Nigeria Learning Hub - October 2025

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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 local government areas (LGAs) with high zero-dose (ZD) burden that overlap with the 100 priority LGAs and uses data from various assessments to understand barriers to vaccination uptake and determinants of ZD status.

Grants in Nigeria

Health System Strengthening (HSS-3) (2019–2023): In August 2024, Gavi's Independent Review Committee approved the full portfolio planning (FPP) for allocation of the remaining funds HSS $133M, 2025–2028. Disbursement from Gavi to the government and partners started in Q1 2025.

Equity Accelerator Funding (EAF): None to date.

Learning Hub Research	Geographic Focus
Rapid Assessment	Bauchi (Bauchi and Ganjuwa LGAs), Borno (Maiduguri and Jere LGAs), Kano (Kumbotso and Sumaila LGAs), and Sokoto (Wamako and Tambuwal LGAs)
Decentralized Immunization Monitoring (DIM)	Bauchi (Bauchi and Ganjuwa LGAs), Borno (Maiduguri and Jere LGAs), Kano (Kumbotso and Sumaila LGAs), and Sokoto (Wamako and Tambuwal LGAs)
Sub-national Budget Analysis	Bauchi, Borno, Kano, and Sokoto states
Implementation Research	Bauchi (Bauchi and Ganjuwa LGAs) and Sokoto (Wamako and Tambuwal LGAs)
Data Quality Assessment	23 health facilities in Bauchi (Bauchi and Ganjuwa LGAs), Borno (Maiduguri and Jere LGAs), and Kano (Kumbotso and Sumaila LGAs)

Call to Action

Institutionalize the Decentralized Immunization Monitoring (DIM) approach as a routine decision-making tool for managing vaccination services at the LGA level and below. Scale the DIM approach to all 100 ZD LGAs and embed biannual rounds in state planning cycles to generate timely, granular data for targeting and tracking missed communities.

Close the loop between data quality and service delivery. Transform data into action by using data quality assessment (DQA) findings and the practical experience of GEMEL fellows to systematically address gaps in data system tools, recording accuracy, and defaulter tracking. This approach embeds a continuous feedback cycle and turns routine supervision into sustained, hands-on mentorship that builds local capacity, improves reporting timeliness, and ensures timely vaccine availability.

Address persistent gender and socio-behavioral barriers. Operationalize implementation research (IR) evidence on female autonomy, education, and trust in health workers by integrating gender-responsive modules into routine immunization (RI) training, increasing female health worker deployment, and expanding community dialogues and male engagement.

Align funding and accountability through data-driven advocacy. Sustain subnational budget releases and oversight using validated Scorecards and Community of Practice (CoP) platforms linking financial performance to coverage results; institutionalize civil society organization participation in RI technical working groups and taskforces.

Strengthen implementation and cost efficiency through adaptive learning. Use IR and costing insights to tailor state-specific delivery strategies—prioritizing fixed-post models where efficient and mobile/outreach approaches where necessary—while evaluating Z-DROP for cost-effectiveness and sustainability.

Build state capacity for evidence use and long-term ownership. Institutionalize the GEMEL Fellowship and similar mentorship models within state systems to embed measurement and evaluation, budget tracking, and data use skills that sustain ZD identification and response.

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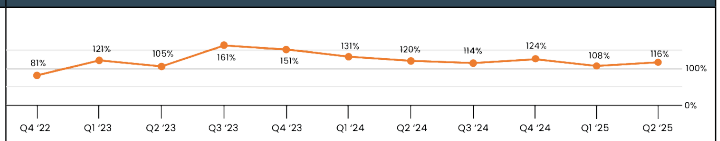
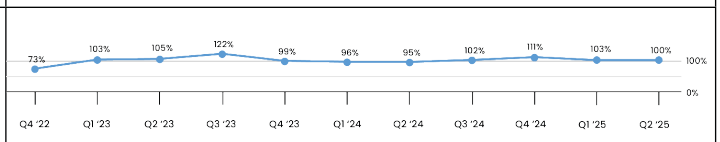
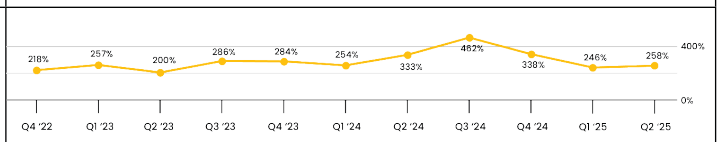
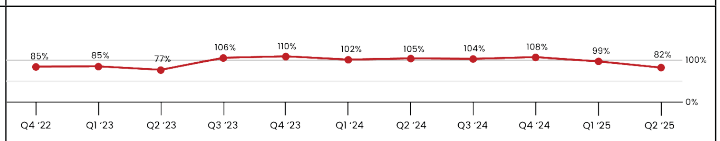
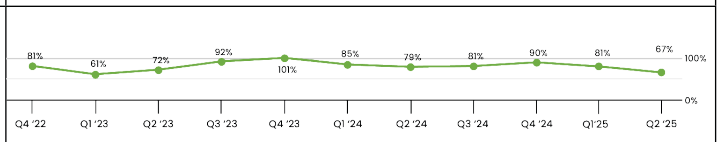
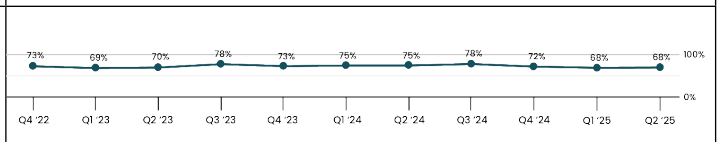
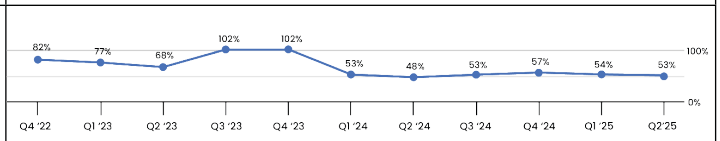
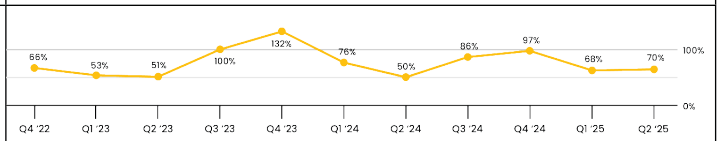
Study Subdistricts in Nigeria: Trends in DTP1 Coverage from Q4 2022 to Q2 2025

(Source: Nigeria DHIS2 reported in Nigeria Learning Hub Quarterly Progress Report)

LGA (# of wards)	Trend Q4 2022 - Q2 2025
Bauchi (20 wards)	
Ganjuwa (16 wards)	
Jere (11 wards)	
Maiduguri (14 wards)	
Kumbotso (11 wards)	
Sumaila (11 wards)	
Tambuwal (11 wards)	
Wamako (11 wards)	

Data interpretation: This figure displays subnational data from the Nigeria DHIS2 on Penta 1 coverage from quarter four (Q4) 2022 to quarter two (Q2) 2025. Trends across the eight LGAs targeted by the Learning Hub continue to show considerable variability. Sumaila remains the most stable, with coverage fluctuating between 68 and 79 percent over the entire period, including the most recent quarters. In contrast, several LGAs experienced notable changes in early 2025. In Jere, coverage remains highly elevated despite some decline from its 2024 peak, still exceeding 240 percent in Q2 2025, reflecting serious, chronic data quality issues affecting the denominator and numerator of its estimates, likely linked to rapid population growth and displacement due to conflict which leads to underestimated target population; and potential duplication of data collected during intensive outreach campaigns. In Bauchi, coverage has stabilized above 100 percent since late 2023, with relatively minor variations. Other LGAs, such as Maiduguri, Kumbotso, Ganjuwa, and Tambuwal, show less dramatic but consistent declines or plateaus in early 2025. Overall, the latest data suggest that while certain LGAs, such as Sumaila and Bauchi, display steadier patterns, others like Jere and Wamako continue to reflect the volatility of service delivery and population dynamics.

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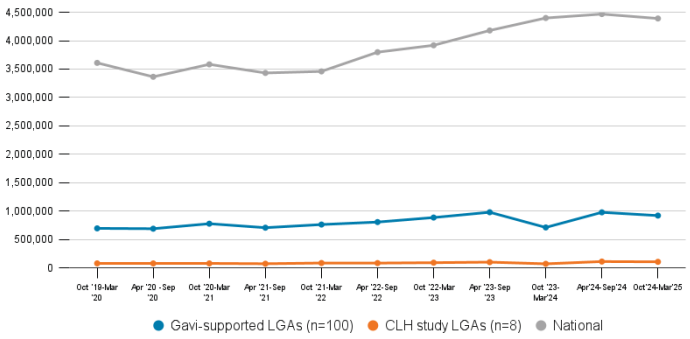
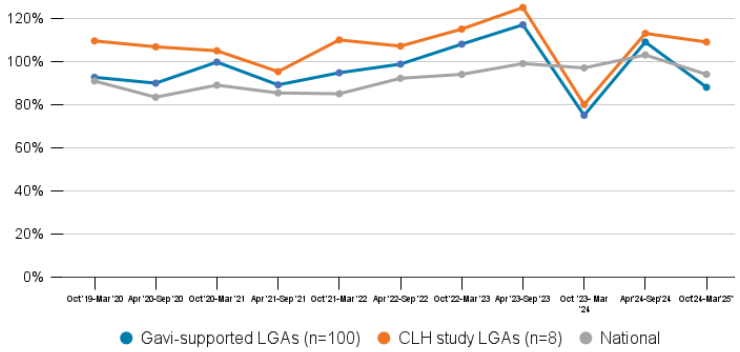
DTP1 Trends in Nigeria, 2019–2025

Number of Children Immunized: DTP1



DTP1 Coverage



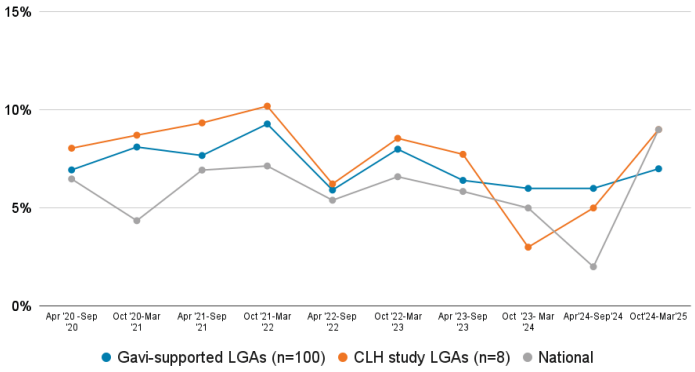
**For the national level, Gavi-supported LGAs, and Learning Hub study LGAs, the denominators for 2019-2024 were retrieved from the WHO monthly immunization results database. For 2025, the respective denominators were retrieved from the Nigeria DHIS2 by the Learning Hub as this data is not yet available through WHO.*

Interpretation: Overall, the number of children immunized with DTP1 has shown a steady upward trend nationally since mid-2022. This growth is mirrored, though at a smaller scale, in the Gavi-supported LGAs and the eight Learning Hub study LGAs, both of which show gradual increases over time.

DTP1 coverage trends across the three levels–national, Gavi-supported LGAs, and Learning Hub study LGAs–broadly follow similar patterns, with fluctuations over time and a notable peak in the April-September 2023 period. Coverage then dipped sharply in the next period (October 2023-March 2024), particularly in the Gavi-supported and Learning Hub LGAs, but has since returned to previous levels close to or above 100 percent. While the national trend remains relatively stable and consistent, coverage in the Gavi-supported and Learning Hub study LGAs shows more variability, likely reflecting differences in local implementation, reporting, and population dynamics.

DTP1 Trends in Nigeria, 2019–2025

DTP1-3 Dropout



While the national- and subnational-level trends presented in this dashboard offer valuable insights into immunization performance over time, data derived from the eJRF and national administrative systems (such as DHIS2) have important limitations for real-time monitoring and decision-making. eJRF data are often subject to significant delays, as they must pass through country and regional reporting channels before becoming publicly available. Similarly, DHIS2 data frequently face quality challenges and are often incomplete at the time of initial reporting, with figures continuing to be revised and updated for many months, in some cases up to a year later. ZDLH's experience with eJRF and DHIS2 data underscores these limitations, highlighting that such data are best interpreted as retrospective performance indicators rather than tools for active program management and course correction.

Interpretation: DTP1-3 dropout rates have generally remained higher and more variable in the Learning Hub study LGAs compared to Gavi-supported LGAs and national averages, which have stayed below seven percent for most of the period, while dropout in the Learning Hub study LGAs peaked above 10 percent on several occasions. All three trends show a decline in dropout during 2024, with national rates falling to around two percent, followed by an increase in the most recent period (October 2024–March 2025), particularly in the Learning Hub study LGAs. These patterns indicate some progress in improving service continuity, though sustaining gains remains a challenge in targeted areas.

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Decentralized Immunization Monitoring

The Learning Hub piloted an approach called Decentralized Immunization Monitoring (DIM) using probability household surveys based on lot quality assurance sampling (LQAS). DIM data are used to classify the performance of all wards in the Learning Hub's eight study LGAs relative to targets for specific antigens. The data are also aggregated at the LGA level to estimate coverage levels and prevalence of behavioral and social drivers of vaccination for children aged 0–11 and 12–23 months. The Learning Hub has carried out three rounds of DIM since April 2024; Round 3 data are currently pending finalization.

- DIM is producing timely, ward-level data on ZD status and delayed vaccination.
- During Round 2, DIM classified 41 wards as high priority for DTP1, 59 for DTP3, and 68 for Measles 1, with 47 wards flagged as high-risk due to multiple antigen failures.
- At LGA level, Round 2 findings showed a modest decline in both delayed immunization and ZD prevalence and documented improvements in DTP1 and DTP3 uptake across multiple LGAs.
- Key socio-demographic barriers to vaccination among mothers of children 12-23 months included low antenatal care attendance, home births, lack of formal education, rural residence, and high economic vulnerability.

Implementation Research

The Learning Hub's IR assesses the effectiveness, efficiency, and cost-effectiveness of two national immunization strategies underway in the four Learning Hub study sites (LGAs) in Bauchi and Sokoto states:

- **Zero-Dose Reduction Operational Plan (Z-DROP),** funded by Gavi, targets 100 prioritized LGAs, aiming for a 15 percent reduction in ZD children by March 2025. The strategy focuses on enhancing coordination and accountability, strengthening service delivery (targeting 85% Penta 1 coverage and <10% Penta 3 dropout), conducting 90 percent of planned sessions, and ensuring 90 percent vaccine availability while driving community engagement to boost demand.
- **Identify, Enumerate, Vaccinate (IEV)** is a national strategy that targets the same 100 prioritized LGAs by using GIS technology to precisely locate overlooked households and settlements. IEV integrates local leaders in the enumeration process to build community trust and improve accuracy. A coupon system is then used to connect the identified ZD/UI children directly with healthcare facilities for vaccination.

Findings

IR led by the Learning Hub has provided critical insights into the cost-effectiveness, efficiency, and equity dimensions of RI strategies. By embedding costing and gender analysis into program reviews, IR is shaping more tailored, context-appropriate solutions to reduce ZD prevalence and strengthen routine immunization systems.

- **Costing analysis** revealed higher vaccination costs but stronger performance in Bauchi (fixed-post efficiency), while Sokoto relied on more expensive outreach/mobile models to reach remote settlements.
- Research on vaccination gender barriers underscored **constraints** on women's agency, including limited mobility, low decision-making power, and restricted financial control, compounded by the shortage of female health workers.
- **Enablers** included literacy levels, financial access, and increased outreach sessions. Findings of the gender study directly informed state commitments to community dialogues, male engagement, and vaccine deployment.

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Subnational Budget Tracking and Accountability

Accountability scorecards and Community of Practice platforms have strengthened state-level financial oversight:

- **Bauchi:** secured ₦261M release in quarter one (Q1) and full ₦870M release by Q2; outreach session allocations increased through Basket Fund review.
- **Borno:** increased RI budget from ₦160M (2024) to ₦234M (2025), with 100 percent release; disbursed ₦204.6M counterpart Basic Health Care Provision Fund funding.
- **Kano:** expanded RI budget to ₦1.5B (184% rise from 2024) with a 95 percent execution rate.
- **Sokoto:** funds earmarked via primary health care (PHC) memorandum of understanding processes; delays addressed through scorecard-backed advocacy.

The **Growing Expertise in Monitoring, Evaluation, and Learning (GEMEL) Fellowship** is a capacity-building initiative designed to institutionalize evidence use in immunization programs. Fellows were selected from state and LGA monitoring and evaluation (M&E) officers, embedded in government systems, where they completed field assignments, received mentorship, and provided hands-on support in data quality, reporting, budget tracking, and evidence-based planning.

- **First Cohort Graduation:** 23 fellows graduated in April 2025, marking the program's first full cycle of trained M&E officers ready to support state and LGA immunization systems.
- **Second Cohort Launched:** A second cohort commenced in May 2025, expanding reach and continuity of skills transfer across the four ZDLH states.
- **Improved Data Quality and Timeliness:** Fellows' field assignments improved reporting timeliness and quality; for example, National Health Management Information System reporting in Kumbotso LGA rose to 99 percent in Q1 2025 following fellow interventions.
- **Defaulter Tracking and ZD Reduction:** In Borno, fellows strengthened defaulter tracking systems, leading to the identification and vaccination of 16 ZD children in Jere/Maiduguri Metropolitan Council LGAs.
- **Capacity Extension through Mentorship:** Fellows co-facilitated trainings in Bauchi and Kano, building capacity of health workers in documentation, DHIS2 use, and data quality improvement.

Key Insights

Evidence confirms that **demand-side and gender-related barriers** outweigh geographic access issues in driving ZD prevalence.

Triangulation of data from DIM, IR, and DQAs provide a **consistent equity profile:** ZD children are disproportionately in rural, poor households with low caregiver education and high reliance on home births.

Persistent systemic gaps remain in vaccine supply chains, financial management, and gender-sensitive service delivery, even as capacity-building initiatives like GEMEL fellowships strengthen local data use and accountability.

Decisions, and Use of Learning Hub Results

- DIM findings shaped **microplan revisions** (e.g., outreach prioritized for >2km settlements in Bauchi; Gidan Gebe/Loba outreach in Sokoto vaccinating 28 ZD children).
- Following dissemination of the baseline IR and costing findings, state PHC agencies in Bauchi and Sokoto acted on implementation research and costing insights. The Bauchi State Primary Health Care Development Agency (SPHCDA) committed to **integrating gender-responsive activities,** while the Sokoto SPHCDA pledged to **mobilize traditional and religious leaders to increase male engagement** and address cultural and behavioral barriers.
- Findings from the Immunization Accountability Scorecard and the DIM rounds were presented in over **90 coordination meetings** across Bauchi, Borno, Kano, and Sokoto strengthening evidence-based planning, guiding microplans, and influencing resource allocation and fund release decisions at national, state, and LGA levels.
- Community of Practice-led advocacy under ZDLH secured **concrete financial releases and budget increases in Bauchi, Borno, and Kano states, including a new dedicated immunization budget line in Bauchi.** In parallel, CSOs were formally integrated into RI TWGs and state immunization taskforces across all four ZDLH focus states—including within Sokoto's Immunization Taskforce and Kano's Social Mobilization and Community Engagement Sub-Committee—ensuring sustained CSO participation and accountability through the Immunization Accountability Scorecard.
- GEMEL fellows' field assignments translated evidence into practice, **improving NHMIS reporting timeliness** (e.g., Kumbotso 99% in Q1 2025) and reducing ZD children through defaulter tracking in Borno.