# **NIGERIA STATE** DATA PROFILES

An Accountability Tool for Maternal, Newborn and Child Health in Nigeria





FEDERAL MINISTRY OF HEALTH

### ACKNOWLEDGEMENTS

The state data profiles were produced in collaboration with Nigeria's Federal Ministry of Health and partners by Save the Children's Saving Newborn Lives program. Save the Children is the leading independent organization for children in need, with programs in 120 countries. We aim to inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives by improving their health, education and economic opportunities. In times of acute crisis, we mobilize rapid assistance to help children recover from the effects of war, conflict and natural disasters. Save the Children's Saving Newborn Lives program, supported by the Bill & Melinda Gates Foundation, works in partnership with countries in Africa and Asia to reduce newborn mortality and improve newborn health.

For additional information on the data presented in this booklet, please visit www.healthynewbornnetwork.org/page/nigeria-data

Front cover photos: MamaYe (left top and bottom, right top), Lucia Zoro for Save the Children (right bottom) Back cover photos: Pep Bonet for Save the Children Design and layout: Miracle Interactive, Cape Town, South Africa



# **STATE DATA PROFILES**

Nigeria is Africa's most populous nation and accounts for nearly one-quarter of the continent's maternal, newborn and child deaths. In the spirit of the global Countdown to 2015 for Maternal, Newborn and Child Health and the Nigerian Saving One Million Lives Initiative, these state data profiles have been designed to prompt and inform policy and programme action.

Without data there can be no accountability. Without accountability we risk making no progress for Nigeria's women and children. The data included in these profiles come mainly from large-scale, periodic household surveys. Continued efforts are needed to strengthen civil registration, vital statistics and health management information systems, as well as the institutional capacity to gather and use these data.

Updated from 2011, these data profiles can be used to compare progress in different areas, identify opportunities to address specific coverage gaps, and monitor implementation.

### STATE-SPECIFIC DATA FOR PLANNING AND ACCOUNTABILITY

All indicators in the profile are specific to the state, except where small sample size necessitates reporting by zone. An asterisk (\*) indicates zonal data have been used. More information on the sources used and indicator definitions are available in this document, or online at www.healthynewbornnetwork.org/page/nigeria-data.

#### WHAT DO WE KNOW ABOUT BIRTHS AND DEATHS?

The profiles provide key population characteristics that should be used to describe the magnitude and urgency of the problem. While mortality rates are decreasing overall for Nigeria's children, progress is slow and mixed across states, especially for newborns. Birth registration is also reported as a human right and an essential part of a system of vital statistics.

Estimates of causes of childhood mortality are also identified, which can be used to design services that adequately address the context-specific burden of disease.

### COVERAGE ALONG THE CONTINUUM OF CARE

Gaps in coverage along the continuum of care provide a snapshot of overall contact with the healthcare system and should serve as a call to action to prioritize specific interventions in future planning activities.

### TRENDS OVER TIME FOR MATERNAL, NEWBORN AND CHILD HEALTH

Repeated household surveys designed to measure indicators at state-level provide critical information about the rate of progress of key interventions.



### **REPRODUCTIVE HEALTH**

New in this set of profiles, more information is provided on women's health, including total fertility rate, adolescent birth rate, gender-based violence, and female genital cutting. Together these give a picture of some of the health factors affecting women's well-being across the lifecycle.

### CARE FOR BIRTHS THAT TAKE PLACE AT HOME

The time of birth is when the greatest proportion of maternal, newborn and child deaths occur, as well as stillbirths. More information is required on care provided at all births, regardless of place of delivery; this graph looks in particular at the care received by women who deliver at home in each state.

### MISSED OPPORTUNITIES FOR IMPROVED COVERAGE

While some interventions may reach high coverage, there often is a gap between current levels and universal coverage. In addition, there are missed opportunities within packages of interventions. There is a characteristic 'coverage cascade' between the coverage of an initial contact point to receipt of a full-set of life-saving interventions for mothers, newborns and children.













































































# **NOTES AND DATA SOURCES**

Indicator	Definition and data source
Births and deaths	
Population Annual births	The annual number of births at the national level is from United Nations Population Division estimates for 2012. State level population and annual births are from the National Census of 2006 updated to 2012 levels
Neonatal mortality rate*	Deaths that occur during the first 28 days of life, expressed per 1,000 live births. Data are zonal from the Nigeria Demographic and Health Survey (NDHS) 2013. Mortality rates are plotted in the year of the survey but they refer to the ten year period preceding the survey.
Under-five mortality rate*	Deaths that occur from birth to 59 months of age, expressed per 1,000 live births. Data are zonal from the NDHS 2013. Mortality rates are plotted in the year of the survey but they refer to the ten year period preceding the survey.
Maternal mortality ratio (national)	Annual number of deaths of women from pregnancy-related causes per 100,000 live births. The national maternal mortality ratio from the NDHS 2013 is used on each state.
Annual number of deaths	For the state profiles, the national maternal mortality ratio from NDHS 2013 and the zonal neonatal and under-five mortality rates from NDHS 2013 are applied to the state level birth cohort to generate an approximate annual number of deaths by state.
Newborn and child su	rvival trends*
	Neonatal and under-five mortality are zonal rates from the NDHS between 1999 and 2013. Mortality rates are plotted in the year of the survey but zonal rates refer to the ten year period preceding the survey and national rates refer to the five year period preceding the survey.
Causes of under-five a	and neonatal deaths*
	Causes of neonatal and under-five are presented at the zonal level on each state profile using multi-cause proportionate mortality models to estimate deaths in neonates aged 0-27 days and children aged 1-59 months for the year 2008; reprinted from: Federal Ministry of Health. <i>Saving newborn lives in Nigeria: Newborn health in the context of the Integrated Maternal, Newborn and Child Health Strategy.</i> 2nd edition. Abuja: Federal Ministry of Health, Save the Children, Jhpiego; 2011. The national level profile includes new estimates for 2012 from Countdown to 2015 for Maternal, Newborn and Child Survival. <i>Fulfilling the Health Agenda for Women and Children: The 2014 Report.</i> Geneva: World Health Organization, 2014.
Reproductive and mat	ernal health
Total fertility rate	Average number of children a woman would bear over the course of her lifetime if current age-specific fertility rates remained constant throughout her childbearing years (normally between the ages of 15 and 49) - figure taken for the three years prior to the survey; from NDHS 2013.
Unmet need for family planning	Percentage of fecund women who are not using contraception but who wish to postpone their next birth (spacing) or stop childbearing altogether (limiting); from NDHS 2013.
Adolescents who have begun childbearing	Percentage of women age 15-19 who have had a live birth or who are pregnant with their first child; from NDHS 2013.
Violence in pregnancy	Percentage of women age 15-49 who have ever been pregnant that have ever experienced physical violence during pregnancy; from NDHS 2013.
Female genital cutting	Percentage of women age 15-49 who have been circumcised; from NDHS 2013.
Antenatal care	
% pregnant women receiving 1 or more antenatal visits	Among women age 15-49 with a live birth in the x years preceding the survey, percentage of women attended at least once during pregnancy by skilled health personnel (i.e., a doctor, nurse or midwife, or auxiliary nurse or midwife); from NDHS 2008, MICS 2011, and NDHS 2013.
% pregnant women receiving 4 or more antenatal visits	Among women age 15-49 with a live birth in the x years preceding the survey, percentage of women attended at least four times during pregnancy from any provider; from NDHS 2008, MICS 2011, and NDHS 2013.
Care during childbirth	
% live births attended by skilled health personnel	Among women age 15-49 with a live birth in the x years preceding the survey, percentage of live births attended by skilled health personnel (i.e., a doctor, nurse or midwife, or auxiliary nurse or midwife); from NDHS 2008, MICS 2011, and NDHS 2013.
% live births delivered by c-section	Among women age 15-49 with a live birth in the x years preceding the survey, percentage of live births delivered by caesarean section; from NDHS 2008, MICS 2011, and NDHS 2013.

### Missed opportunities in key maternal, newborn and child health packages

This graph shows the current coverage, the coverage gap between current coverage and full coverage, and missed opportunities to deliver high impact interventions within packages across pregnancy, nutrition, and child health outreach services.

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ANC (antenatal care) 1+	Among women age 15-49 with a live birth in the five years preceding the survey, the percentage of women attended at least once during pregnancy by skilled health personnel (i.e., a doctor, nurse or midwife, or auxiliary nurse or midwife); from NDHS 2013.
ANC (antenatal care) 4+	Among women age 15-49 with a live birth in the five years preceding the survey, the percentage of women attended at least four times during pregnancy from any provider; from NDHS 2013.
Informed of danger signs	Among women age 15-49 with a live birth in the five years preceding the survey, percentage of women who were informed of signs of pregnancy complications during antenatal care; from NDHS 2013.
Tetanus protection	Among women age 15-49 with a live birth in the five years preceding the survey, percentage of women with two injections during the pregnancy for her last live birth, or two or more injections (the last within three years of the last live birth), or three or more injections (the last within five years of the last birth), or four or more injections (the last within ten years of the last live birth), or five or more injections prior to the last birth; from NDHS 2013.
VCT (voluntary counselling and testing) for HIV	Among all women age 15-49 who gave birth in the two years preceding the survey, the percentage who received HIV pretest counselling, the percentage who received an HIV test during antenatal care for their most recent birth by whether they received their results and post-test counselling for their most recent birth; from NDHS 2013.
IPTp (Intermittent preventive treatment for malaria in pregnancy)	Percentage of women age 15-49 with a live birth in the two years preceding the survey who, during the pregnancy preceding the last birth, took at least two doses of SP/Fansidar; from NDHS 2013.
Ever breastfed	Among last-born children who were born in the two years preceding the survey, the percentage who were ever breastfed; from NDHS 2013.
Immediately breastfed	Among last-born children who were born in the two years preceding the survey who were put to the breast within one hour of birth; from NDHS 2013.
No prelacteal feeds	Among last-born children who were born in the two years preceding the survey who were given nothing but breastmilk in the first three days of life; from NDHS 2013.
>3 IYCF (infant and young child feeding) practices	Percentage of children aged 6-23 months fed with at least three IYCF practices (food diversity, feeding frequency, and consumption of breastmilk or other milk or milk products); from NDHS 2013.
Vitamin A	Among all children age 6-59 months, the percentages who were given vitamin A supplements in the six months preceding the survey; from NDHS 2013.
Measles	Percentage of children age 12-23 months who received measles vaccine at any time before the survey (according to a vaccination card or the mother's report); from NDHS 2013.
DPT (Diphtheria, pertussis and tetanus) 1	Percentage of children age 12-23 months who received at least one dose of the diphtheria, pertussis and tetanus vaccine at any time before the survey (according to a vaccination card or the mother's report); from NDHS 2013.
DPT 3	Percentage of children age 12-23 months who received all three doses of the diphtheria, pertussis and tetanus vaccine at any time before the survey (according to a vaccination card or the mother's report); from NDHS 2013.
All vaccines	Percentage of children age 12-23 months who received BCG, measles, and 3 doses each of DPT and polio vaccine (excluding polio vaccine given at birth) at any time before the survey (according to a vaccination card or the mother's report); from NDHS 2013.
ITN (insecticide treated bednet) use	Percentage of children under age 5 who, the night before the survey, slept under an insecticide-treated mosquito net; from NDHS 2013.
children from pregnancy to	ntinuum of care maternal, newborn and child health reflects integrated service delivery for mothers and delivery, the immediate postnatal period, and childhood. Such care is provided by families and atient services, clinics and other health facilities.
Contraceptive prevalence rate	The percentage of currently married women who are using a method of contraception; from NDHS 2013.
Antenatal visit (1+)	Among women age 15-49 with a live birth in the five years preceding the survey, the percentage of women attended at least once during pregnancy by skilled health personnel (i.e., a doctor, nurse or midwife, or auxiliary nurse or midwife); from NDHS 2013.

Skilled attendant at birth	Among women age 15-49 with a live birth in the five years preceding the survey, percentage of live births
	attended by skilled health personnel (i.e., a doctor, nurse or midwife, or auxiliary nurse or midwife); from NDHS 2013.
Postnatal care within 2 days	Among women age 15-49 giving birth in the two years preceding the survey, the percentage of women with a live birth in the two years preceding the survey who received a postnatal check in the first two days after giving birth; from NDHS 2013.
Exclusive breastfeeding <6m*	Percentage of youngest children under 6 months who are living with their mother and receiving nothing to eat or drink other than breastmilk; data are zonal from NDHS 2013.
Measles immunisation	Percentage of children age 12-23 months who received measles vaccine at any time before the survey (according to a vaccination card or the mother's report); from NDHS 2013.
Care for home births	
Proportion of deliveries that take place at home	Percentage of live births in the five years preceding the survey by place of delivery and percentage delivered at the respondent's home or another home; from NDHS 2013.
Clean delivery kit used	Percentage of non-institutional last live births in the two years preceding the survey whose mothers reported using a clean delivery kit; from NDHS 2013.
Baby wrapped immediately at birth	Percentage of non-institutional last live births in the two years preceding the survey whose mothers reported using a clean delivery kit; from NDHS 2013.
Baby placed skin-to-skin at birth	Percentage of non-institutional last live births in the two years preceding the survey whose mothers reported placing the baby on the mother's belly or breast before the placenta was delivered; from NDHS 2013.
Bath delayed >1 hour	Percentage of non-institutional last live births in the two years preceding the survey whose mothers reported delaying the baby's first bath by more than one hour; from NDHS 2013.
No substance placed on cord	Percentage of non-institutional last live births in the two years preceding the survey who reported placing nothing on the umbilical cord stump before it fell off; from NDHS 2013.
Early breastfeeding initiated*	Percentage of non-institutional last live births in the two years preceding the survey who were put to the breast within one hour of birth; data are zonal from NDHS 2013.
PNC within 2 days (mother)*	Percentage of women age 15-49 with a non-institutional last live birth in the two years preceding the survey, who received a postnatal check in the first two days after giving birth; data are zonal from NDHS 2013.
PNC within 2 days (baby)*	Percentage of non-institutional last live births in the two years preceding the survey who received a postnatal check in the first two days of life; data are zonal from NDHS 2013.
Nutritional status	
% children <5 years who are stunted	Percentage of children under age 5 whose height-for-age Z-score is below minus two standard deviations (-2 SD) from the median of the WHO reference population; from NDHS 2008, MICS 2011, and NDHS 2013.
% children <5 years who are wasted	Percentage of children under age 5 whose weight-for-height Z-score is below minus two standard deviations (-2 SD) from the median of the WHO reference population; from NDHS 2008, MICS 2011, and NDHS 2013.
Infant feeding practice	S
% babies breastfed within 1h of birth	Percentage of last live births in the two years preceding the survey who were put to the breast within one hour of birth; from NDHS 2008, MICS 2011, and NDHS 2013.
% infants <6m exclusively breastfed	Percentage of youngest children under 6 months who are living with their mother and receiving nothing to eat or drink other than breastmilk; data are zonal from NDHS 2008, MICS 2011, and NDHS 2013.
% children receiving >3 IYCF practices	Percentage of children aged 6-23 months fed with at least three IYCF practices (food diversity, feeding frequency, and consumption of breastmilk or other milk or milk products); from NDHS 2008, MICS 2011, and NDHS 2013.
Vaccinations	
% children vaccinated against measles	Percentage of children age 12-23 months who received measles vaccine at any time before the survey (according to a vaccination card or the mother's report); from NDHS 2008, MICS 2011, and NDHS 2013.
% children vaccinated against DPT	Percentage of children age 12-23 months who received all three doses of the diphtheria, pertussis and tetanus vaccine at any time before the survey (according to a vaccination card or the mother's report); from NDHS 2008, MICS 2011, and NDHS 2013.
% children vaccinated with all basic vaccines	Percentage of children age 12-23 months who received BCG, measles, and 3 doses each of DPT and polio vaccine (excluding polio vaccine given at birth) at any time before the survey (according to a vaccination card or the mother's report); from NDHS 2008, MICS 2011, and NDHS 2013.

Diarrhoea treatment		
% sick children receiving ORS (oral rehydration solution)*	Among children under age 5 who had diarrhoea in the two weeks preceding the survey, the percentage given oral rehydration solution; data are zonal from NDHS 2008, MICS 2011, and NDHS 2013.	
% sick children receiving ORS (oral rehydration solution) or recommended homemade fluid*	Among children under age 5 who had diarrhoea in the two weeks preceding the survey, the percentage given oral rehydration solution or recommended homemade fluid; data are zonal from NDHS 2008, MICS 2011, and NDHS 2013.	
Pneumonia treatment		
% sick children taken to appropriate provider*	Among children under age 5, the percentage who had symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey for whom advice or treatment was sought from a health facility or provider; data are zonal from NDHS 2008, MICS 2011, and NDHS 2013.	
% sick children receiving antibiotics*	Among children under age 5, the percentage who had symptoms of acute respiratory infection (ARI) in the two weeks preceding the survey receiving antibiotics; data are zonal from NDHS 2008, MICS 2011, and NDHS 2013.	
Malaria prevention and treatment		
% children <5y sleeping under ITN (insecticide- treated bednet)	Percentage of children under age 5 who, the night before the survey, slept under an insecticide-treated mosquito net; from NDHS 2008, MICS 2011, and NDHS 2013.	
% children <5y with fever receiving ACT (artemisinin- based therapy) for malaria*	Percentage of children under age 5 with a fever in the two weeks preceding the survey who took any artemisinin-based combination therapy for treatment of malaria; data are zonal from NDHS 2008, MICS 2011, and NDHS 2013.	































