



Summary Findings of National Nutrition and Health Survey,

9th Feb to 5th May 2014, Nigeria

SMART Methods



I. INTRODUCTION

A “Saving One Million Lives” initiative was launched in Nigeria in October 2012 with the main objective to save one million lives by 2015. The initiative is a result based sector wide approach to improve health outcomes. Every year about one million women and children die in Nigeria. Among the three elements of the initiative, a data management system to support the performance management and monitor the progress of outcome is one. For this reason, generation of data on key indicators on regular basis was found imperative for estimation of lives saved in the country thereby to assess the progress towards the initiative.

National Bureau of Statistics (NBS) and National Population Commission (NPopC) have been conducting surveys including Multiple Indicator Cluster Survey (MICS) and Demographic Health Surveys (DHS) every 4 to 5 years at national level. The frequency of these surveys is not helping to regularly track the progress as the main objective of the initiative is to save one million lives within three years time, by 2015. Hence, a sound data collection system which can capture change over time has a paramount importance to be able to estimate the lives saved within the timeframe of the project.

As a result, a cross-sectional survey using SMART method was proposed to be conducted. For the same reason, a survey was conducted in 24 states of the country from July to August 2013. This is the second round survey aimed to provide reliable data for planning and monitoring of key activities. Now the survey is scaled up to the national level with additional new key indicators that will enable to monitor the progress in the country.

2. OBJECTIVES

The objectives of the survey are:

1. Determine the prevalence of acute malnutrition among children 6 to 59 months of age using weight-for-height and/or bilateral edema and Mid Upper Arm Circumference (MUAC),
2. Determine the prevalence of chronic malnutrition (height-for-age) and underweight (weight-for-age) among children 0 to 59 months of age,
3. Determine the prevalence of acute malnutrition among women 15 to 49 years of age using MUAC,
4. To assess the prevalence of diarrhea and use of Oral Rehydration Salt (ORS) and zinc among children under-five years two weeks prior the survey,
5. Assess infant and young child feeding practice: ever breastfeed, early initiation of breast feeding, exclusive breastfeeding, minimum meal frequency, minimum dietary diversity and minimum acceptable diet among children age 0-23 months
6. Estimate coverage of vitamin A supplementation among children 6 to 59 months of age within the last six months,
7. Determine access to improved drinking water, and sanitation facility and under 3 years children's faeces disposal practice,
8. Determine the coverage of DPT3/Penta3 and measles vaccination among children 12 to 23 months of age.
9. Determine the proportion of under five children with Acute Respiratory Infection (ARI) symptoms and proportion of children with fever received treatment
10. Determine the ownership and universal access of Mosquito Nets, and utilization among children 0 to 59 months, and
11. Assess the practice of skilled birth attendants, contraceptive prevalence rate and use of iron supplementation during pregnancy among women 15 to 49 years.

3. METHODOLOGY

The National nutrition and health survey using Standardised Monitoring and Assessment of Relief and Transitions (SMART) methods was conducted from the 9th of February to the 5th of May 2014. It is a cross-sectional household survey using a two stage cluster sampling representative at the state level. Data were collected from a total of 25,567 households, 20,939 children under-five years of age and 23,942 women of reproductive age.

All the 36 states and federal capital territory (FCT) constitute the domains of the survey. The domains used by MICS and DHS are similar which allows comparison of results.

At first stage of sampling clusters were drawn independently for each survey domain from the national master sample frame with the support from National Population Commission according to the probability proportional to size (PPS) method. The complete list of enumeration areas was used in all state except Borno state where 9 local government areas were excluded at sampling stage for security reasons. Hence, result from Borno state is not representative of the whole state. The second stage of sampling consists of selecting households within each cluster by using systematic random sampling method.

A total of 27 survey teams (3 individuals per team), 10 supervisors, 1 national coordinator, 1 assistant national coordinator, 2 technical coordinators and 4 regional coordinators were deployed to conduct the survey.

4. RESULTS

4.1. Nutritional Status of Children

Children's nutritional status is the reflection of their overall health. It is a cornerstone for survival, health and development.

Undernourished children have lowered resistance to infection and are more likely to die from common childhood illnesses. Globally, 45 percent of all under-five deaths are attributable to under-nutrition¹. It also hampers countries' socio-economic development and its potential to reduce poverty.

In addition to increasing mortality risk, poor nutrition in the first two years of child's life can lead to stunted growth, which is irreversible and is associated with impaired cognitive ability and reduced school and work performance. The global target is to reduce stunting by 40 percent and reduce and maintain wasting below 5 percent by the year 2025².

The key indicators for monitoring the nutritional status of a child under 5 are underweight, stunting and wasting. The anthropometric measurements of children in the survey population were compared to the WHO 2006 Standards. Three standard anthropometric indices are presented: acute malnutrition using Weight-for-height and/or edema and mid upper arm circumference (MUAC); stunting (height-for-age); and underweight (weight-for-age). SMART flags, Z-score less than three and greater three from observed mean, were used to exclude data that were likely of measurement error from the analysis.

The estimates for stunting and underweight were calculated for children 0 to 59 months while the estimate for acute malnutrition is based on children age 6 to 59 months.

Table 1 shows the percentage of children classified as malnourished according to weight-for-age, height-for-age and weight-for-height indices, as well as mid upper arm circumference values (MUAC) by background characteristics.

In summary, the results of this survey indicate that Nigeria has a stunting prevalence of 32 percent among children under 5 years of age; while about 21 percent and 9 percent are underweight and wasted respectively. In general, malnutrition prevalence in the North West and East regions are higher than in the South.

Underweight

Underweight is a measure of wasting and stunting combined. Twenty two percent of the under-five children were estimated to be underweight in West and Central Africa in 2012, which is higher than the global estimate of 15 percent³. The latest estimate for Nigeria is close to that of the region with about 21 percent of children under age 5 being underweight. Disaggregation by child's age shows that underweight is lowest in younger

¹ The latest estimates on child mortality generated by the UN Inter-agency Group on Child Mortality Estimation were released on 13 September 2013: Levels and Trends in Child Mortality, Report 2013

² WHO Global Targets 2025; Comprehensive implementation plan on maternal, infant and young child nutrition

³ United Nations Children's Fund, World Health Organization, The World Bank, UNICEF-WHO-World Bank Joint Child Malnutrition Estimates, 2013.

children as indicated by 17 percent of children under 6 months and highest in children age 12 to 23 months at 26 percent. Girls are more likely to be underweight than boys (23 percent compared with 19 percent respectively).

Disaggregation by geo-political zones shows that underweight is highest in North West at 33 percent and North East at 32 percent and lowest in the South East at 9 percent. There is a substantial variation across the surveyed states, ranging from 6 percent in Enugu and Anambra states to 41 percent in Jigawa state. Ten states were greater than the regional average of 22 percent.

Acute Malnutrition

Acute Malnutrition occurs as a result of recent rapid weight loss or a failure to gain weight within a relatively short period of time. It is a measure of thinness and/or bilateral edema. It occurs more commonly in infants and younger children, often during the stage when complementary foods are being introduced and children are more susceptible to infectious diseases. A child with severe acute malnutrition (WHZ <-3; and/or MUAC<115 and/or bilateral edema) has 9-fold increased risk of death compared to a child with no acute malnutrition (WHO/UNICEF 2009).

The prevalence of Global Acute Malnutrition (GAM) and prevalence of severe acute malnutrition (SAM) expressed in z-scores, according to WHO 2006 growth standards is shown in table 1. The national GAM prevalence for under-five children based on WHO standard 2006 was 9 percent, while the prevalence of SAM was 2 percent.

The national prevalence of global acute malnutrition remain under the WHO crisis threshold (15 percent of GAM)¹. However it is worth noting that this survey was conducted between February and May 2014 before the expected hunger gap which, in Nigeria, usually occurs between June and August.

Disaggregation by child's age shows that the prevalence of acute malnutrition is highest in younger children as showed by 19 percent among children 6 to 11 months and 16 percent among children 12 to 23 months. Girls (10 percent) are more likely affected by acute malnutrition than boys (8 percent).

Disaggregation by geopolitical zones shows that acute malnutrition is highest in the North East at 12 percent and North West at 10 percent zones and lowest in South East and North Central both at 5 percent. There is a substantial variation in the prevalence of acute malnutrition across the surveyed states, ranging from 3 percent in Bayelsa state to 18 percent in Jigawa state.

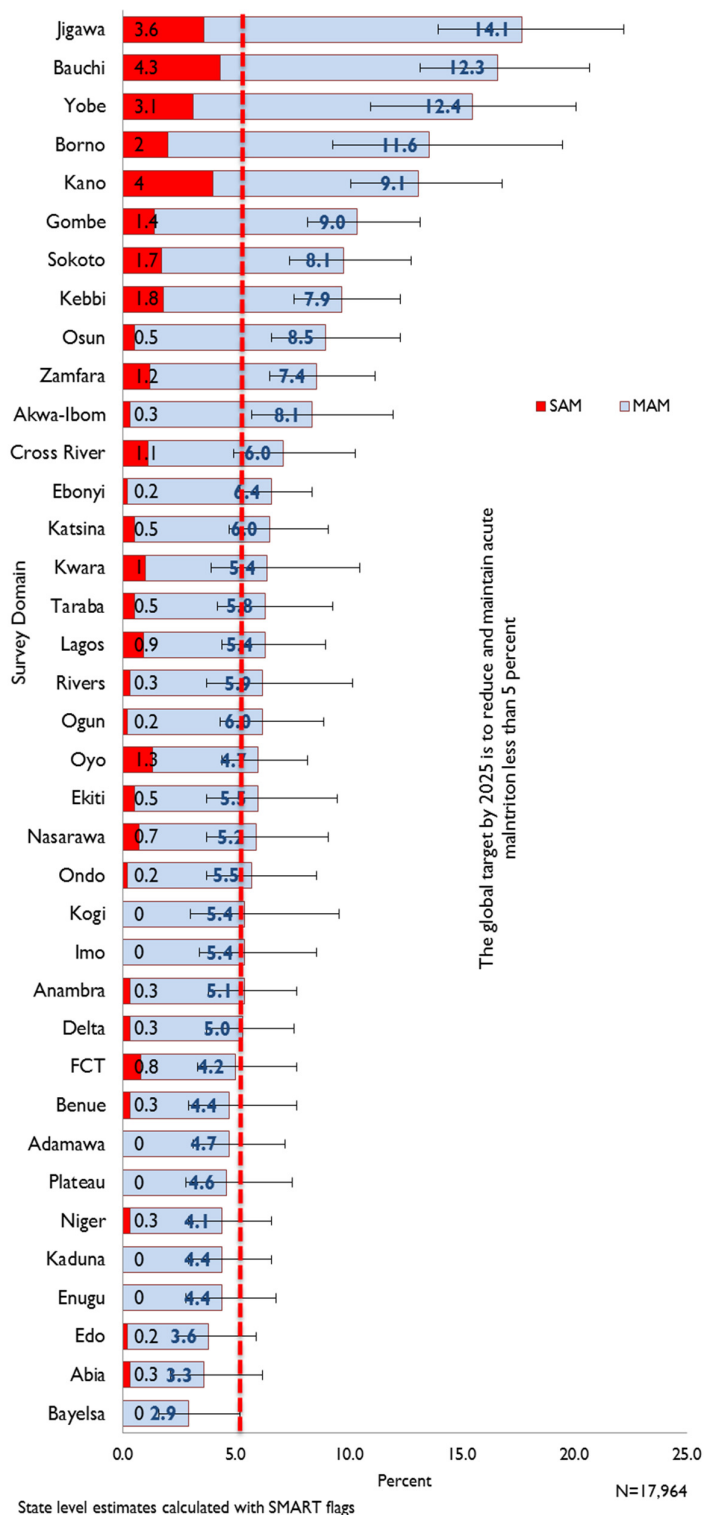


Figure 1: Prevalence of severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) among children 6 to 59 months, 95 percent confidence interval by Survey domain

Of the 37 domains surveyed, three states (Jigawa, Bauchi and Yobe) were above the WHO GAM crisis level (GAM >15 percent) and three states (Borno, Kano, and Gombe) were above warning threshold (GAM >10 to <15 percent). Four States (Bauchi, Kano; Jigawa and Yobe) were found above the WHO SAM crisis threshold of 2 percent.

The global target by 2025² is to reduce and maintain GAM lower than 5 percent. A total of 9 states showed prevalence of GAM below the WHO acceptable threshold of 5 percent (Plateau; Niger, Kaduna, Enugu, Benue, Adamawa, Edo, Abia and Bayelsa). However the upper limit of the 95 percent confidence interval of each of these prevalence was higher than 5 percent.

Stunting

Stunting is a measure of linear growth and occurs as a result of inadequate nutrition over a longer time period.

The results of this survey shows that, in Nigeria, 32 percent of children under age 5 are stunted, while 12 percent are severely stunted (below -3 SD). Disaggregation by child's age shows that the prevalence of stunting increases with age from 12 percent among children under 6 months to 44 percent among children 36 to 47 months and decreases to about 37 percent among children 48 to 59 months. Girls (34 percent) are more likely to be stunted than boys (31 percent).

Disaggregation by geo-political zones shows that stunting is highest in North West at 51 percent and North East at 48 percent and lowest in the South East at 10 percent. There is a substantial variation in the prevalence of stunting across the surveyed states, ranging from 5 percent in Anambra state to 60 percent in Katsina state.

Globally, 25 percent of under-five children are stunted and the prevalence in Sub-Saharan Africa is about 38 percent. Although the Nigeria national prevalence reported in this survey remains below the regional average, 12 of the 37 surveyed states were above the regional average. The geographical distribution of stunting prevalence observed in this survey is consistent with other national level surveys such as DHS 2013 & MICS 2011.

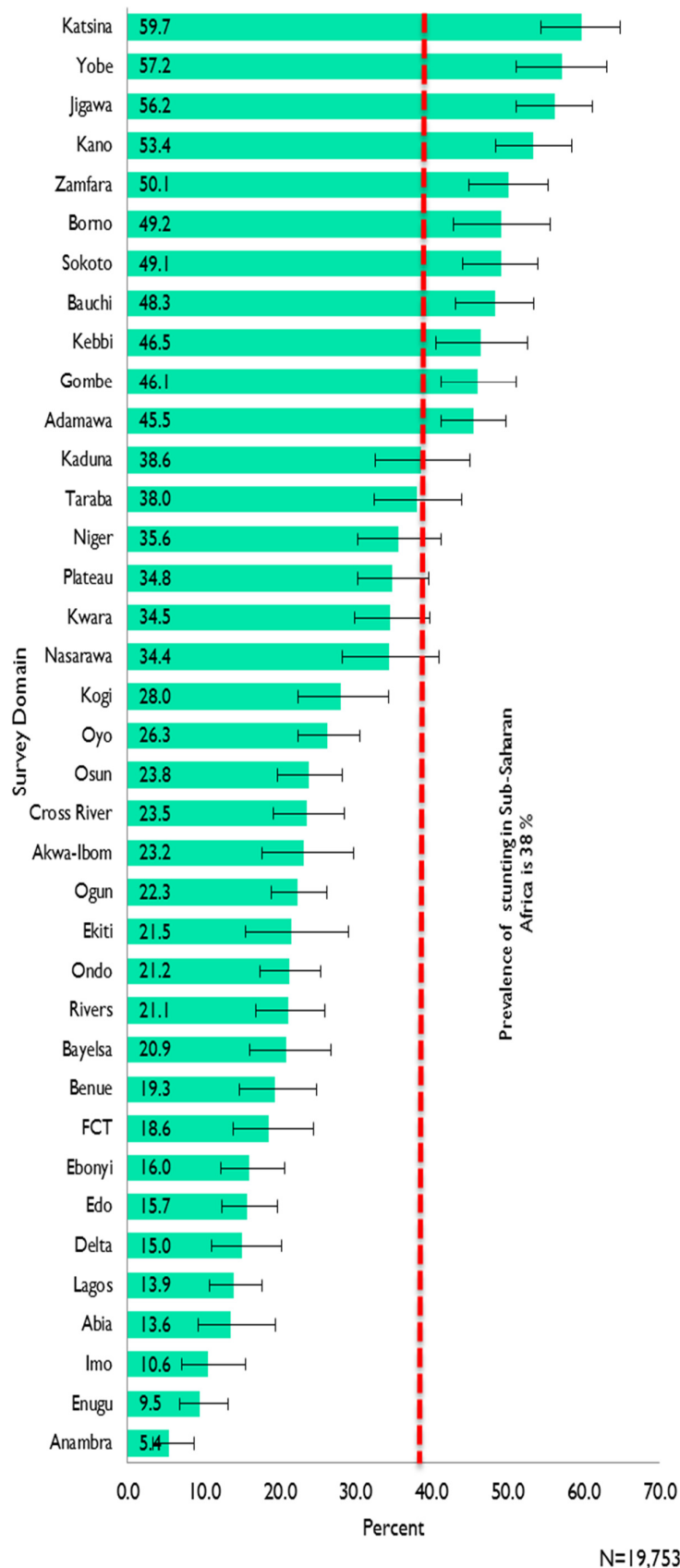


Figure 2: Prevalence of stunting among children 0 to 59 months, 95 percent confidence interval by survey domain

Table 1: Nutritional status of children

Percent of children classified as malnourished according to: weight for age (0 to 59m), height for age (0 to 59m), weight for height &/or edema (6 to 59m) and MUAC (6 to 59m) by background characteristics, Nigeria 2014

Background Characteristics	Underweight (Weight-for-Age)		Stunting (Height-for-Age)		Acute Malnutrition (Weight-for-Height)		Acute Malnutrition (MUAC)		Number of children under age 5
	Percent below		Percent below		Percent below		MUAC below		
	- 2 SD	- 3 SD	- 2 SD	- 3 SD	- 2 SD	- 3 SD	125mm	115mm	
National	20.9	5.7	32.2	12.1	8.7	2.2	4.6	0.9	20,520
	[20.1,21.7]	[5.3,6.1]	[31.2,33.2]	[11.5,12.8]	[8.2,9.3]	[2.0,2.5]	[4.2,5.0]	[0.7,1.0]	
Sex									
Male	19.2	4.9	30.5	10.4	7.8	1.8	5.4	1	10,259
	[18.3,20.2]	[4.4,5.4]	[29.3,31.7]	[9.7,11.2]	[7.1,8.4]	[1.5,2.1]	[4.9,6.0]	[0.8,1.3]	
Female	22.5	6.5	33.9	13.9	9.7	2.7	3.7	0.7	10,261
	[21.5,23.6]	[6.0,7.1]	[32.7,35.1]	[13.0,14.8]	[9.0,10.4]	[2.3,3.1]	[3.3,4.2]	[0.6,0.9]	
Zone									
North Central	13.7	2.4	29	8.2	5.1	0.4	3.7	0.8	3,354
	[12.3,15.2]	[1.9,3.1]	[26.9,31.2]	[7.1,9.4]	[4.2,6.1]	[0.2,0.7]	[3.1,4.5]	[0.5,1.2]	
North East	31.5	9.1	47.7	17.9	11.9	2.1	7.5	1.1	3,858
	[29.0,34.2]	[7.8,10.6]	[45.3,50.1]	[16.1,19.8]	[10.3,13.7]	[1.7,2.7]	[6.1,9.0]	[0.8,1.6]	
North West	33.1	9.4	50.8	21.1	10.1	2	6.3	1.6	5,065
	[31.0,35.2]	[8.4,10.5]	[48.6,53.0]	[19.4,22.9]	[9.0,11.4]	[1.5,2.7]	[5.5,7.1]	[1.2,2.0]	
South East	8.6	1	10.3	1.7	5.1	0.1	2.4	0.2	2,199
	[7.3,10.3]	[0.6,1.8]	[8.7,12.2]	[1.2,2.4]	[4.2,6.1]	[0.0,0.5]	[1.8,3.2]	[0.1,0.5]	
South South	12	2.2	19.8	5.5	6	0.4	2.6	0.5	2,388
	[10.5,13.7]	[1.6,3.0]	[17.8,22.0]	[4.4,6.8]	[4.9,7.2]	[0.2,0.8]	[2.0,3.4]	[0.2,1.0]	
South West	14.7	2.8	20.3	5.5	6.5	0.7	3.9	0.5	3,403
	[13.3,16.1]	[2.3,3.5]	[18.6,22.2]	[4.7,6.5]	[5.5,7.6]	[0.5,1.2]	[3.2,4.7]	[0.3,0.8]	
Age									
0-5 months	16.5	5.1	11.8	3.9					2,209
	[14.8,18.4]	[4.2,6.2]	[10.3,13.4]	[3.0,5.0]					
6-11 months	22.1	7	15.5	4.8	18.5	4.7	12.4	1.7	2,331
	[20.3,24.1]	[5.9,8.2]	[13.9,17.1]	[3.9,5.8]	[16.8,20.3]	[3.8,5.8]	[11.1,13.9]	[1.2,2.5]	
12-23 months	26	8.5	29.6	10.8	15.5	4.7	8.5	1.6	4,241
	[24.4,27.6]	[7.5,9.6]	[28.0,31.3]	[9.7,11.9]	[14.2,16.9]	[4.0,5.4]	[7.6,9.6]	[1.2,2.1]	
24-35 months	22.8	7	39.4	16.8	6.4	1.6	3.5	0.9	4,207
	[21.4,24.3]	[6.2,8.0]	[37.7,41.2]	[15.5,18.3]	[5.6,7.3]	[1.2,2.1]	[2.9,4.1]	[0.6,1.2]	
36-47 months	18.8	3.6	43.9	16.2	3	0.5	0.7	0.3	3,978
	[17.4,20.3]	[3.0,4.2]	[42.0,45.9]	[14.8,17.6]	[2.4,3.6]	[0.3,0.8]	[0.5,1.1]	[0.1,0.5]	
48-59 months	16.8	2.7	36.8	13.6	3.5	0.4	0.4	0.1	3,554
	[15.3,18.4]	[2.1,3.3]	[34.9,38.8]	[12.2,15.0]	[2.9,4.3]	[0.2,0.7]	[0.2,0.7]	[0.1,0.3]	
State									
Abia	11.2	0.5	13.6	1.1	3.6	0.3	3.3	0	365
	[7.9,15.8]	[0.1,2.1]	[9.3,19.5]	[0.5,2.7]	[2.1,6.2]	[0.0,2.1]	[1.8,5.9]		
Adamawa	16.9	3.2	45.5	14.7	4.7	0	2.4	0.2	439
	[12.3,22.7]	[1.9,5.4]	[41.2,49.7]	[10.9,19.4]	[3.1,7.2]		[1.3,4.5]	[0.0,1.6]	
Akwa-Ibom	17.2	4.6	23.2	6.7	8.4	0.3	4.8	0.9	348
	[13.1,22.3]	[2.7,7.7]	[17.7,29.7]	[4.0,11.0]	[5.7,12.0]	[0.0,2.1]	[3.3,7.1]	[0.2,3.8]	
Anambra	5.8	0.5	5.4	0	5.4	0.3	2.8	0.3	434
	[4.2,7.8]	[0.1,1.8]	[3.3,8.7]		[3.8,7.7]	[0.0,1.7]	[1.6,4.9]	[0.0,1.8]	
Bauchi	37.6	12.4	48.3	18.9	16.6	4.3	6.8	1.5	881
	[32.5,43.0]	[9.3,16.3]	[43.1,53.4]	[15.2,23.3]	[13.2,20.7]	[3.1,6.1]	[5.0,9.3]	[0.8,2.7]	
Bayelsa	7.2	1.1	20.9	4.5	2.9	0	2.4	0.3	362
	[4.5,11.3]	[0.4,2.8]	[16.0,26.8]	[2.6,7.5]	[1.6,5.2]		[1.4,4.3]	[0.0,2.1]	
Benue	7.9	0.9	19.3	2.8	4.7	0.3	2.3	0.8	432
	[5.6,11.0]	[0.4,2.2]	[14.7,24.8]	[1.7,4.6]	[2.9,7.7]	[0.0,1.7]	[1.2,4.4]	[0.3,2.3]	

Table 1: continued

Background Characteristics	Underweight (Weight-for-Age)		Stunting (Height-for-Age)		Acute Malnutrition (Weight-for-Age)		Acute Malnutrition (MUAC)		Number of children under age 5
	Percent below		Percent below		Percent below		MUAC below		
	- 2 SD	- 3 SD	- 2 SD	- 3 SD	- 2 SD	- 3 SD	125mm	115mm	
Borno	38.7	11	49.2	18.7	13.6	2	12	1.4	600
	[31.7,46.1]	[7.8,15.3]	[42.9,55.6]	[14.8,23.4]	[9.3,19.5]	[1.1,3.5]	[7.9,17.9]	[0.7,3.0]	
Cross River	13	2.4	23.5	6.3	7.1	1.1	2.7	0.5	414
	[9.6,17.5]	[1.2,4.7]	[19.1,28.5]	[3.7,10.6]	[4.9,10.3]	[0.3,3.5]	[1.6,4.4]	[0.1,2.0]	
Delta	9.4	0.8	15	3.8	5.3	0.3	2.3	0.6	382
	[6.7,13.2]	[0.3,2.3]	[11.0,20.2]	[2.1,6.9]	[3.7,7.6]	[0.0,2.0]	[1.0,5.2]	[0.1,2.2]	
Ebonyi	11	1.3	16	4.8	6.6	0.2	2.6	0.4	520
	[8.4,14.2]	[0.7,2.5]	[12.2,20.6]	[3.5,6.6]	[5.2,8.4]	[0.0,1.5]	[1.5,4.7]	[0.1,1.6]	
Edo	10.4	1.7	15.7	4.3	3.8	0.2	1.9	0.2	530
	[7.8,13.7]	[0.9,3.2]	[12.4,19.7]	[2.9,6.3]	[2.4,5.9]	[0.0,1.4]	[1.1,3.3]	[0.0,1.4]	
Ekiti	14	3.1	21.5	6.6	6	0.5	4.2	0.5	421
	[9.5,20.1]	[1.7,5.6]	[15.5,29.0]	[3.6,11.7]	[3.7,9.5]	[0.1,2.1]	[2.8,6.5]	[0.1,2.0]	
Enugu	6	0.2	9.5	1.1	4.4	0	1.9	0.5	470
	[4.1,8.6]	[0.0,1.5]	[6.8,13.2]	[0.4,2.9]	[2.8,6.8]		[0.9,4.1]	[0.1,1.8]	
FCT	8.1	0.8	18.6	4.5	5	0.8	3.6	1.1	393
	[5.4,12.1]	[0.3,2.1]	[13.9,24.5]	[2.7,7.4]	[3.3,7.7]	[0.3,2.4]	[1.8,7.0]	[0.3,3.6]	
Gombe	29.5	8.9	46.1	17.2	10.4	1.4	7	1.9	718
	[24.0,35.7]	[6.8,11.7]	[41.2,51.1]	[14.0,20.9]	[8.2,13.2]	[0.8,2.5]	[5.4,9.0]	[1.0,3.3]	
Imo	10.7	2.4	10.6	2.8	5.4	0	1.6	0	410
	[7.1,16.0]	[1.0,5.9]	[7.1,15.5]	[1.3,5.7]	[3.4,8.6]		[0.8,3.3]		
Jigawa	40.8	13.7	56.2	23.3	17.7	3.6	7.6	1.3	794
	[35.6,46.2]	[11.0,17.1]	[51.1,61.1]	[20.1,26.9]	[14.0,22.2]	[2.2,5.9]	[5.1,11.2]	[0.6,2.8]	
Kaduna	21.6	4.6	38.6	13.2	4.4	0	3.4	0.6	606
	[16.9,27.2]	[3.0,7.0]	[32.6,45.0]	[9.5,18.1]	[2.9,6.6]		[2.4,4.7]	[0.2,1.6]	
Kano	37.7	11.4	53.4	22	13.1	4	4.5	1.5	738
	[32.7,42.9]	[8.8,14.6]	[48.4,58.4]	[18.1,26.4]	[10.1,16.8]	[2.6,6.2]	[3.1,6.5]	[0.8,2.6]	
Katsina	34.5	9.1	59.7	28.9	6.5	0.5	9.5	3	673
	[30.3,38.9]	[7.3,11.1]	[54.4,64.8]	[24.6,33.7]	[4.7,9.1]	[0.2,1.4]	[7.4,12.2]	[1.8,5.0]	
Kebbi	28.6	9	46.5	16.5	9.7	1.8	7.6	1.4	797
	[23.2,34.8]	[6.7,12.1]	[40.6,52.6]	[12.6,21.2]	[7.6,12.3]	[1.1,3.0]	[5.4,10.5]	[0.8,2.4]	
Kogi	12.2	2.9	28	10.5	5.4	0	4.6	1.8	376
	[8.8,16.7]	[1.6,5.3]	[22.4,34.3]	[7.0,15.6]	[3.0,9.6]		[3.2,6.5]	[0.9,3.6]	
Kwara	17.9	2	34.5	8	6.4	1	3.8	0.8	453
	[14.7,21.6]	[1.0,3.9]	[29.8,39.7]	[5.6,11.2]	[3.9,10.5]	[0.3,3.2]	[2.5,5.8]	[0.3,2.1]	
Lagos	10.5	1.7	13.9	2.3	6.3	0.9	3.9	0.5	715
	[8.3,13.2]	[1.0,2.9]	[10.8,17.7]	[1.4,3.6]	[4.4,9.0]	[0.4,2.2]	[2.7,5.6]	[0.2,1.4]	
Nasarawa	17.4	4	34.4	10.6	5.9	0.7	3	0.5	495
	[13.6,21.9]	[2.4,6.8]	[28.3,41.0]	[7.5,14.8]	[3.7,9.1]	[0.2,2.0]	[1.9,4.9]	[0.1,1.8]	
Niger	17.9	3.7	35.6	11.2	4.4	0.3	5.4	0.3	641
	[14.1,22.5]	[2.4,5.9]	[30.3,41.2]	[8.8,14.1]	[2.9,6.6]	[0.1,1.3]	[3.7,7.9]	[0.1,1.3]	
Ogun	17.2	3.2	22.3	6.2	6.2	0.2	3.4	0.4	622
	[13.6,21.6]	[1.6,6.2]	[18.9,26.2]	[4.3,8.7]	[4.3,8.9]	[0.0,1.2]	[2.0,5.6]	[0.1,1.3]	
Ondo	16	3.8	21.2	7.3	5.7	0.2	4.2	0.9	475
	[12.4,20.4]	[2.5,5.7]	[17.4,25.4]	[5.1,10.2]	[3.7,8.6]	[0.0,1.6]	[2.9,6.2]	[0.4,2.3]	
Osun	17.4	3.4	23.8	8.1	9	0.5	4.1	0.7	494
	[14.5,20.7]	[2.1,5.6]	[19.7,28.3]	[5.9,11.0]	[6.6,12.3]	[0.1,1.8]	[2.6,6.4]	[0.2,2.0]	
Oyo	17.5	3.3	26.3	7.3	6	1.3	3.6	0.3	676
	[14.6,20.8]	[2.2,4.8]	[22.4,30.6]	[5.1,10.4]	[4.4,8.2]	[0.7,2.7]	[2.2,5.8]	[0.1,1.3]	

Table 1: continued

Background Characteristics	Underweight (Weight-for-Age)		Stunting (Height-for-Age)		Acute Malnutrition (Weight-for-Age)		Acute Malnutrition (MUAC)		Number of children under age 5
	Percent below		Percent below		Percent below		MUAC below		
	- 2 SD	- 3 SD	- 2 SD	- 3 SD	- 2 SD	- 3 SD	125mm	115mm	
Plateau	16	2.8	34.8	10.3	4.6	0	3	0.4	564
	[12.4,20.2]	[1.8,4.5]	[30.2,39.6]	[7.9,13.3]	[2.8,7.5]		[1.9,4.7]	[0.1,1.5]	
Rivers	11.9	2	21.1	6.5	6.2	0.3	1.6	0.3	352
	[8.8,15.9]	[0.9,4.2]	[16.9,26.0]	[4.4,9.7]	[3.7,10.2]	[0.0,2.2]	[0.7,3.5]	[0.0,2.2]	
Sokoto	34.7	9	49.1	20.5	9.8	1.7	7.9	2	721
	[29.5,40.3]	[6.8,11.8]	[44.1,54.0]	[16.6,25.0]	[7.4,12.8]	[0.8,3.6]	[5.7,10.8]	[1.1,3.6]	
Taraba	18.3	4	38	13.3	6.3	0.5	4.3	0.2	470
	[14.0,23.5]	[2.6,6.4]	[32.5,43.9]	[9.2,18.8]	[4.2,9.3]	[0.1,1.8]	[2.6,6.9]	[0.0,1.7]	
Yobe	40.1	12	57.2	23.5	15.5	3.1	10.6	1.2	750
	[35.0,45.5]	[9.2,15.5]	[51.1,63.0]	[18.8,28.9]	[11.7,20.1]	[1.9,5.1]	[7.6,14.5]	[0.6,2.2]	
Zamfara	31.1	7.7	50.1	22.7	8.6	1.2	6.1	1.3	736
	[26.6,36.1]	[6.1,9.8]	[44.9,55.3]	[18.5,27.6]	[6.5,11.2]	[0.6,2.5]	[4.4,8.6]	[0.8,2.4]	

WHO Flags were used for National Estimates

SMART flags were used for State and Zone estimates

Note: According to WHZ, Global Acute Malnutrition (GAM) is <-2SD and Severe Acute Malnutrition (SAM) is <-3 SD. Estimate of global and severe acute malnutrition includes bilateral edema cases. Mid upper arm circumference (MUAC) used <125mm and <115mm as cut off for global and severe acute malnutrition respectively.

4.2. Maternal Nutrition

Well-nourished women face fewer risks during pregnancy and childbirth, and their children set off on firmer developmental paths, both physically and mentally. Under-nutrition greatly impedes countries' socio-economic development and the potential to reduce poverty.

Nutritional status of women was assessed using Mid Upper Arm Circumference (MUAC) and results are presented in table 2. According to these results, in Nigeria, 6 percent of women age 15-49 years are affected by acute malnutrition (MUAC <221mm)

The prevalence of acute malnutrition was higher in adolescents, age 15 to 19 years, with 16 percent compared to adult women, 20 to 49 years, with 3 percent. The nutritional status of a woman before and during pregnancy is important for a healthy pregnancy outcome. Therefore, more effort is needed to improve teenage nutritional status which will have positive birth outcome and prevent the vicious cycle of intergenerational growth failure.

Disaggregated data by geo-political zones shows that acute malnutrition in women is highest in North East at 10 percent and lowest in South East at 2 percent.

The lowest and highest prevalence of acute malnutrition (MUAC <221mm) were reported in Enugu state at 1 percent and Yobe state at 15 percent respectively.

The geographical distribution of prevalence of acute malnutrition in women is consistent with previous nutrition surveys conducted since 2010.

The consistent high estimates for women's acute malnutrition in Yobe state deserves further investigation.

Table 2: Women Nutritional Status

Percent distribution of women age 15 to 49 with acute malnutrition by background characteristics, Nigeria, 2014

Background Characteristic	MUAC in mm		Number of women age 15-49 years
	≤ 221 mm	<214 mm	
National	5.5	2.5	23,942
	[5.1,5.9]	[2.3,2.7]	
Age in years			
15 to 19	16.4	7.8	3,895
	[15.1,17.8]	[6.9,8.7]	
20 to 49	3.4	1.5	20,047
	[3.1,3.7]	[1.3,1.7]	
Zone			
North Central	3.2	1.3	4,403
	[2.6,3.9]	[1.0,1.8]	
North East	10.4	5.1	3,831
	[9.2,11.9]	[4.2,6.1]	
North West	7.9	3.6	4,805
	[7.0,8.9]	[3.1,4.3]	
South East	2.4	0.9	3,324
	[1.8,3.1]	[0.6,1.4]	
South South	3.6	1.9	3,495
	[2.9,4.5]	[1.4,2.5]	
South West	3.9	1.5	3,941
	[3.3,4.6]	[1.1,2.0]	

4.3. Infant and Young Child Feeding

Initiation of breastfeeding

Breastfeeding has many health benefits for both the mother and infant. Breast milk contains all the nutrients an infant needs in the first six months of life. Early initiation of breastfeeding ensures that the infant receives the colostrum, or “first milk”, which is rich in protective factors. WHO recommends that mothers initiate breastfeeding within one hour of birth.¹

Table 3 shows that, in Nigeria, the recommendation to initiate breastfeeding within one hour of birth is met for only 22 percent of children while early initiation of breastfeeding within one day after birth is 80 percent.

Disaggregated data by geo-political zones shows that the percentage of children who initiated breastfeeding within one hour of birth is lowest in South West 14 percent and North West 15 percent and highest in North Central and South South each at 31 percent.

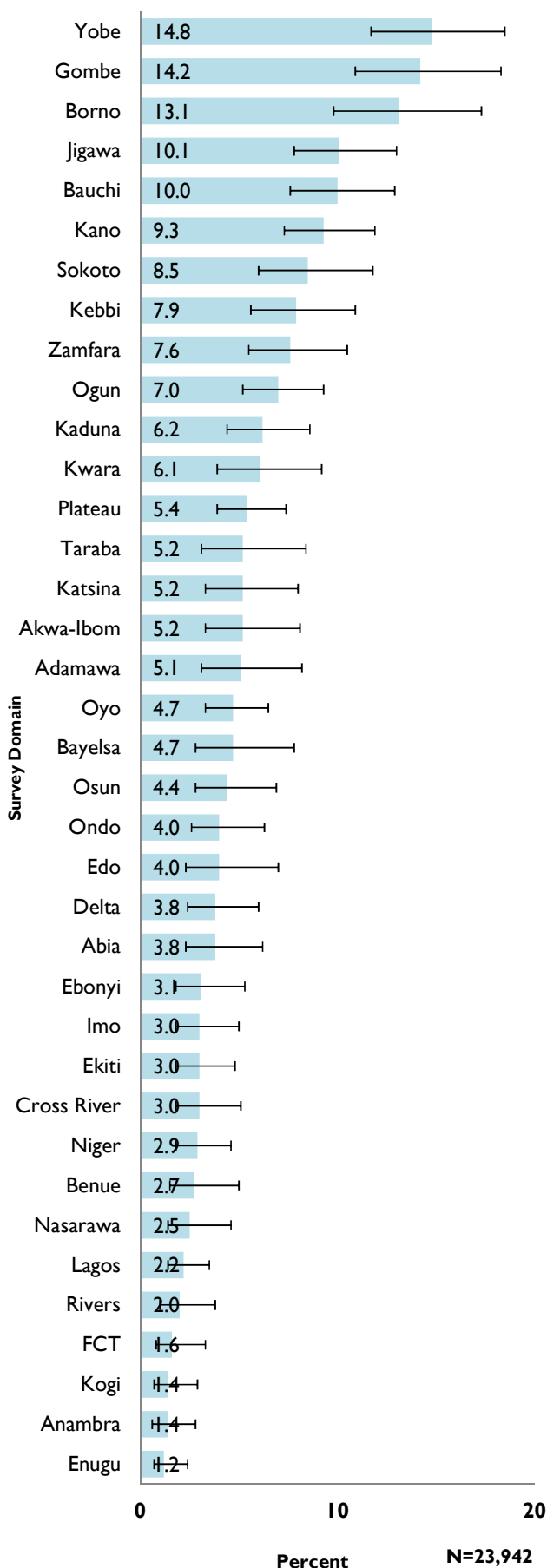


Table 3: Initiation of breastfeeding

Percent of children 0 to 23 months who were ever breastfed, breastfed within one hour of birth and within one day of birth, Nigeria, 2014

Background Characteristics	Percentage who were ever breastfed	Percentage who were first breastfed:		Number of children 0-23 months
		Within one hour of birth	Within one day of birth	
National	96.9 [96.5,97.3]	21.5 [20.1,23.0]	79.7 [78.3,81.0]	8,935
Sex				
Male	97.1 [96.6,97.6]	20.7 [19.1,22.4]	79 [77.2,80.7]	4,481
Female	96.7 [96.1,97.3]	22.3 [20.6,24.1]	80.3 [78.7,81.8]	4,454
Age in Months				
0 to 11	96.9 [96.2,97.4]	20.9 [19.3,22.7]	78.6 [76.7,80.3]	4,637
12 to 23	96.8 [96.1,97.4]	17.9 [16.3,19.6]	79.6 [77.6,81.5]	4,298
Zone				
North Central	95.9 [94.6,96.9]	31.1 [27.6,34.7]	79.6 [76.8,82.1]	1,504
North East	97.6 [96.7,98.3]	19.9 [16.9,23.3]	76.3 [71.6,80.4]	1,713
North West	95.4 [94.2,96.4]	15.4 [12.7,18.6]	80.4 [77.0,83.4]	2,307
South East	98.1 [96.9,98.8]	27.1 [23.0,31.7]	81.2 [77.7,84.2]	912
South South	97.3 [96.1,98.2]	30.9 [26.4,35.7]	87.7 [85.2,89.8]	1,001
South West	98.4 [97.6,99.0]	13.6 [11.0,16.7]	74.5 [71.2,77.6]	1,498

Figure 3: Prevalence of acute malnutrition (MUAC <221mm) among women age 15 to 49 years, 95 percent confidence interval by survey domain

Figure 4 presents the percentage of early initiation of breastfeeding by state. The lowest percentage of children breastfed within one hour of birth was reported in Jigawa at 0.3 percent and the highest in Adamawa state at 61 percent

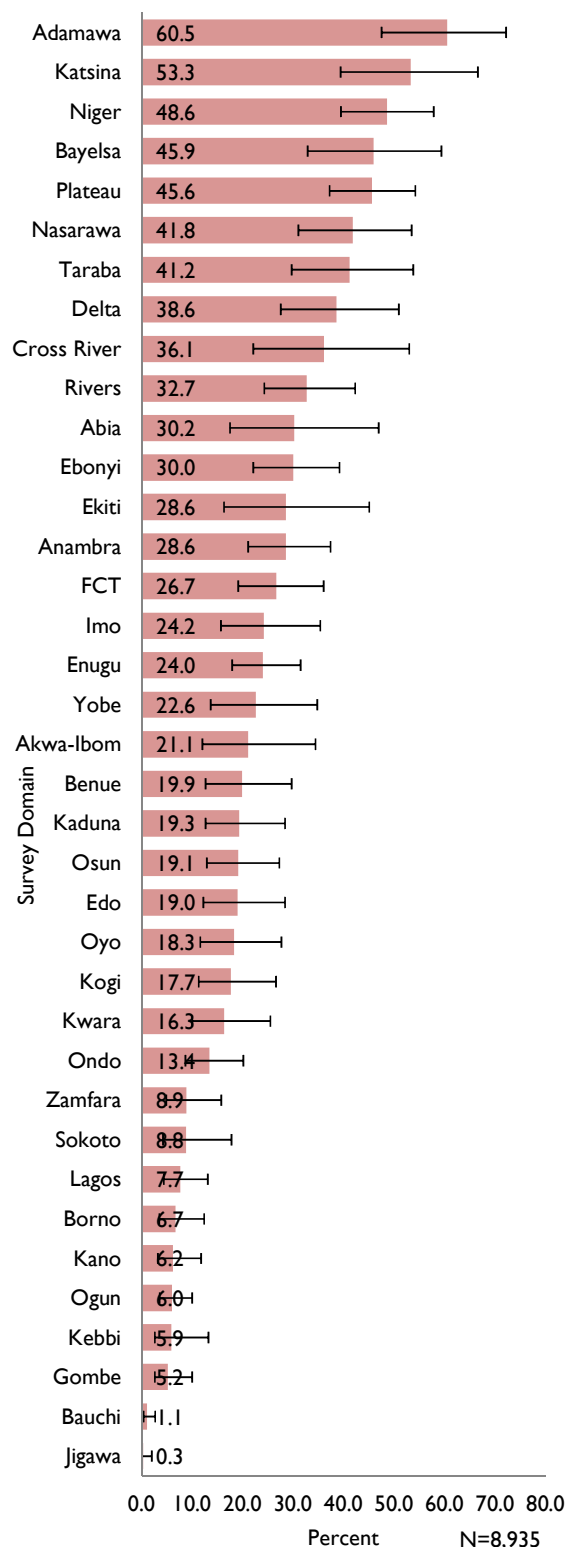


Figure 4: Percent of children 0 to 23 months who were breastfed within one hour of birth, 95 percent confidence interval by survey domain

Breastfeeding and Supplementation

Breastfeeding practices and introduction of complementary foods are important determinants of the nutritional status of children, particularly those under age 2 years. Breast milk is uncontaminated and contains all the nutrients needed by children in the first six months of life. Supplementing breast milk before age 6 months is unnecessary and discouraged because of the likelihood of contamination, which may result in the risk of diarrhoeal diseases. After age 6 months, breast milk should be complemented by other solid or mushy food to provide adequate nutrition to the child (PAHO, 2002).

In this survey, information was collected on infant feeding for the youngest child under age 2 using a 24-hour recall period. As reported in table 4, the recommendation to exclusively breastfeed children for the first six months of life is met for only 25 percent of children.

The majority (71 percent) of children under 6 months are predominantly breastfed, meaning that they either exclusively breastfed or received plain water and non-milk liquids. The proportion of children who are still being breastfed decreases steadily with age, 77 percent of children continued breastfeeding at one year and about 20 percent at two years (table 5).

Table 4: Initiation of breastfeeding

Percent of living children according to breastfeeding status, Nigeria, 2014			
Background Characteristics	Children age 0-5 months		
	Percent exclusively breastfed	Percent predominantly breastfed	Number of children 0-5 months
National	25.2 [23.0,27.5]	70.6 [68.3,72.9]	2,265
Sex			
Male	25 [22.2,28.0]	71.6 [68.3,74.7]	1,134
Female	25.4 [22.6,28.4]	69.7 [66.6,72.6]	1,131
Zone			
North Central	32.1 [27.0,37.6]	66.7 [61.4,71.6]	424
North East	22.3 [17.9,27.3]	85 [80.8,88.5]	392
North West	10.3 [7.6,13.9]	79.4 [75.3,83.0]	567
South East	18.1 [13.4,24.1]	49.4 [42.2,56.6]	252
South South	30.8 [23.8,38.8]	57.1 [48.9,65.0]	250
South West	39.8 [34.2,45.8]	75.8 [69.8,81.0]	380

Table5: Breastfeeding**Percent of living children according to breastfeeding status by age, Nigeria, 2014**

Background Characteristics	Children age 12-15 months		Children age 20-23 months	
	Percent breastfed (Continued breastfeeding at 1 year)	Number of children 12-15 months	Percent breastfed (Continued breastfeeding at 2 years)	Number of children 20-23 months
National	76.5 [74.0,78.9]	1598	19.6 [17.4,22.0]	1338
Sex				
Male	76.1 [72.7,79.3]	804	19 [16.1,22.3]	682
Female	76.9 [73.2,80.2]	794	20.2 [17.0,23.7]	656
Zone				
North Central	79.6 [74.3,84.1]	273	29.3 [22.3,37.5]	195
North East	94.9 [91.2,97.1]	309	40.4 [34.1,47.2]	289
North West	93.5 [90.1,95.7]	420	26.1 [21.5,31.3]	354
South East	50.2 [40.8,59.5]	147	0.9 [0.2,3.3]	126
South South	54 [45.9,62.0]	190	6.4 [3.1,12.6]	141
South West	68 [60.8,74.4]	259	9 [5.4,14.6]	233

Minimum dietary diversity is defined as the percentage of children aged 6 to 23 months who received food from four or more of seven food groups during the past 24 hours. In Nigeria the percentage of children aged 6 to 23 months who consumed the minimum dietary diversity was 37 percent. The proportion of children who were fed the minimum number of times was 57 percent.

Minimum acceptable diet is defined as breastfeeding children aged 6 to 23 months who had the minimum dietary diversity and meal frequency, along with non-breastfeeding children who had the minimum dietary diversity, minimum meal frequency, and no less than two milk feedings, in the past 24 hours. Based on this, a minimum acceptable diet was consumed only by 18 percent, while 46 percent had consumed iron-rich food during the previous day.

Younger children, aged 6 to 8 months, consumed less diverse and acceptable diets, and also have a reduced consumption of iron-rich foods.

In general, the four indicators of infant and young child feeding practices in children are worse in the northeastern and northwestern compared with South.

These percentages are consistent with the geographic distribution of malnutrition observed in the country.

The lowest percentage of children who consumed the minimum acceptable diet are reported in Kaduna at 5 percent followed by Gombe, Bauchi, Katsina and Bayelsa all reported that only about 9 percent of children 6 to 23 months consumed the minimum acceptable diet.

The highest percentages, with about 36 percent of children 6 to 23 months who consumed the minimum acceptable diet are reported from Kogi state.

Table 6: Infant and young child feeding (IYCF) practices

Percent of children age 6-23 months who received appropriate liquids and solid, semi-solid, or soft foods the minimum number of times or more; from minimum food groups during the previous day, Nigeria, 2014

Background Characteristics	Percent of children who received:				Number of children age 6-23 months
	Minimum dietary diversity	Minimum meal frequency	Minimum acceptable diet	Iron-rich foods	
National	37 [35.3,38.7]	56.7 [54.9,58.5]	17.5 [16.3,18.8]	45.8 [44.1,47.6]	6,670
Sex					
Male	37.3 [35.3,39.4]	56.2 [54.0,58.3]	17 [15.5,18.5]	46.9 [44.8,49.0]	3,347
Female	36.6 [34.4,38.7]	57.2 [54.9,59.4]	18 [16.4,19.7]	44.8 [42.6,47.0]	3,323
Age in months					
6 to 8	11.5 [9.6,13.8]	57.8 [54.4,61.1]	9.8 [8.0,11.9]	15.3 [13.1,17.8]	1,168
9 to 11	24.8 [22.1,27.7]	47.3 [44.0,50.7]	15.7 [13.6,18.1]	34.8 [31.8,38.0]	1,204
12 to 17	42.1 [39.5,44.8]	58.9 [56.4,61.4]	23.5 [21.4,25.7]	53.3 [50.7,55.8]	2,303
18 to 23	53 [50.3,55.8]	59.1 [56.4,61.7]	16 [14.0,18.2]	61.6 [58.9,64.3]	1,995
Zone					
North Central	44.3 [39.7,48.9]	63.4 [58.6,67.9]	25.3 [21.6,29.4]	55 [50.7,59.3]	1,080
North East	25.1 [21.8,28.7]	46.3 [42.9,49.7]	12 [9.9,14.4]	32.6 [28.8,36.7]	1,321
North West	23.3 [20.0,26.8]	52.6 [49.0,56.2]	12.6 [10.5,14.9]	23.1 [19.9,26.7]	1,740
South East	57.4 [52.7,61.9]	79.6 [75.2,83.3]	28.6 [24.7,32.8]	75.3 [70.9,79.3]	660
South South	39.7 [35.2,44.5]	55.1 [50.1,59.9]	15.6 [12.8,18.8]	60.1 [55.5,64.5]	751
South West	45.4 [41.7,49.1]	53.8 [49.5,58.2]	17.8 [14.7,21.4]	60.1 [56.6,63.5]	1,118

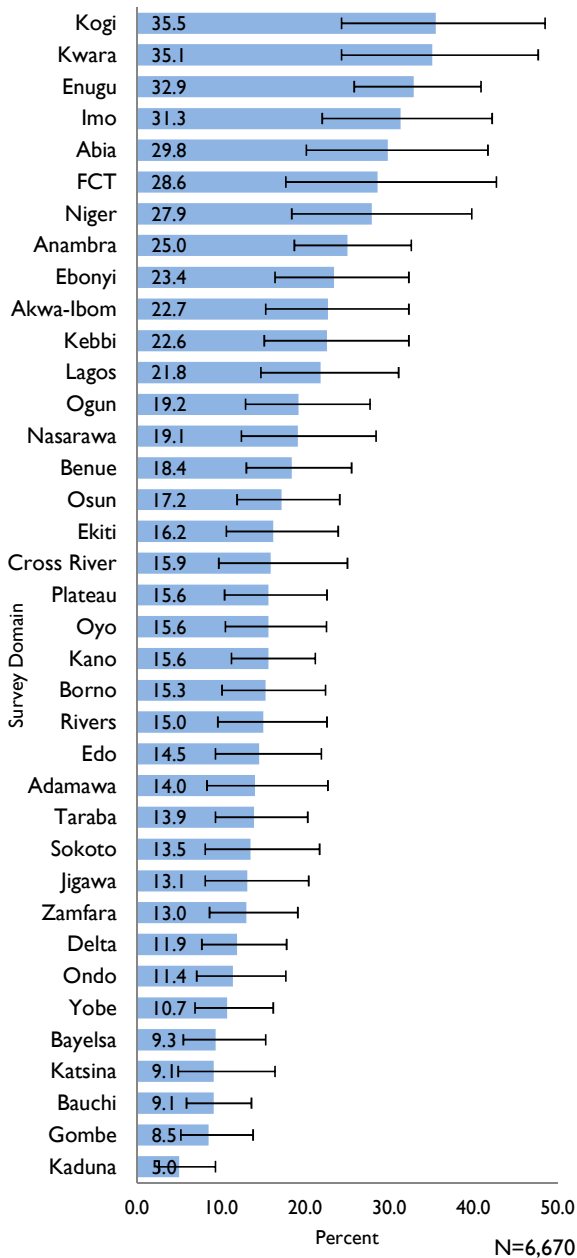


Figure 5: Percent of children age 6 to 23 months who received minimum acceptable diet, 95 percent confidence interval by survey domain

4.4. Vitamin A Supplementation

Vitamin A is a crucial micronutrient for the development of children’s immune and visual systems. According to the survey results, about 49 percent of Nigerian children aged between 6 to 59 months received Vitamin A supplement in the 6 months prior to the survey. This implies that about 50 percent of Nigerian children, who did not receive this supplement may be growing up with lower immunity which can trigger frequent health problems and poor growth due to vitamin A deficiency. Results disaggregated by sex show no differences in supplementation between girls and boys.

However younger children seems to be at greater risk, as only 41 percent of children aged 6 to 11 months received vitamin A supplement compared with 50 percent older children. With regards to geo-political distribution, lower levels of vitamin A supplementation have been observed in the South East zone with 26 percent of children 6 to 59 months received vitamin A supplement in the last 6 months. The highest percentage of supplementation has been reported in the South West zone with 80 percent of children 6 to 59 months received vitamin A supplement in the last 6 months. Figure 6 shows the geographical distribution of children who received vitamin A supplement per survey domain. The highest and lowest percentage of children receiving vitamin A supplementation were observed in Lagos at 93 percent and Benue at 7 percent respectively.

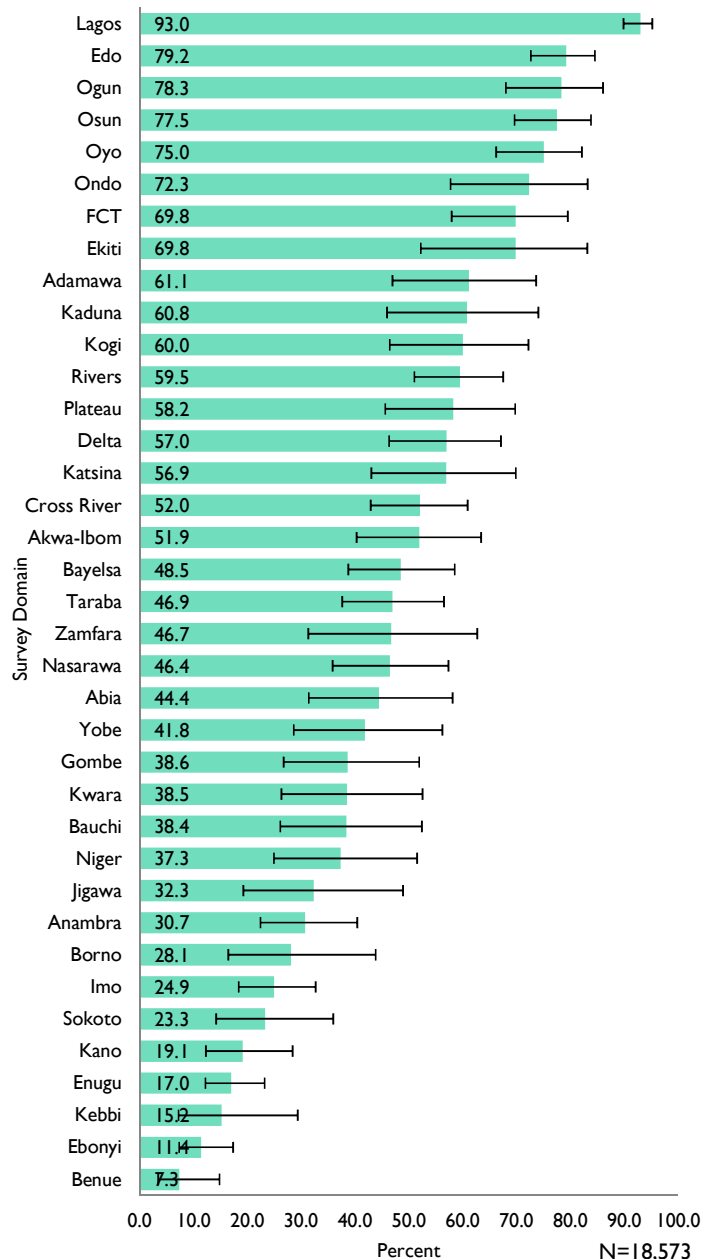


Figure 6: Percent of children age 6 to 59 months who received vitamin A tablets 6 months prior to the survey, 95 percent confidence interval by survey domain

5. CHILD HEALTH

5.1. Vaccination Coverage

Immunization is one of the most cost-effective and proven health intervention that has a significant impact in reducing child morbidity and mortality. A world fit for children goal is to ensure full immunization of children less than one year of age at 90 percent nationally, with at least 80 percent coverage in each state.

Data were collected on DTP/Penta and measles vaccination coverage among children under-five years. Mothers were asked to provide vaccination card and interviewers copied vaccination information from the cards onto the questionnaire. If the child had no vaccination card, the respondent was asked to recall the vaccine given to the child. If the mother indicated that the child had received DTP/Penta, she was asked the number of dose(s) the child had received the vaccine.

Table 7 shows the proportion of children age 12 to 23 months who had received DTP/Penta and measles vaccinations before the survey. Overall, 64 percent of children 12 to 23 months had received measles vaccine. Although 67 percent received the first dose of DTP/Penta vaccine, only 52 percent had received all the three doses. This reflects a dropout rate of 22 percent. It is observed that measles dose coverage is higher than the third dose of DTP; this could be related to measles vaccination campaigns conducted in 2013. Ten percent of eligible children received no vaccine at all.

There is a significant variation among the geopolitical zones and states in vaccination coverage. Eighty five percent of children in South West had received DTP3/Penta3, while only 18 percent in North West.

The variation in DTP3/Penta3 vaccination coverage among states ranges from 2 percent in Sokoto to 92 percent in Osun state. Similar pattern is also observed in measles coverage. Overall, 11 of the 37 domains achieved the international goal of 80 percent coverage, while the coverage is below 25 percent in 9 states.

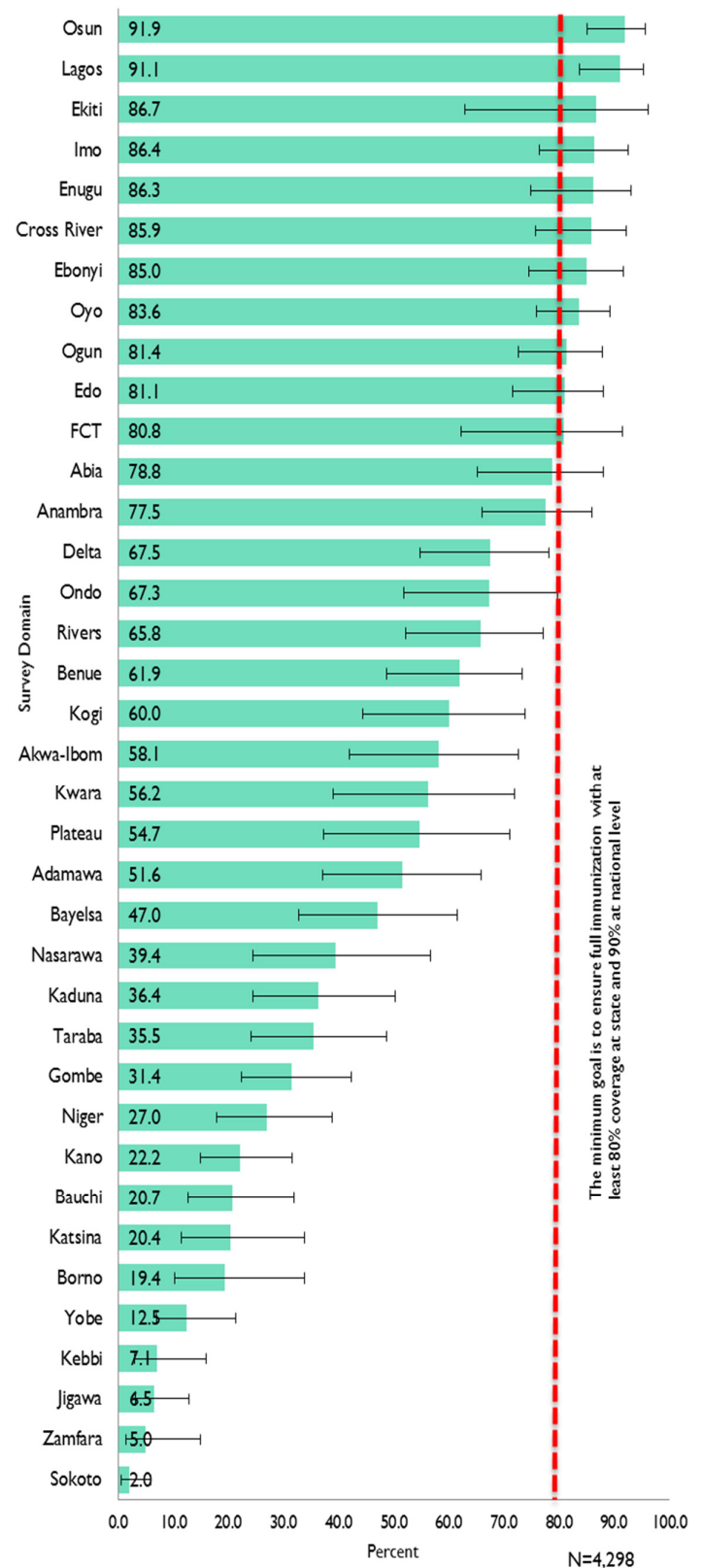


Figure 7: Percent of children 12 to 23 months who received DTP3/Penta3 containing vaccine, 95 percent confidence interval by survey domain.

Table 7: Vaccinations by background characteristics

Percent of children age 12 to 23 months vaccinated against vaccine preventable childhood diseases at any time before the survey, Nigeria, 2014

Background Characteristics	Any Vaccination	DPT1/ Penta1	DPT2/ Penta2	DPT3/ Penta3	Measles	Percentage with vaccination card seen	Number of children age 12-23 months
National	89.7 [88.2,91.0]	67 [64.9,69.0]	61.6 [59.4,63.7]	52.2 [50.1,54.3]	63.7 [61.6,65.7]	35.8 [33.9,37.8]	4,298
Zone							
North Central	90.1 [86.4,92.8]	70.9 [65.2,76.1]	65.8 [59.6,71.5]	54.5 [48.6,60.2]	70 [65.0,74.6]	39.4 [34.6,44.4]	697
North East	82.1 [76.2,86.7]	46.8 [41.1,52.5]	38.7 [33.5,44.2]	27.4 [22.9,32.5]	44.5 [39.1,50.0]	15.1 [12.3,18.4]	854
North West	86.7 [83.4,89.4]	35.8 [31.2,40.8]	27.2 [22.9,31.9]	17.9 [14.3,22.0]	42.5 [37.8,47.2]	9.9 [7.1,13.6]	1,119
South East	97.1 [94.5,98.4]	94.5 [90.8,96.8]	91.8 [87.7,94.6]	82.7 [77.9,86.6]	82.7 [78.4,86.3]	55.1 [49.5,60.5]	431
South South	88.9 [84.2,92.3]	83.5 [78.5,87.5]	78.6 [72.9,83.3]	67.9 [62.0,73.3]	73.4 [68.0,78.1]	52.2 [46.5,57.9]	472
South West	95.4 [92.9,97.0]	92.4 [89.1,94.8]	91 [87.5,93.6]	85.1 [81.4,88.2]	83.1 [79.3,86.3]	59.6 [54.5,64.5]	725
State							
Abia	95.5 [86.5,98.6]	95.5 [86.5,98.6]	90.9 [80.8,96.0]	78.8 [65.2,88.0]	80.3 [66.9,89.2]	53 [40.2,65.5]	66
Adamawa	91.6 [81.0,96.5]	81.1 [67.8,89.7]	69.5 [54.9,80.9]	51.6 [37.1,65.8]	62.1 [49.2,73.5]	23.2 [14.5,34.8]	95
Akwa-Ibom	79.7 [65.4,89.1]	78.4 [64.3,87.9]	70.3 [54.9,82.1]	58.1 [41.9,72.7]	63.5 [49.7,75.4]	40.5 [30.0,52.1]	74
Anambra	97.8 [85.9,99.7]	91 [77.4,96.8]	88.8 [75.7,95.2]	77.5 [66.1,85.9]	83.1 [73.8,89.6]	47.2 [35.2,59.6]	89
Bauchi	94.7 [89.1,97.5]	34.9 [24.4,47.2]	26.6 [18.1,37.4]	20.7 [12.7,31.9]	40.8 [31.3,51.1]	13.6 [8.2,21.8]	169
Bayelsa	84.8 [71.0,92.8]	71.2 [58.1,81.5]	63.6 [48.1,76.8]	47 [32.8,61.6]	59.1 [42.8,73.6]	59.1 [44.1,72.5]	66
Benue	90.7 [81.0,95.7]	87.6 [77.7,93.5]	79.4 [64.3,89.2]	61.9 [48.7,73.4]	73.2 [64.7,80.3]	58.8 [47.0,69.6]	97
Borno	54.3 [36.2,71.2]	26.4 [14.5,43.0]	25.6 [14.2,41.7]	19.4 [10.2,33.8]	27.1 [15.2,43.5]	4.7 [1.9,11.0]	129
Cross Rivers	95.8 [87.4,98.7]	94.4 [85.7,97.9]	93 [83.7,97.1]	85.9 [75.8,92.2]	84.5 [72.3,91.9]	69 [51.6,82.3]	71
Delta	83.1 [66.7,92.4]	81.8 [66.4,91.1]	77.9 [62.9,88.0]	67.5 [54.8,78.1]	70.1 [56.6,80.8]	58.4 [42.3,72.9]	77
Ebonyi	96 [87.3,98.8]	94 [85.5,97.6]	93 [84.4,97.0]	85 [74.5,91.7]	81 [71.0,88.1]	61 [49.4,71.5]	100
Edo	92.8 [84.0,96.9]	87.4 [77.8,93.2]	84.7 [75.1,91.0]	81.1 [71.6,88.0]	82.9 [73.3,89.5]	38.7 [29.0,49.5]	111
Ekiti	97.6 [85.5,99.6]	91.6 [58.3,98.8]	91.6 [58.3,98.8]	86.7 [62.9,96.2]	90.4 [82.8,94.8]	56.6 [42.4,69.8]	83
Enugu	98.9 [92.7,99.9]	97.9 [91.9,99.5]	94.7 [82.3,98.6]	86.3 [74.8,93.1]	82.1 [71.0,89.6]	57.9 [46.2,68.8]	95

Table 7: continued

Background Characteristics	Any Vaccination	DPT1/ Penta1	DPT2/ Penta2	DPT3/ Penta3	Measles	Percentage with vaccination card seen	Number of children age 12-23 months
FCT	91.3 [75.8,97.3]	85.6 [69.2,94.0]	82.7 [63.2,93.0]	80.8 [62.2,91.5]	84.6 [66.5,93.8]	65.4 [51.5,77.0]	104
Gombe	98.1 [94.5,99.4]	53.5 [40.2,66.2]	42.1 [30.3,55.0]	31.4 [22.3,42.3]	50.9 [38.7,63.0]	26.4 [18.5,36.2]	159
Imo	96.3 [89.3,98.8]	95.1 [87.9,98.1]	92.6 [85.4,96.4]	86.4 [76.5,92.6]	85.2 [75.4,91.5]	59.3 [47.4,70.2]	81
Jigawa	92.4 [85.1,96.2]	30.6 [20.3,43.2]	19.4 [11.9,30.1]	6.5 [3.1,12.8]	38.2 [28.3,49.3]	7.1 [3.7,13.1]	170
Kaduna	89 [78.1,94.8]	57.1 [43.3,69.9]	46.8 [34.0,60.0]	36.4 [24.4,50.3]	59.7 [47.5,70.9]	18.2 [9.3,32.5]	154
Kano	95.6 [90.9,97.9]	46.8 [36.1,57.9]	35.4 [25.5,46.8]	22.2 [15.0,31.5]	46.2 [35.3,57.5]	10.1 [5.1,19.3]	158
Katsina	78.9 [69.3,86.1]	35.9 [24.0,49.8]	30.3 [19.5,43.8]	20.4 [11.4,33.8]	44.4 [31.4,58.1]	10.6 [5.9,18.3]	142
Kebbi	88.5 [77.4,94.5]	15.4 [8.1,27.4]	11 [4.9,22.7]	7.1 [3.0,16.0]	48.9 [34.1,63.9]	8.8 [2.9,23.5]	182
Kogi	85 [72.6,92.4]	73.8 [56.5,85.9]	72.5 [54.7,85.2]	60 [44.4,73.8]	68.8 [51.6,81.9]	33.8 [22.8,46.8]	80
Kwara	82.2 [71.7,89.4]	65.8 [51.2,77.9]	61.6 [46.3,75.0]	56.2 [39.0,72.0]	61.6 [46.8,74.6]	32.9 [19.8,49.3]	73
Lagos	99.4 [95.7,99.9]	98.1 [94.4,99.4]	96.2 [89.9,98.6]	91.1 [83.7,95.4]	90.5 [83.0,94.9]	75.3 [65.4,83.1]	158
Nasarawa	97.1 [91.9,99.0]	64.4 [48.0,78.0]	53.8 [37.9,69.0]	39.4 [24.4,56.7]	76 [63.1,85.4]	25 [15.1,38.5]	104
Niger	86.9 [73.1,94.2]	44.3 [30.3,59.2]	38.5 [25.8,53.0]	27 [17.8,38.8]	54.1 [40.2,67.3]	18.9 [10.8,30.9]	122
Ogun	93 [86.3,96.6]	90.7 [84.0,94.8]	89.1 [81.9,93.7]	81.4 [72.7,87.8]	78.3 [69.7,85.0]	52.7 [40.0,65.0]	129
Ondo	81.7 [65.0,91.5]	76.9 [58.2,88.9]	76 [57.6,88.0]	67.3 [51.8,79.8]	70.2 [53.7,82.7]	36.5 [25.4,49.4]	104
Osun	97.3 [92.2,99.1]	97.3 [92.2,99.1]	93.7 [88.3,96.7]	91.9 [85.1,95.7]	80.2 [71.4,86.8]	57.7 [45.0,69.4]	111
Oyo	96.4 [92.1,98.4]	90.7 [83.2,95.1]	90.7 [83.2,95.1]	83.6 [75.9,89.2]	80.7 [71.4,87.5]	54.3 [41.9,66.2]	140
Plateau	97.4 [93.0,99.1]	69.2 [49.8,83.6]	65.8 [47.1,80.6]	54.7 [37.3,71.0]	73.5 [61.1,83.1]	30.8 [20.7,43.1]	117
Rivers	95.9 [87.7,98.7]	84.9 [72.5,92.3]	79.5 [65.5,88.7]	65.8 [52.1,77.2]	76.7 [64.4,85.7]	54.8 [42.1,66.9]	73
Sokoto	77 [62.7,86.9]	11.8 [5.6,23.4]	4.6 [1.7,11.7]	2 [0.6,5.9]	16.4 [9.5,27.0]	2.6 [1.0,6.8]	152
Taraba	97.3 [91.4,99.2]	76.4 [63.3,85.8]	60 [47.8,71.1]	35.5 [24.1,48.7]	72.7 [60.6,82.2]	21.8 [14.3,31.8]	110
Yobe	66.7 [52.0,78.7]	26 [16.2,39.2]	21.4 [12.8,33.4]	12.5 [7.0,21.3]	26.6 [16.3,40.2]	8.3 [4.2,15.9]	192
Zamfara	70.2 [54.1,82.5]	12.4 [5.4,25.9]	8.1 [2.8,21.3]	5 [1.5,15.0]	18.6 [10.6,30.6]	3.1 [1.2,7.9]	161

5.2. Acute Respiratory Infection

Acute respiratory infection (ARI) is the leading cause of morbidity and mortality among children under 5 years globally. Timely diagnosis and treatment with antibiotics can prevent a considerable proportion of mortality. The prevalence of ARI was estimated by asking mothers (caretakers) whether the child had had cough accompanied by short, rapid breathing in the two weeks prior to the survey. The estimate is not based on diagnosis by health professionals, hence this result needs to be interpreted with caution. However, our estimate is similar to the one obtained in MICS 2011 and DHS 2013.

Overall, 3 percent of children under 5 years were reported to have had symptoms of acute respiratory infection during two weeks preceding the survey. Of these children, only 35 percent were given antibiotics. In South West zone 67 percent of children had received antibiotics while only 15 percent had received antibiotics in South East zone two weeks prior to the survey. Antibiotic treatment was most prevalent among children age 12 to 23 months (43 percent) and least prevalent among older children age 48 to 59 months (29 percent).

Table 8: Treatment of children with Acute Respiratory Infection (ARI)

Percent of children age 0 to 59 months with Acute Respiratory Infection (ARI) in the last two weeks who were given antibiotics, Nigeria, 2014

Background characteristics	Had symptoms of ARI	Number of children age 0-59 months	Children with a symptom of ARI in the last two weeks who were given antibiotics	Number of children age 0-59 months with symptoms of ARI
National	2.8 [2.5,3.1]	20,939	34.9 [30.4,39.8]	604
Sex				
Male	2.8 [2.4,3.2]	10,479	38.7 [32.6,45.1]	308
Female	2.6 [2.2,3.0]	10,460	30.9 [25.4,37.0]	296
Age in months				
<6	1.8 [1.3,2.5]	2,265	34.6 [21.6,50.6]	45
6-11	2.7 [2.0,3.5]	2,372	35 [24.3,47.5]	66
12-23	3.2 [2.6,4.0]	4,298	42.7 [34.4,51.3]	147
24-35	2.5 [2.0,3.1]	4,261	32.6 [24.6,41.9]	120
36-47	3.1 [2.5,3.8]	4,036	32.8 [24.2,42.7]	122
48-59	2.4 [1.9,3.0]	3,603	28.5 [20.1,38.7]	104
Zone				
North Central	2.8 [2.1,3.6]	3,493	61.6 [49.7,72.3]	94
North East	4.3 [3.4,5.6]	3,982	33.8 [24.9,43.9]	189
North West	3 [2.3,3.8]	5,274	24.4 [16.5,34.6]	156
South East	2.4 [1.6,3.4]	2,272	15.4 [7.1,30.2]	55
South South	2.7 [1.9,4.0]	2,465	23.5 [13.8,37.0]	68
South West	1.2 [0.8,1.7]	3,453	66.9 [49.4,80.7]	42

5.3. Fever

Fever is a manifestation of malaria and other acute infections in children. Malaria is one of the leading cause of death globally. Question on prevalence and treatment of fever were asked for children under 5 years. Table 9 shows the proportion of children under 5 years with a fever during the two weeks prior to the survey, percentage who had a fever and who had a finger or heel stick for malaria testing and percentage receiving treatment by background characteristics.

Twenty seven percent of children had a fever in the last two weeks prior to the survey. Fever prevalence varied considerably among zones ranging from 14 to 36 percent in South West and North West zones respectively. The prevalence of fever was highest in children age group 12 to 23 months (32 percent).

Table 9: Malaria and treatment of children with fever

Percent of children age 0 to 59 months who had a fever in the last two weeks, blood taken from finger or heel, who were given antimalarial drugs and antibiotics, Nigeria, 2014

Background Characteristics	Had fever in the last two weeks	Number of children age 0-59 months	Children with a fever in the last two weeks who :			Number of children with fever in last two weeks
			Had blood taken from a finger or heel for testing	Were given antimalarial	Were given antibiotics	
National	26.7 [25.7,27.8]	20,939	7.8 [6.9,8.8]	27.3 [25.6,29.2]	15.4 [14.1,16.8]	5,860
Sex						
Male	27.1 [25.9,28.4]	10,479	7.8 [6.7,9.1]	28.1 [25.9,30.3]	15.7 [14.1,17.4]	3,001
Female	26.3 [25.2,27.5]	10,460	7.8 [6.6,9.1]	26.6 [24.5,28.8]	15.2 [13.5,17.0]	2,859
Age in months						
<6	14.4 [12.8,16.2]	2,265	6.3 [4.0,9.8]	16.6 [12.7,21.4]	17.7 [13.5,22.9]	341
6-11	29.9 [27.8,32.1]	2,372	6.5 [4.8,8.7]	22.1 [18.7,25.9]	16.3 [13.6,19.4]	750
12-23	31.7 [30.0,33.4]	4,298	9.5 [7.9,11.4]	27.1 [24.6,29.8]	16.4 [14.3,18.7]	1,435
24-35	28.6 [27.0,30.3]	4,261	7.2 [5.7,9.0]	29.1 [26.1,32.2]	16.6 [14.2,19.3]	1,281
36-47	27.2 [25.5,29.0]	4,036	7.1 [5.6,9.1]	29.6 [26.4,33.0]	13.6 [11.4,16.1]	1,138
48-59	24.4 [22.8,26.2]	3,603	8.3 [6.4,10.6]	30.7 [27.3,34.4]	13 [10.7,15.8]	912
Zones						
North Central	20.2 [18.2,22.2]	3,493	13.6 [10.7,17.1]	31.1 [26.9,35.5]	28.1 [24.1,32.6]	745
North East	29.4 [26.8,32.1]	3,982	7.6 [5.3,10.6]	26.8 [22.8,31.3]	19.7 [16.7,23.2]	1206
North West	35.5 [33.1,37.9]	5,274	4.4 [3.4,5.7]	11.3 [9.3,13.6]	9 [7.4,10.8]	2,026
South East	27.6 [24.8,30.5]	2,272	7.2 [4.7,11.1]	37.3 [32.5,42.4]	10.5 [7.8,14.1]	622
South South	32.3 [29.3,35.6]	2,465	7.8 [5.8,10.4]	37.5 [32.4,42.9]	13.8 [10.4,18.2]	767
South West	13.9 [12.4,15.6]	3,453	13.4 [10.1,17.6]	47.3 [41.5,53.2]	25.1 [20.1,30.9]	494
States						
Abia	27.3 [22.1,33.1]	374	3.9 [1.1,13.5]	42.2 [30.7,54.5]	15.7 [9.3,25.1]	102
Adamawa	26.7 [21.4,32.6]	454	9.1 [4.6,17.2]	34.7 [21.8,50.3]	19.8 [10.4,34.5]	121
Akwa-Ibom	32.1 [24.5,40.9]	364	6 [2.8,12.5]	24.8 [14.5,39.1]	8.5 [3.3,20.4]	117
Anambra	24.8 [19.8,30.5]	452	10.7 [3.9,26.0]	35.7 [26.9,45.6]	11.6 [5.7,22.3]	112
Bauchi	36.6 [31.0,42.5]	902	13.3 [7.8,21.9]	17.9 [12.7,24.6]	16.1 [11.7,21.6]	330
Bayelsa	38.3 [30.9,46.2]	371	7.7 [4.0,14.4]	23.2 [15.1,34.1]	12 [7.1,19.5]	142
Benue	14.7 [9.8,21.5]	455	13.4 [6.1,27.0]	32.8 [24.6,42.2]	9 [4.1,18.4]	67
Borno	17.5 [12.1,24.6]	624	1.8 [0.5,6.2]	47.7 [34.9,60.8]	7.3 [4.1,12.9]	109
Cross River	35.3 [27.5,44.0]	422	10.1 [5.9,16.6]	53 [38.7,66.8]	14.1 [6.4,28.1]	149
Delta	34.3 [28.5,40.7]	396	11 [5.5,21.0]	33.8 [23.7,45.7]	11 [6.0,19.5]	136
Ebonyi	26.4 [21.1,32.3]	535	8.5 [4.5,15.6]	29.8 [21.4,39.8]	5 [2.4,9.9]	141

Table 9: continued

Background Characteristics	Had fever in the last two weeks	Number of children age 0-59 months	Children with a fever in the last two weeks who :			Number of children with fever in last two weeks
			Had blood taken from a finger or heel for testing	Were given antimalarial	Were given antibiotics	
Edo	16.5 [12.6,21.2]	553	14.3 [8.2,23.7]	62.6 [51.4,72.7]	19.8 [8.6,39.2]	91
Ekiti	15 [11.1,20.0]	427	18.8 [9.9,32.7]	46.9 [33.5,60.8]	21.9 [11.3,38.2]	64
Enugu	27.7 [21.7,34.7]	487	11.1 [5.9,20.0]	37 [27.8,47.4]	10.4 [6.0,17.4]	135
FCT	15.6 [11.9,20.1]	417	12.3 [4.6,29.1]	60 [46.2,72.4]	15.4 [6.6,31.8]	65
Gombe	38.7 [33.4,44.2]	727	4.6 [2.6,8.1]	20.3 [14.1,28.4]	16.7 [11.7,23.3]	281
Imo	31.1 [24.6,38.5]	424	3 [0.9,9.8]	39.4 [28.4,51.6]	9.1 [4.4,17.9]	132
Jigawa	38.4 [32.7,44.4]	816	11.2 [7.2,17.1]	16.9 [12.4,22.7]	16.9 [12.0,23.4]	313
Kaduna	30.4 [24.8,36.6]	625	1.6 [0.5,4.7]	12.6 [7.6,20.2]	10 [6.0,16.1]	190
Kano	29.4 [25.7,33.4]	759	5.8 [3.1,10.7]	14.3 [9.3,21.5]	8.1 [4.8,13.3]	223
Katsina	28.4 [21.7,36.1]	751	6.6 [3.7,11.4]	15 [8.2,25.8]	7 [3.9,12.3]	213
Kebbi	46.3 [40.1,52.6]	816	0.5 [0.1,2.0]	7.1 [3.8,13.0]	8.2 [5.1,12.9]	378
Kogi	18.1 [13.0,24.7]	397	20.8 [11.2,35.5]	37.5 [25.4,51.4]	22.2 [12.0,37.5]	72
Kwara	18.1 [14.5,22.4]	464	31 [19.4,45.5]	38.1 [25.5,52.6]	26.2 [14.9,41.8]	84
Lagos	12.3 [9.4,15.9]	726	16.9 [9.9,27.3]	62.9 [50.0,74.2]	22.5 [13.0,35.9]	89
Nasarawa	31.9 [28.2,35.8]	505	6.8 [3.7,12.2]	11.8 [6.2,21.4]	53.4 [39.4,66.9]	161
Niger	20 [15.7,25.1]	676	6.7 [3.6,11.9]	40.7 [29.1,53.5]	10.4 [5.8,17.8]	135
Ogun	13.7 [10.0,18.6]	627	9.3 [4.2,19.5]	55.8 [42.9,68.0]	22.1 [13.4,34.2]	86
Ondo	18 [14.1,22.7]	488	11.4 [6.0,20.5]	33 [21.4,47.0]	26.1 [14.4,42.6]	88
Osun	16.9 [12.9,21.8]	502	15.3 [7.9,27.7]	36.5 [26.0,48.4]	25.9 [15.8,39.5]	85
Oyo	12 [8.9,16.0]	683	8.5 [3.1,21.4]	37.8 [22.1,56.5]	31.7 [19.1,47.7]	82
Plateau	27.8 [23.6,32.4]	579	11.8 [6.9,19.4]	14.3 [7.9,24.5]	51.6 [40.2,62.8]	161
Rivers	36.8 [29.3,44.9]	359	3.8 [1.7,8.1]	38.6 [29.0,49.2]	18.2 [10.8,29.0]	132
Sokoto	51.3 [43.6,58.8]	749	2.1 [1.0,4.4]	4.2 [2.3,7.3]	5.5 [3.3,9.0]	384
Taraba	36.1 [31.0,41.6]	490	5.6 [2.2,13.6]	9.6 [5.6,16.0]	36.7 [26.8,47.9]	177
Yobe	23.9 [18.1,31.0]	785	2.7 [1.0,6.9]	50.5 [36.8,64.2]	27.7 [19.2,38.2]	188
Zamfara	42.9 [34.9,51.2]	758	2.2 [1.1,4.0]	6.5 [4.2,9.8]	7.7 [4.7,12.4]	325

Of those who had fever in the two weeks prior to the survey, only 8 percent had finger or heel stick. North Central zone has the highest percentage of blood testing (14 percent) while North West zone with the lowest (4 percent). Overall, 27 percent of children who had fever in the two weeks prior to the survey were given antimalarial. Forty seven percent of children with fever in South West received antimalarial drug while only 11 received in North West.

5.4. Diarrhoeal Disease

Diarrhoea is the second leading cause of mortality among children under five years of age globally. It can be easily treated with oral rehydration therapy and zinc tablets. Most of these deaths are due to dehydration from loss of substantial quantities of water and electrolytes in loose stools and mainly affects children under the age of 2 years. It has been proven that treatment with zinc tablets effectively reduces both the duration and severity of diarrhoea episodes as well as the need for advanced medical care. The provision of zinc tablets may also reduce the demand of caregivers for other less effective drugs, such as antibiotics, which should not be routinely administered.

Mothers were asked whether any of their children had diarrhoea any time during two weeks preceding the survey. If so, the mother (caretaker) was asked if the child was given ORS and/or Zinc. Respondent's perception of diarrhoea could affect the estimates of diarrhoea. Two weeks period was used as a recall period in order to minimize recall bias.

Prevalence of diarrhoea also varies seasonally, hence it is important to take this in to account when interpreting the results.

Table 10 : Diarrhoea, oral rehydration salt and zinc

Background Characteristics	Had diarrhoea in the last two weeks	Number of children age 0-59 months	Children with diarrhoea who received:		Number of children age 0-59 months with diarrhoea in the last two weeks
			Oral rehydration salts (ORS)	Zinc	
National	17.7 [16.9,18.6]	20,939	20.4 [18.7,22.2]	6.7 [5.7,7.9]	3,997
Sex					
Male	18.6 [17.5,19.6]	10,479	21.2 [19.0,23.7]	7.2 [5.9,8.6]	2,093
Female	16.9 [15.9,17.9]	10,460	19.5 [17.4,21.8]	6.3 [5.0,7.9]	1,904
Age in months					
<6	10.7 [9.4,12.2]	2,265	15.9 [11.5,21.5]	5.1 [3.1,8.3]	253
6-11	24.1 [22.0,26.2]	2,372	24.1 [20.4,28.3]	6.3 [4.6,8.6]	601
12-23	24.1 [22.6,25.6]	4,298	24.1 [21.1,27.4]	7.3 [5.8,9.1]	1,112
24-35	18.5 [17.1,20.0]	4,261	19.3 [16.3,22.6]	6.1 [4.5,8.2]	864
36-47	15.5 [14.1,17.0]	4,036	14.9 [11.8,18.6]	7.6 [5.7,10.1]	672
48-59	12.4 [11.2,13.7]	3,603	19.3 [15.2,24.2]	6.8 [4.7,9.7]	492
Zone					
North Central	15.2	3,493	33.8 [28.2,39.9]	21.4 [17.1,26.5]	530
North East	20.8 [18.4,23.4]	3,982	18.7 [14.3,24.0]	3.1 [1.9,5.1]	898
North West	29 [26.9,31.3]	5,274	13.8 [11.7,16.3]	3.6 [2.3,5.6]	1605
South East	13.6 [11.8,15.5]	2,272	11.5 [8.1,16.0]	4.2 [2.1,8.3]	309
South South	13.1 [11.2,15.4]	2,465	21.3 [16.6,26.8]	7.2 [4.6,11.0]	329
South West	8.9 [7.6,10.3]	3,453	40.6 [33.9,47.7]	8.6 [5.7,12.9]	326
State					
Abia	11.5 [8.3,15.8]	374	20.9 [10.1,38.3]	4.7 [1.1,17.6]	43
Adamawa	15.9 [10.5,23.2]	454	25 [14.0,40.5]	2.8 [0.4,18.9]	72
Akwa-Ibom	15.7 [10.9,22.0]	364	8.8 [3.6,19.7]	0	57
Anambra	15.3 [11.4,20.2]	452	4.3 [1.4,12.7]	1.4 [0.2,9.3]	69
Bauchi	30.6 [25.7,36.0]	902	23.6 [14.4,36.0]	2.9 [1.2,6.8]	276
Bayelsa	18.6 [13.8,24.7]	371	27.5 [16.8,41.7]	8.7 [2.6,25.5]	69
Benue	13.8 [10.4,18.2]	455	23.8 [13.9,37.7]	0	63
Borno	6.7 [3.3,13.2]	624	9.5 [3.3,24.3]	2.4 [0.3,18.3]	42
Cross River	11.8 [7.5,18.2]	422	32 [20.1,46.8]	10 [4.4,21.2]	50
Delta	13.1 [9.4,18.0]	396	26.9 [13.9,45.7]	9.6 [3.8,22.1]	52

Eighteen percent of children under age of 5 years were reported to have had diarrhoea in two weeks period preceding the survey. The highest prevalence was reported among children aged 6 to 11 and 12 to 24 months (24 percent each) and the lowest among children under 6 months at 11 percent.

Among children who had diarrhoea in the two weeks period preceding the survey, only 20 percent and 7 percent were given ORS and zinc tablets for treatment respectively. Children living in the South West zone were more likely to receive ORS (41 percent) and children living in North central were more likely to receive zinc tablets (21 percent) compared with other zones.

Table 10: continued

Background Characteristics	Had diarrhoea in last two weeks	Number of children age 0-59 months	Children with diarrhoea who received:		Number of children age 0-59 months with diarrhoea in the last two weeks
			Oral rehydration salts (ORS)	Zinc	
Ebonyi	14.6 [11.5,18.4]	535	23.1 [14.0,35.6]	6.4 [2.5,15.5]	78
Edo	10.7 [7.4,15.2]	553	18.6 [10.9,30.0]	16.9 [7.5,33.8]	59
Ekiti	13.1 [9.4,18.1]	427	37.5 [23.8,53.6]	12.5 [4.9,28.3]	56
Enugu	12.9 [9.5,17.4]	487	9.5 [4.4,19.5]	4.8 [1.6,13.5]	63
FCT	10.6 [6.4,16.8]	417	59.1 [32.7,81.1]	40.9 [21.9,63.0]	44
Gombe	31.2 [27.3,35.4]	727	18.5 [13.5,24.8]	2.6 [1.2,5.7]	227
Imo	13.2 [9.8,17.6]	424	8.9 [3.2,22.4]	5.4 [0.9,26.5]	56
Jigawa	33.6 [28.6,38.9]	816	19.3 [13.7,26.6]	8.8 [5.0,15.0]	274
Kaduna	24.2 [20.0,28.8]	625	17.2 [12.2,23.7]	1.3 [0.3,5.3]	151
Kano	26.7 [23.3,30.5]	759	23.6 [17.6,31.0]	1.5 [0.5,4.2]	203
Katsina	26.6 [20.7,33.5]	751	13.5 [8.8,20.1]	10.5 [4.2,23.7]	200
Kebbi	33.1 [25.4,41.8]	816	0.4 [0.0,2.8]	0.7 [0.2,3.1]	270
Kogi	17.6 [13.8,22.3]	397	37.1 [24.9,51.2]	20 [11.2,33.1]	70
Kwara	13.6 [8.3,21.5]	464	33.3 [16.3,56.2]	17.5 [8.6,32.2]	63
Lagos	6.1 [4.0,9.1]	726	56.8 [41.5,71.0]	4.5 [1.2,15.7]	44
Nasarawa	17 [13.6,21.1]	505	14 [6.5,27.5]	29.1 [16.0,46.8]	86
Niger	17.3 [11.4,25.4]	676	42.7 [28.9,57.9]	27.4 [17.3,40.5]	117
Ogun	9.7 [6.7,13.9]	627	31.1 [18.6,47.3]	3.3 [0.9,11.8]	61
Ondo	9.4 [6.4,13.6]	488	21.7 [9.0,43.9]	23.9 [11.4,43.5]	46
Osun	11.2 [8.3,14.9]	502	48.2 [34.1,62.6]	8.9 [3.6,20.7]	56
Oyo	9.2 [6.5,12.9]	683	38.1 [23.2,55.6]	4.8 [1.5,14.2]	63
Plateau	15 [11.7,19.1]	579	29.9 [19.1,43.4]	28.7 [18.6,41.6]	87
Rivers	11.7 [7.3,18.1]	359	21.4 [12.1,35.1]	4.8 [1.2,16.5]	42
Sokoto	34.3 [26.3,43.3]	749	4.7 [2.3,9.4]	1.2 [0.4,3.4]	257
Taraba	18.6 [13.6,24.8]	490	18.7 [9.9,32.4]	9.9 [4.4,20.9]	91
Yobe	24.2 [17.0,33.2]	785	5.8 [2.4,13.5]	0	190
Zamfara	33 [26.6,40.0]	758	3.2 [1.6,6.3]	0.8 [0.2,2.8]	250

5.5. Stool Disposal

The safe disposal of children’s faeces is important because children’s faeces are the most likely cause of faecal contamination to the immediate household environment.

Safe disposal of child’s faeces is disposing of the stool by the child using toilet, or by rinsing the stool into toilet or by burying. Disposal of faeces of children 0 to 3 years of age is presented in table 11. In Nigeria, 55 percent of children age 0 to 3 years have their faeces disposed safely.

Half of the children have their faeces rinsed into toilet while 25 percent of their faeces thrown in to garbage.

Table 11: Disposal of child’s faeces

Percent distribution of children age 0 to 3 years whose stools were disposed of safely the last time the child passed stools, Nigeria, 2014

Background Characteristics	Percentage of children whose last stools were disposed of safely	Number of children age 0-3 years
National	55 [52.8,57.2]	13196
Zone		
North Central	40.5 [35.1,46.0]	2209
North East	61.6 [55.4,67.3]	2492
North West	64.9 [60.1,69.5]	3359
South East	46.3 [41.2,51.4]	1407
South South	40.1 [34.6,45.9]	1528
South West	64.6 [59.5,69.3]	2201

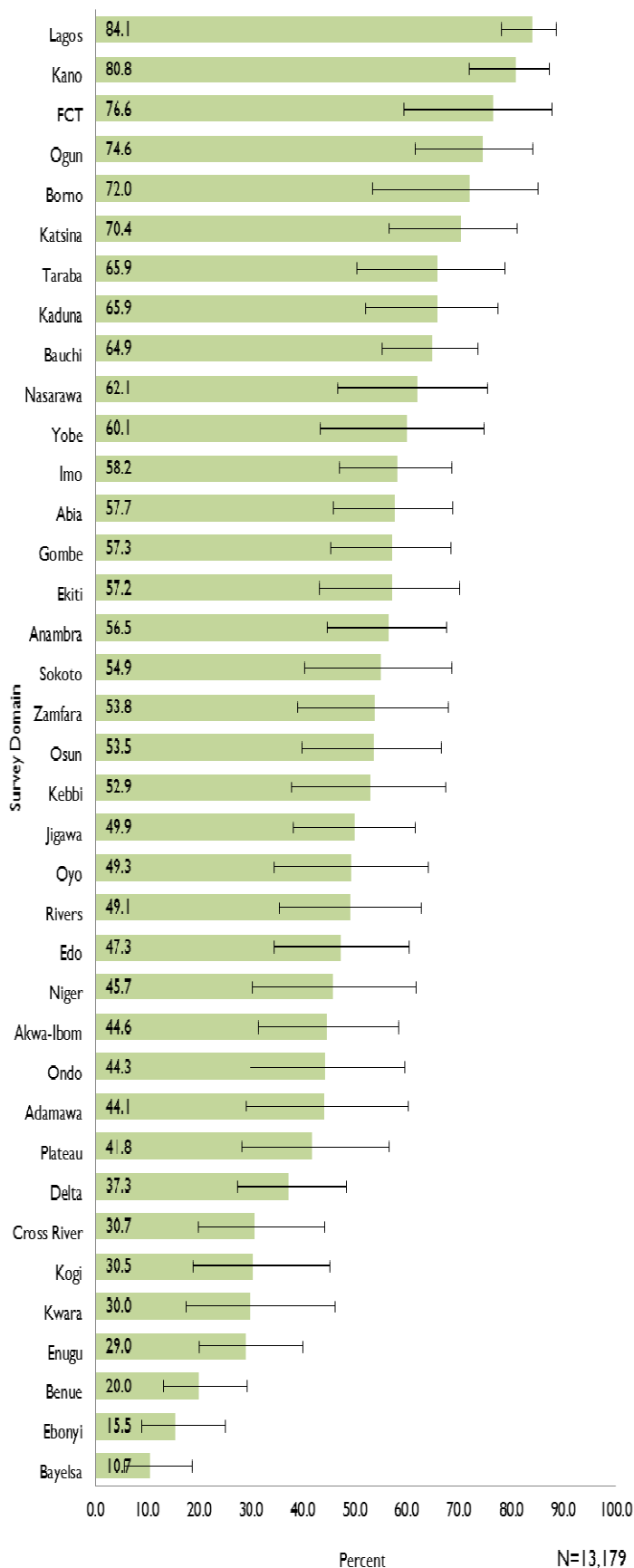


Figure 8: Percent distribution of children age 0 to 3 years whose stools were disposed of safely the last time the child passed stools, 95 percent confidence interval by survey domain.

6. Women Health

6.1. Current use of Contraception

The current use of contraception measure the actual use of contraceptive practices among women age 15 to 49 years who are married or in union at the time of the survey. It is one of the key indicators that help to assess success of a family planning programs. Appropriate family planning is important for the health of women and children.

In Nigeria, 23 percent of women currently married or in union age 15 to 49 years reported current use of any contraceptive methods. Overall, 15 percent uses modern methods while 8 percent rely on traditional methods. Only 4 percent of adolescent (15 to 19 years) reported current use of contraception compared to 25 percent of adult women (20-49 years).

The South West zone has the highest proportion of women currently using family planning methods (45 percent), followed by the South East (42 percent). The lowest proportion of women married or in union using a family planning method is in the North West (6 percent).

Table 12: Use of contraception

Percent of women age 15 to 49 years currently married or in union who are using (or whose partner is using) a contraceptive method, Nigeria, 2014

Background characteristics	Modern method	Traditional method	Any method	Number of women age 15-49 years currently married or in union
National	15.2 [14.3,16.1]	7.9 [7.3,8.6]	23.2 [22.1,24.3]	17689
Age group				
15 to 19	2.2 [1.4,3.4]	1.4 [0.8,2.4]	3.6 [2.6,5.0]	1198
20 to 49	16.2 [15.3,17.1]	8.4 [7.8,9.1]	24.6 [23.5,25.8]	16491
Zone				
North Central	15.9 [13.8,18.2]	6.2 [5.1,7.6]	22.1 [19.5,25.0]	3143
North East	6.3 [5.0,8.0]	1.9 [1.3,2.7]	8.2 [6.7,10.1]	3258
North West	5.1 [3.8,6.7]	0.7 [0.5,1.2]	5.8 [4.5,7.5]	4232
South East	19.3 [17.2,21.6]	23.1 [19.9,26.6]	42.4 [38.6,46.3]	1928
South South	21.8 [19.4,24.3]	14.5 [12.4,16.9]	36.3 [33.2,39.4]	2101
South West	31.3 [28.7,34.1]	13.9 [11.9,16.2]	45.3 [42.0,48.6]	2908
State				
Abia	25.9 [20.5,32.2]	13.2 [9.4,18.3]	39.2 [32.7,46.0]	378
Adamawa	8.5 [5.6,12.7]	3.9 [1.8,8.0]	12.3 [7.9,18.8]	413
Akwa-Ibom	26.2 [21.0,32.2]	14.9 [9.6,22.6]	41.2 [33.7,49.1]	328
Anambra	18.5 [14.6,23.2]	22.2 [15.6,30.7]	40.7 [32.4,49.7]	378
Bauchi	8 [4.9,12.8]	0.7 [0.3,2.0]	8.7 [5.5,13.5]	688
Bayelsa	17.2 [13.0,22.5]	20.1 [14.6,26.9]	37.3 [30.5,44.7]	319
Benue	19.9 [14.0,27.4]	16.3 [11.7,22.4]	36.2 [27.3,46.1]	423

Table 12: continued				
Background Characteristics	Modern method	Traditional method	Any method	Number of women age 15-49 years currently married or in union
Borno	1 [0.4,2.6]	0	1 [0.4,2.6]	516
Cross River	23.1 [17.9,29.4]	14.5 [10.5,19.7]	37.7 [31.0,44.8]	337
Delta	23.5 [18.0,30.2]	13.2 [9.1,18.9]	36.8 [29.5,44.7]	340
Ebonyi	11.6 [8.6,15.4]	34.7 [26.1,44.4]	46.2 [36.0,56.8]	424
Edo	20.2 [15.9,25.2]	6.6 [4.0,10.6]	26.8 [21.7,32.6]	456
Ekiti	30.4 [24.1,37.5]	12.4 [8.4,17.8]	42.7 [34.6,51.3]	372
Enugu	21 [16.6,26.3]	28.3 [21.3,36.5]	49.4 [42.0,56.8]	385
FCT	17.4 [13.5,22.2]	1.2 [0.4,3.3]	18.6 [14.3,24.0]	413
Gombe	11 [6.7,17.6]	0.5 [0.1,2.3]	11.5 [7.1,18.3]	555
Imo	18.2 [13.6,23.9]	20.9 [14.6,29.1]	39.1 [31.1,47.8]	363
Jigawa	8.1 [4.8,13.3]	0.5 [0.2,1.4]	8.6 [5.1,14.0]	630
Kaduna	8.3 [5.3,12.8]	2.2 [1.1,4.4]	10.5 [6.8,15.9]	554
Kano	8.3 [4.8,13.8]	0.6 [0.2,2.0]	8.9 [5.4,14.3]	628
Katsina	1.7 [0.8,3.8]	0.4 [0.1,1.9]	2.1 [1.1,4.3]	703
Kebbi	0.2 [0.0,1.1]	0.5 [0.1,2.0]	0.6 [0.2,2.0]	646
Kogi	12.3 [8.3,17.8]	7 [4.7,10.5]	19.3 [13.7,26.6]	383
Kwara	17.4 [11.3,25.7]	6.4 [4.1,9.9]	23.8 [16.8,32.5]	374
Lagos	32.4 [27.2,38.1]	18.4 [14.0,23.9]	50.9 [44.1,57.6]	586
Nasarawa	14.1 [9.9,19.6]	4.6 [2.6,7.8]	18.6 [13.5,25.1]	483
Niger	12.6 [8.3,18.7]	1.4 [0.6,3.5]	14 [9.3,20.6]	564
Ogun	28.5 [23.1,34.7]	14.9 [10.6,20.7]	43.5 [36.3,50.9]	529
Ondo	20.4 [15.7,26.2]	9.4 [5.4,15.9]	29.8 [22.1,38.8]	416
Osun	34.3 [29.2,39.9]	12.5 [8.8,17.4]	46.8 [39.5,54.2]	440
Oyo	35.8 [29.2,42.9]	10.1 [6.9,14.5]	45.8 [38.5,53.4]	565
Plateau	18.3 [13.2,24.7]	4.6 [2.7,7.5]	22.9 [17.7,29.0]	503
Rivers	18.7 [13.5,25.3]	18.7 [13.6,25.1]	37.4 [30.2,45.1]	321
Sokoto	0.7 [0.2,2.1]	0.0	0.7 [0.2,2.1]	595
Taraba	9 [5.1,15.3]	3.5 [1.9,6.3]	12.5 [8.0,18.9]	456
Yobe	2.4 [1.0,5.5]	5.2 [2.8,9.6]	7.6 [4.4,13.0]	630
Zamfara	0.7 [0.2,2.1]	0.3 [0.0,2.4]	1 [0.4,2.7]	595

6.2. Assistance at Delivery

Inadequate maternal care during pregnancy and delivery is mainly responsible for the considerable proportion of maternal deaths. Assistance during childbirth by skilled health provider is an important intervention to improve the birth outcome and the mother's and infant's health. Table 13, shows the proportion of live births in the 2 years prior to the survey assisted by skilled provider. Forty two percent of all deliveries are assisted by skilled provider. This percentage is highest in South East zone at 91 percent and lowers in North West zone at 14 percent. Only 27 percent of mother's age 15 to 19 years are assisted during delivery by skilled provider compared to 44 percent of women age 20 to 49 years. The proportion of delivery assisted by health provider considerably varied among states; the highest in Anambra state at 98 percent and the lowest in Sokoto state at 3 percent.

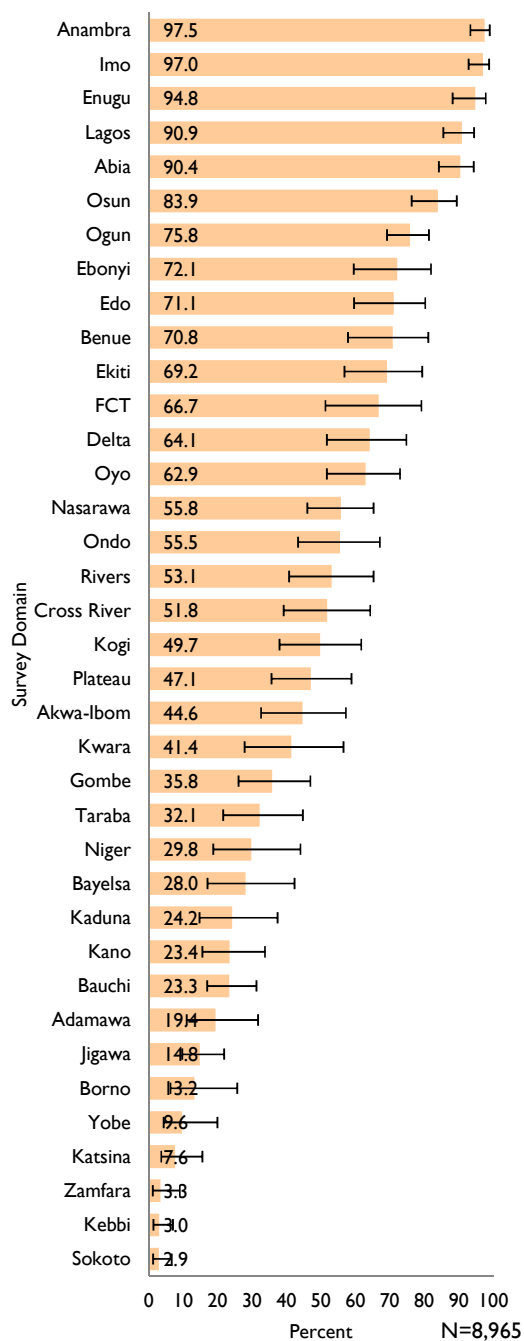


Table 13: Assistance during delivery and Iron supplementation

Percent distribution of women age 15 to 49 with a live birth in the last two years who assisted at delivery by skilled provider and the percentage who took iron tablets or syrup Nigeria, 2014

Background characteristics	Delivery assisted by skilled attendant	Took iron tablet or syrup	Number of women who had a live birth in preceding two years
National	42.4 [40.6,44.3]	61 [58.9,63.0]	8,965
Age group			
15 to 19	26.8 [22.7,31.3]	47 [41.6,52.6]	553
20 to 49	43.5 [41.6,45.4]	61.9 [59.8,63.9]	8,412
Zone			
North Central	49.2 [44.1,54.3]	57.2 [52.2,62.0]	1,522
North East	21.7 [18.1,25.7]	53.7 [48.5,58.9]	1,709
North West	14.1 [11.3,17.4]	38.3 [34.3,42.6]	2,344
South East	91.4 [88.4,93.6]	90.4 [88.0,92.4]	853
South South	54.4 [49.1,59.6]	73.8 [69.5,77.6]	1,037
South West	76.4 [72.7,79.6]	89 [86.2,91.2]	1,428
State			
Abia	90.4 [84.2,94.3]	91.8 [84.9,95.7]	146
Adamawa	19.4 [11.0,31.7]	49.5 [34.6,64.4]	186
Akwa-Ibom	44.6 [32.6,57.2]	58.6 [47.7,68.7]	157
Anambra	97.5 [93.4,99.0]	91.7 [87.2,94.7]	157
Bauchi	23.3 [16.9,31.3]	74 [61.3,83.7]	373
Bayelsa	28 [17.0,42.3]	56.5 [43.9,68.3]	161
Benue	70.8 [57.8,81.1]	65.7 [54.5,75.5]	178
Borno	13.2 [6.3,25.7]	26.1 [15.7,40.1]	234
Cross River	51.8 [39.1,64.3]	79.9 [70.3,87.0]	164
Delta	64.1 [51.7,74.8]	75.4 [63.0,84.7]	167
Ebonyi	72.1 [59.5,81.9]	85.1 [76.7,90.9]	222
Edo	71.1 [59.6,80.3]	81.6 [71.5,88.7]	228

Figure 9: Percent distribution of women age 15 to 49 with a live birth in the last two years who assisted at delivery by skilled provider, 95 percent confidence interval by survey domain

Table 13: continued			
Background characteristics	Delivery assisted by any skilled attendant	Took iron tablet or syrup	Number of women who had a live birth in preceding two years
Ekiti	69.2 [56.8,79.4]	80.2 [64.4,90.1]	182
Enugu	94.8 [88.2,97.8]	90.7 [85.3,94.2]	193
FCT	66.7 [51.3,79.1]	65.6 [48.9,79.2]	186
Gombe	35.8 [26.0,46.9]	75.5 [62.9,84.9]	327
Imo	97 [92.8,98.8]	91.9 [85.6,95.5]	135
Jigawa	14.8 [9.7,21.8]	55.9 [45.3,66.0]	365
Kaduna	24.2 [14.7,37.4]	43.4 [31.6,56.0]	297
Kano	23.4 [15.5,33.7]	65.3 [52.1,76.6]	329
Katsina	7.6 [3.6,15.5]	22 [14.2,32.5]	381
Kebbi	3 [1.3,7.0]	13 [7.2,22.4]	362
Kogi	49.7 [37.9,61.7]	60.6 [46.2,73.4]	193
Kwara	41.4 [27.8,56.5]	47 [34.5,59.8]	181
Lagos	90.9 [85.5,94.4]	96.3 [93.3,98.0]	296
Nasarawa	55.8 [46.0,65.2]	73.1 [63.0,81.3]	242
Niger	29.8 [18.7,44.0]	34 [22.7,47.5]	285
Ogun	75.8 [69.2,81.3]	89.6 [84.7,93.1]	260
Ondo	55.5 [43.3,67.1]	73.2 [59.1,83.8]	209
Osun	83.9 [76.3,89.4]	92.6 [88.4,95.4]	217
Oyo	62.9 [51.7,72.9]	86.4 [78.2,91.8]	264
Plateau	47.1 [35.6,58.9]	72 [60.4,81.3]	257
Rivers	53.1 [40.7,65.2]	81.3 [72.5,87.7]	160
Sokoto	2.9 [1.2,6.6]	10.4 [5.5,19.0]	346
Taraba	32.1 [21.6,44.7]	66.7 [53.4,77.7]	234
Yobe	9.6 [4.3,19.9]	22.3 [14.0,33.4]	355
Zamfara	3.3 [1.1,9.0]	15.5 [8.8,25.7]	336

6.3. Iron Supplementation during Pregnancy

Table 13 shows the proportion of women who took iron tablets or syrup during their most recent pregnancy in the two years prior to the survey. Of those women who gave birth in the two years prior to the survey, 61 percent took iron tables or syrup. There was a significant variation in iron supplementation among states that ranges from 10 to 96 percent. Women in age 15 to 19 years were less likely than women in age 20 to 49 years to have taken iron supplements during pregnancy.

7. Malaria

7.1. Ownership and Use of Mosquito Net by Children

Malaria is one of the leading cause of morbidity and mortality in Nigeria. Children under the age of 5 years and pregnant women are the most vulnerable to illness and death from malaria. Prevention measures, especially the use of insecticide treated net (ITNs) is currently considered the most cost-effective method of malaria prevention in highly endemic areas.

All household were asked whether they possess any type of mosquito net and, if so, how many. The result indicate that 53 percent of households in Nigeria possess at least one mosquito net. The percentage of households that own any mosquito net is the highest (62 percent) in the South West zone while the lowest at 44 percent in South South zone. The possession of mosquito nets varies noticeably by states. In Sokoto states 76 percent of the households possesses any type of mosquito net while only 24 percent possesses any type of mosquito net in Federal Capital Territory (FCT).

The result indicate that 25 percent of children slept under any net on the night before the interview. Children in the South West zone are more likely to sleep under a net (41 percent) than other zones, with the lowest in the North Central zone at 16 percent.

Background Characteristics	Percentage of households with at least one mosquito net:	Number of households	Percentage of children age 0-59 who spent last night in the interviewed households	Percentage of children who slept under mosquito net last night	Number of children age 0-59 months
National	53.3 [52.0,54.5]	25,567	99 [98.8,99.1]	25.4 [24.0,26.8]	20,939
Zone					
North Central	45 [41.8,48.2]	4,491	98.3 [97.7,98.7]	16.2 [13.6,19.1]	3,493
North East	54.7 [51.2,58.0]	3,855	99.3 [98.9,99.5]	20.9 [17.8,24.5]	3,982
North West	55.6 [52.5,58.6]	4,501	98.5 [98.0,98.9]	23 [19.9,26.5]	5,274
South East	54.4 [51.6,57.2]	3,819	99.1 [98.5,99.4]	21.5 [18.5,24.7]	2,272
South South	43.8 [41.1,46.5]	4,437	99.2 [98.7,99.5]	25.5 [22.6,28.7]	2,465
South West	62.1 [59.3,64.9]	4,464	99.7 [99.4,99.8]	40.5 [36.8,44.4]	3,453
State					
Abia	47.1 [39.6,54.8]	766	99.2 [96.7,99.8]	28.6 [19.6,39.7]	374
Adamawa	50.5 [42.8,58.3]	641	99.3 [98.1,99.8]	13.7 [7.8,22.7]	454
Akwa-Ibom	31.9 [26.5,37.9]	742	98.6 [96.3,99.5]	18.1 [13.0,24.8]	364
Anambra	48 [42.0,54.0]	748	99.1 [97.8,99.7]	16.4 [12.4,21.4]	452
Bauchi	54.1 [46.0,62.0]	658	99 [98.3,99.4]	13.9 [8.3,22.3]	902
Bayelsa	39.4 [32.5,46.8]	715	99.2 [96.7,99.8]	28.6 [21.2,37.3]	371
Benue	54.3 [46.1,62.3]	615	98.7 [96.5,99.5]	18 [12.6,25.2]	455
Borno	59.9 [51.3,67.9]	611	99.2 [97.5,99.7]	34.8 [25.9,44.9]	624
Cross River	44.3 [38.1,50.8]	724	99.8 [98.3,100.0]	25.8 [18.8,34.4]	422
Delta	51.7 [44.3,59.0]	764	99.7 [98.2,100.0]	32.6 [24.9,41.3]	396

Table 14: continued

Background Characteristics	Percentage of households with at least one mosquito net:	Number of households	Percentage of children age 0-59 who spent last night in the interviewed households	Percentage of children who slept under mosquito net last night	Number of children age 0-59 months
Ebonyi	47.4 [40.6,54.3]	768	99.4 [98.4,99.8]	22.6 [15.2,32.3]	535
Edo	53.1 [46.2,59.8]	767	98.6 [96.8,99.4]	24.2 [17.3,32.9]	553
Ekiti	36.1 [30.1,42.4]	721	99.8 [98.3,100.0]	20.6 [14.0,29.3]	427
Enugu	58.8 [52.8,64.5]	769	99.2 [97.9,99.7]	27.1 [20.6,34.7]	487
FCT	24.2 [19.7,29.4]	698	98.8 [97.3,99.5]	10.8 [7.3,15.8]	417
Gombe	52.1 [45.2,58.8]	657	99.3 [98.2,99.7]	13.9 [9.8,19.2]	727
Imo	66.4 [61.0,71.4]	768	98.6 [96.5,99.4]	16.5 [11.5,23.1]	424
Jigawa	65.6 [58.2,72.4]	640	98.2 [96.7,99.0]	33.9 [24.4,45.0]	816
Kaduna	41.5 [33.7,49.8]	655	99.2 [98.2,99.6]	13.8 [9.5,19.6]	625
Kano	51.7 [45.3,58.1]	659	98.3 [97.2,99.0]	26.2 [18.7,35.4]	759
Katsina	71.7 [64.0,78.3]	657	97.1 [94.3,98.5]	34.2 [26.1,43.4]	751
Kebbi	39.4 [29.4,50.5]	639	99.6 [98.9,99.9]	12.4 [6.5,22.3]	816
Kogi	55.6 [48.5,62.4]	630	98.5 [96.5,99.4]	22.7 [16.2,30.7]	397
Kwara	39.9 [31.2,49.2]	637	98.3 [97.0,99.0]	10.8 [6.4,17.6]	464
Lagos	62.9 [57.5,67.9]	768	99.7 [98.9,99.9]	34.7 [27.8,42.3]	726
Nasarawa	32.4 [26.3,39.1]	633	99 [97.9,99.5]	8.5 [5.2,13.6]	505
Niger	41.7 [32.4,51.5]	624	97.2 [95.2,98.4]	17.5 [10.5,27.5]	676
Ogun	68.2 [61.1,74.6]	721	99.7 [97.9,100.0]	50.6 [42.1,59.0]	627
Ondo	55.2 [49.2,61.0]	721	99.6 [98.5,99.9]	37.1 [27.8,47.5]	488
Osun	70.6 [65.1,75.6]	769	99.8 [98.6,100.0]	47.4 [39.3,55.7]	502
Oyo	66.8 [58.4,74.2]	764	99.6 [98.1,99.9]	49.2 [39.3,59.1]	683
Plateau	52.1 [44.4,59.8]	654	97.9 [96.0,98.9]	18 [11.7,26.5]	579
Rivers	42.1 [36.8,47.6]	725	99.4 [97.9,99.9]	25.3 [19.9,31.8]	359
Sokoto	75.7 [67.4,82.4]	637	99.3 [98.0,99.8]	19.5 [12.1,29.8]	749
Taraba	41 [33.1,49.5]	636	99.6 [98.4,99.9]	15.1 [10.2,21.8]	490
Yobe	67.2 [59.9,73.7]	652	99.5 [98.4,99.8]	32.4 [22.9,43.5]	785
Zamfara	44.8 [35.2,54.8]	614	99.1 [97.8,99.6]	11.1 [6.9,17.3]	758

8. Water and Sanitation

8.1. Water

The source of drinking water is an indicator for whether it is suitable for drinking or not. Nigeria has a goal to increased access to improved drinking water to 77 percent by end of 2015. The population using improved source of drinking water are those using any of the following types of supply: piped water (into dwelling, compound, yard or plot, to neighbor, public tap/standpipe), tubewell/borehole, protected well, protected spring and rain water.

Overall, 52 percent of households in Nigeria have access to an improved source of drinking water. The most common source of improved drinking water in Nigeria is tubewell/borehole (34 percent). The proportion of households in South East has the highest at 65 percent access to improved source of drinking water while North West has the lowest at 40 percent. Among states, the access to improved source of drinking water varies from 19 percent to 84 percent.

8.2. Sanitation

Inadequate disposal of human excreta and personal hygiene is associated with a range of diseases including diarrhoeal disease. An improved sanitation facility is defined as one that hygienically separates human excreta from human contact. Ensuring adequate sanitation facility is one of the Millennium Development Goals (MDG7). Improved sanitation facilities for excreta disposal include flush or pour flush to a piped sewer system, septic tank or pit latrine; ventilated improved pit latrine, pit latrine with slab, and use of a composting toilet.

Overall, only 37 percent of households in Nigeria have access to improved sanitation facility. In the South West zone 69 percent of households have access to improved sanitation facility while in North West only 20 percent of households have access. The percentage of access to sanitation facilities varies significantly among states with the highest in Lagos state at 98 percent and lowest in Zamfara state at 5 percent. Bush/field is the most common non-improved type of facility used in Nigeria.

Table 15: Use of improved water sources and sanitation facility

Percent distribution of household using improved drinking water sources and have access to improved sanitation facility, Nigeria, 2014

Background Characteristics	Improved sources of drinking water	Improved Sanitation Facility	Number of households
National	52 [49.6,54.5]	37.2 [35.3,39.1]	25,571
Zone			
North Central	53.6 [47.6,59.5]	30.9 [26.6,35.6]	4,493
North East	46 [39.3,52.8]	21 [16.9,25.9]	3,856
North West	40.2 [34.5,46.2]	20.4 [16.4,25.1]	4,501
South East	65.3 [59.5,70.6]	48.3 [43.5,53.2]	3,819
South South	63.3 [58.2,68.2]	39 [34.2,44.1]	4,438
South West	54 [48.7,59.3]	66.8 [62.4,71.0]	4,464
State			
Abia	70.5 [56.1,81.7]	60.4 [46.9,72.5]	766
Adamawa	48.9 [34.1,64.0]	11.1 [5.1,22.4]	642
Akwa-Ibom	69.7 [55.7,80.8]	48.4 [36.7,60.2]	742
Anambra	62.4 [49.8,73.6]	58.7 [48.3,68.4]	748
Bauchi	59.1 [42.3,74.1]	21.3 [13.5,31.9]	658
Bayelsa	32.4 [21.3,46.0]	15.6 [9.4,24.9]	716
Benue	47.7 [33.3,62.5]	25.5 [15.7,38.6]	616
Borno	33.9 [20.5,50.4]	24.7 [13.9,40.0]	611
Cross River	37.8 [25.3,52.3]	25.6 [17.0,36.6]	724
Delta	65.8 [54.5,75.6]	49.1 [36.9,61.4]	764
Ebonyi	63.9 [49.2,76.5]	12.6 [7.0,21.7]	768
Edo	56.6 [44.2,68.2]	42.9 [31.7,54.8]	767
Ekiti	74.1 [61.2,83.8]	42.4 [31.7,54.0]	721
Enugu	44 [30.7,58.2]	27.4 [18.1,39.3]	769
FCT	61 [48.3,72.4]	73.8 [61.0,83.5]	698
Gombe	51.9 [36.0,67.4]	29.8 [20.4,41.4]	657
Imo	82.7 [71.4,90.1]	65.4 [54.5,74.9]	768
Jigawa	80 [66.3,89.0]	11.9 [5.5,23.9]	640

Table 15: continued

Background Characteristics	Improved sources of drinking water	Improved Sanitation Facility	Number of households
Kaduna	33.1 [21.3,47.6]	11.1 [5.8,20.3]	655
Kano	45.5 [31.6,60.2]	43.6 [31.1,56.9]	659
Katsina	35.6 [21.9,52.2]	21.9 [13.2,34.1]	657
Kebbi	18.6 [8.8,35.2]	6.9 [2.6,17.3]	639
Kogi	49.5 [34.6,64.5]	31.4 [21.6,43.3]	630
Kwara	77.1 [63.7,86.6]	32.8 [20.7,47.8]	637
Lagos	37.6 [27.1,49.4]	98.3 [95.4,99.4]	768
Nasarawa	45 [30.6,60.4]	20.5 [13.0,30.9]	633
Niger	54.9 [38.2,70.5]	23.7 [14.0,37.1]	625
Ogun	51.5 [38.2,64.5]	63.4 [49.7,75.2]	721
Ondo	52 [38.8,65.0]	47 [34.1,60.3]	721
Osun	72.2 [60.3,81.6]	54 [41.2,66.2]	769
Oyo	63.7 [51.0,74.8]	48.8 [34.6,63.2]	764
Plateau	45.9 [31.2,61.2]	20.6 [11.9,33.4]	654
Rivers	84 [70.4,92.0]	36.4 [25.9,48.4]	725
Sokoto	30.5 [17.3,47.8]	8.3 [3.7,17.9]	637
Taraba	31.1 [18.9,46.7]	30.2 [19.9,42.9]	636
Yobe	45.2 [29.5,62.0]	9.8 [4.7,19.2]	652
Zamfara	25.7 [14.5,41.5]	5.2 [1.8,13.9]	614

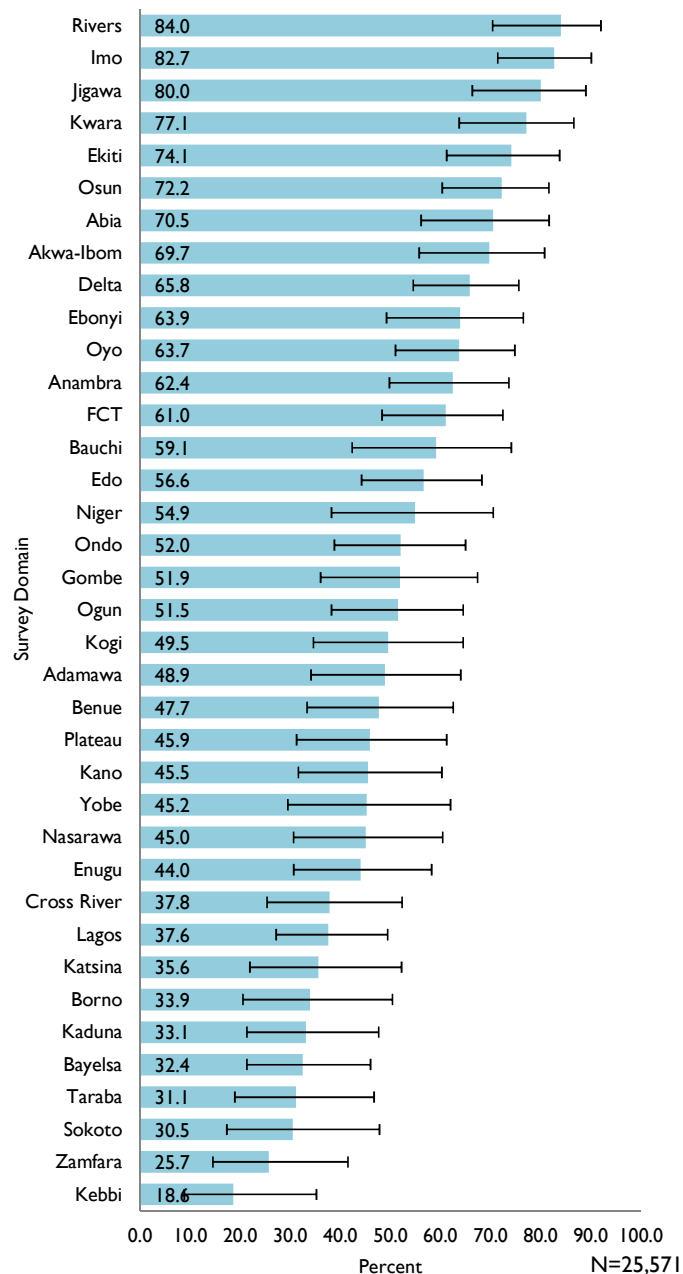


Figure 10: Percent distribution of household using improved drinking water, 95 percent confidence interval by survey domain

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