

Nigeria - National Nutrition and Health Survey 2015

National Bureau of Statistics (NBS)

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Overview

Identification

ID NUMBER

NGA_2015_NNHS_v01_EN_M_v01_A_OCS

Overview

ABSTRACT

The Global Nutrition Report (GNR) 2015 places Nigeria among the countries displaying commitment to reduce hunger and improve nutrition in children and women. Although it is still one of the five large low-middle income countries where more than half of children under age 5 are either stunted or wasted, the trends in meeting the global World Health Assembly Resolution (WHAR) targets are positive and Nigeria is obtaining “some progress”.

This survey report presents the results of the National Nutrition and Health Survey conducted in all the 36 States of Nigeria and Federal Capital Territory (FCT) in July and September 2015. It is the second national survey to assess the nutritional and health status of children under 5 years of age and of women in the reproductive age group (15-49 years), the first being conducted from February to May 2014. In order to provide reliable data for planning and monitoring of key activities, new key indicators have been added: Malaria Intermittent Preventive Treatment in pregnancy for women in the reproductive age group, antenatal care coverage and HIV testing during ANC.

The objectives of the survey are:

1. Determine the prevalence of acute malnutrition among children 6 to 59 months of age using WHZ, Mid Upper Arm Circumference (MUAC) and bilateral oedema; Determine the prevalence of chronic malnutrition and underweight among children 0 to 59 months of age;
2. Determine the prevalence of acute malnutrition among women 15 to 49 years of age using MUAC;
3. Assess the prevalence of diarrhoea and use of ORS and zinc among children under-five years two weeks preceding the survey;
4. Estimate coverage of vitamin A supplementation and deworming among children 6 to 59 and 12 to 59 months of age respectively within the last six months;
5. Determine the coverage of DPT3/Penta3 and measles immunization among children 12-23 months of age;
6. Determine the proportion of under five children with Acute Respiratory Infection (ARI) symptoms and proportion of children with fever received treatment;
7. Determine the ownership and universal access of mosquito nets, and utilization of mosquito nets by children 0-59 months;
8. Assess the practice of skilled birth attendants, contraceptive prevalence rate and antenatal care coverage among women 15 to 49 years; and
9. Determine the proportion of women 15 – 49 years received HIV testing and intermittent preventive treatment during antenatal care.

KIND OF DATA

Sample survey data [ssd]

UNITS OF ANALYSIS

Household

Scope

NOTES

The scope for data collected was as follows:

- Nutritional status of children under 5 years of age [Acute Malnutrition, Underweight, Stunting and Overweight];
- Health status of children under 5 years of age [DPT/Penta3 and measles immunisation coverage, diarrhoea and ORS therapy and zinc supplementation, Acute Respiratory Infection (ARI), fever prevalence and antibiotic treatment];
- Malaria [household availability, net usage, fever prevalence, diagnosis and treatment of malaria in children under 5 years of age, and Malaria Intermittent Preventive Treatment in pregnancy for women in reproductive age group];
- Nutritional status of women in the reproductive age group (15 – 49 years) [Acute malnutrition];
- Health status of women in the reproductive age group (15 – 49 years) [skilled attendance at delivery, contraceptive prevalence rate, antenatal care coverage, and HIV testing during ANC];
- MNCHW [coverage, Vitamin A supplementation and deworming coverage].

TOPICS

Topic	Vocabulary	URI
Health	World Bank	
HIV/AIDS	World Bank	
Malaria	World Bank	
Nutrition	World Bank	
Population & Reproductive Health	World Bank	
Water	World Bank	

Coverage

GEOGRAPHIC COVERAGE (1)

National Coverage

GEOGRAPHIC COVERAGE (2)

Local Government

UNIVERSE

The survey covered all selected household members, all women aged 15-49 years resident in the household, and all children aged 0-4 years (under age 5) resident in the household.

Producers and Sponsors

PRIMARY INVESTIGATOR(S)

Name	Affiliation
National Bureau of Statistics (NBS)	Federal Government of Nigeria (FGN)

OTHER PRODUCER(S)

Name	Affiliation	Role
National Population Commission	Federal Government of Nigeria (FGN)	Technical Support
Federal Ministry of Health	Federal Government of Nigeria (FGN)	Technical Support

United Nations Children's Fund	United Nations System	Technical Support
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FUNDING

Name	Abbreviation	Role
Federal Government of Nigeria	FGN	Funding
United Nations Children's Fund	UNICEF	Funding
United States Agency for International Development	USAID	Funding
Department for International Development	DFID	Funding

Metadata Production

METADATA PRODUCED BY

Name	Abbreviation	Affiliation	Role
Office of Chief Statistician	OCS	Food and Agriculture Organization	Metadata adapted for FAM
National Bureau of Statistics	NBS	Federal Government of Nigeria (FGN)	Metadata Producer

DDI DOCUMENT VERSION

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Sampling

Sampling Procedure

The National Nutrition and Health Survey using SMART methods is designed as a cross-sectional household survey using a two stage cluster sampling to provide results representative at the state level. Data were collected from a total of 25,210 households, 20,060 children under-five years of age and 23,688 women of reproductive age. The sample for the 2015 NNHS is nationally representative and covers the entire population residing in non-institutional dwelling units in the country. The survey uses the national sample frame, which is a list of Enumeration Areas (EAs) prepared for the 2006 Population Census. Administratively Nigeria is divided into states, Local Government Areas (LGAs), and localities. In addition to these administrative units, during the 2006 population census, each locality was subdivided into census Enumeration Areas (EAs). The primary sampling unit (PSU), referred to as a cluster in this survey, is defined on the basis of EAs from the 2006 EA census frame.

The 2015 NNHS sample has been selected using a two-stage cluster design as described below.

-First stage sampling procedure: cluster selection.

The PSU (clusters) for each state were randomly selected from the national master sample frame according to the probability proportional to size (PPS) method with the support from National Population Commission.

-Second stage sampling procedure: household selection.

The second stage of sampling consisted of selecting households within each cluster by using systematic random selection. The team leader was responsible for the determination of the total number of households in the cluster by conducting a household listing through detailed enumeration of the selected cluster with a support from the community leader. This served as the sampling frame for the selection of households. The team leader then entered the total number of households onto the tablet and sampling interval was automatically calculated and displayed on the tablet. The sampling interval is calculated by dividing the total number of households in the cluster by the number of households to be interviewed. A random number table was used to randomly select a start number, between 1 and the sampling interval, to identify the first household. The sampling interval was used to identify all subsequent households to be included in the survey.

Response Rate

The target was to interview 26,048 households across the country. The set target was not reached and overall 25,210 households were interviewed (97 percent).

Weighting

The data was weighted using sampwgt.

Questionnaires

No content available

Data Collection

Data Collection Dates

Start	End	Cycle
2015-07-01	2015-09-01	8 weeks

Data Collection Mode

Computer Assisted Personal Interview [capi]

Data Processing

Data Editing

Computer data editing, table generation and analysis were carried out by the NBS staff at NBS headquarters, Abuja. Report writing was carried out by the Technical Committee of the Consultative Committee on National Nutrition and Health Survey (NNHS) 2015

Data Appraisal

No content available