**IMMUNISATION COVERAGE INDICATORS**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>South South % [95% CI]</th>
<th>Nigeria % [95% CI]</th>
<th>Africa3 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>First dose of pentavalent vaccine (penta1)1</td>
<td>80 [76, 83]</td>
<td>49 [46, 51]</td>
<td>83</td>
</tr>
<tr>
<td>Third dose of pentavalent vaccine (penta3)2</td>
<td>65 [60, 69]</td>
<td>33 [31, 35]</td>
<td>74</td>
</tr>
<tr>
<td>Dropout between penta1 and penta3 dose2</td>
<td>22</td>
<td>31</td>
<td>11</td>
</tr>
<tr>
<td>First dose of measles vaccine (MCV1)</td>
<td>69 [63, 77]</td>
<td>42 [40, 44]</td>
<td>72</td>
</tr>
<tr>
<td>Availability of child health card</td>
<td>52 [47, 56]</td>
<td>29 [27, 31]</td>
<td>-</td>
</tr>
</tbody>
</table>

1Crude coverage based on child health cards or parental recall. Values reported as weighted percentages (%) with two-sided 95% confidence intervals.
2Dropout defined as percentage of children who received penta1 but did not complete 3-dose penta series.

Immunisation coverage in Nigeria is far below national goals, putting a substantial number of children at risk of death and disability from vaccine preventable diseases. Immunisation coverage varies across Nigeria but improvements are needed in every state.

**WHY MEASURE PENTA3?**

The 3rd dose of pentavalent vaccine (penta3) is an indicator of the immunisation system’s ability to reach and retain children with multiple vaccinations.
COMPLETENESS OF ROUTINE IMMUNISATION

<table>
<thead>
<tr>
<th>State</th>
<th>Not Vaccinated (%)</th>
<th>Partially Vaccinated (%)</th>
<th>Fully Vaccinated (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>40</td>
<td>37</td>
<td>23</td>
</tr>
<tr>
<td>South South</td>
<td>14</td>
<td>43</td>
<td>43</td>
</tr>
<tr>
<td>Edo</td>
<td></td>
<td>53</td>
<td></td>
</tr>
<tr>
<td>Cross River</td>
<td>11</td>
<td>39</td>
<td>50</td>
</tr>
<tr>
<td>Rivers</td>
<td>14</td>
<td>41</td>
<td>45</td>
</tr>
<tr>
<td>Akwa Ibom</td>
<td>16</td>
<td>40</td>
<td>44</td>
</tr>
<tr>
<td>Delta</td>
<td>17</td>
<td>47</td>
<td>36</td>
</tr>
<tr>
<td>Bayelsa</td>
<td>26</td>
<td>46</td>
<td>28</td>
</tr>
</tbody>
</table>

Coverage (%)

The benefits of vaccines are optimized when children receive all recommended vaccine doses. Only 43% of children receive all doses in South South.

An additional 43% of children get at least one but not all vaccines in South South. Additional effort is needed to encourage these children to return to get all remaining vaccinations.

Lack of awareness is the main reported reason children are not fully vaccinated.

KEY FINDINGS

REASONS CHILDREN ARE NOT FULLY VACCINATED IN SOUTH SOUTH

- 33% thought child was fully immunised
- 49% Lack of awareness
- 19% Lack of time or other family issues
- 9% reported immunisation site was too far
- 24% Service delivery issues
- 12% Mistrust or fears
- 10% reported caretaker too busy
- 8% reported fear of side reactions

Note: Respondents could identify more than one reason for incomplete vaccination.

SOUTH SOUTH: GAPS IN ROUTINE IMMUNISATION

57% of children aged 12-23 months do not receive all routine immunisations from the health system in South South.

- 43% receive some but not all vaccines from the health system
- 14% do not receive any vaccines from the health system

Note: Includes BCG, OPV1-3, Penta1-3 & measles vaccine
DISPARITIES IN IMMUNISATION COVERAGE IN SOUTH SOUTH

Some groups are at higher risk of incomplete vaccination:

Only 60% of children in rural areas...

54% of poorest & 42% of poorer children...

...receive all 3 pentavalent doses.

AVAILABILITY OF CHILD HEALTH CARDS BY STATE

Every vaccination should be recorded on a child health card that is safely kept by the caregiver.

Child health cards help...

...caregivers know which vaccines their child has received and the date to return for the next vaccination.

...health workers make good decisions about which vaccines are overdue or not yet received.

Only 1 in 2 children in South South have a child health card, meaning health workers do not have the information they need to make good decisions on vaccination for many children.

CHILD HEALTH CARDS: CHECK. KNOW. PROTECT.
ABOUT THE SURVEY

What is NICS?
An immunisation coverage survey conducted in Nigeria to assess coverage of vaccine antigens provided through the health system among children aged 12-23 months. Planning for NICS began in early 2015. Field work was conducted August 2016 - January 2017.

Which cohort of children was evaluated in NICS?
NICS was conducted among children who were aged 12-23 months by August 2016 - January 2017. These children should have received their vaccines between August 2014 and December 2016.

How were the field workers trained?
Field staff were trained for one month.

Who conducted the survey?
The survey was commissioned by the National Primary Healthcare Development Agency (NPHCDA) and conducted by the National Bureau of Statistics (NBS) in cooperation with state Bureau of Statistics in Kano and Lagos. Experienced field workers, primarily females, were selected from each state to facilitate communication with mothers of children.

Where was NICS conducted?
NICS was conducted in all 36 states and FCT, Abuja. Approximately 40,000 households were selected and 6,268 children were enrolled. The results provide valid national and state level immunisation coverage for children aged 12-23 months, while in Kano and Lagos, estimates are provided at the state and senatorial district level. In Yobe and Borno, <80% of selected clusters could be accessed and results are representative of areas where the survey could be conducted.