

MARCH 2025 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

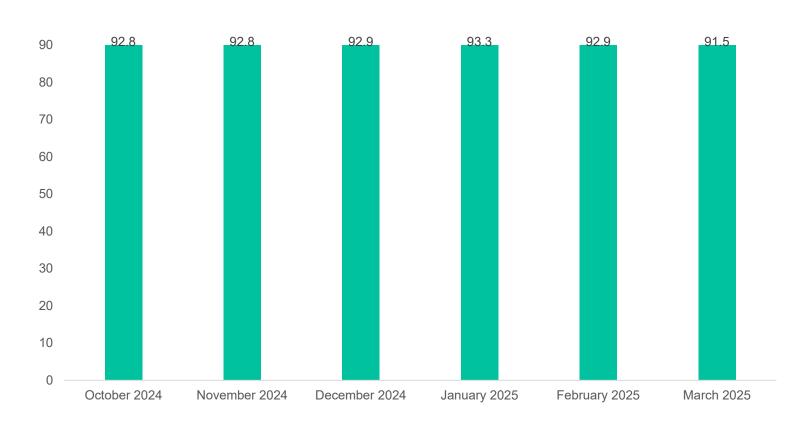


The reporting rate for the month of March 2025 was 91.5% at the time of this report.

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





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 March 2025.

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)

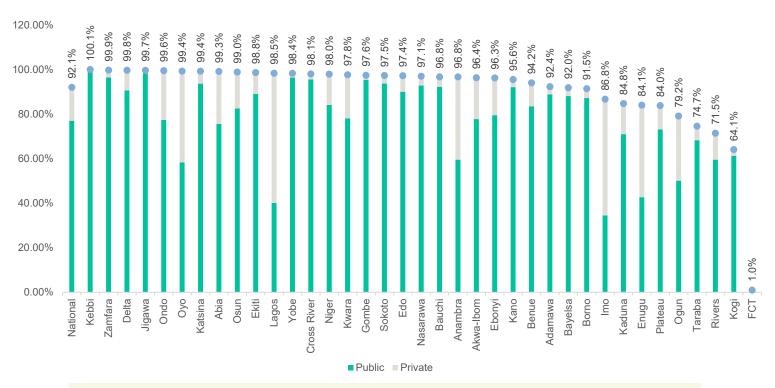
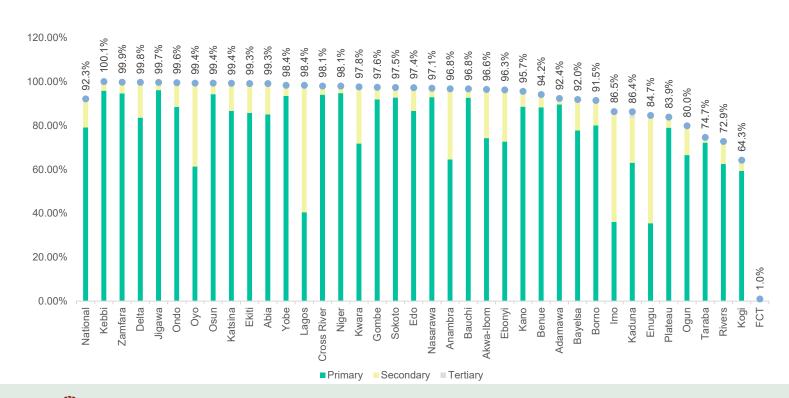


Figure 3: Health Facility Reporting Rate (Facility Ownership)





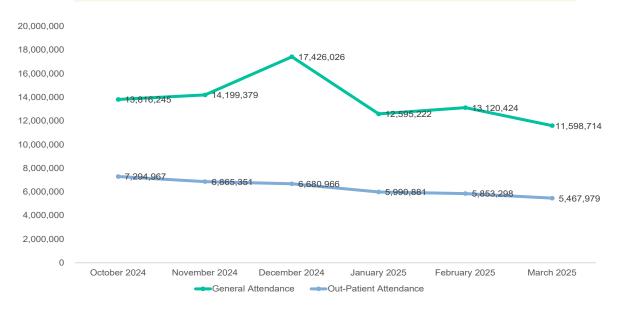
FACILITY ATTENDANCE

Figure 4 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

Figure 4: Facility General Attendance Versus Outpatient Attendance

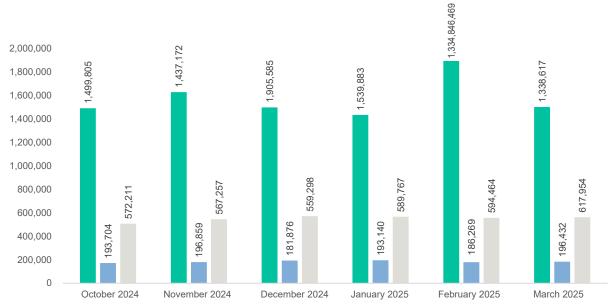




MATERNAL HEALTH (ANC AND PNC)

Figure 5 compares ANC attendance to deliveries by skilled birth attendants and post-natal care visits in reporting facilities from October 2024 to March 2025.

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



IMMUNIZATION

Figure 6 shows the trend of general facility attendance and outpatient attendance from October 2024 to March 2025.

Figure 7 compares full immunization coverage for children below the age of one in Nigeria to total OPV and pentavalent vaccines 3 given from October 2024 to March 2025. There is a need to maintain intensive outreach and mobilization for immunization services to continue high coverage.

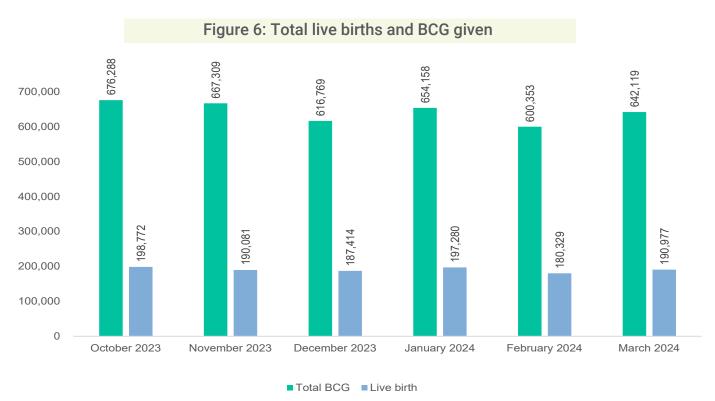


Figure 7: Fully immunized <1 year, OPV, Pentavalent vaccines 3 given

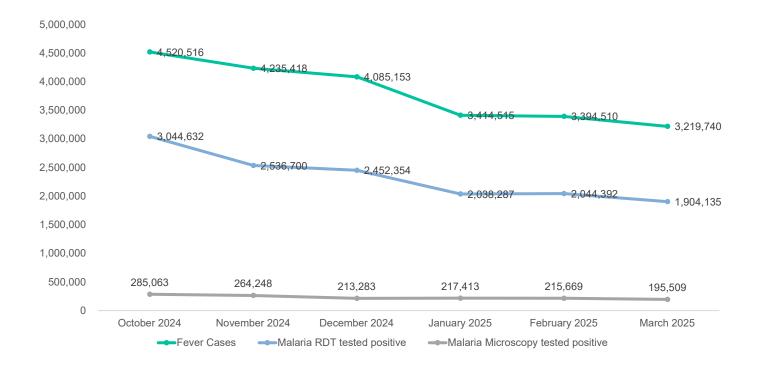




TOTAL FEVER CASES, MALARIA RDT AND MICROSCOPY TESTED POSITIVE

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

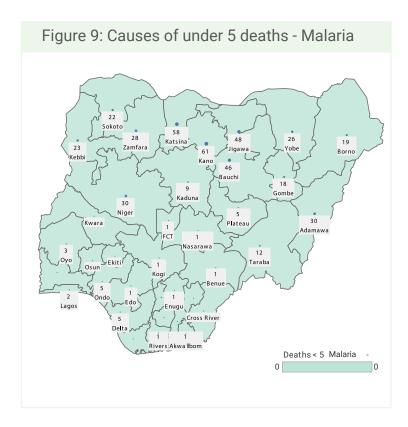


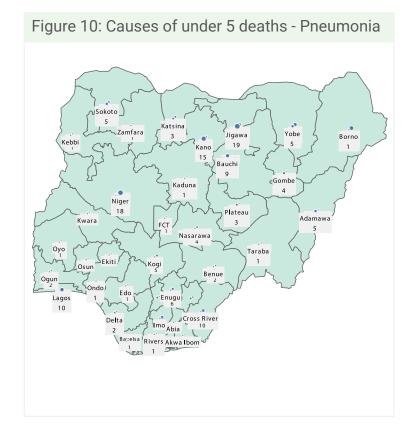


UNDER 5 DEATHS

Malaria and Pneumonia diseases remain some of the leading causes of under-5 deaths in Nigeria. Malaria remains the leading cause of death among under-5 children in the country. The value reported for the month of March 2025 was 474 deaths. The value reported for under -5 death due to pneumonia in March 2025 was 109 deaths.

All states are encouraged to train their health workers on how to properly report and manage these diseases. Additionally, more efforts should be made to prevent, treat, and control pneumonia and malaria.



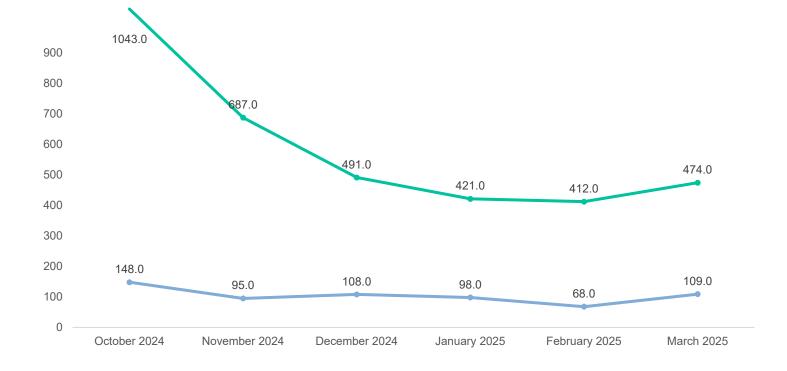




Malaria remains the leading cause of death among under-5 children in the country. The value reported for the month of March 2025 was 474 deaths.

The value reported for under -5 death due to pneumonia in March 2025 was 109 deaths.

Figure 9: Under 5 Deaths by Malaria and Pneumonia

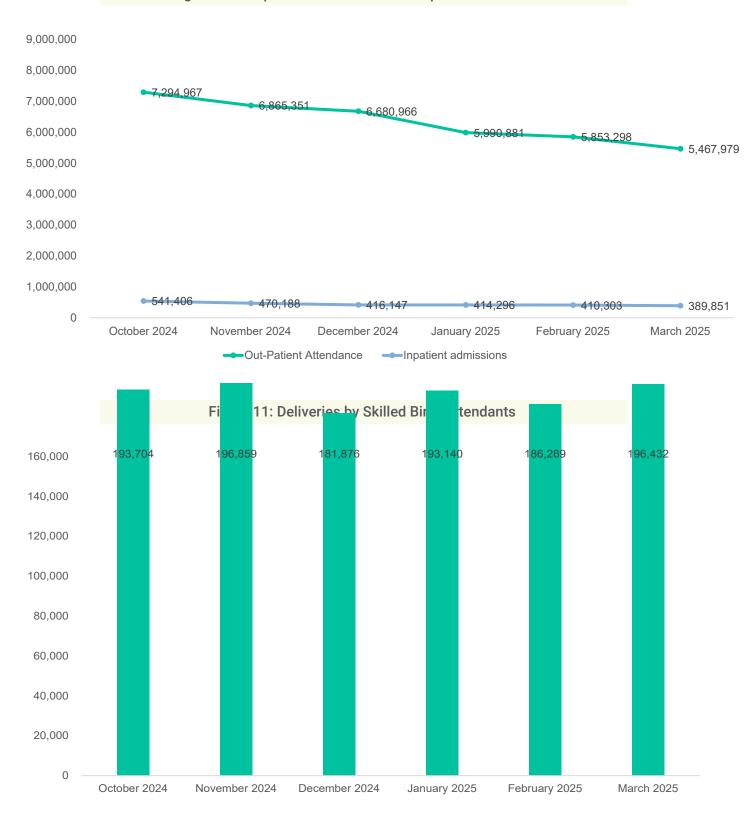




HEALTH SERVICE UPTAKE

Figure 10 shows the analysis of selected health service indicators: inpatient and outpatient admissions. The consistent decrease in patient numbers from October 2024 to March 2025 could be due to a lot of factors, such as healthcare access challenges, change in disease burden, etc. Figure 11 shows deliveries by skilled birth attendants. While the overall trend is stable, efforts should be directed toward ensuring ongoing access to skilled care during childbirth in order to prevent maternal and neonatal complications.

Figure 10: Outpatient Attendance and Inpatient Admissions



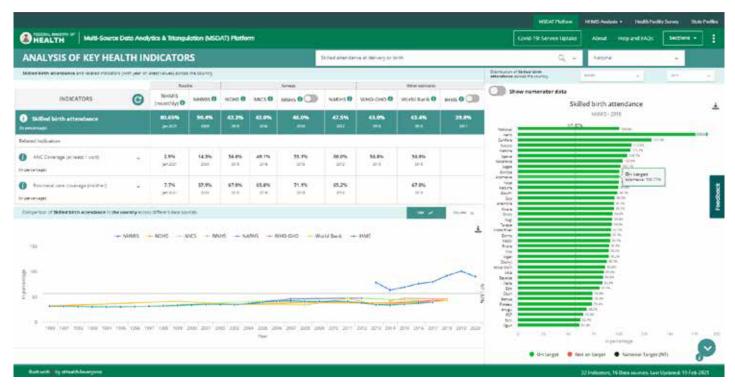
NHMIS BULLET National Health Management Information System

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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

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

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)





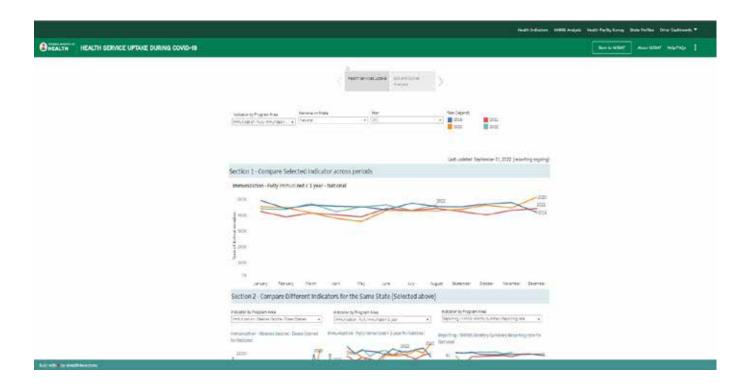


THE NATIONAL HEALTH S ERVICE UP TAKE DAS HBOARD

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



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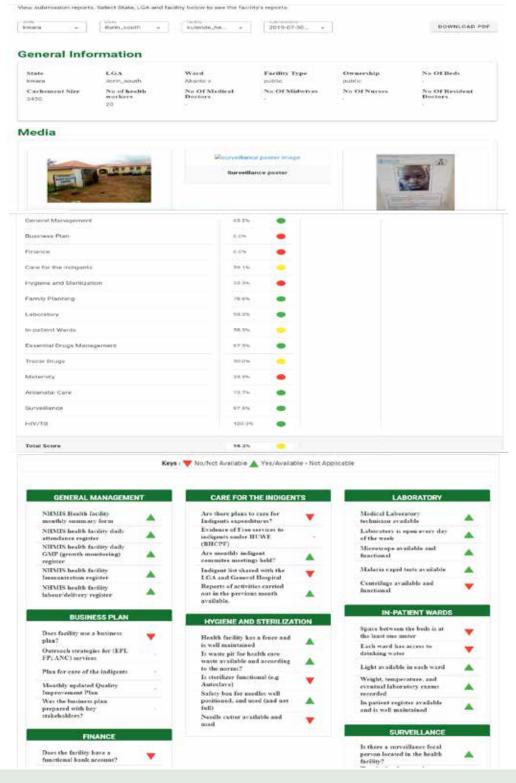
THE NATIONAL DIGITAL ISS/DQA PLATFORM



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







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







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 canrequestfortheir access tothenational digital ISS and for SPHCDA/LGAM&EOfficers.

