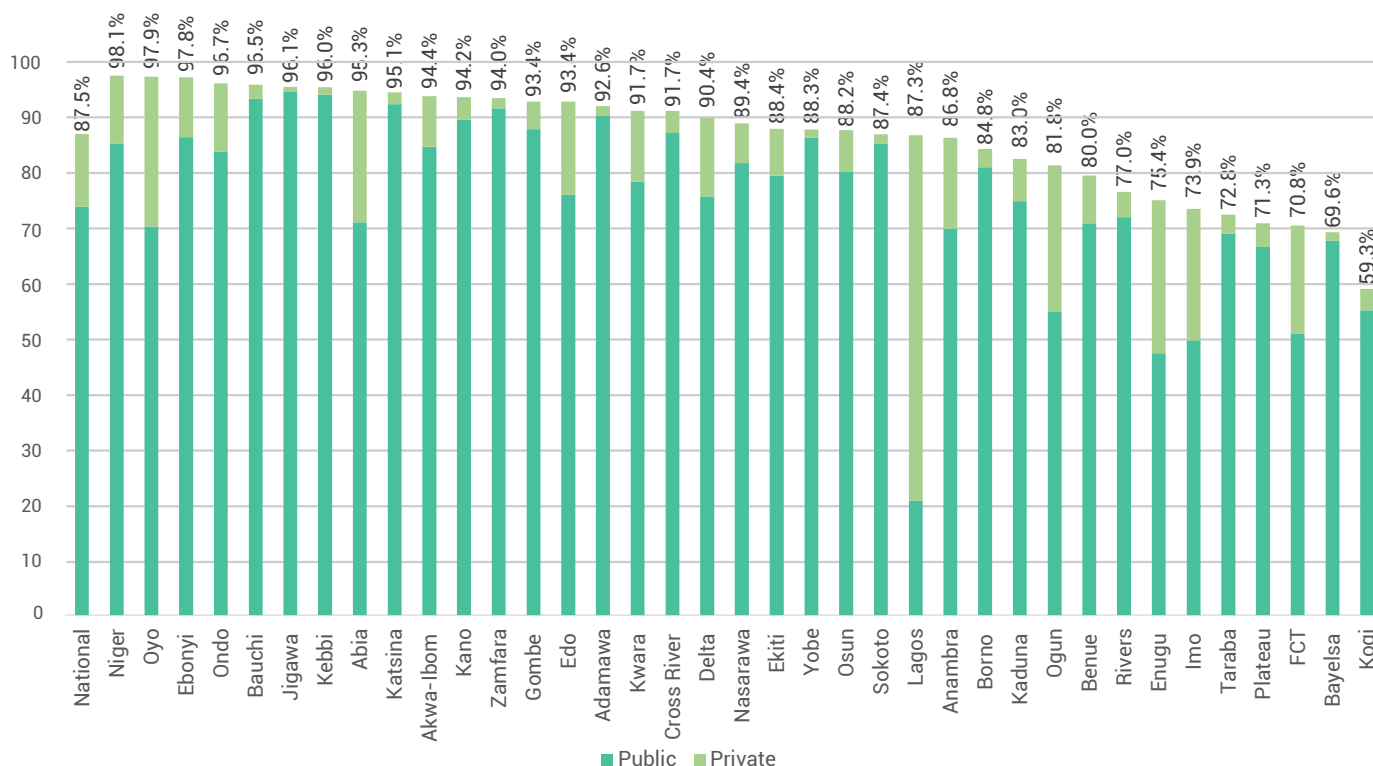
## HEALTH FACILITY REPORTING

Figures 2 & 3 below show facility reporting rates by facility type (Primary, Secondary and Tertiary) and ownership (Private and Public) for the month of September 2022)

**Figure 2: Health Facility Reporting rate for September (Facility Type)**



**Figure 3: Health Facility Reporting rate for September (Facility Ownership)**



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

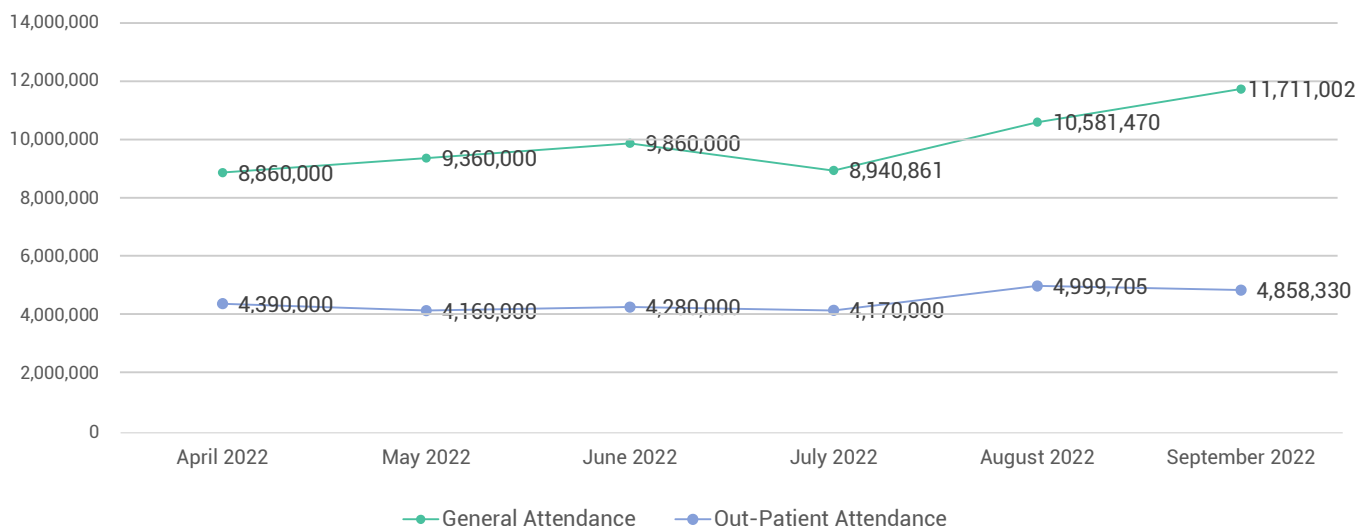




## FACILITY ATTENDANCE

Figure 4 below shows the trend of general facility attendance and outpatient attendance from April 2022 to September 2022.

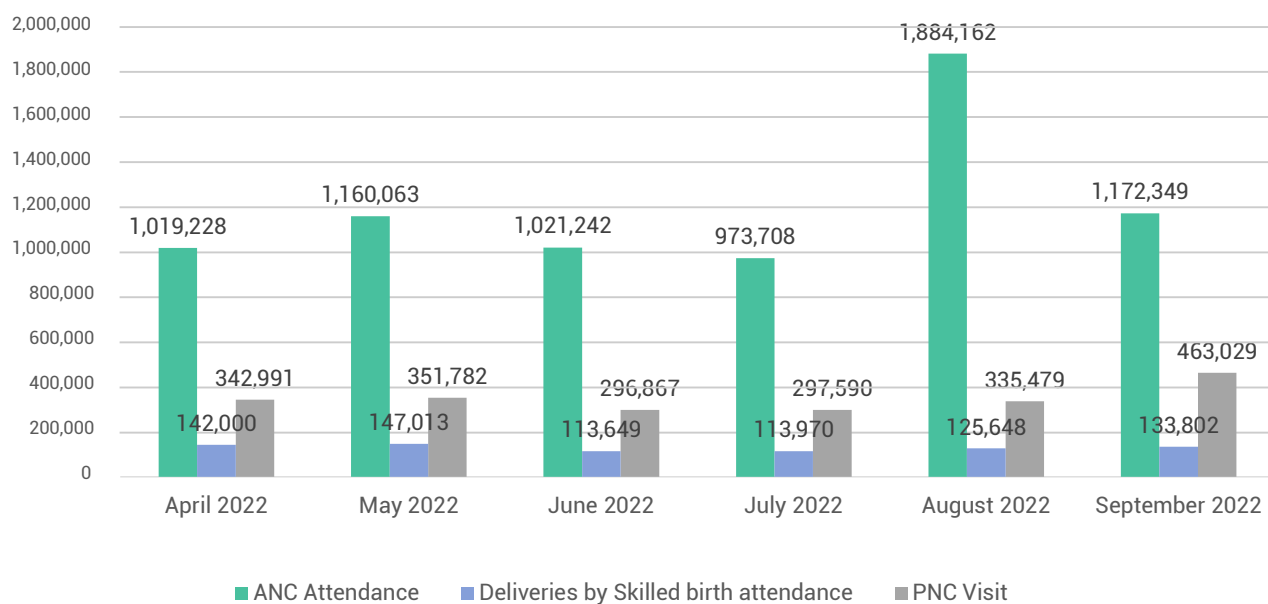
Figure 4: Facility General Attendance Versus Outpatient Attendance



## MATERNAL HEALTH (ANC AND PNC)

Figure 5 below compares ANC attendance to deliveries by skilled birth attendants and post natal care visits in reporting facilities from April 2022 to September 2022

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



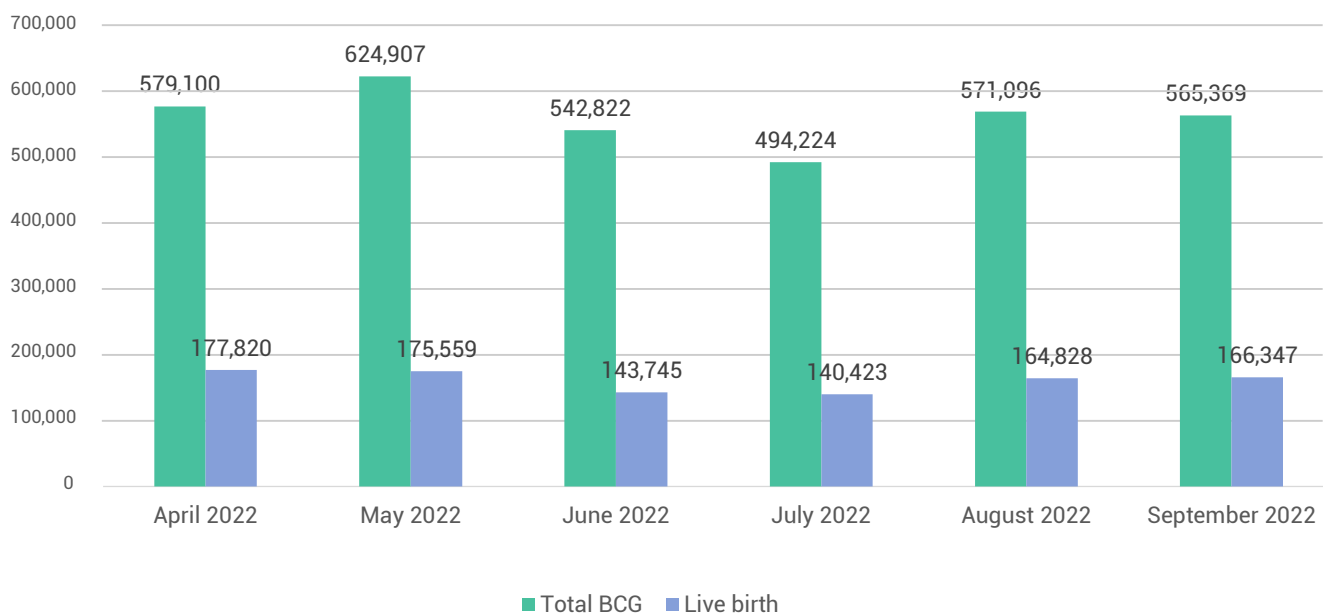


## IMMUNIZATION

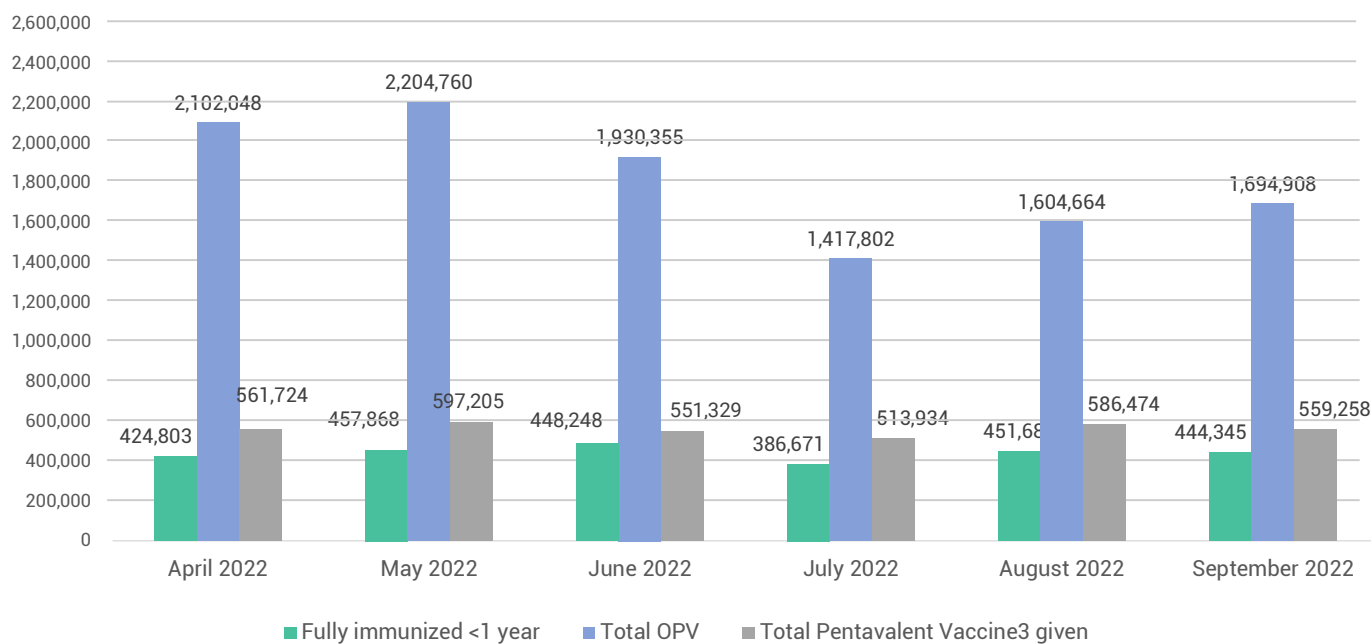
Figure 6 compares the total BCG vaccines given at birth to total live births in reporting health facilities.

The total BCG 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 6: Total live births and BCG given**



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

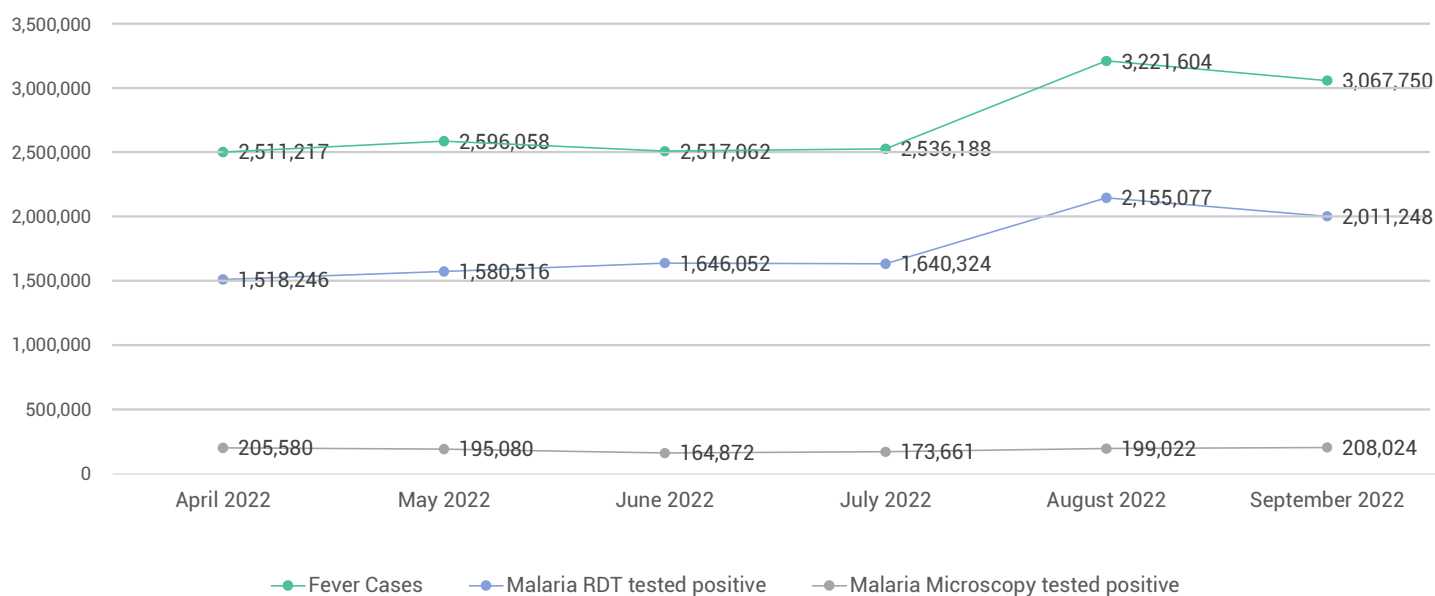




## TOTAL FEVER CASES, MALARIA RDT AND MICROSCOPY TESTED POSITIVE

Figure 6 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

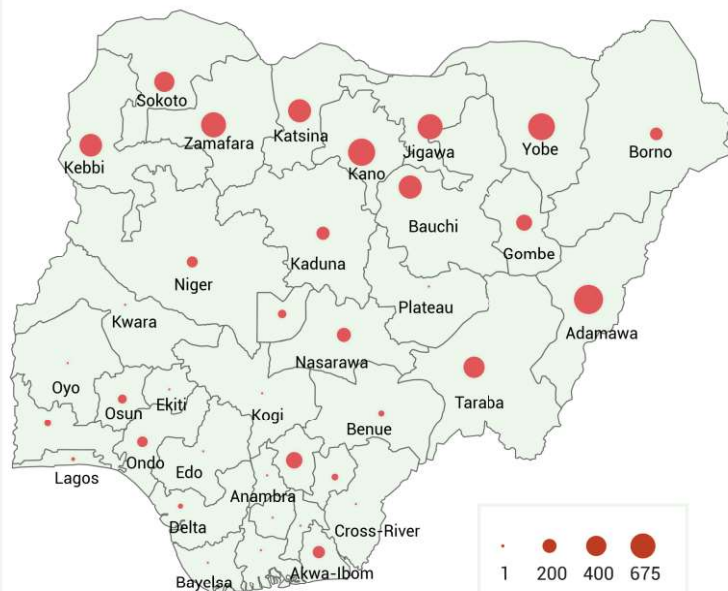
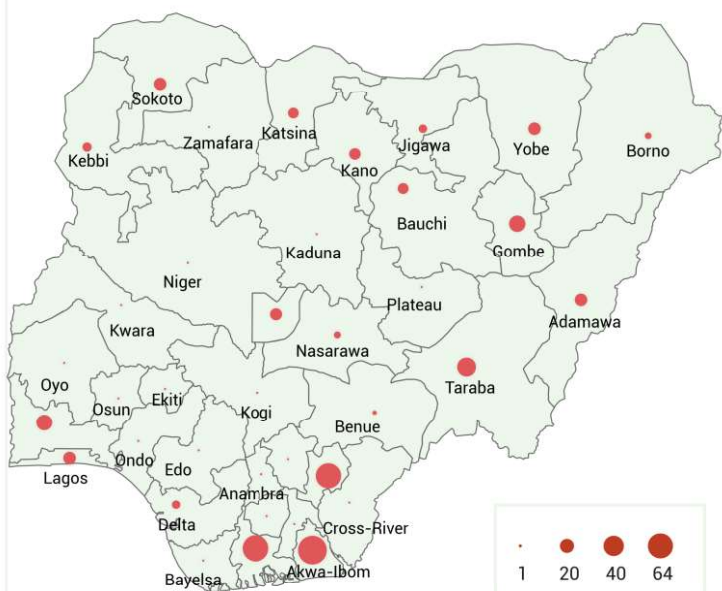


Figure 11: Causes of under 5 deaths - Pneumonia



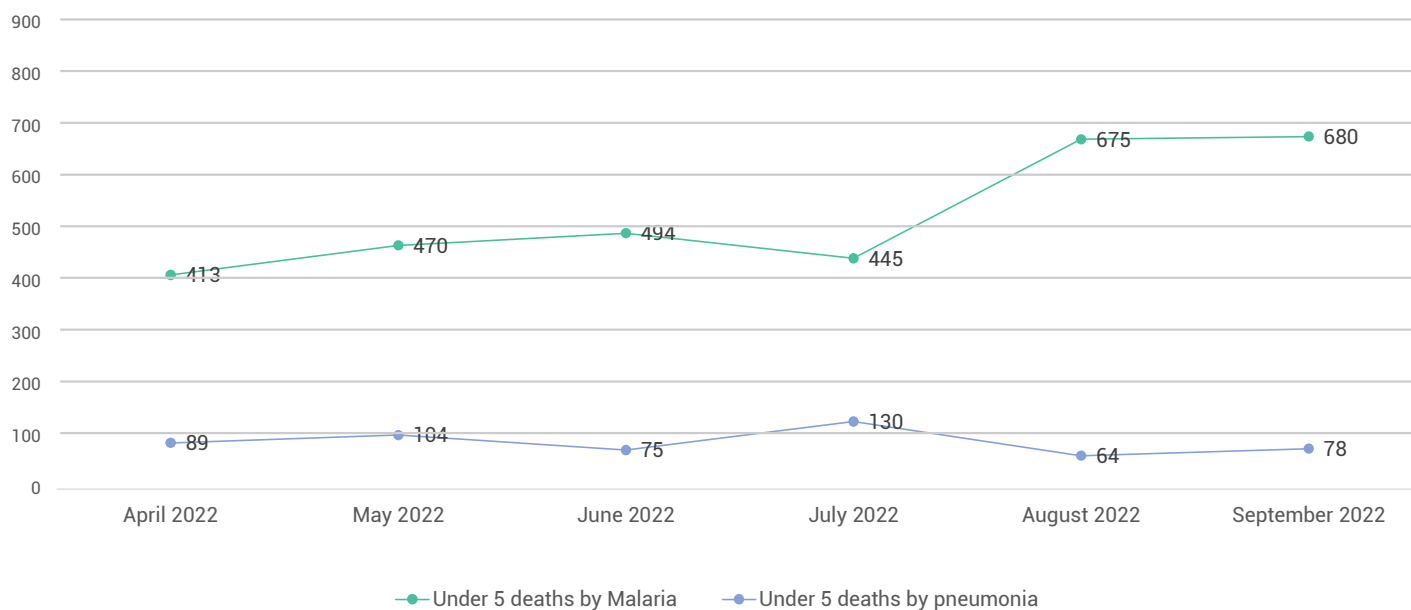
N.B. Larger circles signify a higher burden of disease in the respective locations





Malaria remains the leading cause of death among under-5 children in the country. The value reported for the month of September 2022 is 680 deaths, higher than the previous month (August 2022 with 675 deaths).

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

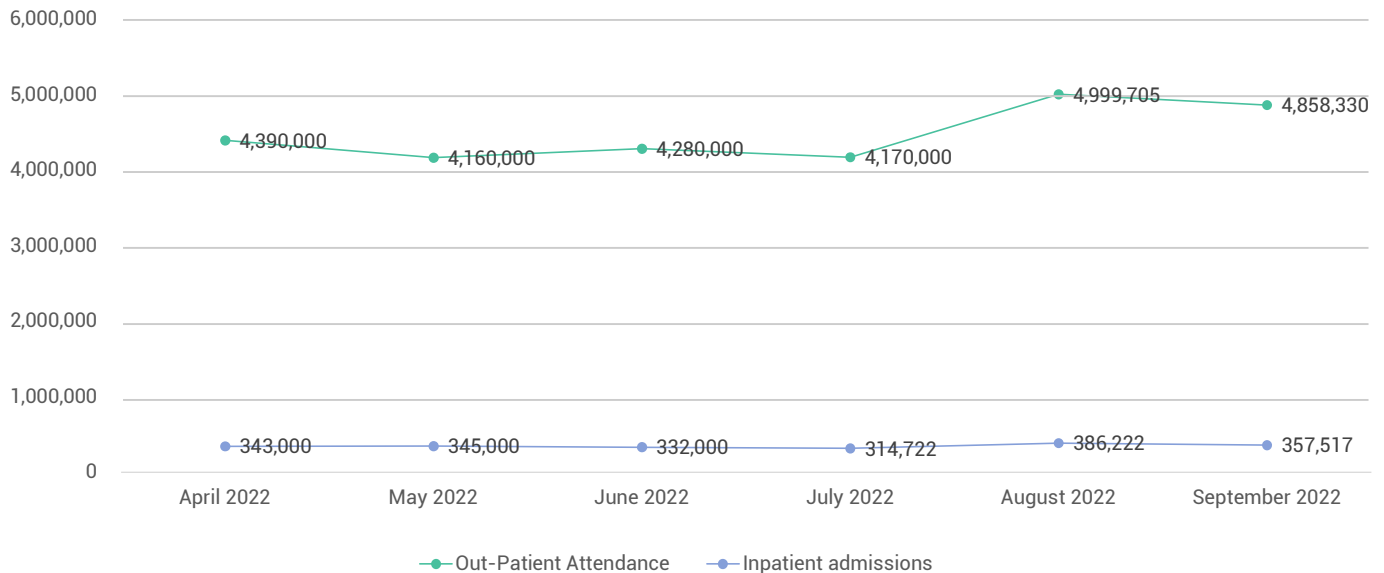
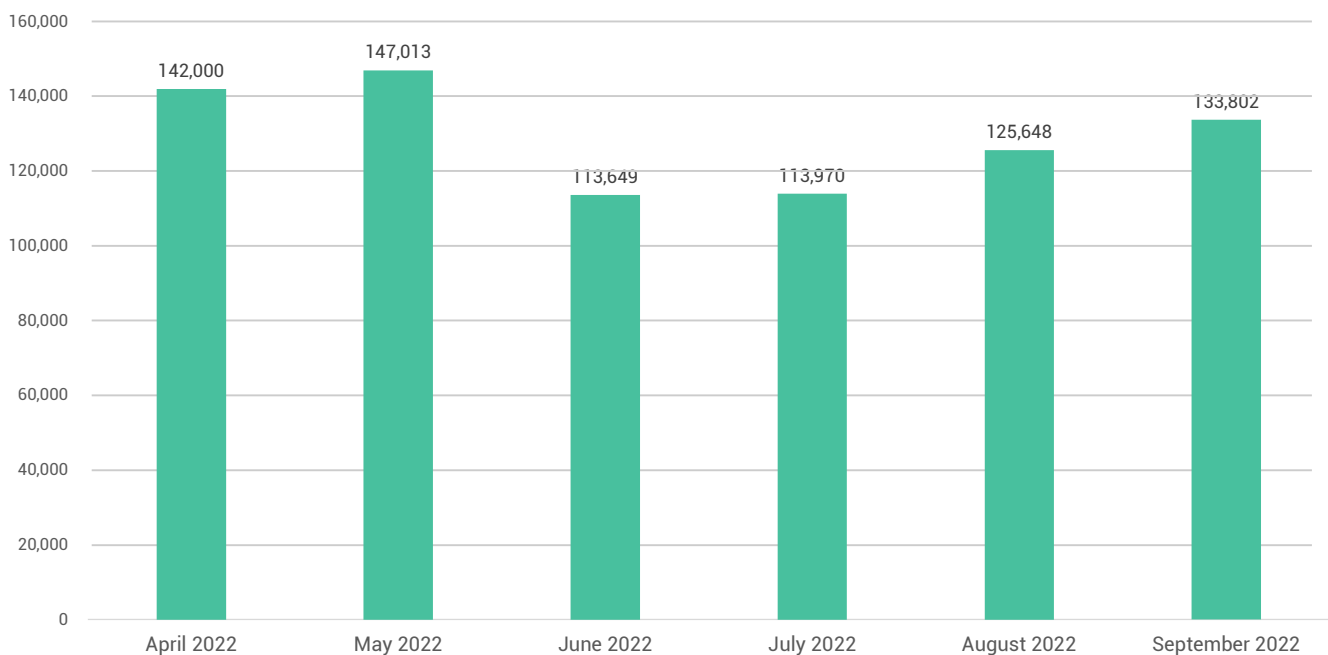
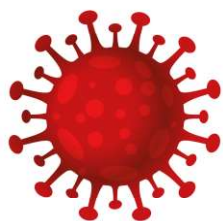


Figure 14: Deliveries by Skilled Birth Attendants



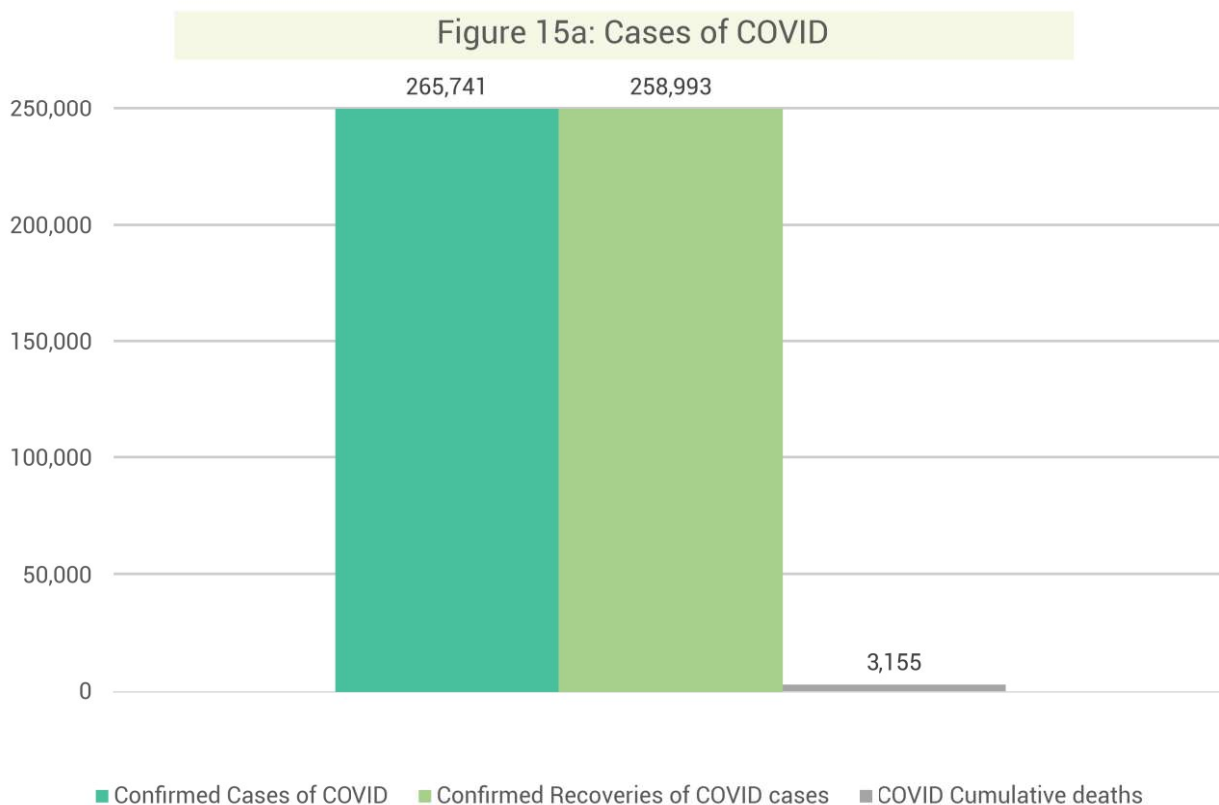




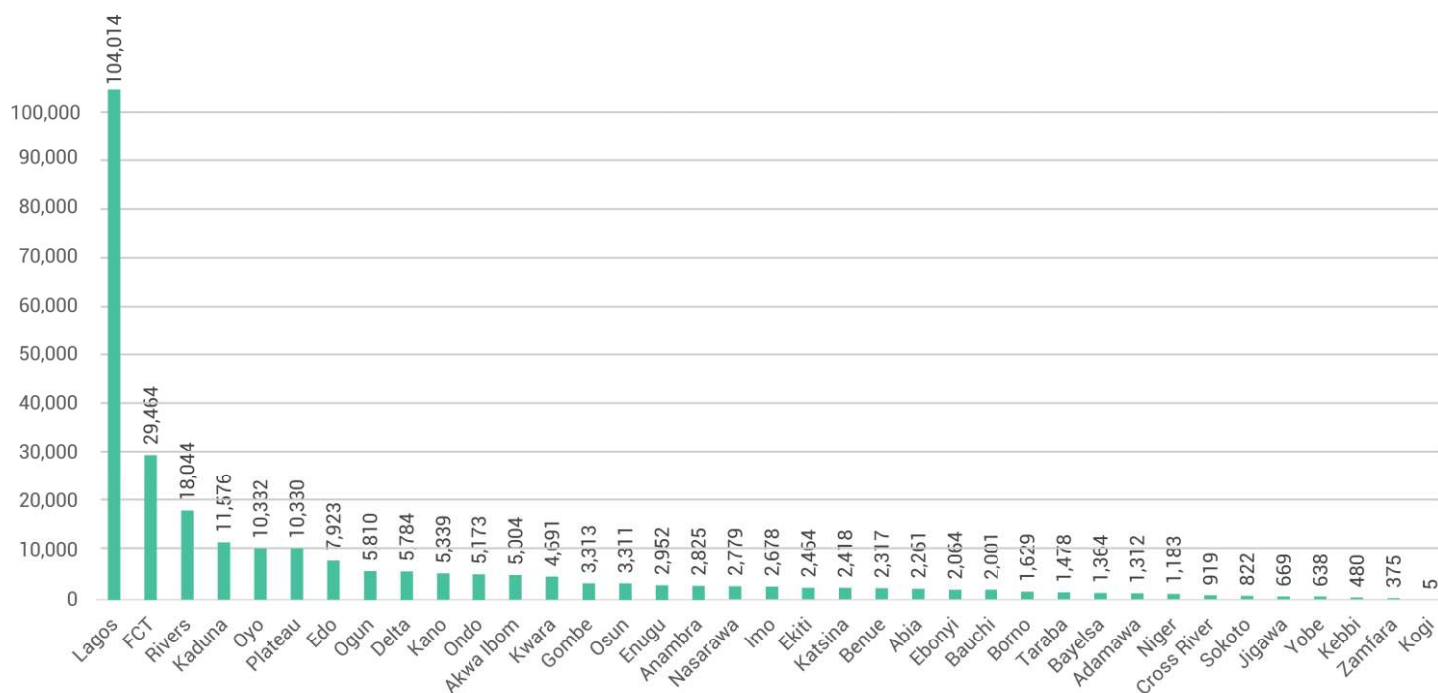
## Cases of COVID

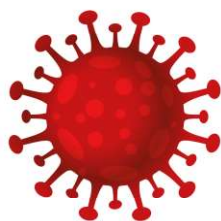
Figure 15a (below) provides analysis of confirmed cases, September 2022.

Figure 15b provides a state distribution of confirmed cases in the country for the reporting period



**Figure 15b: Confirmed Cases of COVID**





## Confirmed Cases of COVID

Figures 16 and 17 display confirmed recoveries from COVID -19 and cumulative deaths across states for the month of September 2022, respectively.

Figure 16: Confirmed Recoveries of COVID Cases

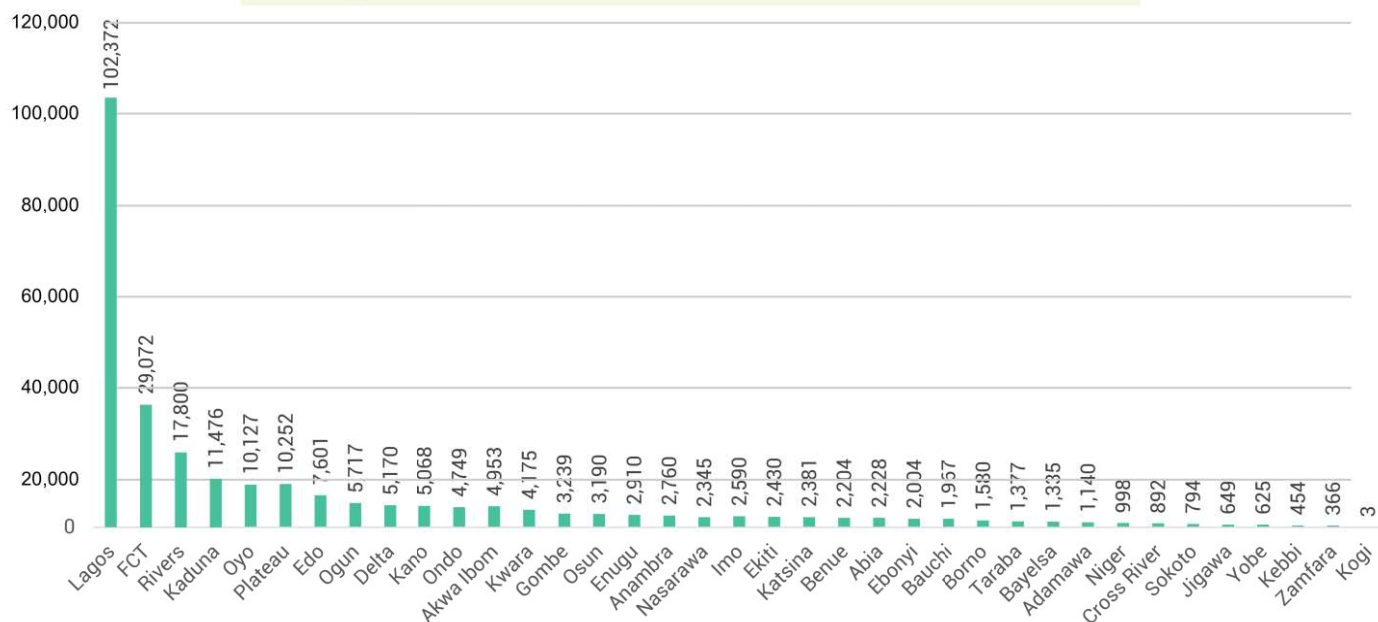
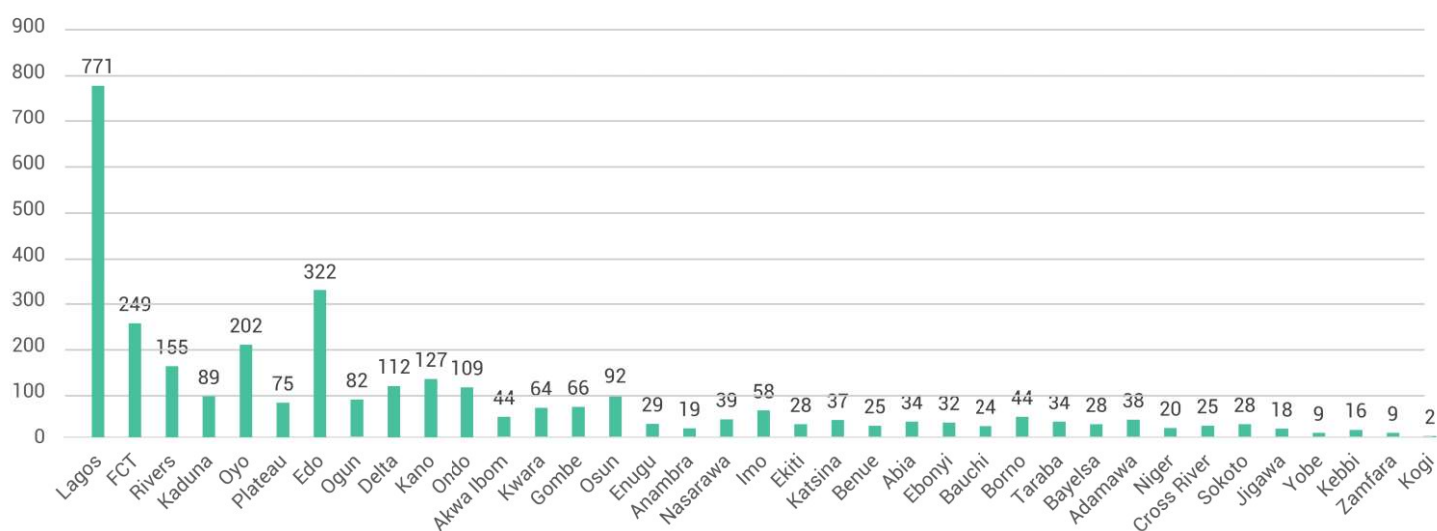
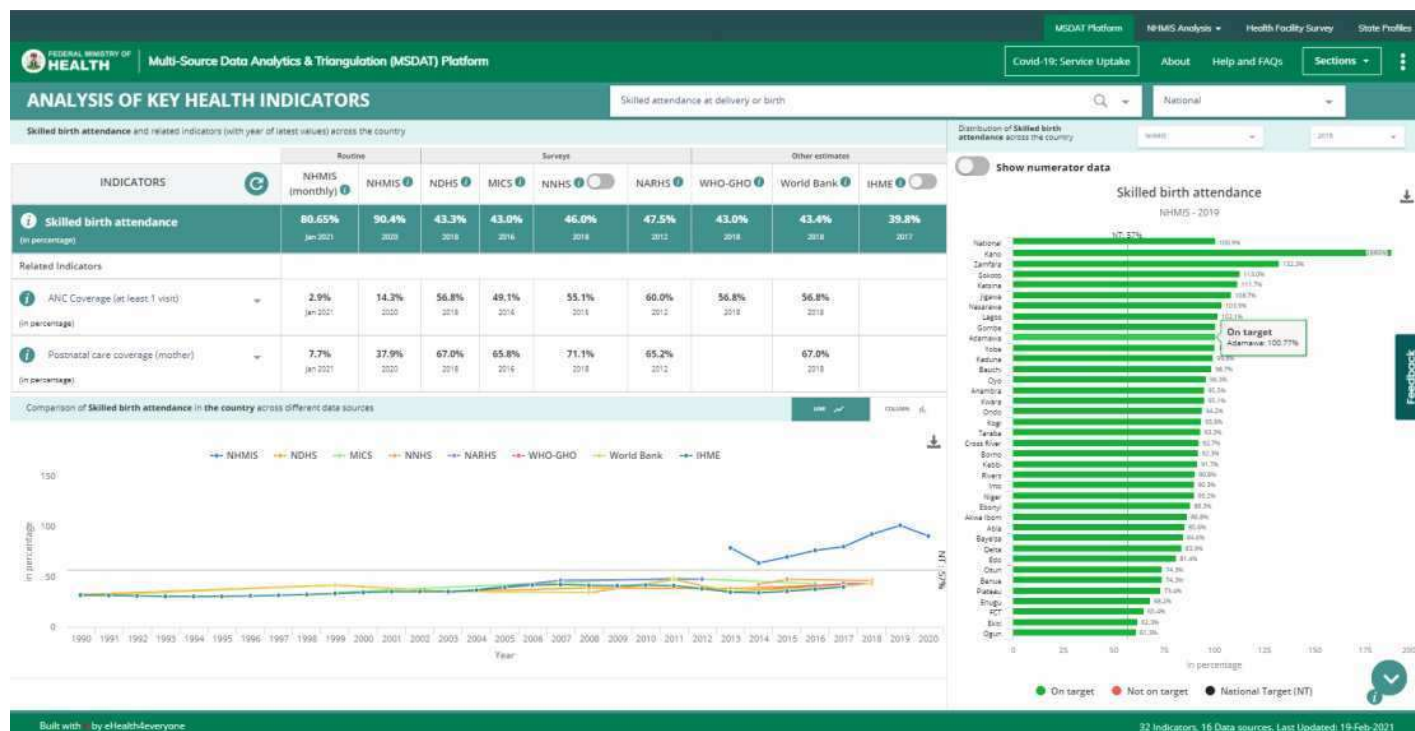


Figure 17: COVID Cumulative deaths



## 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.fmohconnect.gov.ng/central\\_analytics](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

### 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

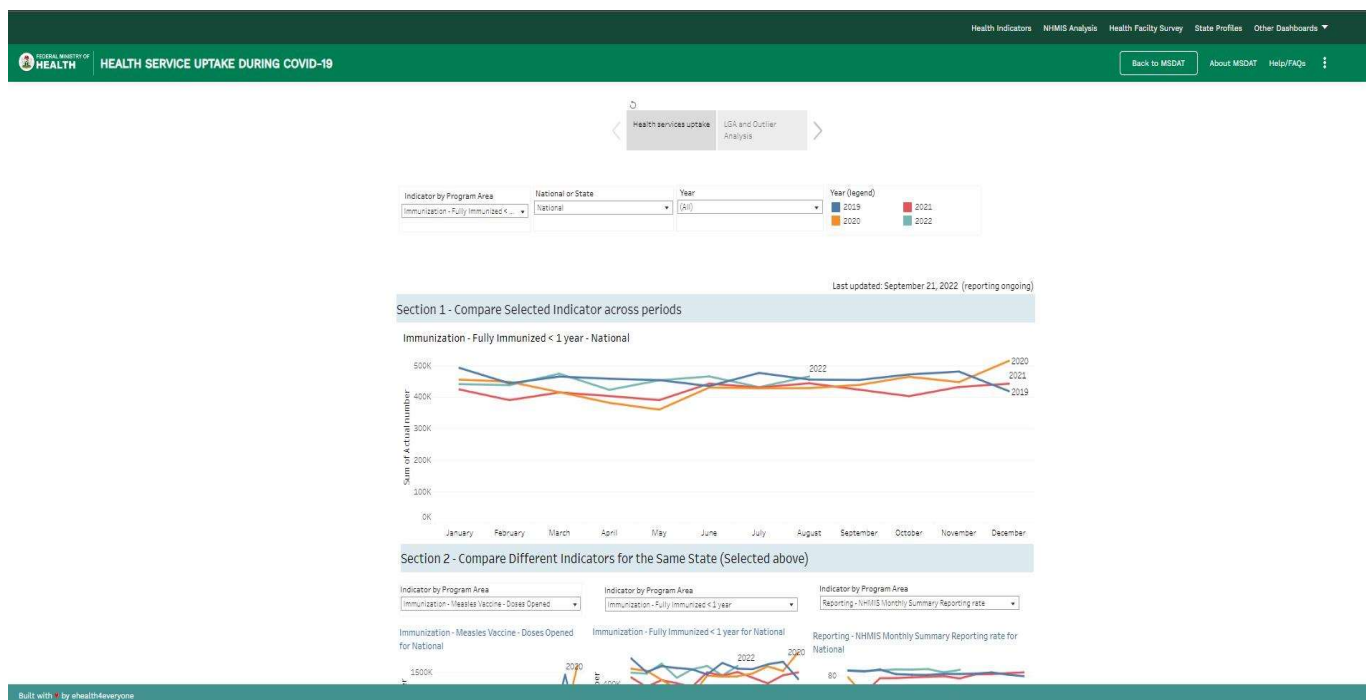
- Infant Mortality Rate
- Maternal Mortality Ratio
- Neonatal Mortality Rate (per 1000 liv s)
- Under Mortality Rate
- Pregnancy-related mortality

## 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.

For more analysis, visit: [https://msdat.fmohconnect.gov.ng/covid19\\_health\\_service\\_uptake/index.html](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:

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

Visit <https://fmohconnect.gov.ng/iss-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

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

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

#### GENERAL MANAGEMENT

- NHMIS Health facility monthly summary form ▲
- NHMIS health facility daily attendance register ▲
- NHMIS health facility daily GMP (growth monitoring) register ▲
- NHMIS health facility Immunization register ▲
- NHMIS health facility labour/delivery register ▲

#### BUSINESS PLAN

- Does facility use a business plan? ▼
- Outreach strategies for (EPI, FP; ANC) services -
- Plan for care of the indigents -
- Monthly updated Quality Improvement Plan -
- Was the business plan prepared with key stakeholders? -

#### FINANCE

- Does the facility have a functional bank account? ▼

#### CARE FOR THE INDIGENTS

- Are there plans to care for Indigents expenditures? ▼
- Evidence of Free services to indigents under HUWE (BHCPF) -
- Are monthly indigent committee meetings held? ▲
- Indigent list shared with the LGA and General Hospital Reports of activities carried out in the previous month available. ▲

#### HYGIENE AND STERILIZATION

- Health facility has a fence and is well maintained. ▲
- Is waste pit for health care waste available and according to the norms? ▲
- Is sterilizer functional (e.g Autoclave) ▼
- Safety box for needles well positioned, and used (and not full) ▲
- Needle cutter available and used ▼

#### LABORATORY

- Medical Laboratory technician available ▲
- Laboratory is open every day of the week ▲
- Microscope available and functional ▲
- Malaria rapid tests available ▲
- Centrifuge available and functional ▼

#### IN-PATIENT WARDS

- Space between the beds is at the least one meter ▼
- Each ward has access to drinking water ▼
- Light available in each ward ▲
- Weight, temperature, and eventual laboratory exams recorded ▲
- In patient register available and is well maintained ▲

#### SURVEILLANCE

- Is there a surveillance focal person located in the health facility? ▲

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](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.