

# Nigeria Data Dashboard

Access the online data dashboard and download the full report:  
<https://zdlh.gavi.org/semiannual-update>



## Background

The Nigeria Learning Hub (April 2023–December 2025) is led by the [African Field Epidemiology Network](#) (AFENET) with the [Africa Health Budget Network](#) (AHBN).

The Learning Hub focuses on eight districts/local government areas (LGAs) with high zero-dose (ZD) burden and overlap with the 100 priority LGAs, utilizing data from various assessments to understand barriers and determinants. Results from the Decentralized Immunization Monitoring (DIM) indicate that:

- An estimated 33% of children aged 10 weeks to 24 months are not vaccinated with DTPI across the eight LGAs.
- Caregivers of ZD children face greater barriers, including trust issues with health workers, highlighting the need for targeted interventions.

Data on ZD (including barriers and determinants) are available in the [Rapid Assessment](#), the DIM (draft), and the implementation research (forthcoming), but the different objectives and methods limit head-to-head comparison.

### Grants in Nigeria

#### • Health System Strengthening (HSS-3)

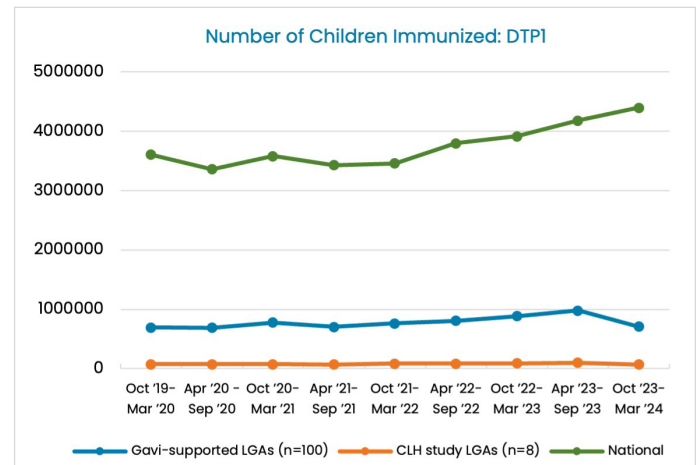
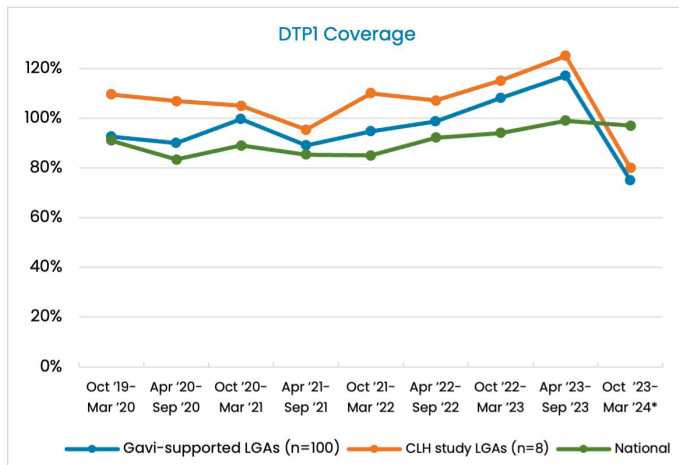
(2019–2023): In August 2024, IRC approved the full portfolio planning (FPP) for allocation of the remaining funds HSS \$133 M, 2025–2028. Disbursement from government is anticipated to start in Q1 2025.

#### • Equity Accelerator Funding (EAF): Not applicable.



## DTPI Trends in Nigeria, 2019–2023

Overall trends in the number of DTPI vaccinations are generally increasing since mid-2022, although this is less evident in Learning Hub LGAs due to the scale of the figure. DTP coverage in the national, Gavi-supported, and CLH study LGAs largely mirror one another, with similar fluctuations over time and a sharp decrease in coverage since the period April–September 2023, except for the national coverage levels which remain relatively stable.



\*All data for 2019–2023 were retrieved from the WHO monthly immunization results database. For 2024, the number of children immunized with DTPI in March were not yet available through WHO at the time of this report; ZDLH will adjust these figures with updated data for the period October 2023–March 2024 in the next semiannual update.

## Factors Associated with ZD

Learning Hub findings reveal regional variations in barriers and facilitators affecting immunization efforts across Nigeria:

- In the North–West, barriers include low trust in health workers and poor vaccine confidence, while facilitators involve engaging community influencers, such as religious and traditional leaders, as vaccine advocates.
- The North–East faces gender inequality, economic barriers, and vaccine stock-outs; however, empowering women through education and economic initiatives, as well as implementing novel vaccine delivery methods, are identified as facilitators.
- In the North–Central region, barriers include low trust in health workers and geographic disparities, while facilitators include

engaging community leaders and improving access through financial incentives for immunization.

- The South–West experiences challenges such as long queues, poor access in rural areas, and concerns about vaccine safety, but benefits from an increased skilled workforce and the use of existing communication channels like WhatsApp and SMS for reminder systems and education campaigns.
- The South–East notes inconvenient timing of vaccination sessions as a barrier, with community engagement and improved communication strategies serving as facilitators.
- The South–South region identifies geographic and economic disparities as barriers, while improved access in rural areas and effective communication strategies contribute to overcoming these challenges.



## Study Sub-Districts in Nigeria: Trends in DTP1 Coverage from Q4 2022 to Q1 2024



(Source: Nigeria DHIS2 reported in Nigeria CLH Quarterly Progress Report)

### Implementation Research and Strategies

The Learning Hub's implementation research (IR) is guided by the Zero-Dose Reduction Plan (ZDROP), which emphasizes integrating routine immunization with primary health care through:

- A catch-up campaign focused on identifying, enumerating, and vaccinating ZD children in high-burden areas.
- Utilizing geo-coded data for improved microplanning and mapping of ZD and UI children.
- Ongoing engagement with stakeholders and training for vaccination teams to ensure effective execution of interventions.

This figure displays subnational data on DTP1 coverage from the Nigeria DHIS2 over an 18-month period, Q4 2022 to Q1 2024. Trends in DTP1 coverage across the eight LGAs (districts) targeted by the Learning Hub show significant variability over time except in Sumaila, where they remain relatively stable, fluctuating between 69% and 78%. In contrast, other areas show dramatic changes; for example, Wamako's coverage dips to a low of 51% in Q2 2023, surges to 132% by Q4, and then decreases to 76%. Similarly, Jere shows exceptionally high coverage rates, with a low of 200% in Q2 2023 and peaking at 286% the following quarter. These extremes in coverage rates, particularly the figures exceeding 100%, likely indicate issues with data quality or substantial underestimations of the target population.

### Rapid Assessment Findings\*

Health Facility Assessment evaluated 32 health facilities:

- Immunization Sessions: 59% of facilities conduct immunization sessions two days a week, while 19% operate five days a week.
- Vaccine Stockouts: 28% experienced vaccine stockouts in the past six months.
- Microplanning: Reach Every Ward (REW) microplans are available in 81 percent of facilities.
- DTP Analysis: 78% conduct analyses of DTP dropouts (*Penta 1 to 3*) to inform routine immunization strategies.

Critical Motivators for Vaccination identified factors influencing vaccination decisions including:

- Fathers' approval
- Desire to reduce child morbidity and mortality
- Caregiver knowledge of vaccination importance
- Social influences and financial independence

Trust Issues: Preliminary results from the DIM indicate that 42% of ZD caregivers do not trust the health workers administering vaccines, suggesting substantial barriers to immunization among ZD populations.

\*The Nigeria CLH carried out a rapid assessment in the eight Learning Hub LGAs in 2023/24 that comprised a Health Facility Assessment in 32 facilities and a household survey in the communities located within the facility catchment areas.

### Immunization Coverage for Children 12–23 Months Across the 8 CLH Study LGAs

Antigen	Overall, N=2,014
BCG	72%
Penta 1	66%
Penta 2	59%
Penta 3	55%
Measles 1	49%

(Source: Nigeria CLH Decentralized Immunization Monitoring using LQAS in 8 LGAs (April–June 2024))

## Learning Agenda

A national learning agenda was developed using a Delphi method with stakeholders – the validation workshop was held in September 2024. The learning agenda also documents what are the available tools and methods and the organizations responsible for providing the data. These results will be used to consolidate data and findings from partners in order to answer the questions.

Learn more: [Zero-Dose Learning Hub Nigeria Learning Agenda Workshop Report](#)

### Most Critical Learning Priorities Ranked (Average Percentage of Three Rankings)

1. What are the most effective approaches and methods for identifying ZD and UI children and for monitoring and measuring their coverage through to full vaccination? (100%)
2. What community engagement strategies are most effective at reducing the number of ZD children? (97%)
3. What are the key enablers and barriers at each level of the health system (policy to community) to identifying, monitoring, and measuring ZD children and missed communities? (95.5%)
4. Where and who are ZD children and missed communities? Why are they being missed? (93.9%)
5. What are the evidence gaps at national/subnational levels related to the identification, monitoring, and measurement of ZD and missed communities? (93.6%)

## Sub-National Budget Analysis

A Learning Hub analysis of health budget allocations in four focal states (2021–2023) indicated an upward trend in Bauchi, while Borno and Kano saw declines, and Sokoto had mixed results. However, actual health funding released has consistently fallen short of allocations due to bureaucratic challenges and limited political will.

To tackle these issues, a state-led Community of Practice (CoP) has been established to monitor immunization financing indicators and advocate for increased funding for ZD children and missed communities. A significant achievement is Bauchi State's creation of a dedicated immunization budget line for 2025, reflecting successful advocacy. Additionally, AHBN is monitoring the immunization budget to ensure the sustainability of ZDROP activities being evaluated through Learning Hub IR.

Learn more: [Sub-National Budget Analysis Focusing on Immunization Under the Nigeria Zero-Dose Learning Hub Consortium in Nigeria](#)

### Proportion of Annual Health Budget

Proportion of Budget Allocated to Health				
#	Focal State	2021	2022	2023
1	Bauchi	11.2%	11.4%	15.0%
2	Borno	15.8%	9.1%	7.4%
3	Kano	17.3%	15.4%	14.7%
4	Sokoto	11.8%	15.7%	13.5%

## Key Insights, Decisions, and Use of Learning Hub Results

- The government has deprioritized OIRIS, prompting the Learning Hub to adapt its IR approach to focus on ZDROP and IEV.
- Engagement with Bauchi state health and budget representatives successfully led to the inclusion of a dedicated line item for immunization in the state budget.
- Results from the DIM have been disseminated at national, global, and LGA levels. These findings revealed previously unknown behavioral indices, and action plans have been developed for specific stakeholders, such as facility in-charges. Community leaders are now actively promoting the importance of immunization. While changes have yet to be realized, they plan to monitor progress through DHIS2 analysis.
- During DIM, reports of measles and mpox were documented, enhancing surveillance efforts for these diseases.
- In Sokoto State, inadequate distribution of health facilities was identified. In response, UNICEF is scaling up routine immunization by deploying service providers to six facilities, providing training, and introducing paid volunteers to reduce transportation costs for caregivers. Currently, these facilities lack essential DHIS2 reporting tools, requiring reports to be sent to the nearest facility. UNICEF is working with national authorities to resolve the DHIS2 reporting issue, which is expected to enhance immunization tracking.
- The insights gained from DIM will complement new DHIS2 analyses, helping to identify the factors contributing to “no immunization” and enabling assessments of changes over the next six months.
- The Lot Quality Assurance Sampling (LQAS) methodology is providing performance results at the ward level and aggregate point estimates at the LGA level, with plans for replication in six months.
- Ongoing insecurity continues to impact access to immunization services in certain areas.

