

APRIL 2024 EDITION

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

HEALTH FACILITY REPORTING RATE

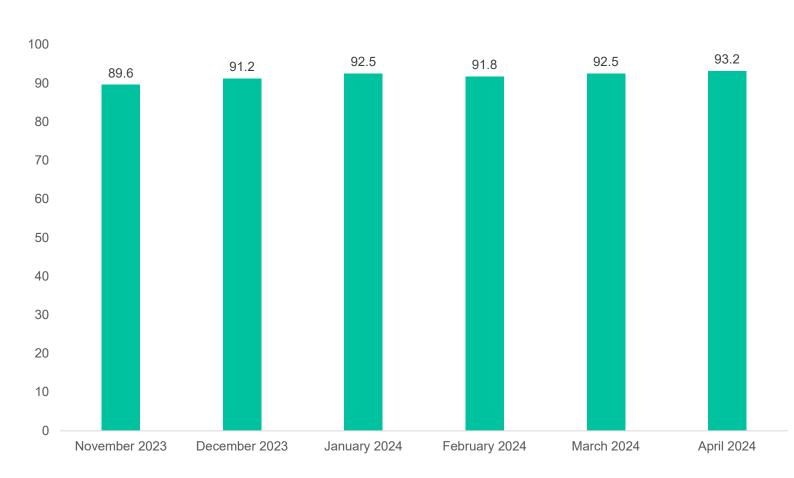


The reporting rate for the month of April 2024 was 93.2% at the time of this report.

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



■ NHMIS Monthly Summary (Version 2019) Reporting Rate





120.00%

100.00%

80.00%

60.00%

40.00%

20.00%

0.00%

%98.66

0

National

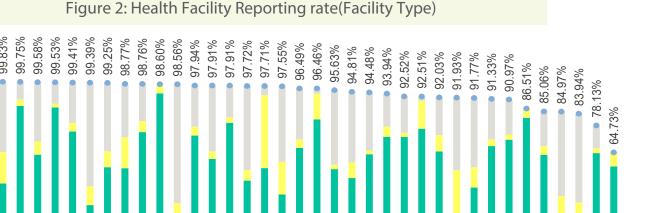
Sokoto

94.19%

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 April 2024

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



Enugn

Kaduna

Benue Plateau



Osun Jigawa Ebonyi Lagos Kebbi Abia Adamawa Anambra Bauchi Kano

Ogun Kogi lmo Borno Yobe

Nasarawa

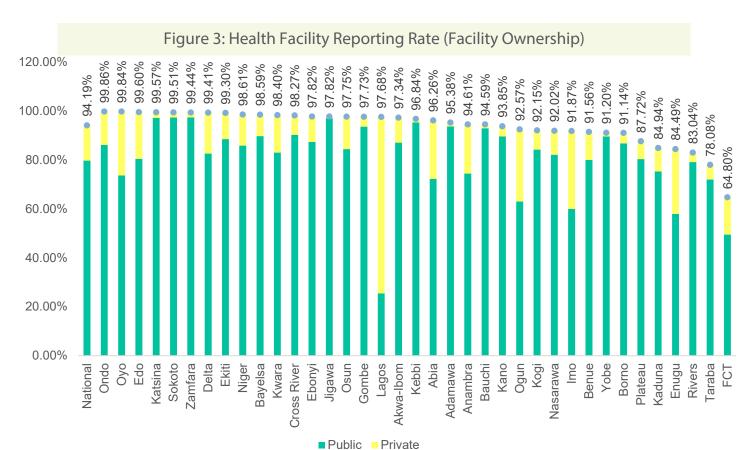
Niger

Bayelsa Gombe

Kwara

Delta EKi

Katsina Zamfara

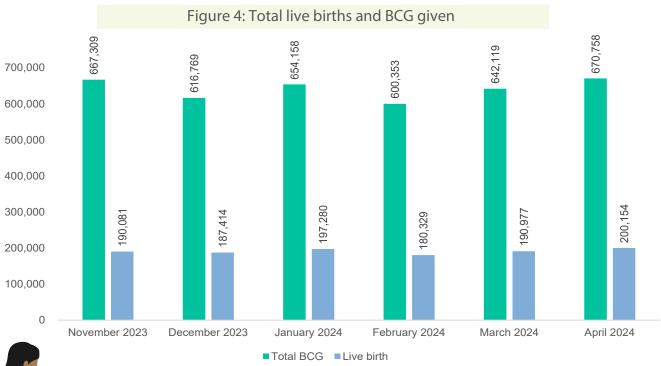


IMMUNIZATION

Figure 4 compares the total BCG vaccines given at birth to total live births in reporting health facilities.

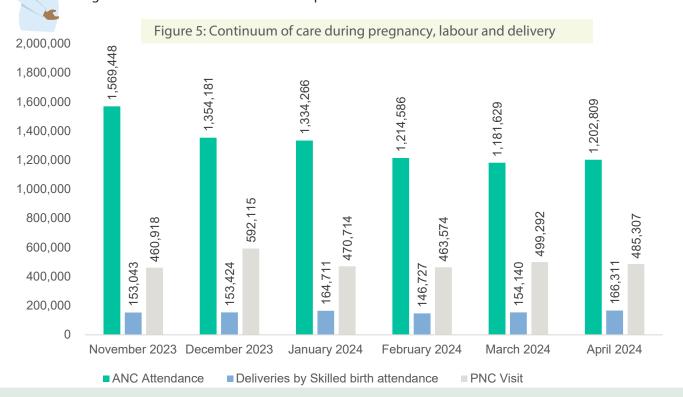
The total BCG vaccines given were more than the total live births in the facility for the same period.

This is 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.



MATERNAL HEALTH (ANC AND PNC)

Figure 5 compares ANC to deliveries by skilled birth attendants and post-natal care visits in reporting facilities from November 2023 to April 2024.

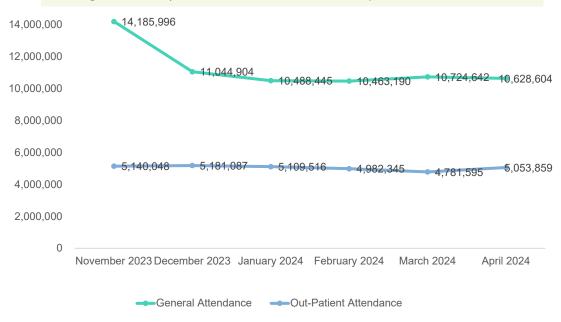


EMERGENEY

FACILITY ATTENDANCE

Figure 6 shows the trend of general facility attendance and outpatient attendance from November 2023 to April 2024.

Figure 6: Facility General Attendance Versus Outpatient Attendance



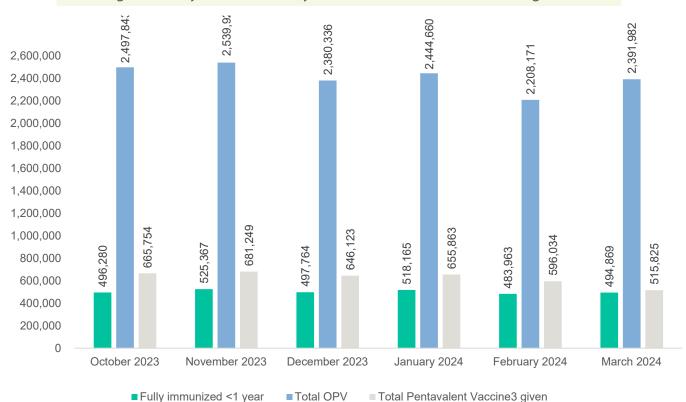


IMMUNIZATION

Figure 7 shows the full immunization coverage for children below the age of one in Nigeria from October 2023 to March 2024.

There is the need to maintain intensive outreach and mobilization for immunization services to continue high coverage.

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

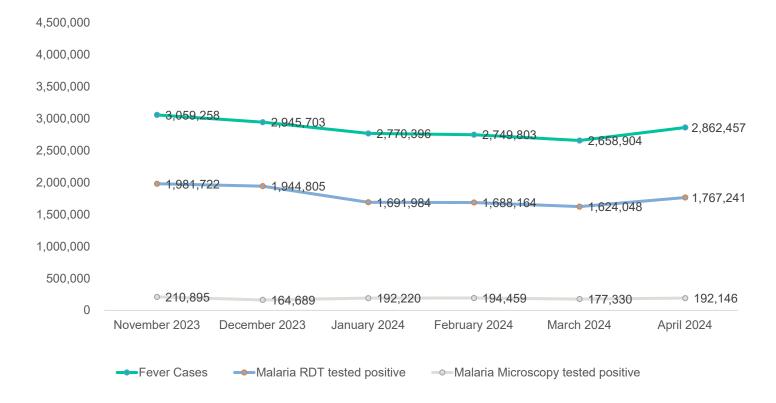




TOTAL FEVER CASES, MALARIA RDT AND MICROSCOPY TESTED POSITIVE

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



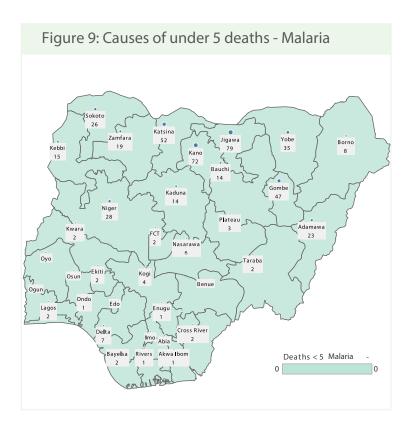


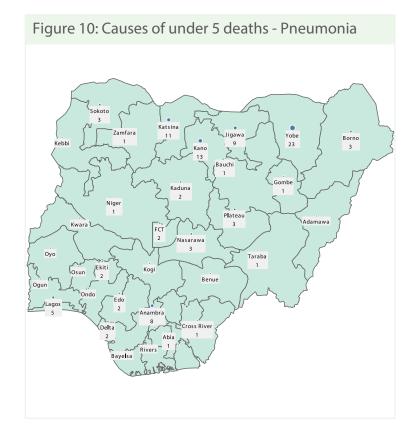
UNDER 5 DEATHS

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.

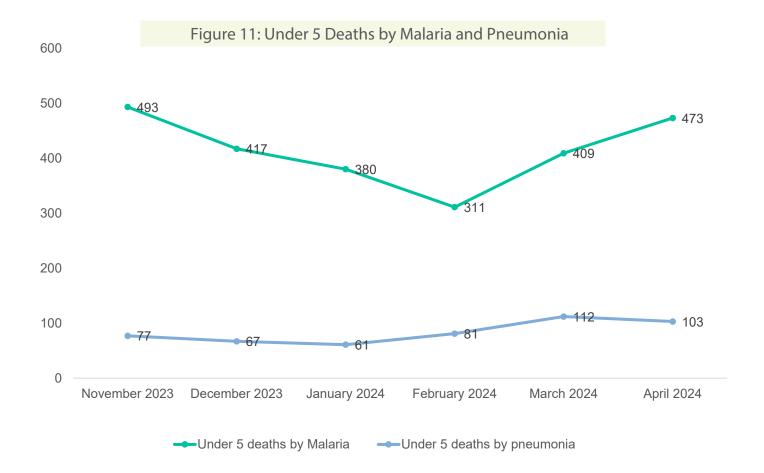
States are also advised to intensify efforts in the prevention treatment and overall control of pneumonia and malaria.







Malaria remains the leading cause of death among under-5 children in the country. The value reported for the month of April 2024 was 473 deaths, which is a significant increase from the previous month.



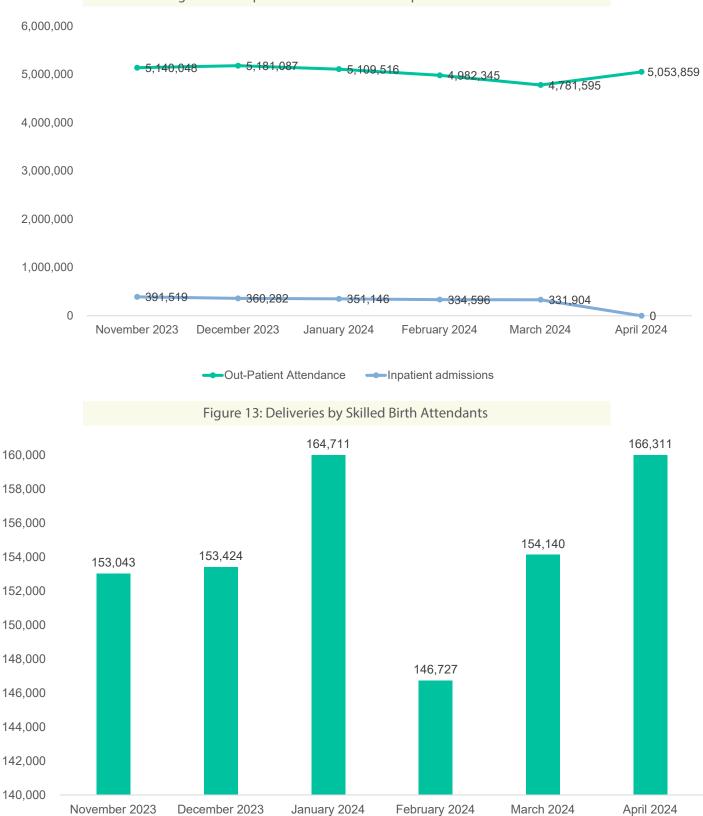


HEALTH SERVICE UPTAKE

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 12), and deliveries by skilled birth attendants (Figure 13).

Figure 12: Outpatient Attendance and Inpatient Admissions



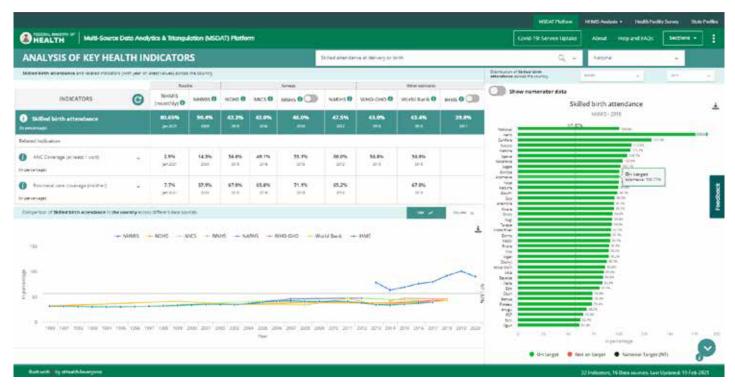
National Health Management Information System

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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

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
- Vitamin A supplementation coverage.

IMMUNIZATION

DPT3/Penta 3 Coverage Rate

- IPV Coverage Rate
- Measles Immunization Coverage
- Percentage of children fully immunised

childhood diseases by age 1

NUTRITION

Percentage of people age 15-49 years who have been tested for HIV and know their

- 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



NATIONAL HEALTH Management Information System



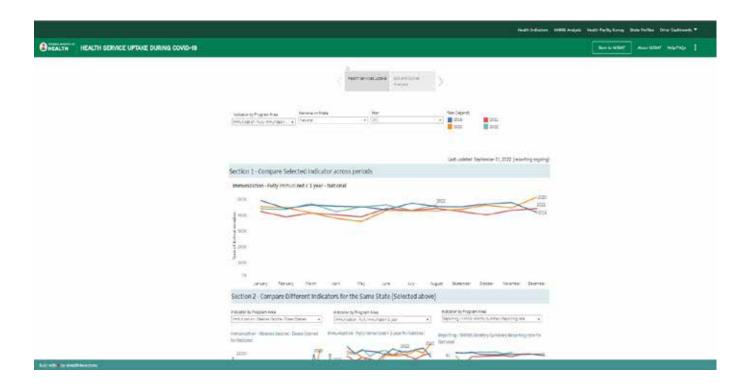
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THE NATIONAL HEALTH S ERVICE UP TAKE DAS HBOARD

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 various 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

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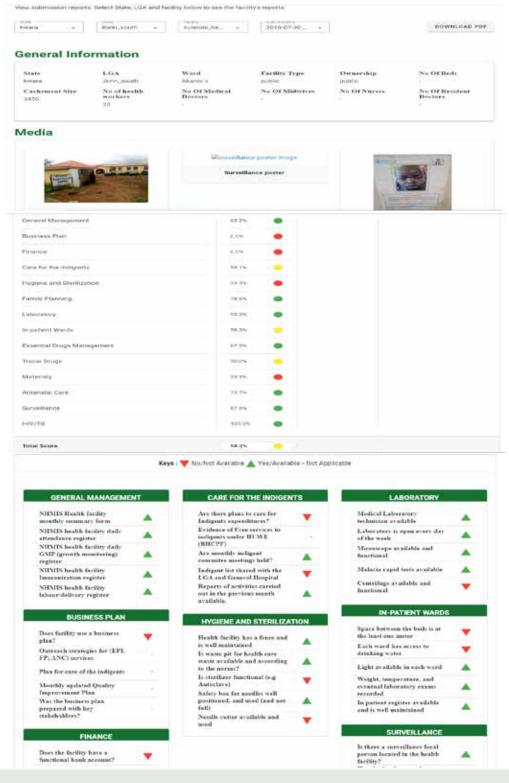
THE NATIONAL DIGITAL ISS/DQA PLATFORM



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

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



NHMIS BULLETIN

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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 requestfortheir access to the national digital ISS and for SPHCDA/LGAM&EOfficers.

