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ESSENTIAL PACKAGE OF HEALTH SERVICES
COUNTRY SNAPSHOT: NIGERIA

July 2015
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CONTENTS

ACRONYMS

EPHS	Essential Package of Health Services
NHIS	National Health Insurance Scheme
NSHDP	National Strategic Health and Development Plan
RMNCH	Reproductive, maternal, newborn and child health

ABOUT THE ESSENTIAL PACKAGES OF HEALTH SERVICES COUNTRY SNAPSHOT SERIES

An Essential Package of Health Services (EPHS) can be defined as the package of services that the government is providing or is aspiring to provide to its citizens in an equitable manner. Essential packages are often expected to achieve multiple goals: improved efficiency, equity, political empowerment, accountability, and altogether more effective care. There is no universal essential package of health services that applies to every country in the world, nor is it expected that all health expenditures in any given country be directed toward provision of that package. Countries vary with respect to disease burden, level of poverty and inequality, moral code, social preferences, operational challenges, financial challenges, and more, and a country's EPHS should reflect those factors.

This country snapshot is one in a series of 24 snapshots produced by the Health Finance & Governance Project as part of an activity looking at the Governance Dimensions of Essential Packages of Health Services in the Ending Preventable Child and Maternal Death priority countries. The snapshot explores several important dimensions of the EPHS in the country, such as how government policies contribute to the service coverage, population coverage, and financial coverage of the package. The information presented in this country snapshot feeds into a larger cross-country comparative analysis undertaken by the Health Finance & Governance Project to identify broader themes related to how countries use an EPHS and related policies and programs to improve health service delivery and health outcomes.

Each country snapshot includes annexes that contain further information about the EPHS. When available, this includes the country's most recently published package; a comparison of the country's package to the list of priority reproductive, maternal, newborn and child health interventions developed by the Partnership for Maternal, Newborn and Child Health in 2011 (PMNCH 2011), and a profile of health equity in the country.

THE ESSENTIAL PACKAGE OF HEALTH SERVICES (EPHS) IN NIGERIA

The government of Nigeria has embraced the EPHS concept for some time, but its implementation has faced challenges. The National Primary Health Care Development Agency defined a Ward Health Care Minimum Package for Primary Health Care, but dissemination and implementation were very limited. The *National Strategic Health and Development Plan (NSHDP) 2010–2015* included something called the "Essential Package of Care" that appears to be Nigeria's current EPHS. Additionally, one of the priority areas in the *NSHDP 2010–2015* is to "Review, cost, disseminate and implement the minimum package of care in an integrated manner." Based on our analysis, we believe the terms minimum package of care and essential package of care refer to the same package of services. For the full list of services, see Annex A.

In December 2014 Nigeria's President signed the National Health Bill, which had been in the works for many years, into law. The law says that "all citizens shall be entitled to a basic minimum package of health services…" defined as "the set of health services as may be prescribed from time to time by the Minister after consultation with the National Council on Health" (National Health Bill, 2014 (SB. 215)).

Priority Reproductive, Maternal, Newborn and Child Health Interventions

To see a comparison of Nigeria's EPHS and the priority reproductive, maternal, newborn and child health (RMNCH) interventions (PMNCH 2011), refer to Annex B.

Status of Service in EPHS	Status Definition	# of Services
Included	The literature on the essential package specifically mentioned that this service was included.	39
Explicitly Excluded	The literature on the essential package specifically mentioned that this service was not included.	1
Implicitly Excluded	This service was not specifically mentioned, and is not clinically relevant to one of the high-level groups of services included in the essential package.	6
Unspecified	The literature on the essential package did not specifically mention this service, but this service is clinically relevant to one of the high-level groups of services included in the essential package.	14

The following seven priority RMNCH services are excluded from Nigeria's EPHS:

Explicitly excluded:

- Routine immunization plus *H. influenzae*, meningococcal, pneumococcal, and rotavirus vaccines

Implicitly excluded:

- Folic acid fortification/supplementation to prevent neural tube defects
- Interventions for cessation of smoking
- Safe abortion
- Social support during childbirth
- Home visits for women and children across the continuum of care
- Women's groups

Use of Selected Priority Services

The table below presents the country's data on common indicators.

Indicator	Year	Value	Urban Value	Rural Value
Pregnant women sleeping under insecticide-treated nets (%)	2011		17.9	16.7
Births attended by skilled health personnel (in the five years preceding the survey) (%)	2011		73.9	37.1
BCG immunization coverage among one-year-olds (%)	2013	80		
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among one-year-olds (%)	2013	58		
Median availability of selected generic medicines (%)—private	2004	36.4		
Median availability of selected generic medicines (%)—public	2004	26.2		

Source: Global Health Observatory, World Health Organization.

How the Health System Delivers the EPHS

RMNCH services from the EPHS are delivered through:

- ✓ government-sponsored community health workers
- ✓ public sector primary care facilities
- ✓ public sector referral facilities

In general, the service delivery system in Nigeria is organized on a tiered basis. Tertiary facilities operated by the central government are the highest level of health care and serve as referral centers for patients. State governments then manage secondary facilities, which provide some specialized health services. Local governments manage primary facilities, which provide the most basic entry point to the health care system-health centers, clinics, and dispensaries.

The service delivery system is mixed between private and public providers. The private health care system has grown substantially since the 1980s, to currently provide about 80 percent of the total health services. This sector, however, is not well regulated or supported. Of all the private facilities in Nigeria, about 50 percent are for-profit (Joint Learning Network 2014).

In its *NSHDP 2010-2015*, the government of Nigeria characterizes public sector primary health care facilities as weak. Available data indicate that public primary health care facilities do not have adequate stocks of pharmaceuticals and support services, have properly maintained facilities, regularly pay their staff's salaries, or have adequate record-keeping, monitoring, systems, and capacities. Consequently, primary care facilities are often bypassed in favor of higher-level care facilities in both the public and the private sectors, where both preventive and first-level curative care are provided.

The Nigerian health care system also includes community health, nutrition, and sanitation promoters, as well as a national Midwives Service Scheme and a Community Midwifery Program *(NSHDP 2010-2015*).

Delivering the EPHS to Different Population Groups

The government's strategy for implementing the EPHS includes specific activities to improve equity of access for specific populations; these include:

- ✓ women, and
- ✓ rural populations.

See Annex C for the World Health Organization's full health equity profile of Nigeria based on data from a 2011 Multiple Indicator Cluster Survey.

Key findings from the health equity profile include:

- Health equity appears to be low in Nigeria, as coverage for reproductive health, maternal health, and immunization varies widely and is strongly associated with wealth, education level, and rural versus urban place of residence.
- On some measures, health services coverage among populations with urban residence is more than double the coverage among populations with rural residence. For example, among urban populations, 74 percent of births are attended by a skilled health staff person, while the corresponding figure for rural populations is only 37 percent. Full immunization coverage among urban residents is double the coverage among rural residents (50 percent and 25 percent respectively).
- Approximately 30 percent of women in the poorest households receive at least one antenatal care visit, compared to over 90 percent of woman in the wealthiest households, with service coverage steeply increasing along with wealth.

Coverage of most key preventive and curative health services is relatively low. There are large disparities in geopolitical zones, between rural and urban zones, and with regard to socioeconomic status; the poorest fifth of the population are much less likely to receive medical services than their counterparts in the wealthiest 20 percent of the population (Joint Learning Network 2014).

The government of Nigeria has publicly committed to improving population coverage of the EPHS. One of the priority objectives included in the *NSHDP 2010-2015* is "to improve geographical equity and access to health services." Another priority area objective is "to improve financial access especially for the vulnerable groups." The document goes on to specify the following vulnerable groups: "pregnant women, under fives, orphans and the aged."

Providing Financial Protection for the EPHS

- ✓ The government sponsors health insurance for civil servants.
- ✓ The government sponsors or regulates health insurance for nongovernmental formal sector employees.
- ✓ The government sponsors health insurance for informal sector employees (through a national insurance fund, through subsidies to community-based health insurance, etc.).
- ✓ Community-based insurance is available in parts or all of the country.

The National Health Bill that was signed into law (2014) establishes a Basic Health Care Provision Fund. Money in the fund breaks down as follows: a) 50 percent of the fund will be used to provide a basic minimum package of health services to citizens, in eligible primary/or secondary health care facilities through the National Health Insurance Scheme (NHIS); b) 20 percent of the fund will be used to provide essential drugs, vaccines, and consumables for eligible primary health care facilities; c) 15 percent of the fund will be used to provide and maintain facilities, equipment, and transport for eligible primary health care facilities; d) 10 percent of the fund will be used to develop Human Resources for Primary Health Care; and e) 5 percent of the fund will be used for Emergency Medical Treatment to be administered by a Committee appointed by the National Council on Health. A) and e) will be retained at the central level, while b), c) and d) will be granted to Local Government and Area Council Health Authorities (National Health Bill, 2014 (SB. 215)).

In addition to the new law, other financial protection is available for some people in Nigeria through health insurance, which can be obtained either through the NHIS or through private insurers. About 5 million people are enrolled in the three NHIS Programs described below, which represents just about 3 percent of the population. The enrollment levels in private insurance is uncertain, but based on submissions from private insurers to NHIS, fewer than 1 million people are privately insured.

The three NHIS programs are the Formal Sector Social Health Insurance Program, the Informal Sector Program, and the Vulnerable Groups Program. The Formal Sector Social Health Insurance Program started in 2005, and provides coverage for individuals in formal employment including public sector employees (federal, state, and local government), armed and uniformed services, organized private sector employees, students of tertiary institutions, retirees, and voluntary contributors. Membership is not explicitly compulsory, which has created a challenge in phasing in all groups that comprise the formal sector. The Informal Sector Program is directed at the self-employed and rural community dwellers. Participants in the informal sector program make a monthly contribution, actuarially determined, based on the benefits package set by the local insurance group. Some schemes of this nature are already in existence in some parts of the country; however, these operate outside the purview of the National Health Insurance System. The Vulnerable Groups Program is intended to be a subsidy program to cater to pregnant women, children under five, the unemployed, orphans, prison inmates, and the permanently disabled. Individuals in this group are not required to pay contributions but are eligible for health benefits (Joint Learning Network 2014). The National Health Insurance Scheme includes regulated community-based health insurance (Odeyemi 2014).

Use of NHIS services is lower among low-income groups and young people. Thus, while coverage is expanding, there are still about 46 million Nigerians, or 33 percent of the population, with no access at all to organized modern health insurance (Joint Learning Network 2014).

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ANNEX A. NIGERIA'S EPHS

Federal Ministry of Health





NATIONAL STRATEGIC HEALTH DEVELOPMENT PLAN (NSHDP) 2010 - 2015

November 2010

3.1 Essential Package of Care

*The package is grouped according to three "service delivery modes", namely **family-oriented, community-based services** that can be delivered on a daily basis by trained community health, nutrition or sanitation promoters with periodic supervision from skilled health staff; **population-oriented, schedulable services** that require health workers with basic skills (e.g. auxiliary nurses/midwives and other paramedical staff) and that can be delivered either by outreach or in health facilities in a scheduled way; and **individually oriented clinical services** that require health workers with advanced skills (such as registered nurses, midwives or physicians) available on a permanent basis.*

FAMILY/COMMUNITY ORIENTED SERVICES	POPULATION ORIENTED/OUTREACHES/SCHEDULABLE SERVICES
Insecticide Treated Mosquito Nets for children under 5	Family planning
Insecticide Treated Mosquito Nets for pregnant women	Condom use for HIV prevention
Household water treatment	Antenatal Care
Access to improved water source	Tetanus immunization
Use of sanitary latrines	Deworming in pregnancy
Hand washing with soap	Detection and treatment of asymptomatic bacteriuria
Clean delivery and cord care	Detection and management of syphilis in pregnancy
Initiation of breastfeeding within 1st hr. and temp management	Prevention and treatment of iron deficiency anemia in pregnancy
Condoms for HIV prevention	Intermittent preventive treatment (IPTp) for malaria in pregnancy
Universal extra community-based care of LBW infants	Preventing mother to child transmission (PMTCT)
Exclusive Breastfeeding for children 0-5 mo.	Provider Initiated Testing and Counseling (PITC)
Continued Breastfeeding for children 6-11 months	Condom use for HIV prevention
Adequate and safe complementary feeding	Cotrimoxazole prophylaxis for HIV+ mothers
Supplementary feeding for malnourished children	Cotrimoxazole prophylaxis for HIV+ adults
Oral Rehydration Therapy	Cotrimoxazole prophylaxis for children of HIV+ mothers
Zinc for diarrhea management	Measles immunization
Vitamin A - Treatment for measles	BCG immunization
Artemisinin-based Combination Therapy for children	OPV immunization
Artemisinin-based Combination Therapy for pregnant women	DPT immunization
Artemisinin-based Combination Therapy for adults	Pentavalent (DPT-HiB-Hepatitis b) immunization
Antibiotics for U5 pneumonia	Hib immunization
Community based management of neonatal sepsis	Hepatitis B immunization
Follow up Management of Severe Acute Malnutrition	Yellow fever immunization
Routine postnatal care (healthy practices and illness detection)	Meningitis immunization
	Vitamin A - supplementation for U5

INDIVIDUAL/CLINICAL ORIENTED SERVICES		
Family Planning	Artemisinin-based Combination Therapy for children	TB case detection and treatment with DOTS
Normal delivery by skilled attendant	Artemisinin-based Combination Therapy for pregnant women	Re-treatment of TB patients
Basic emergency obstetric care (B-EOC)	Artemisinin-based Combination Therapy for adults	Management of multidrug resistant TB (MDR)
Resuscitation of asphyctic newborns at birth	Management of complicated malaria (2nd line drug)	Management of Severe Acute Malnutrition
Antenatal steroids for preterm labor	Detection and management of STI	Comprehensive emergency obstetric care (C-EOC)
Antibiotics for Preterm/Prelabour Rupture of Membrane (P/PROM)	Management of opportunistic infections in AIDS	

Detection and management of (pre)ecclampsia (Mg Sulphate)	Male circumcision	Management of severely sick children (Clinical IMCI)
Management of neonatal infections	First line ART for children with HIV/AIDS	Management of neonatal infections
Antibiotics for U5 pneumonia	First-line ART for pregnant women with HIV/AIDS	Clinical management of neonatal jaundice
Antibiotics for dysentery and enteric fevers	First-line ART for adults with AIDS	Universal emergency neonatal care (asphyxia aftercare, management of serious infections, management of the VLBW infant)
Vitamin A - Treatment for measles	Second line ART for children with HIV/AIDS	Other emergency acute care
Zinc for diarrhea management	Second-line ART for pregnant women with HIV/AIDS	Management of complicated AIDS
ORT for diarrhea management	Second-line ART for adults with AIDS	

ANNEX B. COMPARISON BETWEEN THE EPHS AND THE PRIORITY RMNCH SERVICES

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
Adolescence and pre-pregnancy	**Level: Community Primary Referral**		
	Family planning (advice, hormonal and barrier methods)	Yes	Source: *NHSDP 2010-2015* mentions FP generically; *Essential Medicines List 2010* includes hormonal and barrier methods; note that adolescence and pre-pregnancy not specified.
	Prevent and manage sexually transmitted infections, HIV	Yes	Source: *NHSDP 2010-2015*; note that adolescence and pre-pregnancy not specified.
	Folic acid fortification/supplementation to prevent neural tube defects	No	Source: *NHSDP 2010-2015* specifically mentions iron deficiency anemia in pregnancy, implicitly excluding adolescence and pre-pregnancy
	Level: Primary and Referral		
	Family planning (hormonal, barrier and selected surgical methods)	Unspecified	Source: *NHSDP 2010-2015* mentions FP generically; *Clinical treatment guideslines* do not mention surgical methods
	Level: Referral		
	Family planning (surgical methods)	Unspecified	Source: *NHSDP 2010-2015* mentions FP generically; *Clinical treatment guidelines* do not mention surgical methods
Pregnancy (antenatal)	**Level: Community Primary Referral**		
	Iron and folic acid supplementation	Yes	Source: *NHSDP 2010-2015*
	Tetanus vaccination	Yes	Source: *NHSDP 2010-2015*
	Prevention and management of malaria with insecticide treated nets and antimalarial medicines	Yes	Source: *NHSDP 2010-2015*
	Prevention and management of sexually transmitted infections and HIV, including with antiretroviral medicines	Yes	Source: *NHSDP 2010-2015*
	Calcium supplementation to prevent hypertension (high blood pressure)	Unspecified	Source: *NHSDP 2010-2015* mentions antenatal care generically
	Interventions for cessation of smoking	No	This service was not specified in reviewed

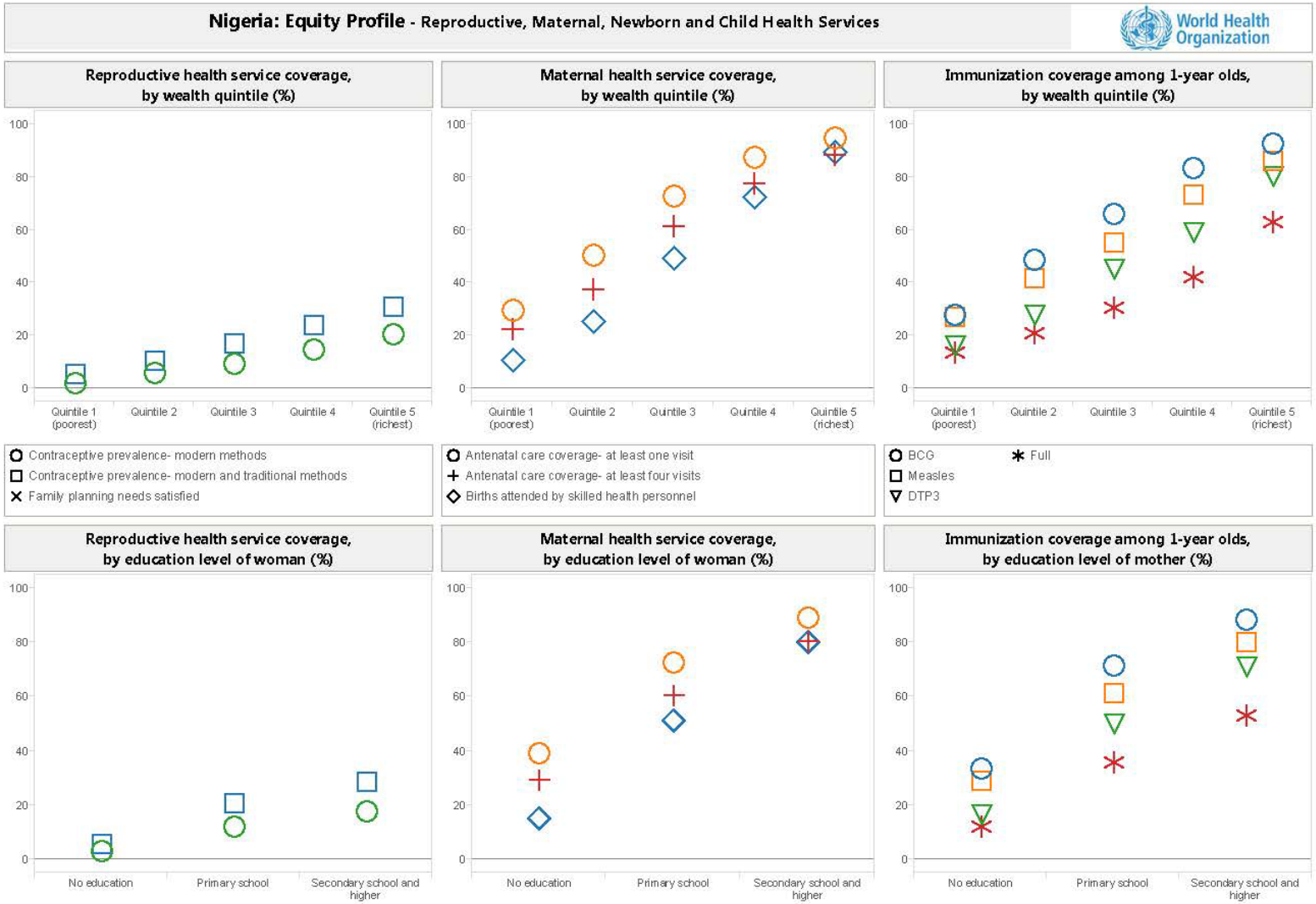
	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
			documents and is not clinically relevant to other included services
	Level: Primary and Referral		
	Screening for and treatment of syphilis	Yes	Source: *NHSDP 2010-2015*
	Low-dose aspirin to prevent pre-eclampsia	Unspecified	Source: *NHSDP 2010-2015* mentions antenatal care generically
	Anti-hypertensive drugs (to treat high blood pressure)	Unspecified	Source: *NHSDP 2010-2015* mentions antenatal care generically
	Magnesium sulphate for eclampsia	Yes	Source: *NHSDP 2010-2015*
	Antibiotics for preterm prelabour rupture of membranes	Yes	Source: *NHSDP 2010-2015*
	Corticosteroids to prevent respiratory distress syndrome in preterm babies	Yes	Source: *NHSDP 2010-2015*
	Safe abortion	No	This service was not specified in reviewed documents and is not clinically relevant to other included services
	Post abortion care	Unspecified	Source: *NHSDP 2010-2015* mentions "other emergency acute care" generically
	Level: Referral		
	Reduce malpresentation at term with External Cephalic Version	Yes	Source: *NHSDP 2010-2015* mentions "Basic emergency obstetric care (B-EOC)" and "Comprehensive emergency obstetric care (C-EOC)" generically
	Induction of labour to manage prelabour rupture of membranes at term (initiate labour)	Yes	Source: *NHSDP 2010-2015* mentions "Basic emergency obstetric care (B-EOC)" and "Comprehensive emergency obstetric care (C-EOC)" generically
Childbirth	**Level: Community Primary Referral**		
	Prophylactic uterotonics to prevent postpartum haemorrhage (excessive bleeding after birth)	Yes	Source: *NHSDP 2010-2015* mentions "Basic emergency obstetric care (B-EOC)" and "Comprehensive emergency obstetric care (C-EOC)" generically
	Manage postpartum haemorrhage using uterine massage and uterotonics	Yes	Source: *NHSDP 2010-2015* mentions "Basic emergency obstetric care (B-EOC)" and "Comprehensive emergency obstetric care (C-EOC)" generically
	Social support during childbirth	No	This service was not specified in reviewed documents and is not clinically relevant to other included services
	Level: Primary and Referral		

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Active management of third stage of labour (to deliver the placenta) to prevent postpartum haemorrhage (*as above plus controlled cord traction)*	Yes	Source: *NHSDP 2010-2015* mentions "Basic emergency obstetric care (B-EOC)" and "Comprehensive emergency obstetric care (C-EOC)" generically
	Management of postpartum haemorrhage (as above plus manual removal of placenta)	Yes	Source: *NHSDP 2010-2015* mentions "Basic emergency obstetric care (B-EOC)" and "Comprehensive emergency obstetric care (C-EOC)" generically
	Screen and manage HIV (if not already tested)	Yes	Source: *NHSDP 2010-2015*
	Level: Referral		
	Caesarean section for maternal/foetal indication (to save the life of the mother/baby)	Yes	Source: *NHSDP 2010-2015* mentions "Basic emergency obstetric care (B-EOC)" and "Comprehensive emergency obstetric care (C-EOC)" generically
	Prophylactic antibiotic for caesarean section	Yes	Source: *NHSDP 2010-2015* mentions "Basic emergency obstetric care (B-EOC)" and "Comprehensive emergency obstetric care (C-EOC)" generically
	Induction of labour for prolonged pregnancy (initiate labour)	Yes	Source: *NHSDP 2010-2015* mentions "Basic emergency obstetric care (B-EOC)" and "Comprehensive emergency obstetric care (C-EOC)" generically
	Management of postpartum haemorrhage *(as above plus surgical procedures)*	Yes	Source: *NHSDP 2010-2015* mentions "Basic emergency obstetric care (B-EOC)" and "Comprehensive emergency obstetric care (C-EOC)" generically
Postnatal (Mother)	**Level: Community Primary Referral**		
	Family planning advice and contraceptives	Yes	Source: *NHSDP 2010-2015* mentions FP generically; postnatal not specified
	Nutrition counselling	Yes	Source: *NHSDP 2010-2015*
	Level: Primary and Referral		
	Screen for and initiate or continue antiretroviral therapy for HIV	Yes	Source: *NHSDP 2010-2015*
	Treat maternal anaemia	Unspecified	Source: *NHSDP 2010-2015* mentions "Routine postnatal care (healthy practices and illness detection)" generically
	Level: Referral		
	Detect and manage postpartum sepsis (serious infections after birth)	Unspecified	Source: *NHSDP 2010-2015* mentions "Routine postnatal care (healthy practices and illness detection)" generically

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
Postnatal (Newborn)	**Level: Community Primary Referral**		
	Immediate thermal care (to keep the baby warm)	Unspecified	Source: *NHSDP 2010-2015* mentions "Normal delivery by skilled attendant" generically
	Initiation of early breastfeeding (within the first hour)	Yes	Source: *NHSDP 2010-2015*
	Hygienic cord and skin care	Yes	Source: *NHSDP 2010-2015*
	Level: Primary and Referral		
	Neonatal resuscitation with bag and mask (by professional health workers for babies who do not breathe at birth)	Yes	Source: *NHSDP 2010-2015*
	Kangaroo mother care for preterm (premature) and for less than 2000g babies	Unspecified	Source: *NHSDP 2010-2015* mentions "Routine postnatal care (healthy practices and illness detection)" and "Universal extra community-based care of LBW infants" generically
	Extra support for feeding small and preterm babies	Unspecified	Source: *NHSDP 2010-2015* mentions "Routine postnatal care (healthy practices and illness detection)" and "Universal extra community-based care of LBW infants" generically
	Management of newborns with jaundice ("yellow" newborns)	Yes	Source: *NHSDP 2010-2015*
	Initiate prophylactic antiretroviral therapy for babies exposed to HIV	Yes	Source: *NHSDP 2010-2015*
	Level: Referral		
	Presumptive antibiotic therapy for newborns at risk of bacterial infection	Yes	Source: *NHSDP 2010-2015*
	Use of surfactant (respiratory medication) to prevent respiratory distress syndrome in preterm babies	Unspecified	This service was not specified in reviewed documents
	Continuous positive airway pressure (CPAP) to manage babies with respiratory distress syndrome	Unspecified	Source: *NHSDP 2010-2015* mentions "Resuscitation of asphyctic newborns at birth" and "Universal emergency neonatal care (asphyxia aftercare, management of serious infections, management of the VLBW infant)" generically
	Case management of neonatal sepsis, meningitis and pneumonia	Yes	Source: *NHSDP 2010-2015*

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
Infancy and Childhood	**Level: Community Primary Referral**		
	Exclusive breastfeeding for 6 months	Yes	Source: *NHSDP 2010-2015*
	Continued breastfeeding and complementary feeding from 6 months	Yes	Source: *NHSDP 2010-2015*
	Prevention and case management of childhood malaria	Yes	Source: *NHSDP 2010-2015*
	Vitamin A supplementation from 6 months of age	Yes	Source: *NHSDP 2010-2015*
	Routine immunization plus *H.influenzae*, meningococcal, pneumococcal and rotavirus vaccines	No	Source: *NHSDP 2010-2015*; list of all the vaccines excludes H. influenzae, pneumococcal and rotavirus vaccines
	Management of severe acute malnutrition	Yes	Source: *NHSDP 2010-2015*
	Case management of childhood pneumonia	Yes	Source: *NHSDP 2010-2015*, note that the EPHS lists "Antibiotics for U5 pneumonia"
	Case management of diarrhoea	Yes	Source: *NHSDP 2010-2015*, note that the EPHS lists "Zinc and ORT for diarrhea management"
	Level: Primary and Referral		
	Comprehensive care of children infected with, or exposed to, HIV	Yes	Source: *NHSDP 2010-2015*
	Level: Referral		
	Case management of meningitis	Unspecified	This service was not specified in reviewed documents
Across the continuum of care	**Level: Community Strategies**		
	Home visits for women and children across the continuum of care	No	This service was not specified in reviewed documents and is not clinically relevant to other included services. It is implicitly excluded
	Women's groups	No	This service was not specified in reviewed documents and is not clinically relevant to other included services. It is implicitly excluded

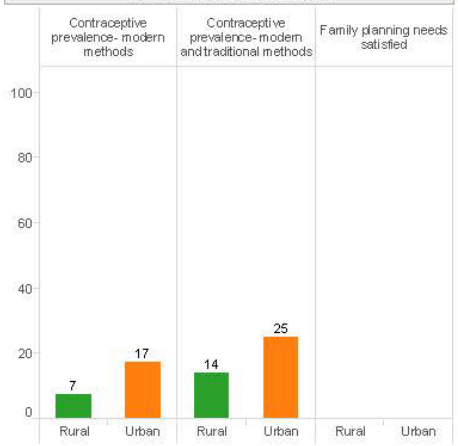
ANNEX C: NIGERIA HEALTH EQUITY PROFILE



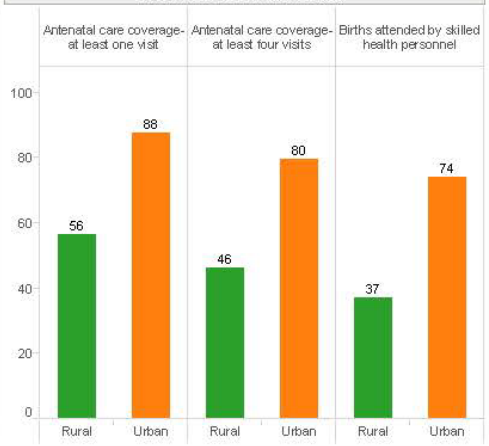
Nigeria: Equity Profile - Reproductive, Maternal, Newborn and Child Health Services

World Health Organization

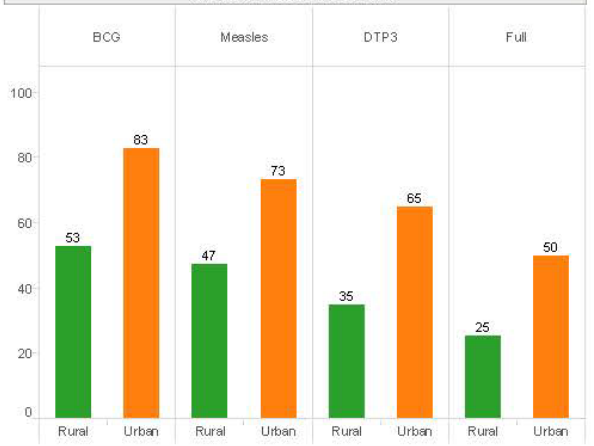
Reproductive health service coverage, by place of residence (%)



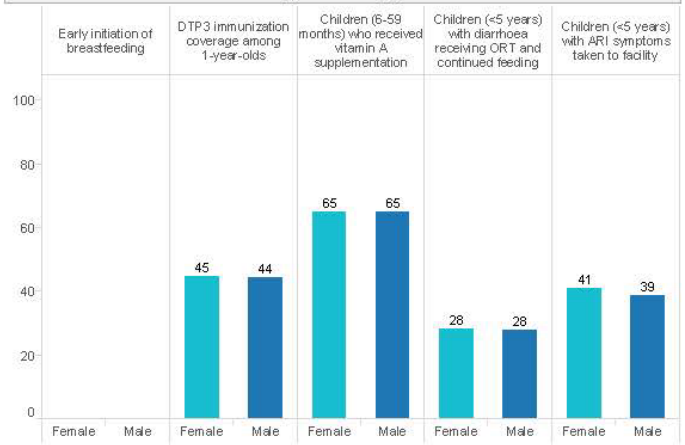
Maternal health service coverage, by place of residence (%)



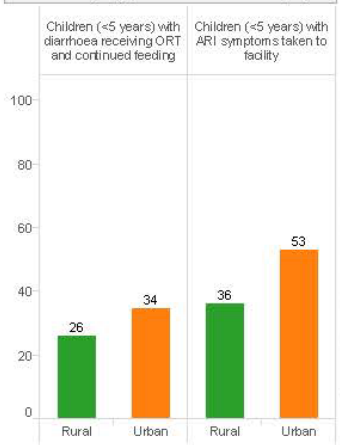
Immunization coverage among 1-year olds, by place of residence (%)



Health service and healthy behaviour coverage, by child sex (%)



Health service coverage among sick children, by place of residence (%)



Health service and healthy behaviour coverage (%)

Contraceptive prevalence- modern methods	11
Contraceptive prevalence- modern and traditional methods	18
Family planning needs satisfied	
Antenatal care coverage- at least one visit	66
Antenatal care coverage- at least four visits	57
Births attended by skilled health personnel	49
Early initiation of breastfeeding	23
BCG immunization coverage among 1-year-olds	62
Measles immunization coverage among 1-year-olds	56
DTP3 immunization coverage among 1-year-olds	45
Full immunization coverage among 1-year-olds	33
Children (6-59 months) who received vitamin A supplementation	65
Children (<5 yrs) with diarrhoea receiving ORT and continued feeding	28
Children (<5 yrs) with ARI symptoms taken to facility	40

Source: MICS 2011

Antenatal care coverage at least 1 visit, births attended by skilled health personnel, and early initiation of breastfeeding are based on data from the two years prior to survey.

For more information, please see Global Health Observatory "Health Equity Monitor" page: www.who.int/gho/health_equity/en/index.html

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