

LAGOS STATE GOVERNMENT



STATISTICAL BULLETIN AND POLICY BRIEF

On

REPRODUCTIVE HEALTH, FAMILY PLANNING, GENDER AND POPULATION ISSUES

Serial No: 2

September, 2016



PREFACE

The introduction of Statistical Bulletin and Policy Brief on Population, Gender and Reproductive Health (including Adolescent Sexual Reproductive Health) on Lagos State has created a new frontiers to gaining access to a robust, regular, routine and usable indicators that could be used by organizations, institutions and allied research outfits on Lagos State.

The Ministry of Health (MoH), in active collaboration with the Lagos Bureau of Statistics (LBS), Ministry of Economic Planning and Budget (MEPB) as well as the Primary Health Care Board (PHCB) and the United Nations Population Fund (UNFPA) embarked on generation and production of Statistical Bulletin and Policy Briefs with a view to ensuring that short term information are readily available for efficient and effective plans, programmes and projects on reproductive health services and information.

This edition is the second (2nd) in the series and features data/ indicators on Reproductive and Maternal Health (RMH), Family Planning (FP), Gender and Population structures were extracted from the State Health Management Information System (HMIS) online platform across the 20 LGAs. The Data/indicators were also extracted from Household Survey Report (2014) and Digest of Statistics 2015 produced by the Lagos Bureau of Statistics (LBS).

The edition also covers Y2014 and Y2015 data and the Ministry of Health through the HMIS Unit of Planning, Research and Statistics Directorate (DPRS), Primary Health Care Board (PHCB) and Lagos Bureau of Statistics (LBS) actively collaborated on this exercise through selection of appropriate Indicators, data gathering, collation, analysis and report writing. The Inter-agency collaboration significantly enhanced service delivery in the State. It is widely hoped that subsequent editions would attract more information in contents, scope and coverage.

The United Nations Population Fund (UNFPA) under the 7th LASG/UNFPA Country Programme, funded this activity and was exclusively undertaken by the LBS. The UNFPA is an international Development Partner that promotes the right of women, men and children to enjoy life of healthy and equal opportunity. The Agency supports Countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS and every girl and woman is treated with dignity and respect. The users of the Bulletin in the Academia, Researchers, Programme Officers and Policy Makers in Lagos State will find this edition very useful.

The Lagos Bureau of Statistics expressed her sincere gratitude to the UNFPA for continuous assistance and support to the State through the Ministry of Economic Planning and Budget. The contributions of staff of the LBS toward successful completion of this study are highly appreciated and commended. Suggestions, comments and constructive criticisms that will ensure improvement in the subsequent edition are welcome.

The Technical Working Group (TWG) consisting representatives from the Ministries of Health, Economic Planning and Budget (MEPB), Primary Health Care Board (PHCB) as well as UNFPA Official jointly identified the indicators that will be featured in the bulletin from the above mentioned sources, and several

meetings were held to determine the timelines (2014-2015) as well as the order of arrangement of the bulletin.

In all, a total of 39 indicators were jointly agreed upon and subsequently featured in this edition. The bulletin contains information on Demography, Budget Allocation to Health Sector , Gender, Facilities Attendance, Pregnant women who received IPT1&2, Delivery, Births, Immunization Coverage, Family Planning Services, Number of Birth Relating to Pregnancy, Neo-Natal Mortality, Infant Mortality, Under 5 Mortality, Prevention of Mother to Child Transmission of HIV, Malarial Cases.

In conclusion, careful explanations were given on the policy implications of the analysed data and appropriate recommendations suggested for future policy direction. The Ministry of Economic Planning and Budget (MEPB) through the Lagos Bureau of Statistics (LBS) expresses her sincere gratitude to the UNFPA for her continuous assistance and support to the Lagos State Government on publication of Policy Briefs. The contributions of the members of the TWG: Coordinating Director (B 'Tayo Oseni-Ope, Director LBS); other representatives of the LBS (Mrs. Pemedede Bolanle, Mrs Hassan Amira, Miss Aramide Opeyemi, Messrs Baruwa O Basit, Lawal Rasheed, Ligali Kabir); representative of the Ministry of Health (Mrs. Awosika Flora); representative of the Primary Health Care Board (Mrs. Folarin- Williams Adeola) and representative of UNFPA (Mrs. Abiose Jaiyeola) towards the successful conclusion of this study are highly appreciated.

Comments, constructive criticisms and suggestions that will ensure improvement in subsequent edition are welcome from all and sundry.

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ACRONYMS AND ABBREVIATIONS

ACSM	Advocacy, communication and Social Mobilisation
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ARV	Antiretroviral
BCG	Bacillus Calmette-Guerin
CBR	Crude Birth Rate
CDR	Crude Death Rate
CPR	Contraceptive Prevalence Rate
DHIS	Demographic Health Information Scheme
EDD	Expected Date of Delivery
FP	Family Planning
GBV	Gender Based Violence
HIB	Haemophilus Influenza Type B
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
IPT	Intermittent Preventive Treatment
IRS	Indoor Residual Spraying
IUD	Intra-Uterine Device
IUCD	Intra-Uterine Contraceptive Device
LASG	Lagos State Government
LBS	Lagos Bureau of Statistics
LCDA	Local Council Development Area
L&D	Labour and Delivery
LGA	Local Government Area
LLIN	Long Lasting Insecticidal Net
MDG	Millennium Development Goals
M&E	Monitoring and Evaluation
NDHS	Nigerian Demographic and Health Survey
NEAP	Non-Economic Active Persons
PENTA	Pentavalent
PHC	Primary Health Care
PHCB	Primary Health Care Board
PHF	Primary Health Facility
PMA	Performance, Monitoring and Accountability
PMTCT	Prevention of Mother-to-Child Transmission
PNC	Post-Natal Care
PPRS	Planning, Research and Statistics Directorate
RMH	Reproductive and Maternal Health
SP	Sulphadoxine Pyrimethamine
TB	Tuberculosis
TFR	Total Fertility Rate
UNFPA	United Nation Population Fund
WCBA	Women of Child Bearing Age
WHO	World Health Organisation

INTRODUCTION

Lagos State population continues to attract attention of socio-economic development specialists and researchers across the globe due to her size, structure and demographic processes within the population as well as uncontrollable influx of people into the State for diverse reasons ranges from economic opportunities, large market size, proximity to the sea and airports as well as youth bulge.

The State Government has therefore continued to upscale her planning machineries to accommodate new thinking and concern on how to ensure the State harness her population potentials for the overall development through regular collection and compilation of reliable data/ indicators to support her Policies, Plans, Programmes and Projects with a view to determining the areas that require urgent intervention in terms of socio-economic well-being of the entire population of the State.

The population continues to grow in leaps and bounds due to the influx of people from the neighbouring States and Countries as well as natural endowment which aptly contributes to her population size and structure. In addition, a great pressure is being exerted on the State infrastructure, such as Roads, Housing, Education and Health facilities to mention a few.

It is worthy to mention here that State health care policies and programmes continue to attract patronage from the neighbouring States and the entire country. “A healthy nation is a wealthy nation” so say an age long adage. Thus, provision of qualitative health care services remains one of the cardinal programmes of the successive administrations in Lagos state.

The number of Health Facilities in the State has grown tremendously till date: At present, the State could boast of a total **2,116** Health facilities (**300 public and 1,816 private**). Geographical spread of the State’s Health Facilities revealed that Alimosho Local Government Area with **343** Health facilities (**24 Public and 319 private**) recorded the largest concentration of these facilities across the State, followed by Oshodi/ Isolo and Surulere Local Government Areas with **170 and 161** Health facilities respectively.

On the other hand, the Public Health facilities comprised **270** Primary Health Care Facilities, **26** Secondary Health Care Facilities and three (**3**) prominent Tertiary Health Facilities. The State also has a significant proportion of Pharmaceutical Companies/ Firms and Chemist Shops providing complementary but non-clinical health care services to the citizenry. Thus, there is the need to ensure availability of reliable and qualitative data on regular basis to measure the level of health care services and challenges in terms of morbidity and mortality along the children, women of reproductive age (15-49years) and other age divide.

Available health indicators showed that Reproductive and Maternal Health indices continually show a wide gap in the uptake of such health care services among the State inhabitants especially the women of reproductive age as indicated by the Contraceptive Prevalence Rate (CPR) which stood at 41% and Unmet Need for family Planning (19%) amongst others.

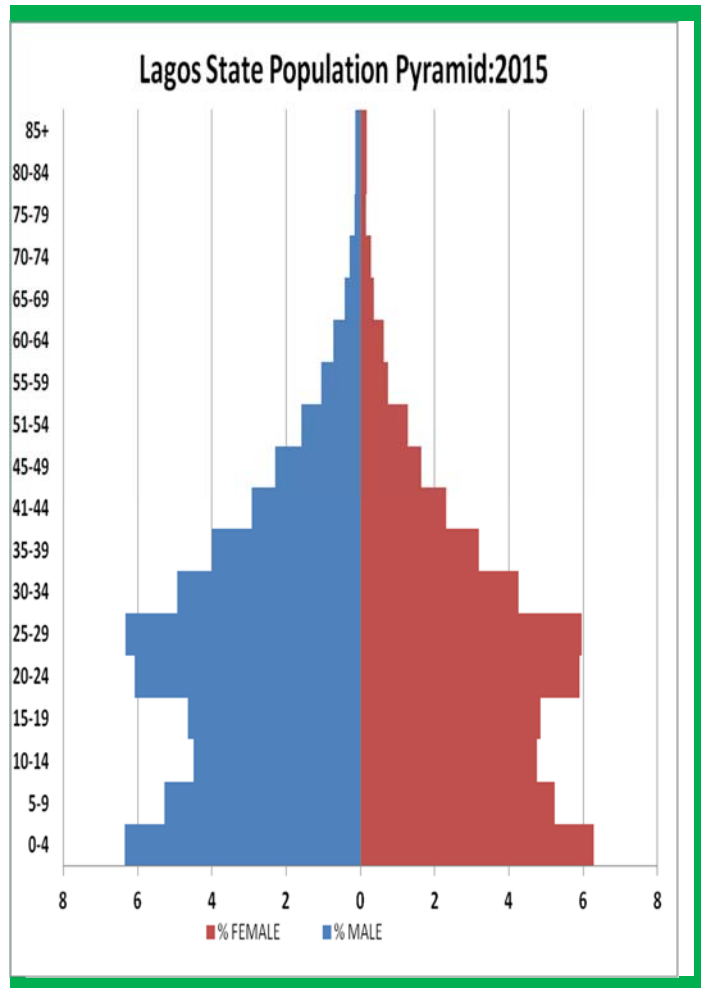
Thus, the need to make available a regular, concise and timely information that would guide the directions of healthcare interventions across the 20 LGAs in Lagos State especially in the areas of reproductive and

maternal health, family planning, gender mainstreaming as well as population and allied issues necessitated the concept, publication and production of statistical bulletin and policy briefs.

DEMOGRAPHY AND GENDER

LAGOS POPULATION INDICATORS

LAGOS STATE POPULATION PYRAMID

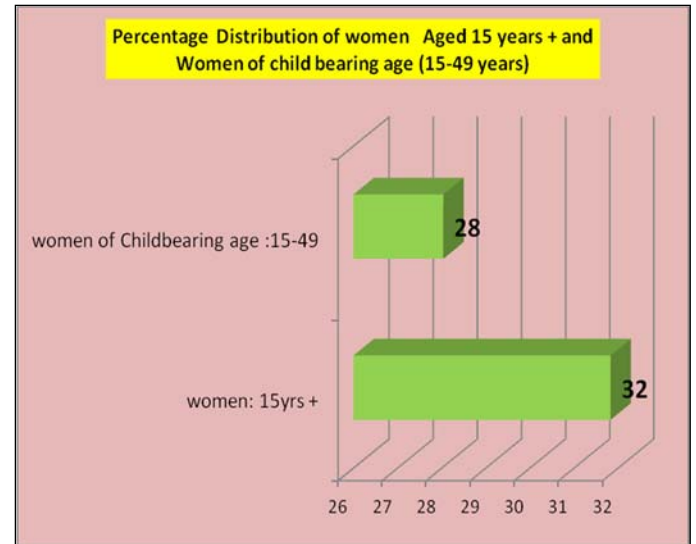


Lagos State population pyramid has a wide base depicting a significant proportion of under 5 children and reflects a decrease in the population of those in age bracket 5-9 years through 15-19 years. However, an appreciable bulge could be noticed in the proportion of people aged 20-24 years and 25-29 years where the State seems to have the largest concentration of people in working age group. The population steps gradually as the age group reaches the top echelon of the pyramid.

In addition, proportion of women 15 years and above in Lagos State stood at 32% out of which Women of Reproductive Age (W15-49years) constitutes 28% and are

largely responsible for pattern of fertility being witnessed in the State.

PERCENTAGE DISTRIBUTION OF WOMEN OF REPRODUCTIVE AGE



Analysis of Lagos State population along the 5 yearly age-groupings revealed that children below the age of 5years constitute 12.6% while those in age bracket 5-9 years and 10-14 years accounted for 10.5% and 9.2% respectively.

AGE COMPOSITION OF LAGOS STATE RESIDENTS

Thus, the proportion of children aged 0-14 years in Lagos State stood at **32.4%** which is almost one-third of the entire population. Those that are in age bracket 15-64years representing the working population or labour force accounted for **65.3%** while the remaining population above 65 years(the senior citizens) stood at **2.3%**.

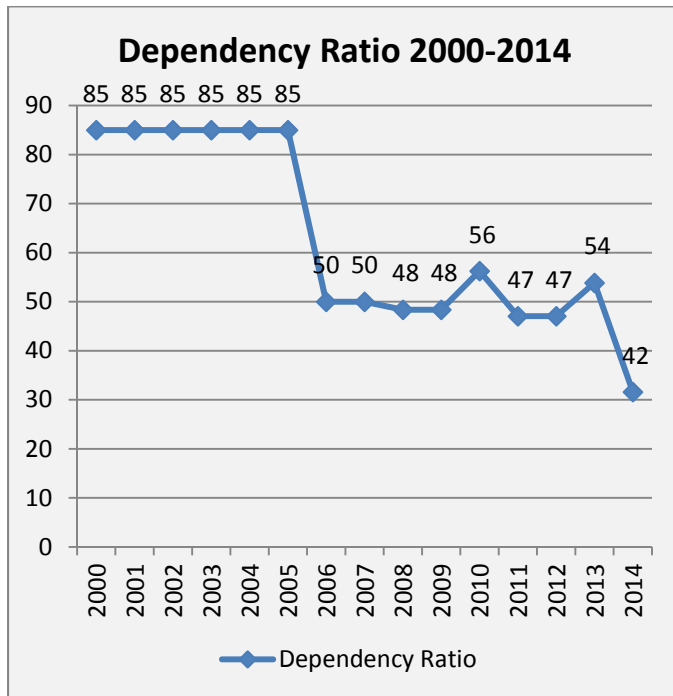
LAGOS STATE POPULATION INDICIES AS AT YEAR 2015

Reaping of Demographic Dividends in Lagos State are premised on the availability of wide range of population indicators for evaluating the size and structures of the populace, the quantum of government investments, the policy environment and commitment to service delivery for optimal standard of living of the inhabitants. Such indicators include **Crude Birth Rate, Crude Death rate,**

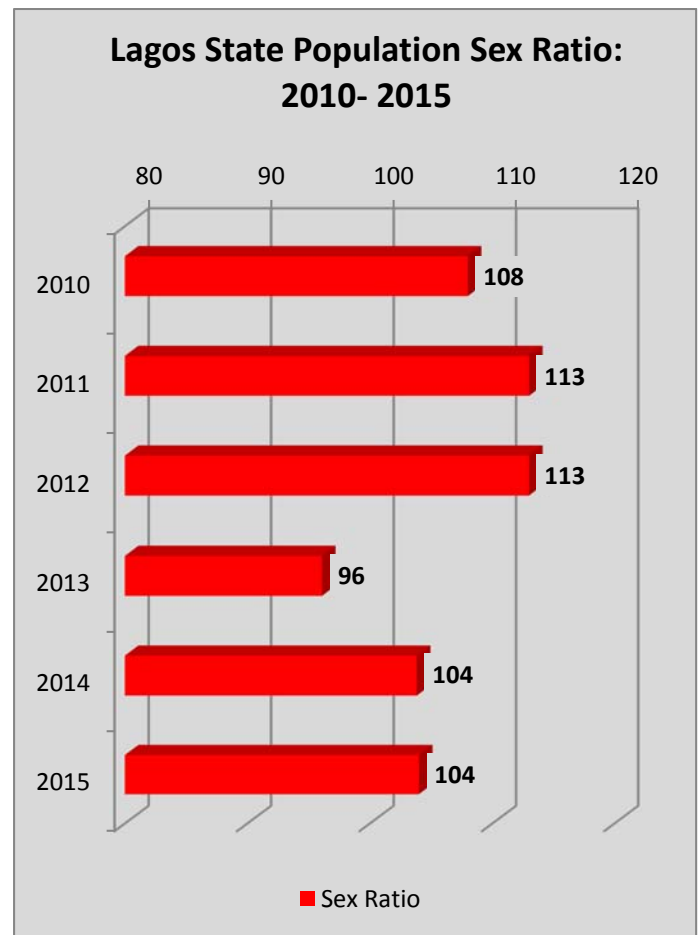
DEMOGRAPHY AND GENDER

Infant Mortality Rate, Maternal Mortality Ratio, Total Fertility Rate, Contraceptive Prevalence Rate and Life Expectancy amongst others. *SEX RATIO*

DEPENDENCY RATIO



A cursory look at the State age structure along working and non-working age groupings, over a decade ago, revealed that the State's **Dependency Ratio** stood at 85 Non Economic Active persons (NEAP) to 100 Economic Active persons in Y2000. The Dependency Ratio¹ remained relatively stable till Y2005 when a downward trend was recorded in the Dependency Ratio to 50 persons with marginal hover around same proportion till Y2013. However, a significant decrease in Dependency Ratio was recorded in Y2014 with 32 dependents on 100 active working population.

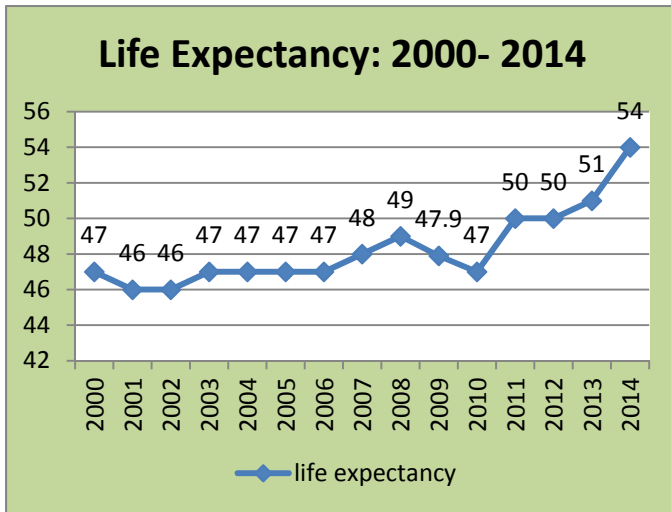


The State has a **Sex Ratio** of 108 male to 100 female in Y2010 and increased marginally to 113 in Y2011 and Y2012. However, a downward trend was exhibited subsequently in Y2013 where the Sex Ratio stood at 96 males to 100 females. The Sex ratio for years 2014 and 2015 stood at 104 males to 100 females each respectively.

¹ Lagos Household Surveys, 2006-2014

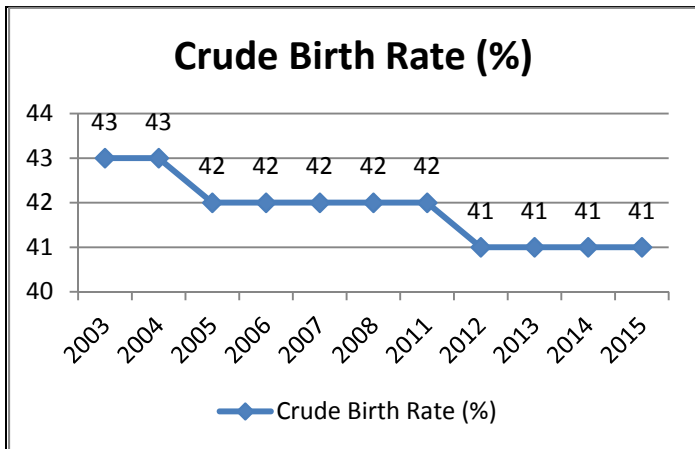
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LIFE EXPECTANCY AT BIRTH



In addition, available statistics showed that **Life Expectancy at Birth**² for Lagos residents stood at 50 years in Y2011 and Y2012, improved marginally to 51 years in Y2013 and 54 years in Y2014. These increase could be attributed to improved environment as well as greening policies of the State Government

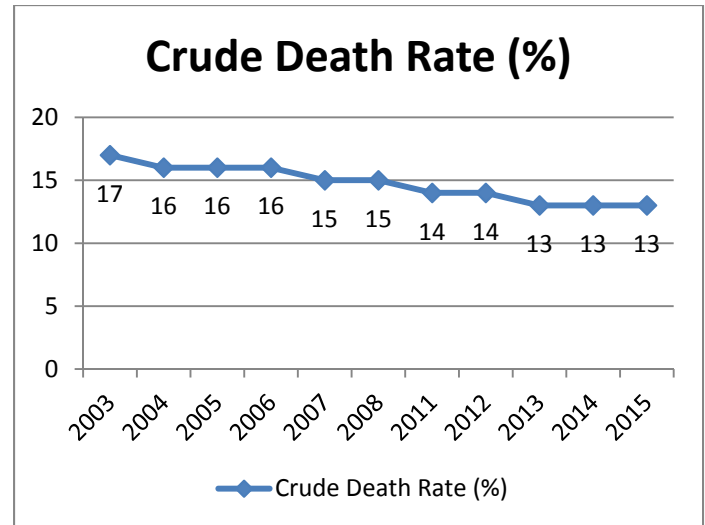
CRUDE BIRTH RATE



The overall birth experience in the State population over the years revealed a slow but consistent decrease in **Crude**

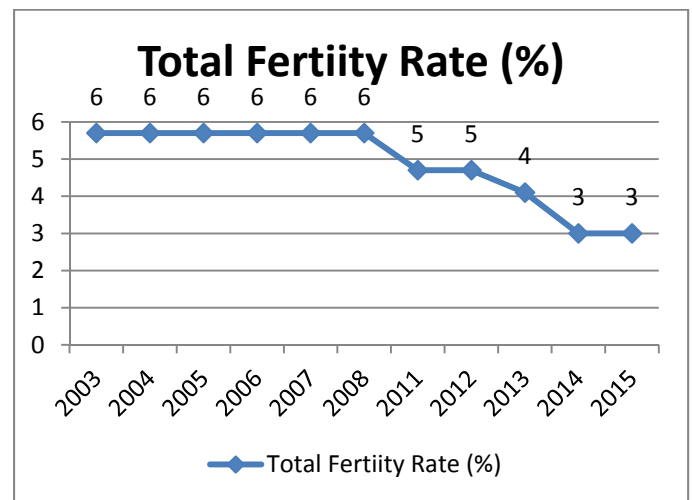
Birth Rate³ (CBR) from 43 per 1,000 live births in Y2003 to 41/ 1000 live-births in Y2015 (NDHS).

CRUDE DEATH RATE



On the other hand, the **Crude Death Rate**⁴ (CDR) also declined moderately from 17 per 1000 livebirths in Y2003 to 13 per 1000 live births in Y2015. The decrease in the crude rates could not be divulged from government sustainable policies and programmes targeting population control and improved quality of life.

TOTAL FERTILITY RATE



² Household Surveys

⁴ World Bank Data www.data.worldbank.org/indicator

³ World Bank Data www.data.worldbank.org/indicator

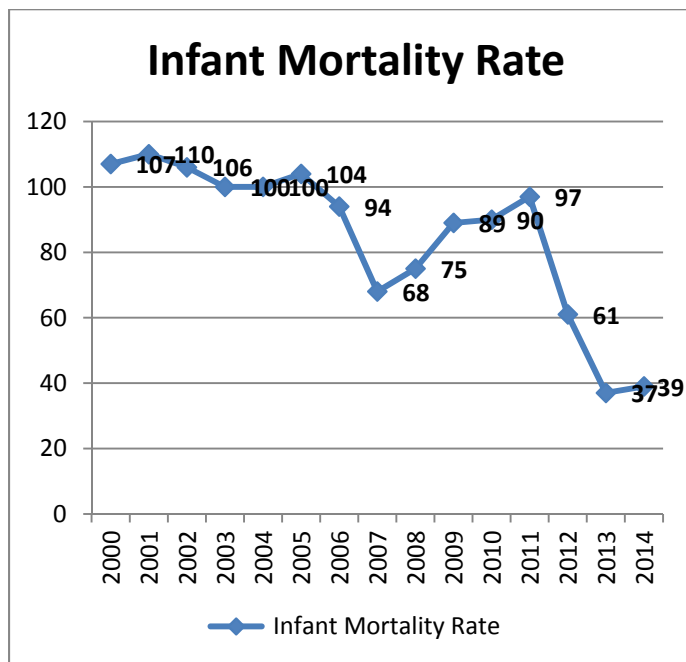
DEMOGRAPHY AND GENDER

In the same vein, the State **Total Fertility Rate**⁵ (TFR) also witnessed a downward trend from about 6 children per woman in Y2003 to about 3-4 children per woman in Y2014⁶. This significant drop over a decade is attributable to educational exposure of Lagos inhabitants, commitment to improved health care services and massive health education.

MORTALITY RATE

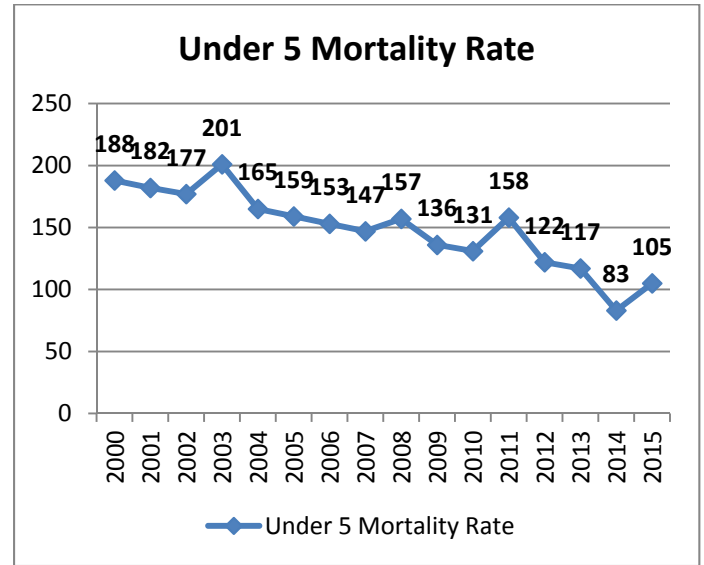
Mortality Rates are important factor in the determination of the quality of health services available to the teeming Lagosians especially the vulnerable ones; the infants, the less than 5 years old and Women of Reproductive Age (15-49 years). In Lagos State, statistics showed that death of Infants and under 5 years old Children due to preventive childhood illness/ diseases had significantly dropped due to comprehensive access to wide range of immunization services and vaccination.

INFANT MORTALITY RATE



Thus, **Infant Mortality Rate** which stood at 107 per 1000 live births in Y2000 reduced significantly to 39 per 1000 live births by Y2014 (Lagos Household Survey 2014).

UNDER 5 MORTALITY RATE



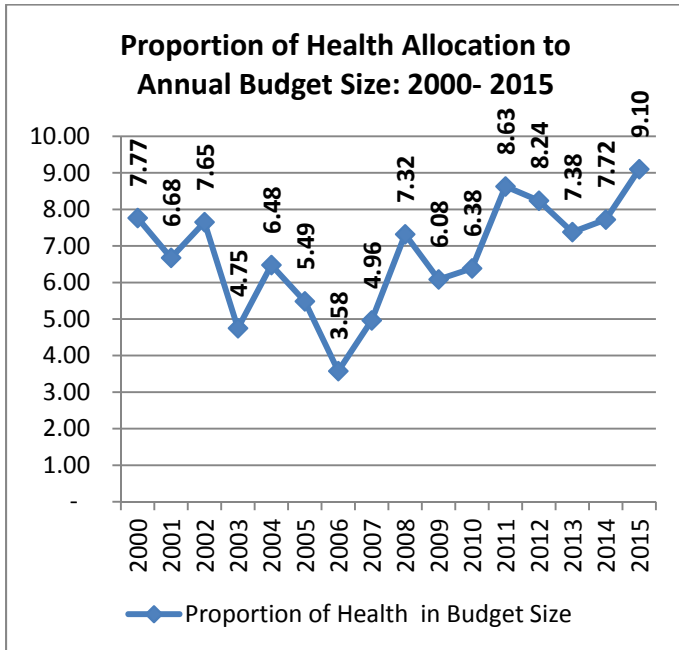
Similarly, the State's **Under 5 Mortality Rate** also witnessed a downward trend from 188 per 1000 live births in Y2000 to 83 per 1000 live births in Y2014.

⁵ NDHS 2013, MICS 2011

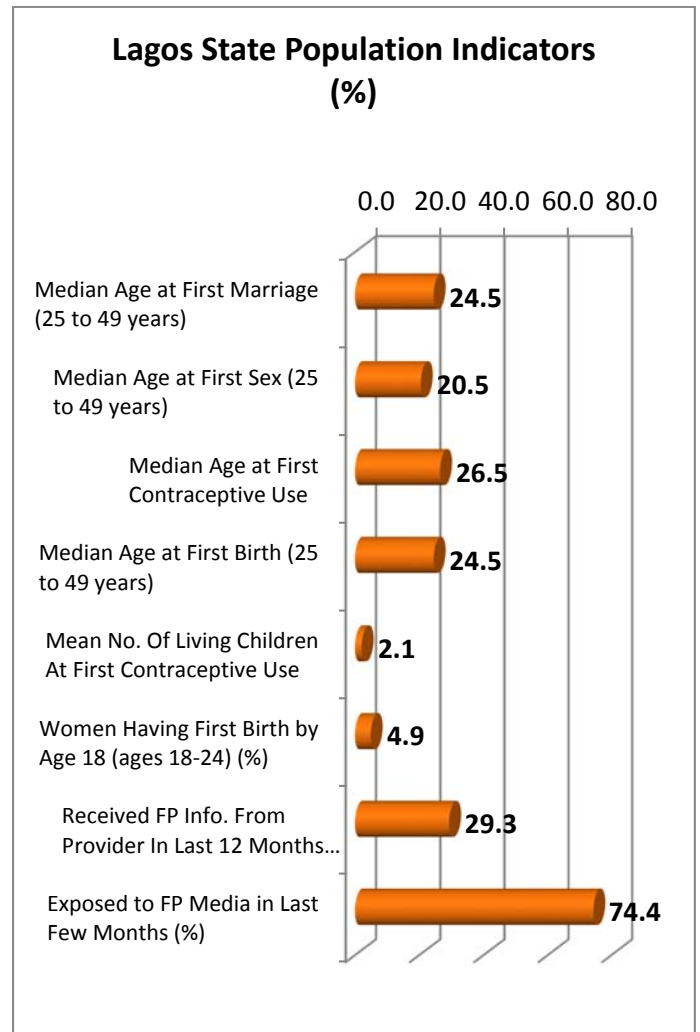
⁶ PMA 2014 Lagos

DEMOGRAPHY AND GENDER

PROPORTION OF HEALTH EXPENDITURE TO LAGOS STATE POPULATION INDICATORS ANNUAL BUDGET SIZE



It is worthy to note that proportion of health expenditure to annual budget size which stood at 7.77% in Y2000 and reached lowest level of 3.58% in Y2006. However by 2011, a remarkable increase was noted resulting to 8.63% of the Budget size. The health expenditure declined marginally afterwards to 7.72% in Y2014 while a proportion of 9.1% was earmarked for Y2015 spending. The State is still far from achieving World Health Organisations (WHO) standard proportion of health expenditure to the annual budget size.



Lagos State population dynamics are of utmost interest in order to guide Policy, Plans and Programmes targeted at the populace especially the vulnerable ones and promote the standard of living of the citizenry. There were concerted efforts being made to understudy the behavioural pattern of women of reproductive age (15-49 years) in Lagos State, i.e. those in age bracket 18-24 years and 25-49 years as regards uptake of marriage, first sexual experience, first contraceptive use, age at first birth as well as exposure to family planning services and uptake of same within the same period, 2014.

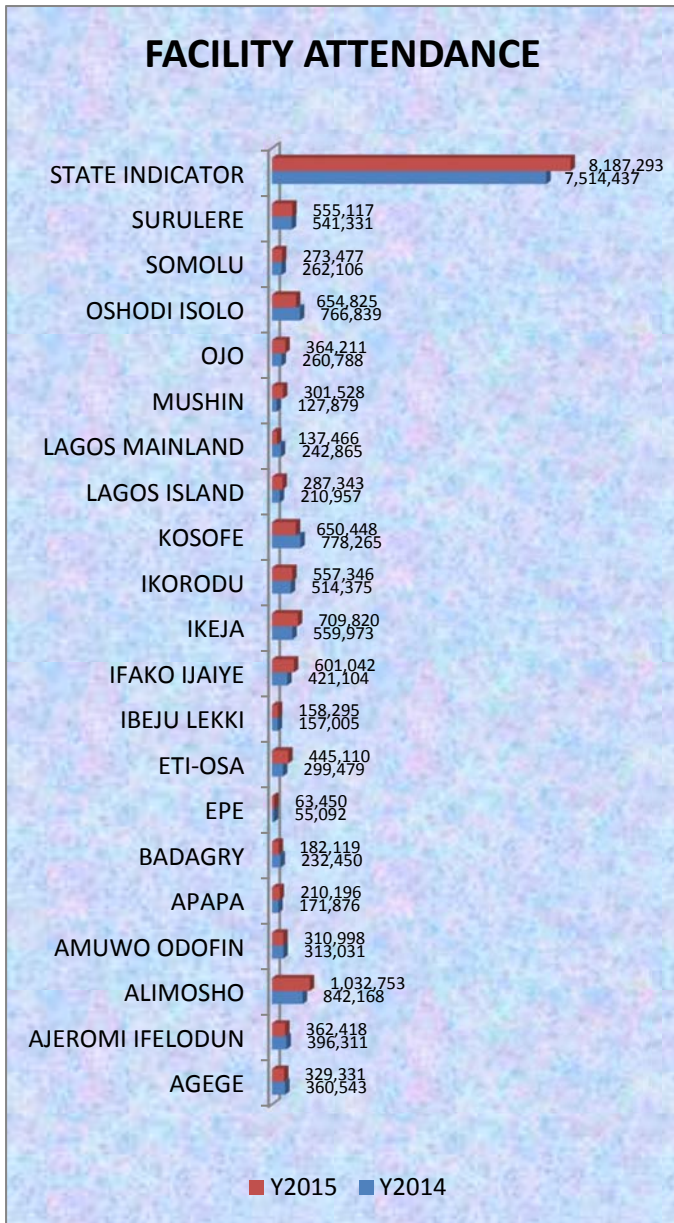
It was discovered that the Median Age at First Contraceptive Use stood at **26.5 years**, Median Age at First

DEMOGRAPHY AND GENDER

Marriage (25 to 49 years) accounted for **24.5 years**, Median Age at First Sex (25 to 49 years) stood at **20.5 years**, Median Age at First Birth (25 to 49 years) accounted for **24.5 years**, Mean No. Of Living Children At First Contraceptive Use accounted for **2.1children**, Women Having First Birth by Age 18 (ages 18-24) (%)accounted for **4.9%** as well as those that received Family Planning Information from Providers in the last 12 months accounted for **29.3%** out of the **77.4%** that were exposed to such information and services.

PRIMARY HEALTH FACILITIES

FACILITY ATTENDANCE



Facility attendance denotes the total number of patients that visited the health facilities with the aim of seeking solutions to their respective medical challenges.

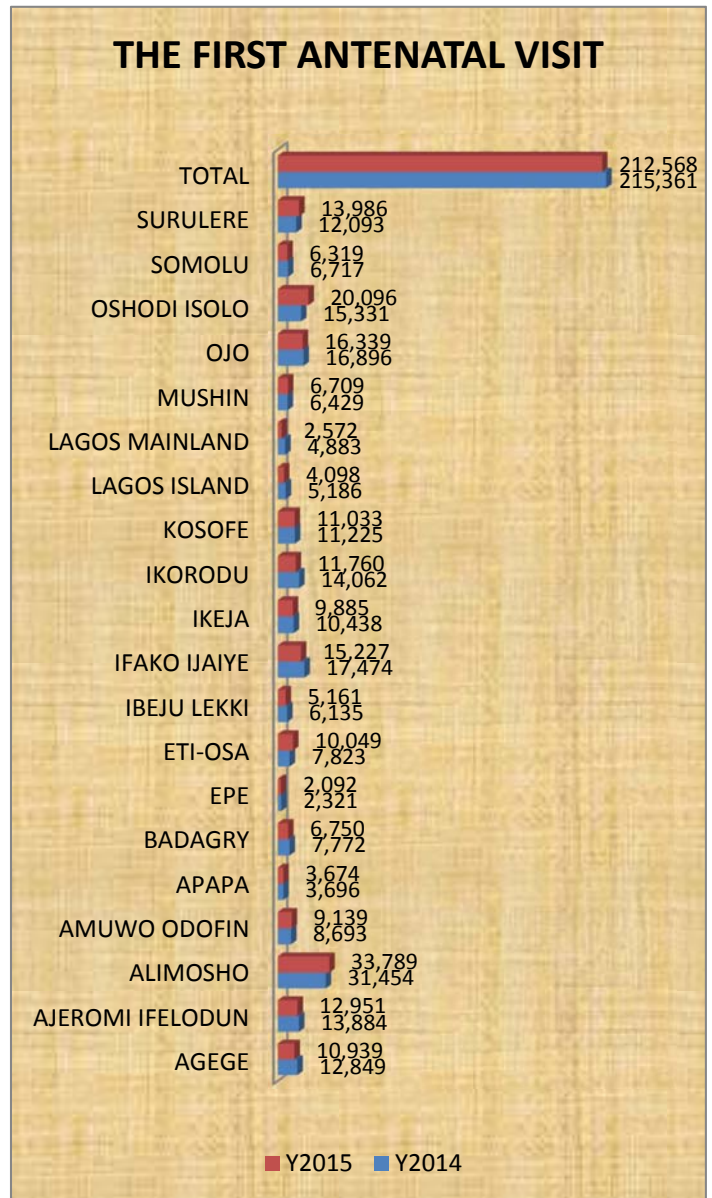
The total number of patients that attended the hospital facilities showed an increase of 9% from 7,514,437 in Y2014 to 8,187,293 in Y2015.

Further analysis showed that Mushin Local Government recorded the highest rate of increase with 135.8%. However, the highest number of patronage was recorded in Alimosho

from 842,168 (Y2014) to 1,032,753 (Y2015) showing a difference 190,585 visits representing 22.6% increase.

It is noteworthy that Lagos Mainland recorded the highest drop in patronage from 242,865 to 137,466 representing 43.4%. Patronage at Kosofe Local Government also dropped from 778,265 (Y2014) to 650,448 (Y2015).

THE FIRST ANTENATAL VISIT



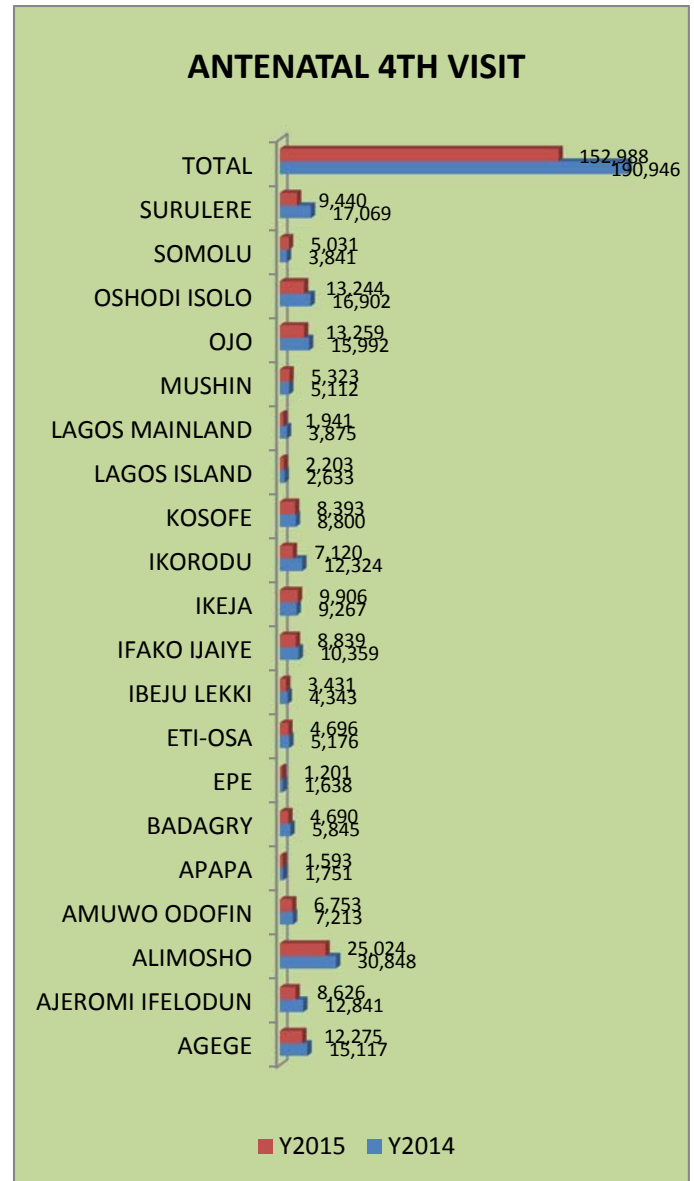
Essential interventions for pregnant women and babies are made possible by antenatal care (ANC). To achieve the full life-saving potential that ANC promises, it is essential that

PRIMARY HEALTH FACILITIES

regular antenatal visits to the Health facilities are made. The first antenatal visit is very crucial especially when done between the 8th and 20th weeks of pregnancy to confirm the pregnancy and EDD, screen, treat, give preventive measures and Advice/ Counsel.

There is a little decline in the number of expectant mothers that were received at the health centres before and after 20 weeks in Y2015 as compared with that of Y2014. The drop in the number of visits is quite noticeable in Lagos Mainland from 4,883 in Y2014 to 2,572 in Y2015 representing about 47.3%. However, Oshodi-Isolo and Alimosho recorded some increase with 20,096 (Y2015), 15,331 (Y2014) for Oshodi-Isolo while Alimosho had 33,789 (Y2015), 31,454 (Y2014).

ANTENATAL 4TH VISIT

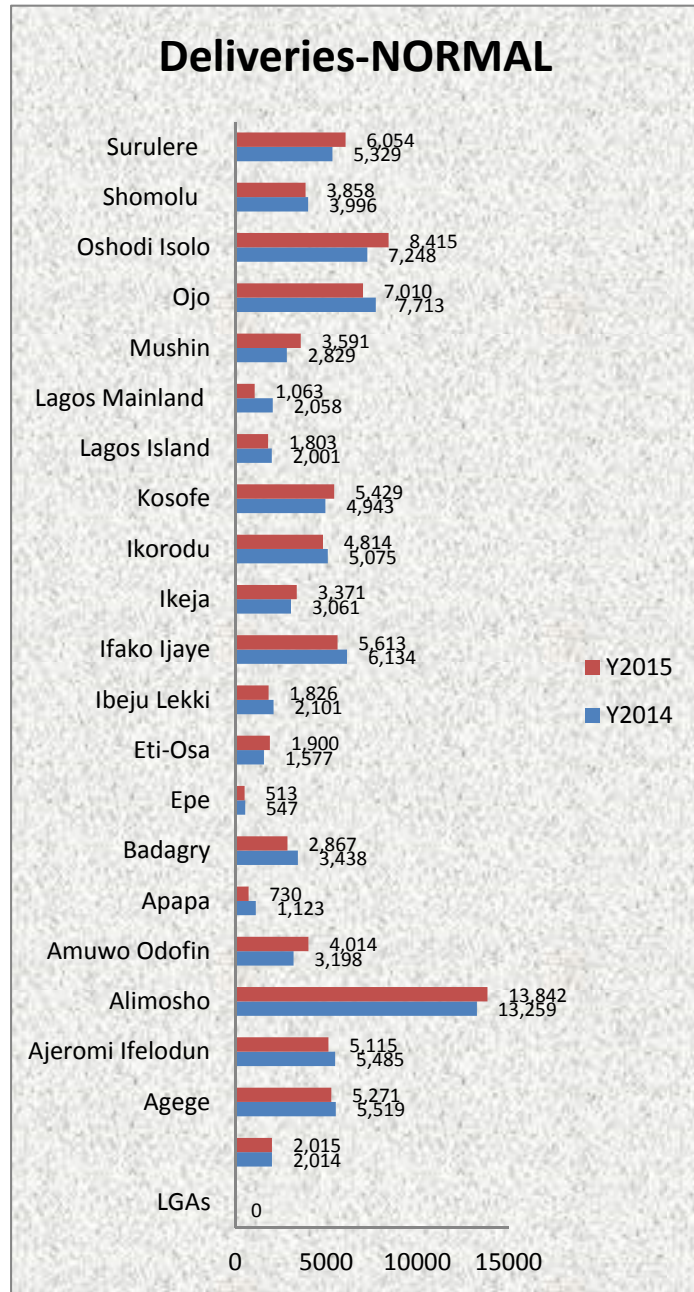


Pregnant women that made at least 4 visit to health centres allowed for a good monitoring of maternal and foetal well-being, Pregnancy Induced Hypertension, Anaemia, multiple pregnancy so as to give preventive measures in any of such cases. It further allows for review and modify birth and emergency plan while giving adequate advice/ counselling. The women who completed regular 4 antenatal visit decreased from 190,946 visits in Y2014 to 152,988 in Y2015. The 19.9% decrease is a bit disturbing giving the advocacy of several reach-out programmes and campaign for minimum of 4 antenatal visit.

PRIMARY HEALTH FACILITIES

Considering the Local Government Areas in the State, Surulere recorded the greatest dip in numbers with 9,440 in Y2015 against 17,069 of Y2014 giving 44.7% decrease. Whereas, Shomolu had an increase of 31% from 3,841 four antenatal visit in Y2014 to 5,031 in Y2015.

DELIVERIES-NORMAL

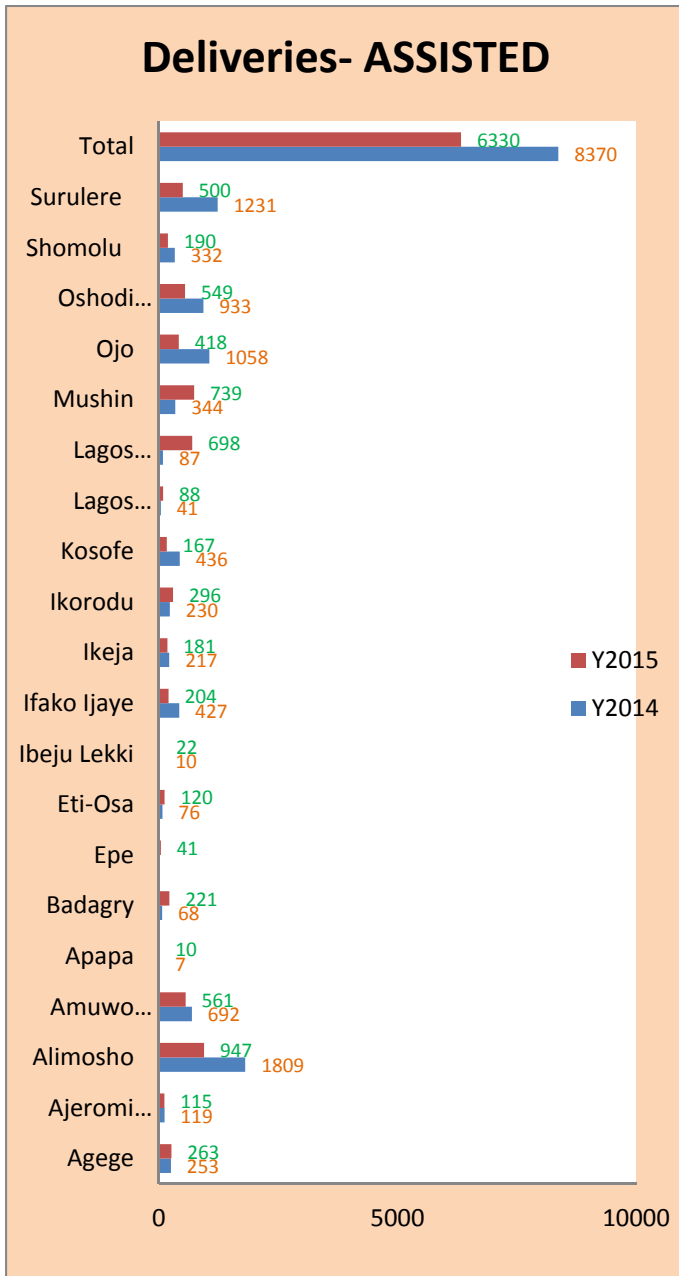


condition". The data revealed that 87,099 have normal deliveries in the State in Y2015 compared to 86,634 in the Y2014. Most of the Local Governments Areas in the State have reasonable record of normal delivery in their respective primary healthcare centres. However, women in the State especially in the following LGA/LCDAs namely Apapa, Lagos Mainland, Ojo, Lagos Island, Ikorodu, Ifako-Ijaiye, Ibeju - Lekki and Epe need to be encouraged, motivated and educated on the importance of ANC visits before and during pregnancy.

Normal birth refers to infants born spontaneously in the vertex position between 37 and 42 completed weeks of pregnancy. After birth, mother and infant are in good

PRIMARY HEALTH FACILITIES

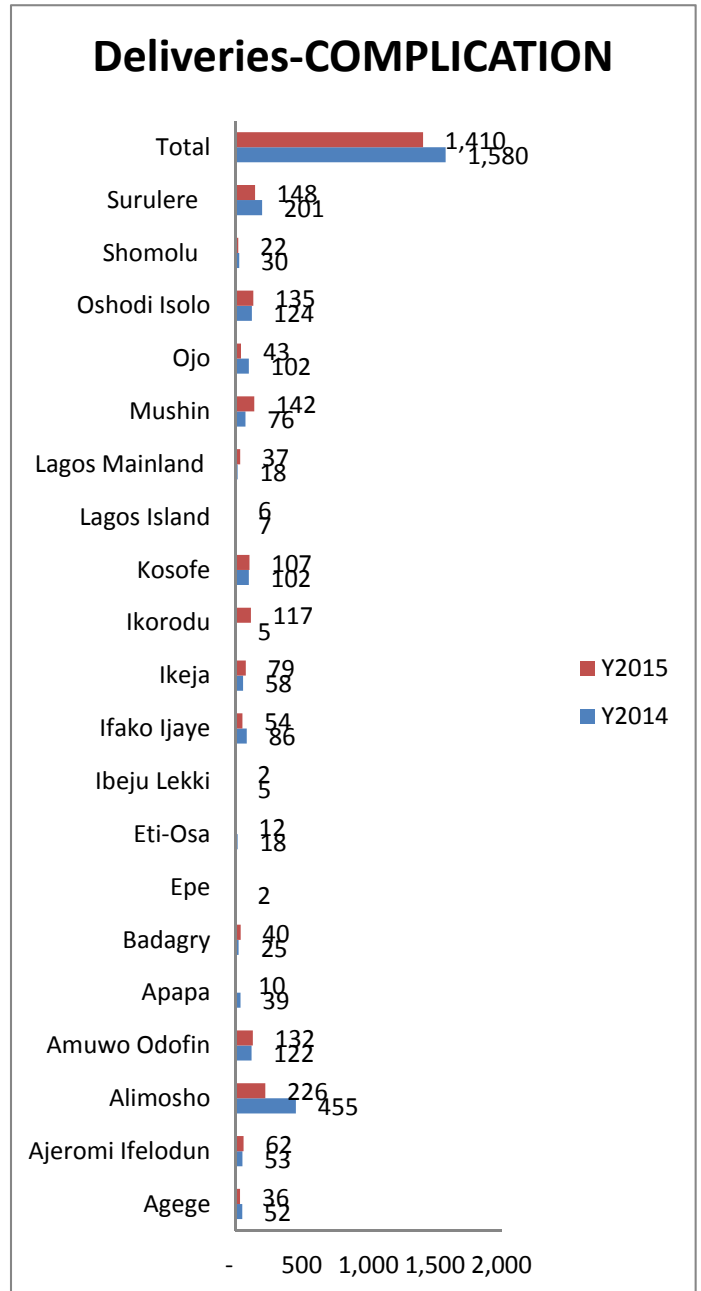
DELIVERIES- ASSISTED



Pregnant women need to be assisted by professional health care workers with necessary skills, drugs, supplies, equipment and backup during and immediately after childbirth in order to reduce both maternal and infant mortality. The data shows that 8,370 numbers of pregnant women assisted by Health Practitioners during delivery in the year 2014 decreased to 6,330 in the year 2015. This reveals that number of assisted deliveries in the State is drastically reduced implies that complication and stress for the women

and Medical Practitioners would be reduced. This can be realized if pregnant women are enlightened on the importance of attending hospitals during pregnancy and after birth. The increase in number of Assisted Delivery is more severe in Mushin, Lagos Mainland, Lagos Island, Ikorodu, Eti-Osa, Badagry and Agege LGAs.

DELIVERIES-COMPLICATION

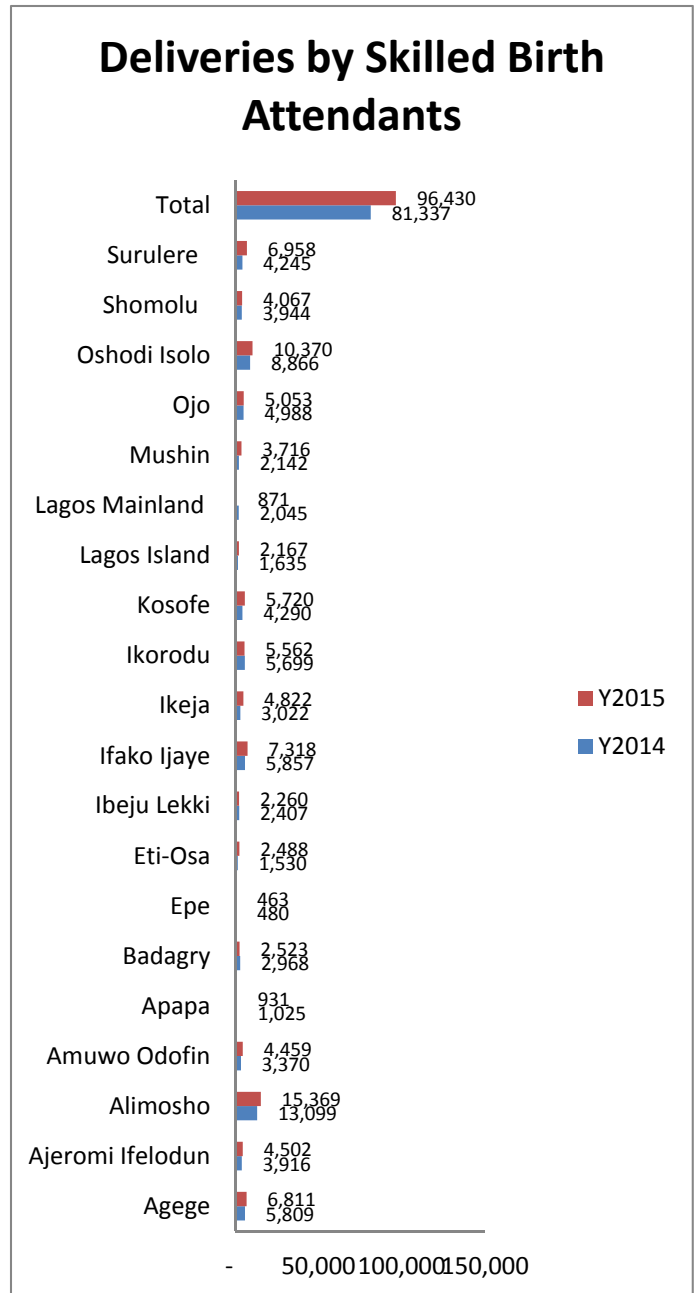


Complication of pregnancy are health problems caused by pregnancy, this crisis is often associated with the mother or

PRIMARY HEALTH FACILITIES

the child. The most common causes include maternal bleeding, complication of abortion, high blood pressure, maternal sepsis and obstructed labour. The statistic reveals that 1,580 (Y2014) went through complication during deliveries which reduced to 1,410 (Y2015). This indicates that the availability of delivery facilities, regular ANC attendance which complement with skilled Health Practitioners attributed to this decrease. However, the State Government should continue in their mission to give women adequate medical care during and after delivery in order to bring an end to complications during/after delivery.

DELIVERIES BY SKILLED BIRTH ATTENDANTS

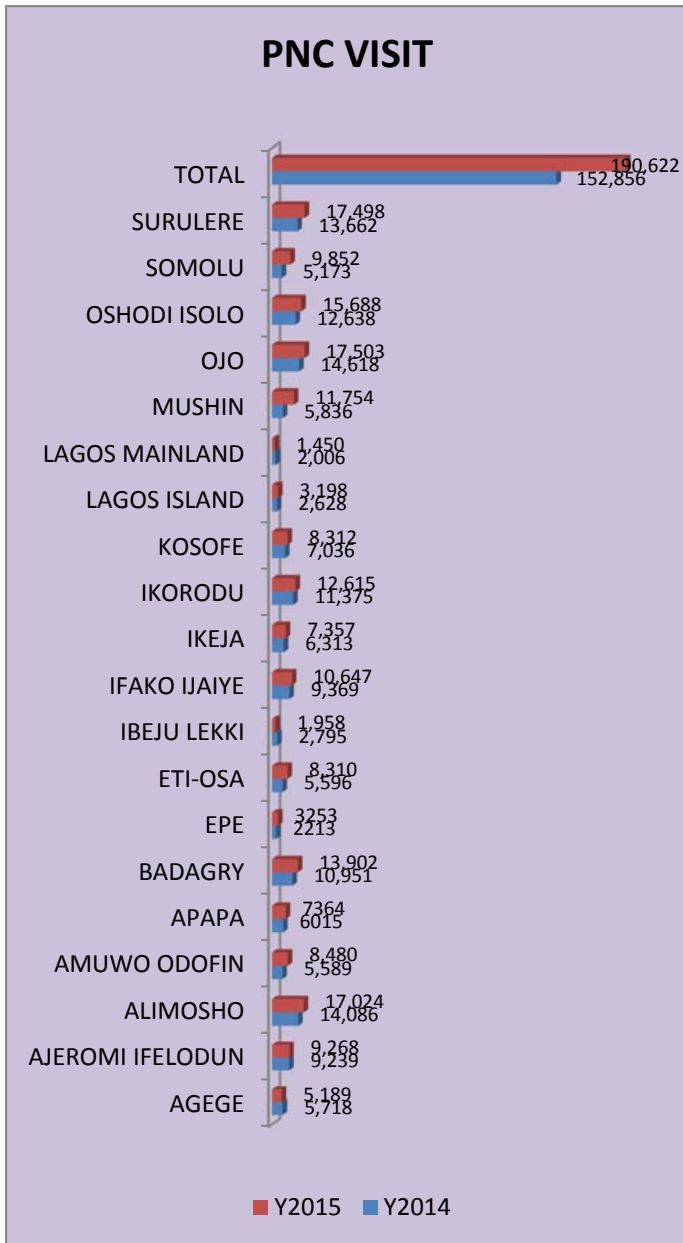


Health care professionals are individuals and informers providing skilled care. Those studying the trends and uses of skilled attendants have noted that the more educated and wealthier women are, the more likely they are to have their births attended by a professional health practitioner. In view of this, the State Government should make available skilled attendants that are accessible and affordable to the citizens in order to achieve its health millennium goals. The data shows

PRIMARY HEALTH FACILITIES

that delivery by health care professionals rose from 81,337 in the year 2014 by 118.56% to (96,430). The data also indicated that almost all the Local Government have increase number of pregnant women delivered by health care professionals.

PNC VISIT

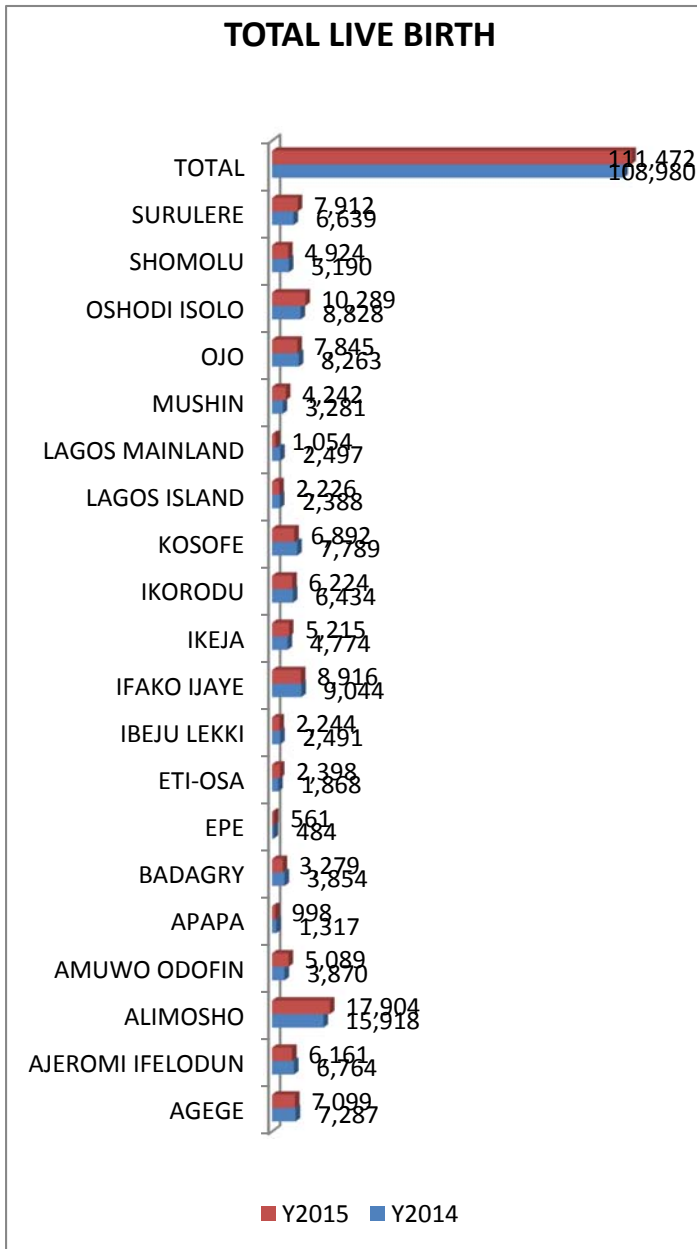


signs of severe illness will be discussed during this period. The postnatal care visit increased by 27.04% from 152,856 visits in Y2014 to 190,622 visits in Y2015. Across the Local Government, the increase in patronage is more pronounced at Mushin Local Government with over a 100% increase from 5,836 (Y2014) to 11,754 (Y2015). There are areas where decrease are noticed such as: Ibeju Lekki, Lagos Mainland and Agege Local Government Areas with Ibeju Lekki reducing from 2,795 to 1,958 visits representing 29.9% decrease.

The Postnatal period is a critical phase in the lives of mothers and new born babies. Most maternal and infant deaths occur during this time. Yet, it is the most neglected period for the provision of quality care. The issues related to Exclusive Breastfeeding, chlorhexidine for umbilical cord care, clinical

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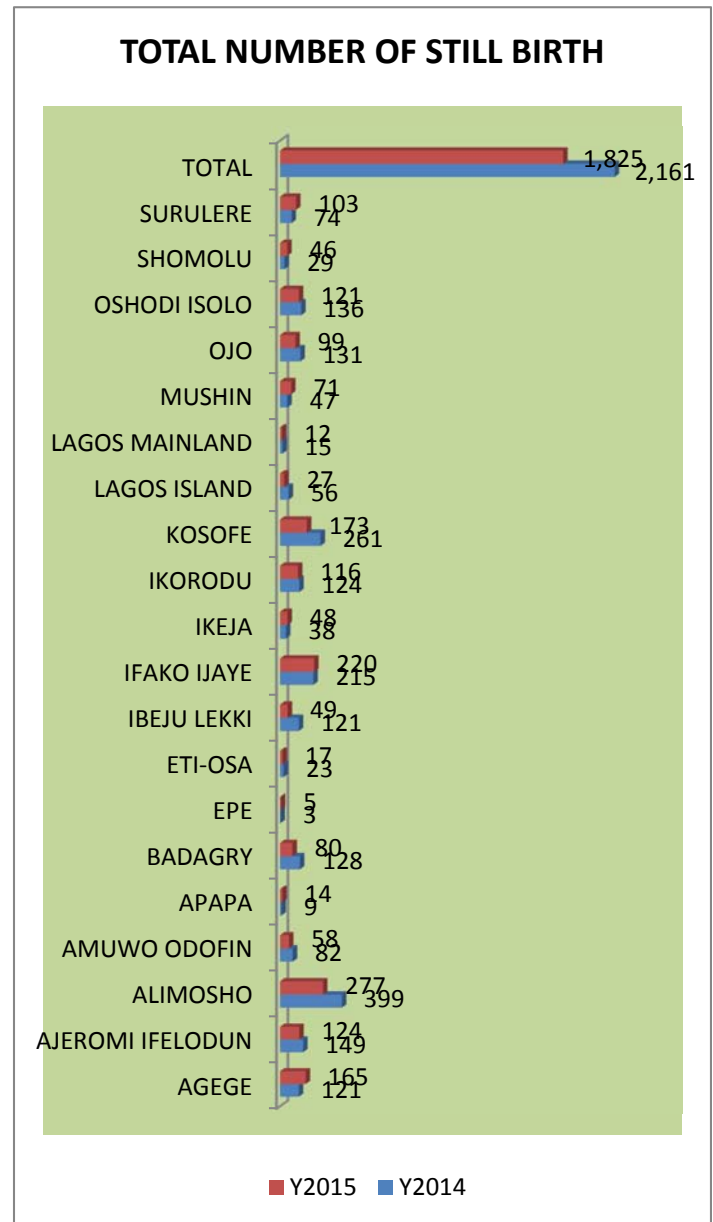
TOTAL LIVE BIRTH



Live birth refers to having a baby born alive hale and hearty without any complication in which the baby respire and responds to external stimulus. In order to have a live birth by a pregnant woman, a lot of medical attention is required some of which includes at least four antenatal visits to the hospital, administration of appropriate vaccines at different stages of pregnancy, seeking of medical advice from medical/health personnel and administration of drugs to keep the foetus healthy. In Y2014, the total live births in the State recorded

108,980 as against 111,472 in Y2015. The increase experienced shows that appropriate measures were put in place by the State Government to ensure safe and live birth. Nevertheless, Lagos Mainland, Ikorodu and Eti Osa are areas that need supervisory visits to enhance appreciable live birth deliveries.

TOTAL NUMBER OF STILL BIRTH

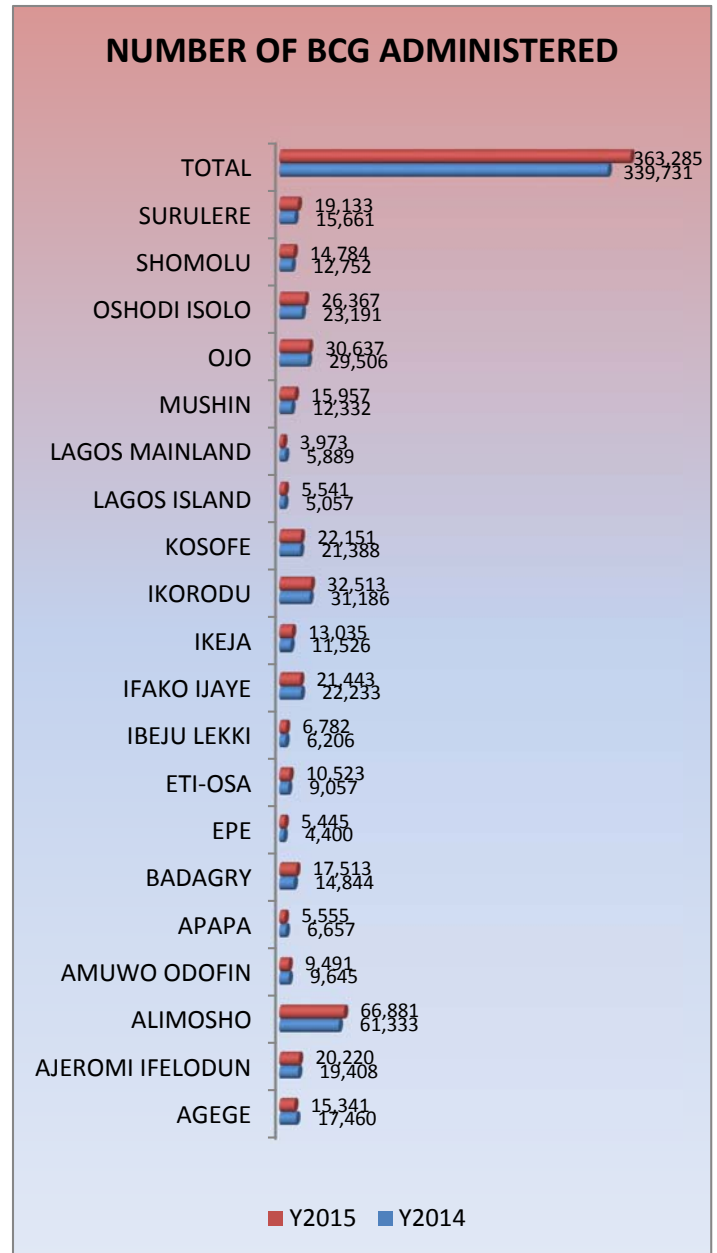


Inability of a baby to respire immediately after birth or while in the foetus after 24 weeks of gestation is still birth. This occur when a pregnant woman undergo delivery labour or

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assisted to deliver by a medical expert through ‘‘CEASERIAN BIRTH’’. It could be prevented from happening if adequate medical attention were received during ante natal period. Counselling by medical/midwives personnel to expectant mothers at the early stage to delivery period is also a preventive measure to avert still birth. The total still birth reduced drastically from 2,161 in Y2014 to 1,825 in Y2015. However, Surulere, Shomolu, Mushin and Epe are areas with sharp increase of still birth in Y2015 compared with what was recorded in Y2014. It is recommended that monitoring and evaluation should be one in those areas to prevent future occurrence of still birth.

NUMBER OF BCG ADMINISTERED

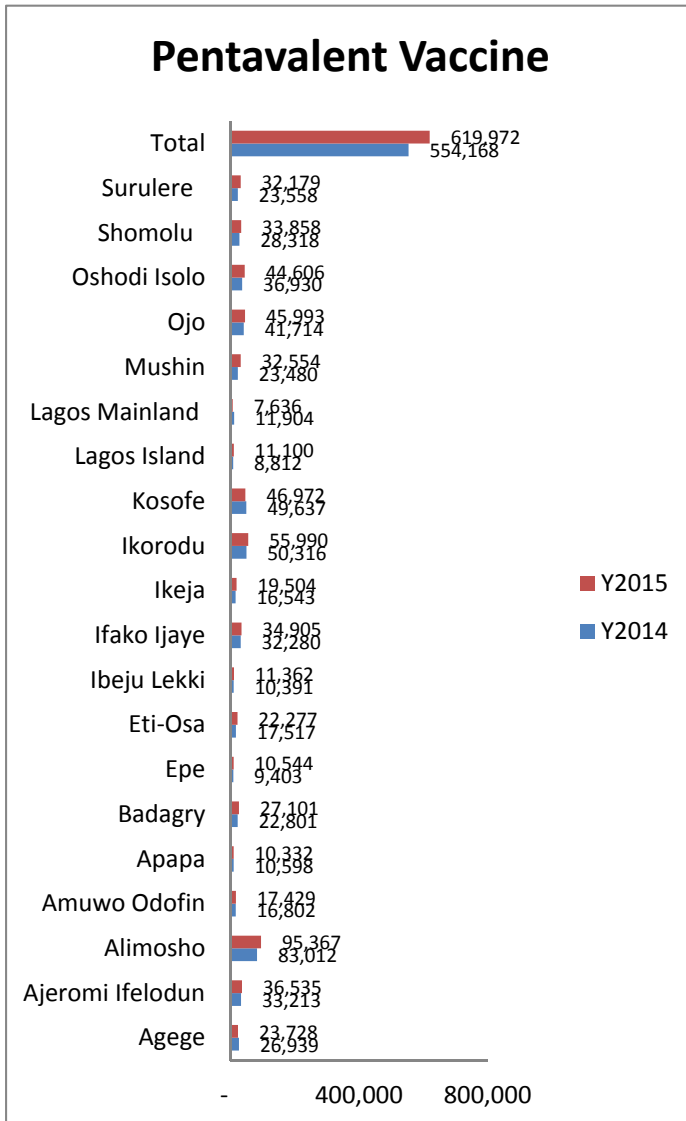


Bacille Calmette – Guerin (BCG) vaccine is primarily administered to babies immediately after birth to prevent Tuberculosis. It is a vital vaccine that every nursing mother should receive for babies during post natal services for sound immunity. The total BCG administered to babies across the State in Y 2014 was 339,731 compared to 363,285 recorded in Y2015. Awareness of the vaccine by nursing mothers is as a result of government effort on health issues to ensure adequate medical attention are received by people using

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government health facilities. Lagos Mainland still experience decrease in BCG vaccine intake in Y2015 compared to Y2014 Figure. Supervisory visit is recommended by Government personnel to ensure that more nursing mothers bring their babies for the vaccine.

PENTAVALENT VACCINE

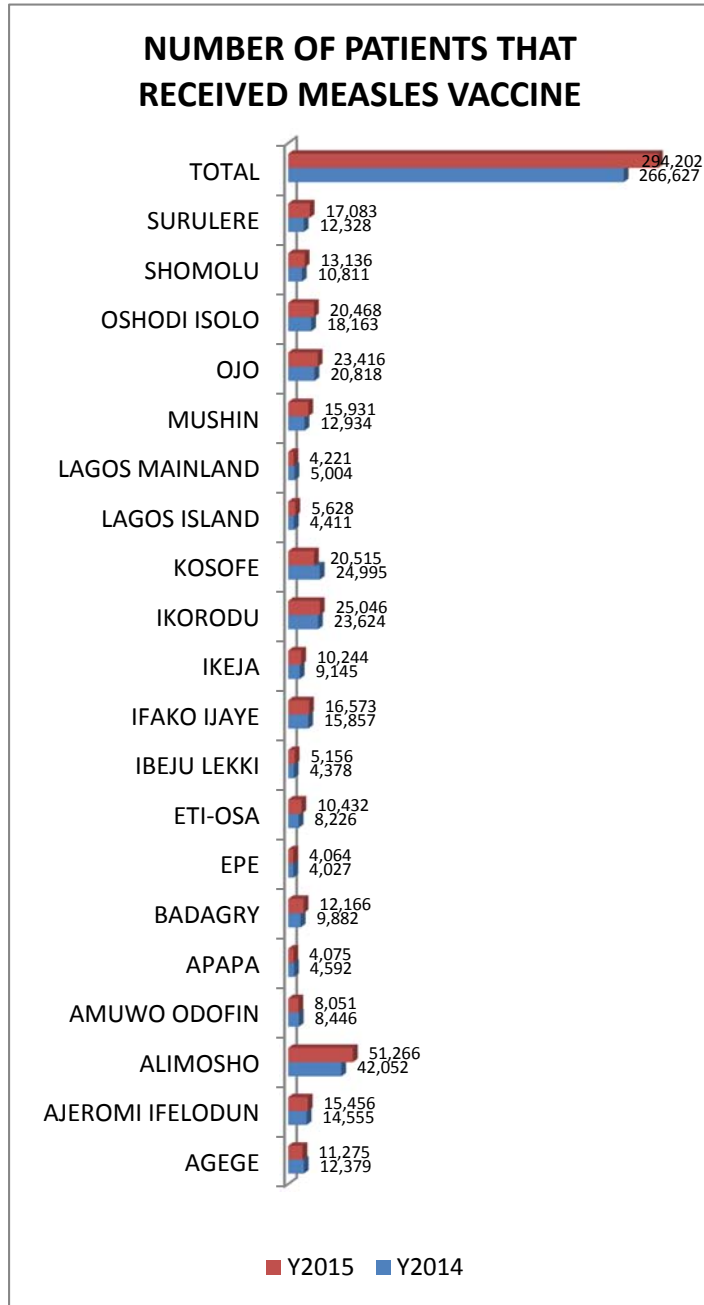


antigens) or weakened live viruses. Hence, the introduction of pentavalent vaccine into the routine immunization schedule in the State Health care facilities is not only imperative but a step in the right direction. The data revealed that 554,168 of children less than 5 years were immunized in year 2014 while 619,972 were immunized in year 2015. There is an increase in the number of children under 5 immunized across the State. However, Government are enjoined to continue with its advocacy programme on immunization especially in Apapa and Lagos Mainland where we have a decrease in the number of immunized children in Y2015 compared to Y2014.

Pentavalent Vaccine is a combination of five vaccines-in-one that prevents diphtheria, tetanus, whooping cough, hepatitis b and haemophilus influenza type b, all through a single dose. Immunization is the most highly effective intervention for protecting babies from infectious disease. Vaccines are either parts of the viruses or bacteria (called

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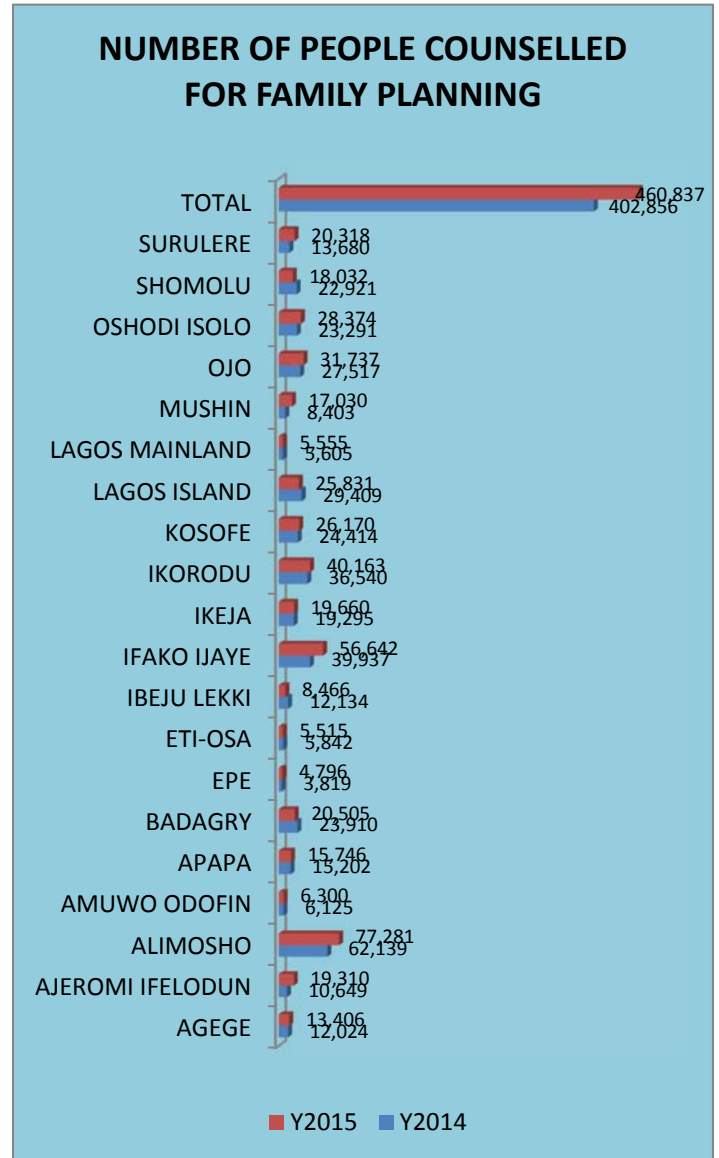
NUMBER OF PATIENTS THAT RECEIVED MEASLES VACCINE



Measles vaccine is usually administered to babies at 9 months and 12 months of age to prevent measles infection. It is a contagious disease that is spread from one person to another through the air, adequate care should be taken and all the required injections should be taken to prevent measles attack. The number of people that received measles vaccine once in Y2014

recorded 266,627 as against 294,202 in Y2015. Kosofe and Lagos mainland Local Government are areas that need more awareness campaign on measles vaccine to boost the intake by patients in those localities.

NUMBER OF PEOPLE COUNSELLED FOR FAMILY PLANNING

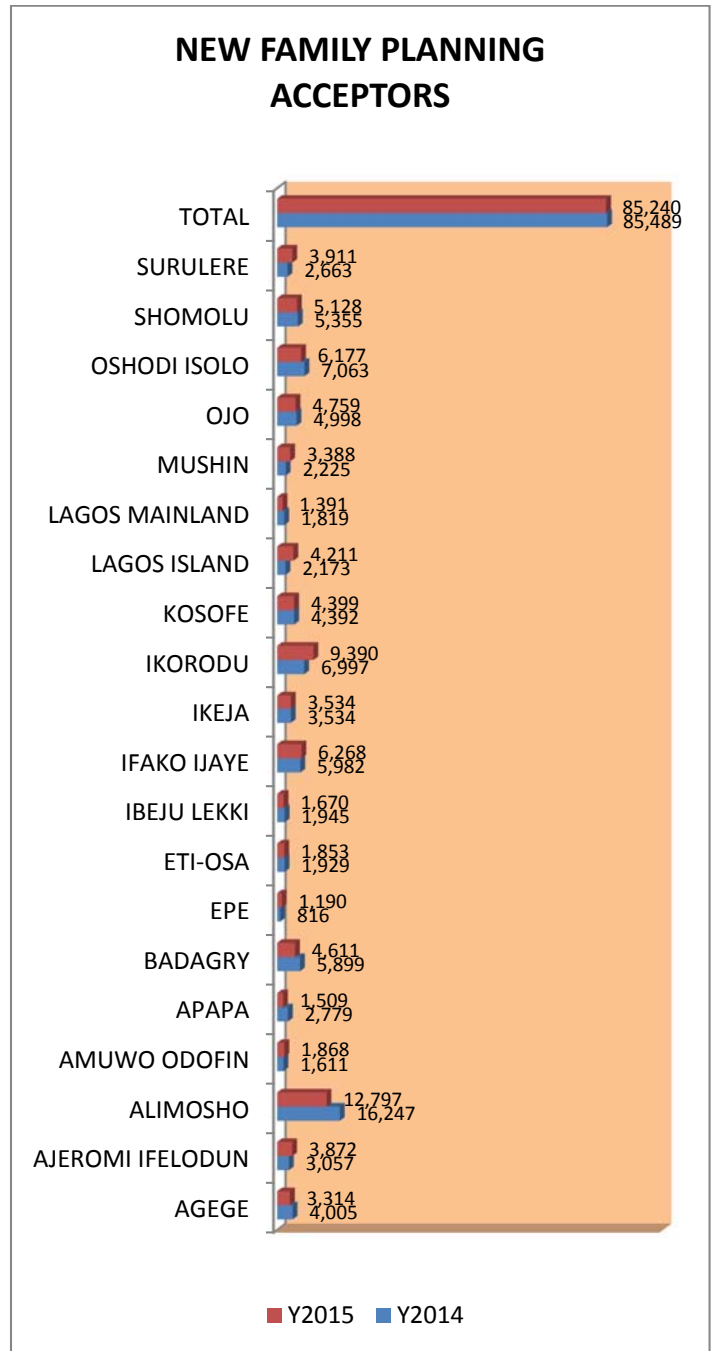


Family Planning is a modern method of birth control and child spacing. There are various forms of Family Planning amongst which are pills, injections, male and female condom, diaphragm and IUCD. A client that wants to do family planning needs adequate counselling and undergo test in

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order to ascertain the one that is suitable for the patient as well as prevent complications. Across the State, the numbers of family Planning clients counselled in Y2014 were 402,856 and increased to 460,837 in Y2015. The increase was pronounced in Ifako Ijaye and Alimosho Local Government in Y2015 figures compared to what it were in Y2014. However, the number of client counselled in Ibeju Lekki decline from 12,134 in Y2014 to 8,466 in Y2015. It is recommended that more outreach Health Campaign on Family Planning should be foster in that Local Government to improve the turn out.

NEW FAMILY PLANNING ACCEPTORS

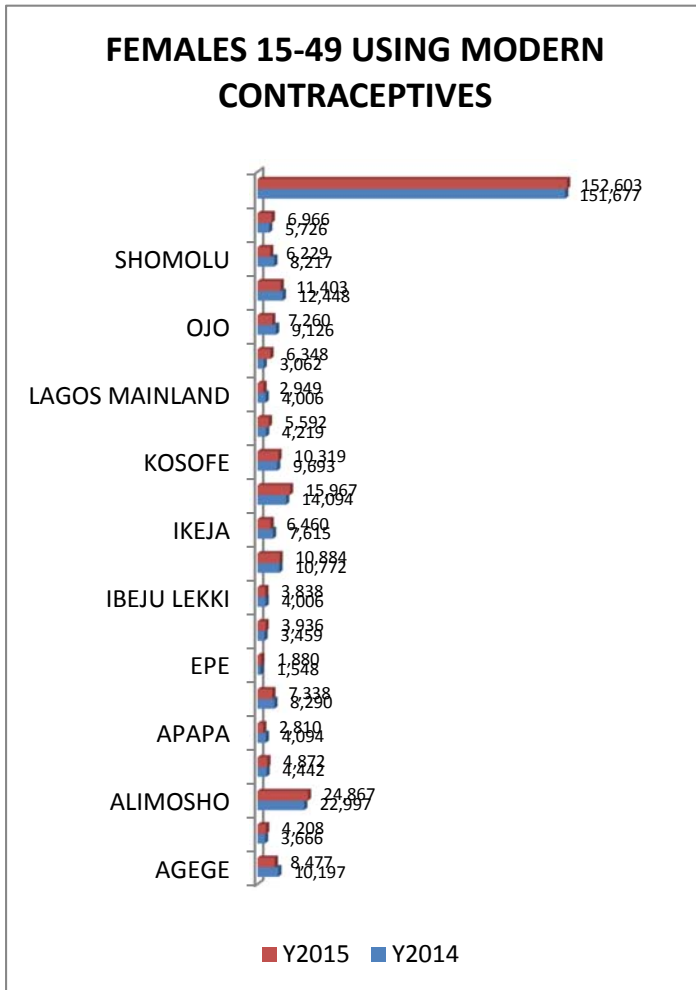


Family Planning is the bedrock of preventing unwanted pregnancy as this will reduce the overwhelming population in the State. Tremendous effort needs to be put in place to ensure that new acceptors of Family Planning come on board; this will ease the adverse effect that our teeming population posed on the economy. In Y2014, new acceptors of Family Planning recorded 85,489 and reduced slightly to 85,240 in

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Y2015. It is worthy to note that government should intensify more effort to bridge the gap and ensure that new family Planning acceptors are on the increase through awareness and adequate counselling.

FEMALES (15-49) USING MODERN CONTRACEPTIVES

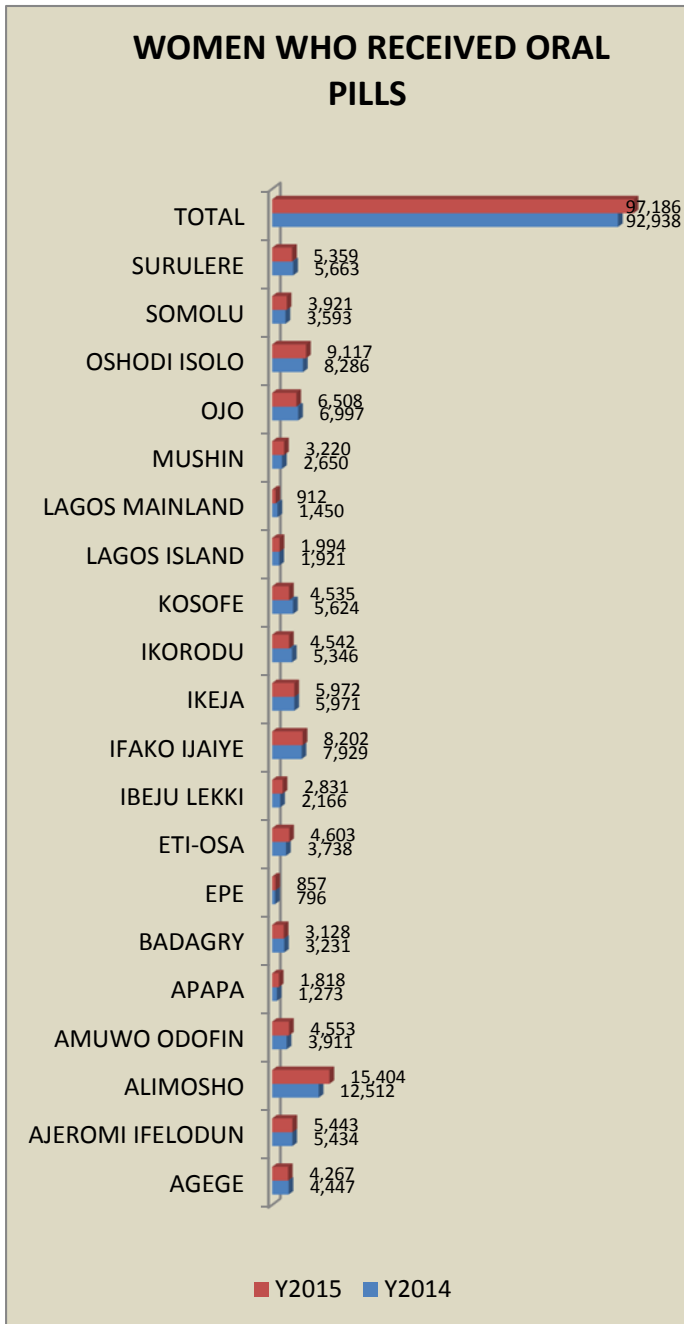


that were recorded in Y2015. It could be deduced that the slight increment on females 15-49years using modern contraceptives is due to awareness campaign on reproductive health programmes carried out in the State, the need to have numbers of children that couples could cater for. Local Government Areas such as Agege, Apapa, Ikeja, Lagos Mainland and Shomolu recorded decrease in the usage of modern contraceptives in their figures of Y2015 compare to their Y2014 data. However, it is recommended that State government should ensure availability of these contraceptives and regular counselling on the importance of its usage to these Local Government.

Modern Contraceptives were invented for both male and female to prevent the risk of getting pregnant. There are lots of modern contraceptives among which are: - male and female condom, pills, injectables, implant, diaphragm, female and male sterilisation and Intra uterine device (IUD). Research shows that females between the ages of 15-49 years are in their fertility period and could be pregnant after sexual intercourse. The result of females 15-49years using modern contraceptives in Y2014 was 151,677 compared to 152,603

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WOMEN WHO RECEIVED ORAL PILLS

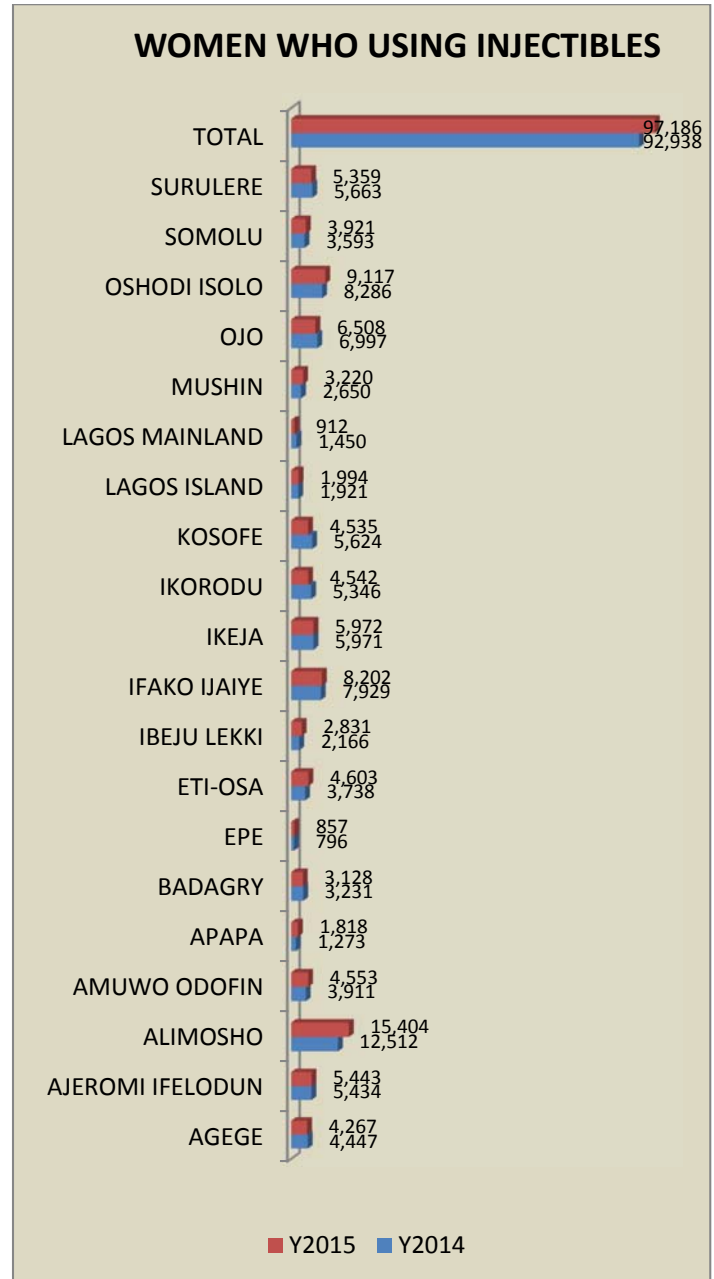


Pregnant women who received oral pills increased with 11.3% from 13,387 in Y2014 to 14,900 in Y2015 which indicate an increased awareness in the use of pills to prevent unsolicited pregnancy.

Local Government (LG) level reveals that in Amuwo Odofin, the pregnant women who received oral pills increased from 356 in Y2014 to 631 in Y2015 which is an increase of 77.2% and Mushin had 62% increase from 1,017 (Y2014) to 1,648

(Y2015). Meanwhile, Ojo and Agege had over 50% decrease from the record of 1,357 (Y2014) down to 647 (Y2015) for Ojo LG and decrease of 1,630 (Y2014) to 812 (Y2015) in Agege.

WOMEN WHO USING INJECTIBLES

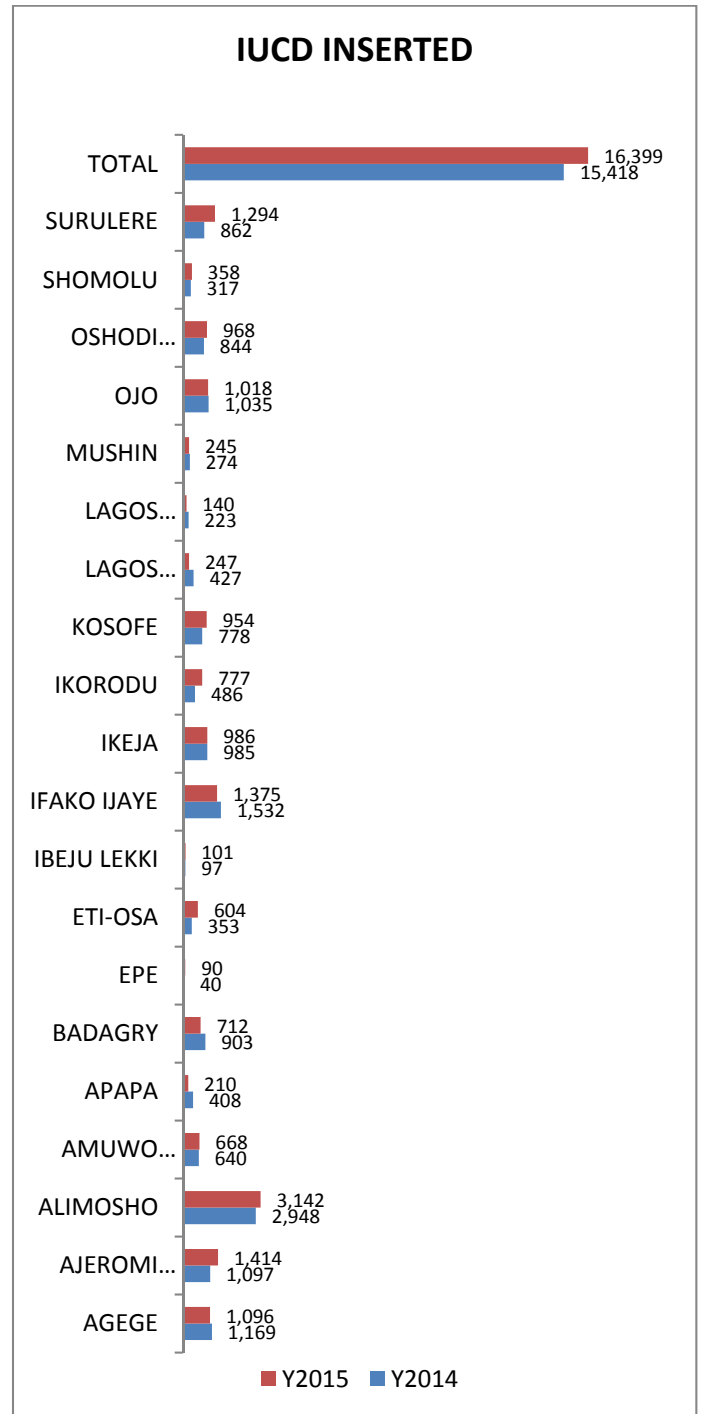


Family Planning (FP) Injection prevent unsolicited pregnancy and also allows for pregnancy spacing. The total numbers of women that received FP Injection increased

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slightly with about 4.3% from 69,459 in Y2014 to 72,429 in Y2015. *IUCD INSERTED*

Alimosho Local Government recorded the highest number of women that took FP Injection from 11,170 (Y2014) to 14,328 (Y2015), an increase of 28%, Mushin Local Government increased from 1,238 (Y2014) to 2,327 (Y2015) making an increase of 88%. The number of pregnant women that took FP Injection in Lagos Mainland Local Government decreased with 39.2% from 1,713 (Y2014) to 1,042 (Y2015).



Intrauterine Contraceptives Device (IUCD) is one of the family planning methods. It is a device that is usually inserted into the female uterus (womb) to prevent pregnancy. The above chart shows that 15,418 females preferred the use of IUCD to other forms of contraceptives in Y2014 and the

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usage increased to 16,399 in Y2015. Apapa, Lagos Island and Lagos Mainland Local Government are areas with decrease usage in Y2015 compared to what it were in Y2014.

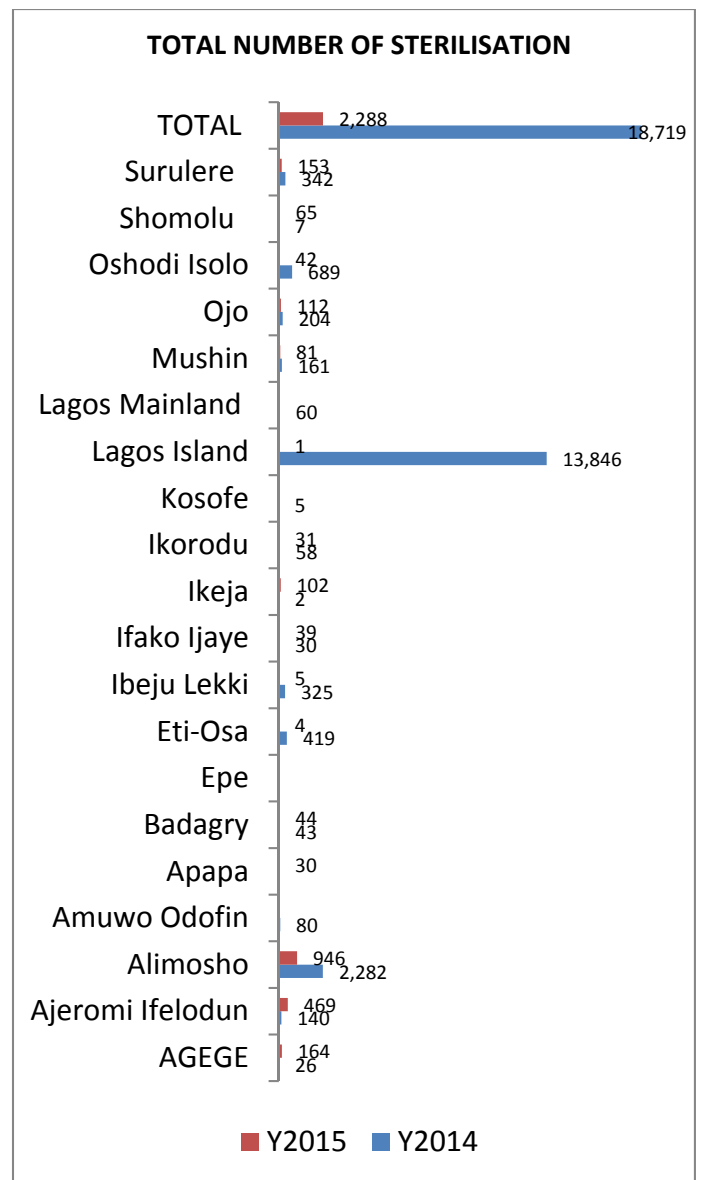
IMPLANT



Implant is another modern contraceptive used for family planning; it is inserted in the skin of patient that prefers this type of family planning. The device after insertion produces progesterone in the body for birth control. It has a life span of

three to five years depending on the number of rods inserted. It should be noted that females tested and found the usage convenient usually opt for the usage in order to prevent complications. Tremendous increase was recorded in the Y2015 data (13,567) of women who used implant contraceptives as against 8,610 women recorded in Y2014. Ibeju Lekki Local Government showcases slight reduction in its usage from 196 in Y2014 to 158 in Y2015.

TOTAL NUMBER OF STERILISATION

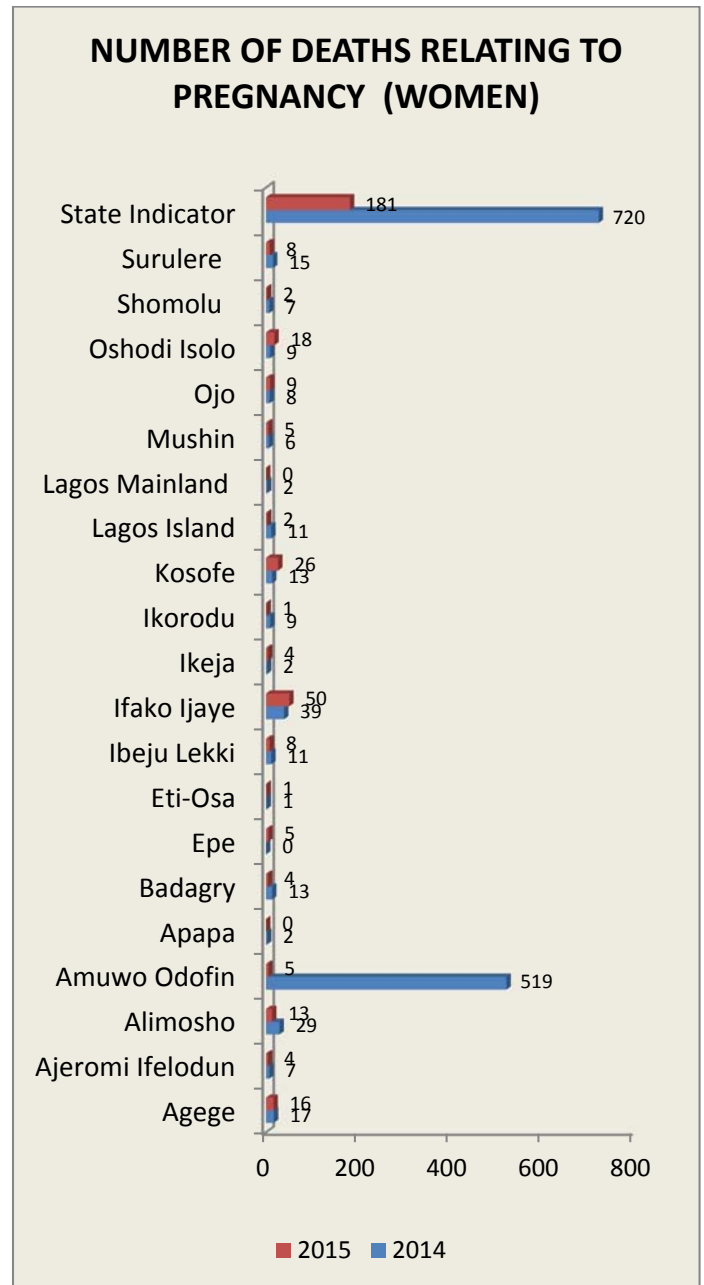


Elimination of all form of life and other biological agents is known as Sterilisation. It is peculiar to female and very rare

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in male, it is done by total blockage of the fallopian tube in female for pregnancy prevention. The total number of clients sterilised in Y2014 was 18,719 and reduced drastically to 2,288 in Y2015. The reduction could be attributed to a lot of factors amongst which are: - fewer numbers of client opted for sterilisation, inadequate enlightenment health campaign programmes and fear of inability to produce children again in case the unexpected happens. Across the Local Government, Epe has no record of sterilisation for both years, while Amuwo Odofin, Apapa and Kosofe have no record for Y2014. However, in Lagos Island Local Government, only one client turns up for sterilisation in Y2015 as against 13,846 clients in Y2014. Scale up campaign is advised for citizens in that locality.

NUMBER OF DEATHS RELATING TO PREGNANCY (WOMEN)



A pregnancy-related death is defined as the death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication. The death of a woman during pregnancy, at delivery, or soon after delivery is a tragedy for her family and for society as a whole. Five direct complications account for most of maternal deaths: haemorrhage, infection, unsafe abortion, eclampsia (very

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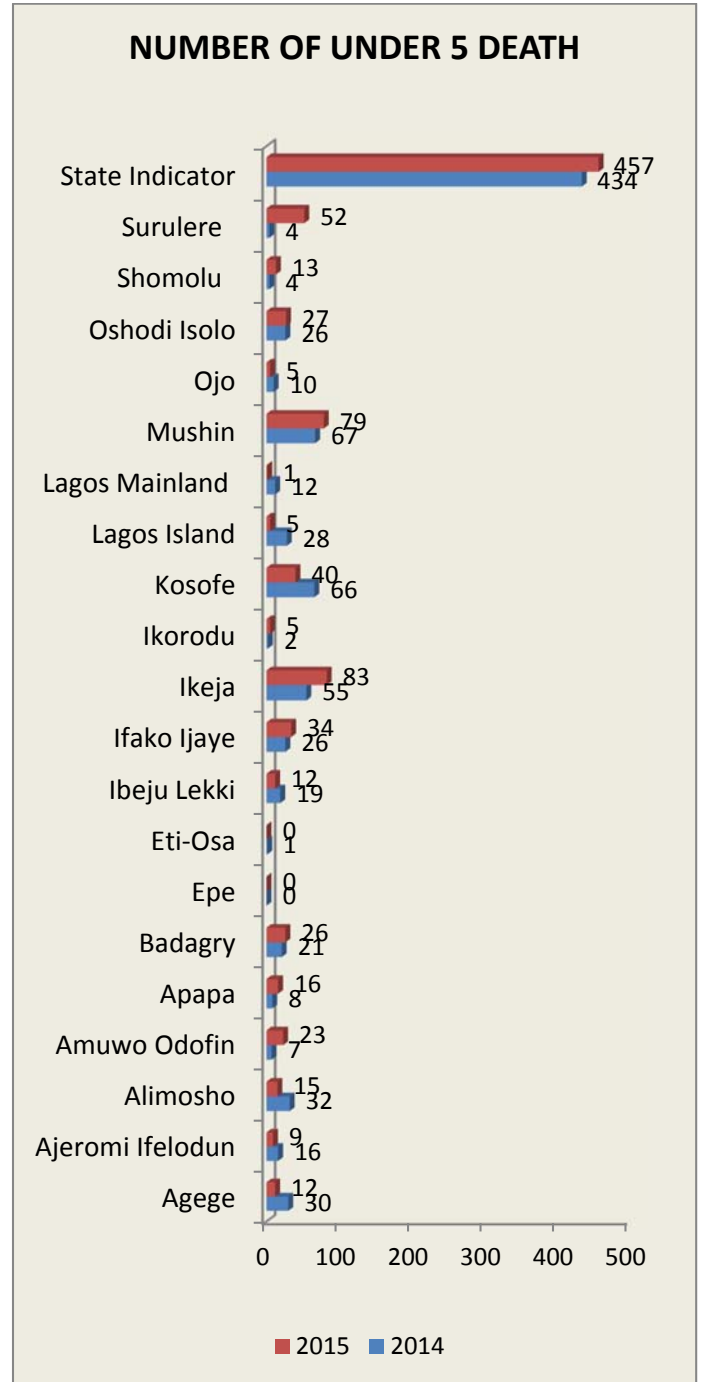
high blood pressure leading to seizures), and obstructed labour. While these are the main causes of maternal death, unavailable, inaccessible, unaffordable, or poor quality care is fundamentally responsible. The Lagos State Government had intensified efforts to educate women of reproductive age to adopt healthy lifestyles during pregnancy.

Further analysis on women pregnancy-related deaths across the State revealed that about 720 and 181 women died as a result of pregnancy complications in year 2014 and 2015 respectively. There is a tremendous decrease in the number of women pregnancy related death in Y2015. The decrease may be due to the State Government intervention and improved enlightenment campaigns on the control of women reproductive health, maintenance of healthy diet and weight.

On desegregation of the result by Local Government, Ifako Ijaye LG with 50 cases recorded the highest number of pregnancy related deaths in Y2015, followed by Kosofe with 26 number of cases and Oshodi Isolo which recorded 18 cases. While Apapa LG recorded no number of cases in Y2015 whereas Eti-Osa and Ikorodu Local Government recorded only 1 case of pregnancy related deaths in Y2015 respectively. However, Alimosho LG recorded 5 number of cases in Y2015 as against 519 recorded in Y2014.

Therefore, the State Government should continue to strategize and address issues which prevent access to health care by our pregnant women. Efforts should be intensified to make quality Health care available, accessible and affordable to every pregnant woman in the State. Also, healthy pregnancy and health advocacy programme should be introduced or fortified in Ifako Ijaye Local Government area for all women of reproductive age to reduce pregnancy related death cases.

NUMBER OF UNDER 5 DEATH



Under 5 deaths or child mortality refers to the death of infants and children under the age of five or between the age of one month to four years depending on the definition. A child's death is emotionally and physically hard on the parents. But the State Government in its efforts had tried to make health care available, accessible and avoidable to its citizens both in

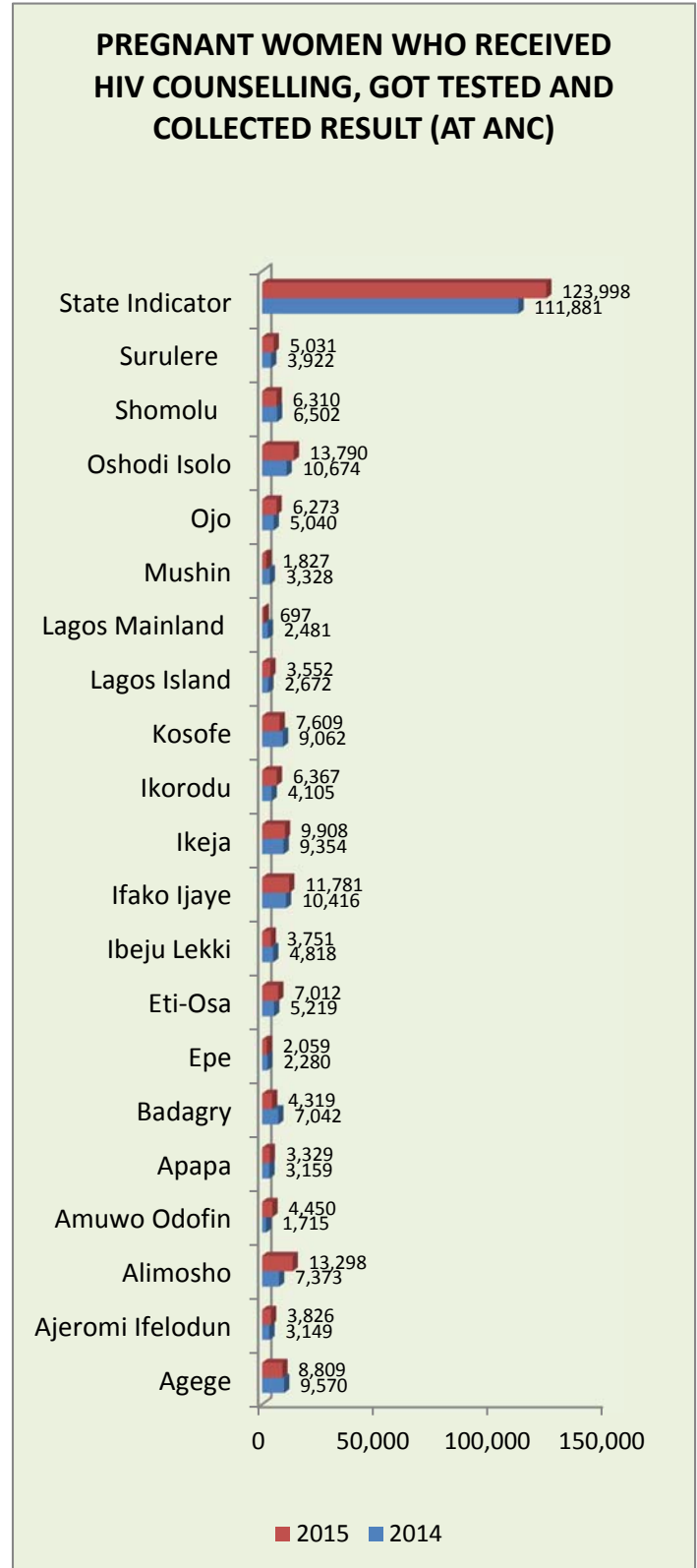
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urban and sub urban areas. The leading causes of death of children under five include: prematurity, malaria, diarrhea, malnutrition, pneumonia and infections.

PREGNANT WOMEN WHO RECEIVED HIV COUNSELLING, GOT TESTED AND COLLECTED RESULT (AT ANC)

Further analysis of the under 5 death across the State revealed that 434 and 457 children died under the age of 5 in Y2014 and Y2015 respectively. There was an increase of 23 cases of under-5-death in Y2015 compared with Y2014. At Local Government level, Ikeja LG with 83 cases recorded the highest number of under-5-death in Y2015 followed by Mushin LG with 79 cases and Surulere LG with 52 cases. However, Epe LG recorded no cases of under-5- death in both Y2014 and Y2015 whereas Eti-Osa and Lagos Island LGs recorded only 1 case of such death in Y2015 respectively.

The Lagos Government should embark on massive maternal health and Child mortality reduction advocacy. Also, the State Government should not relent in its child survival strategies and interventions. In addition, proper attention should be focused to Ikeja, Mushin and Surulere LGs to reduce the child mortality rate to the bearest minimum.



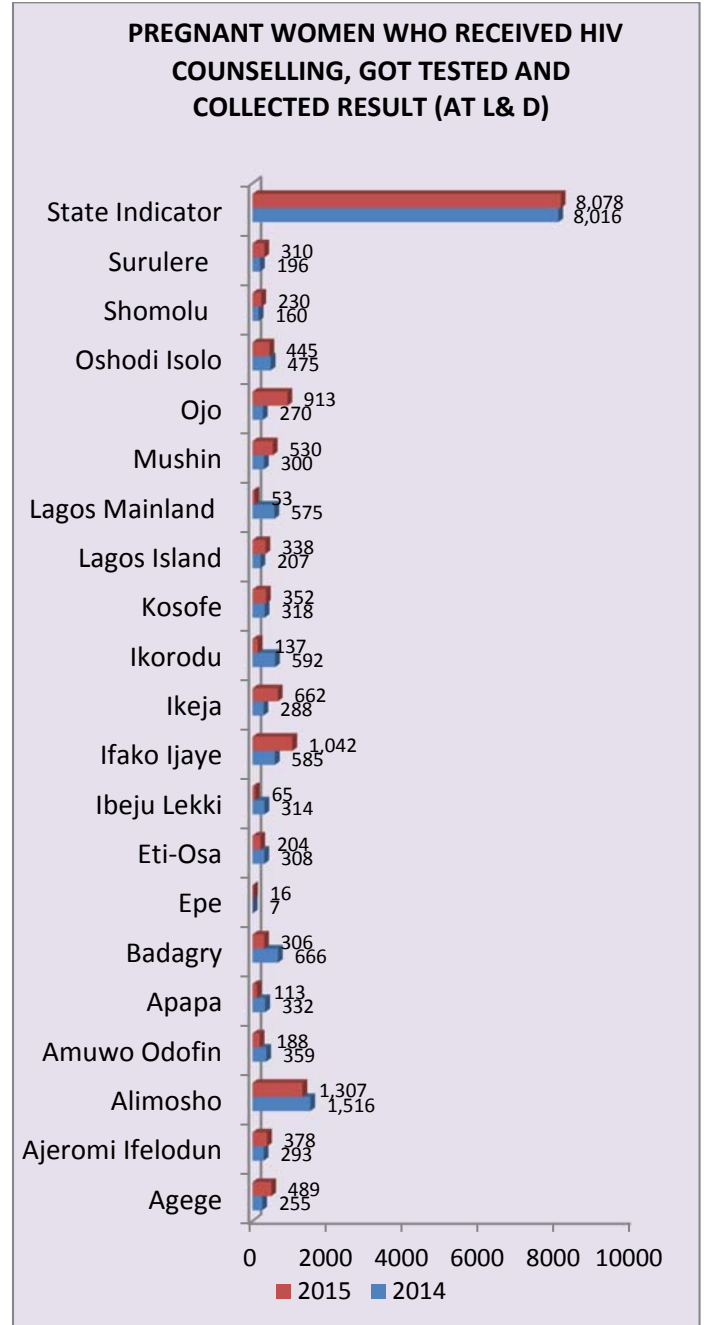
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HIV is transmitted through unprotected sexual intercourse (anal or vaginal), transfusion of contaminated blood, sharing of contaminated needles, and between a mother and her infant during pregnancy, childbirth and breastfeeding.

The State Government through its various health policies had introduced HIV counseling for pregnant women in both Primary and Secondary health facilities during Antenatal care to enlighten them on the mode of the spread of HIV/AIDS and ways people can reduce their chances of getting the incurable and deadly disease.

The number of pregnant women across the State who received HIV/AIDS counseling, got tested and received result during Antenatal Care (ANC) was 111,881 and 123,998 in Y2014 and Y2015 respectively. This remarkable increase in 2015 may be as a result of continuous enlightenment campaigns on HIV/AIDS embarked upon by the relevant Agencies of Government in the State. At the Local Government level, Oshodi Isolo (13,790), Alimosho (13,298) and Ifako Ijaye (11,781) reportedly recorded the highest number of Pregnant women who received HIV/AIDS counseling, got tested and obtained result in year 2015 whereas, Lagos Island (697), Mushin (1,827) and Epe (2,059) recorded the lowest number in Y2015.

PREGNANT WOMEN WHO RECEIVED HIV COUNSELLING, GOT TESTED AND COLLECTED RESULT (AT L & D)



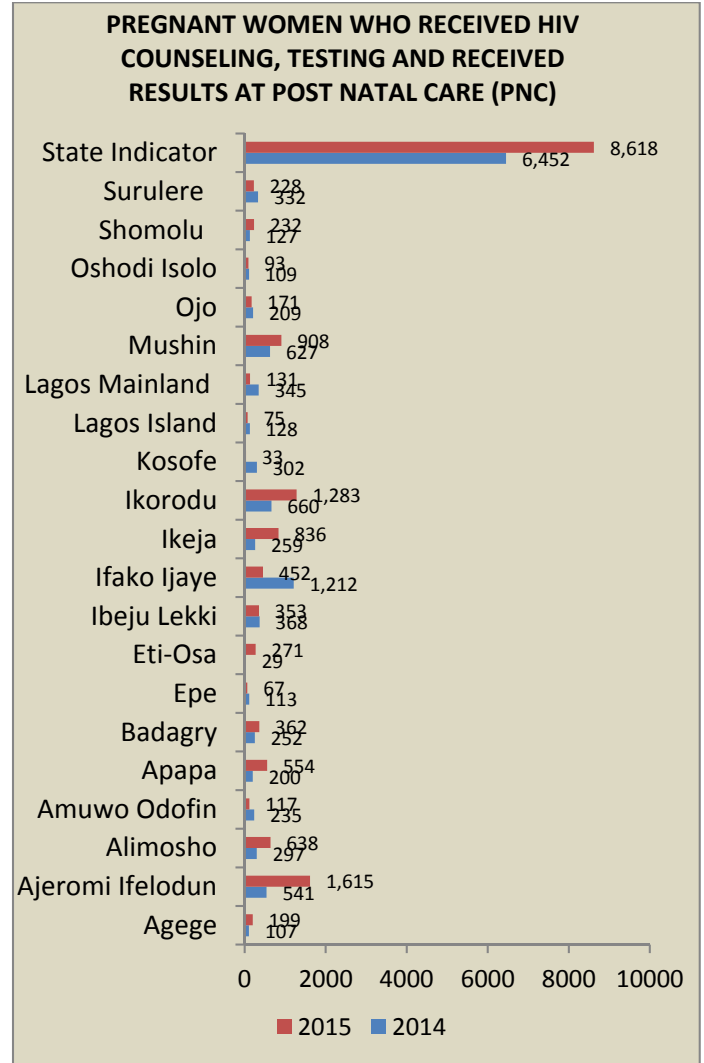
It is very important for the Pregnant women to receive HIV/AIDS counseling, get tested and obtain result at child Labour and Delivery (L&D). The number of pregnant women across the State who received HIV/AIDS counseling, got

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tested and received result during child labour and delivery(L&D) was 8,016 and 8,078 in year 2014 and 2015 respectively. There is an increase of 62 (0.77%) in 2015 and this may be due to the quality of trained health personnels in the various primary, secondary and tertiary health centres in the State. Further analysis on Local Government level, Alimosho (1,307) , Ifako Ijaye (1,042) and Ojo (913) reportedly recorded the highest number of Pregnant women who received HIV/AIDS counseling, got tested and obtained result during child labour and delivery in year 2015 while, Epe (16), Lagos Island (53) and Ibeju Lekki (65) recorded the lowest number in year 2015.

Advocacy health programmes and enlightenment campaigns should be strengthened in Lagos Mainland, Epe and Ibeju Lekki Local Government for continuous sensitization of pregnant women on the need to receive HIV/AIDS counseling, carry out HIV/AIDS test at child labour and delivery.

PREGNANT WOMEN WHO RECEIVED HIV COUNSELING, TESTING AND RECEIVED RESULTS AT POST NATAL CARE (PNC)



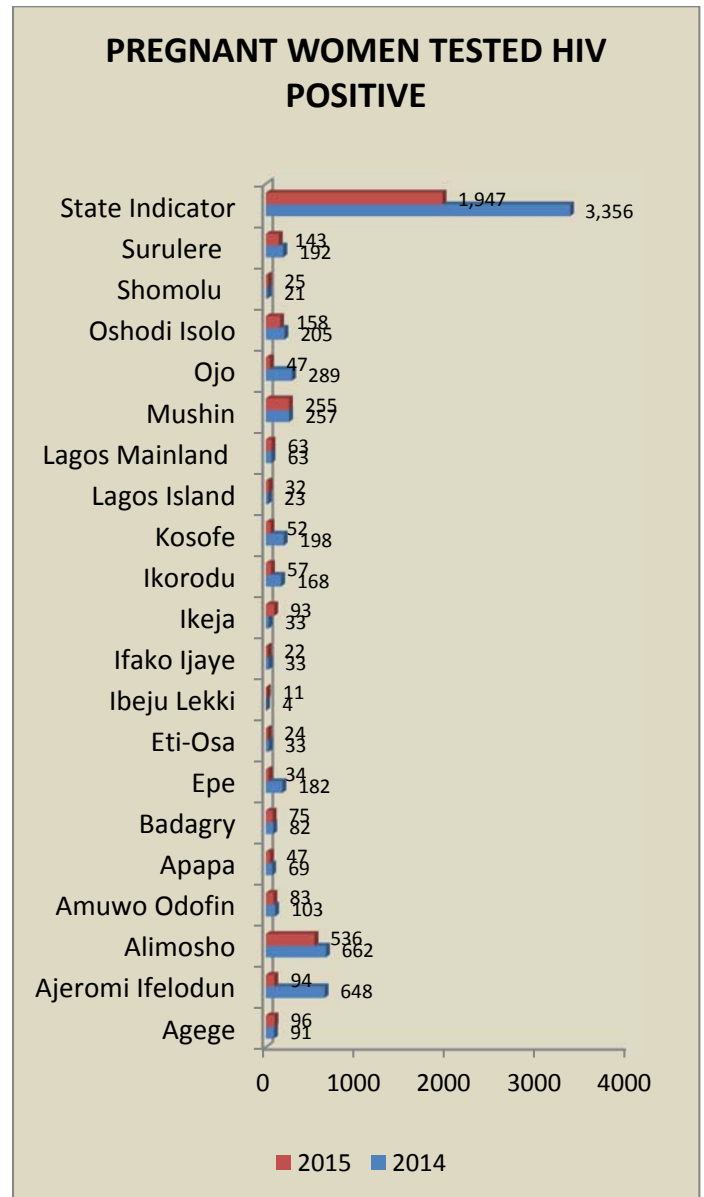
HIV/AIDS counseling and test are part of the Post Natal Care (PNC) introduced by the State Government to reduce the chances of a baby getting the deadly disease during breastfeeding as well as to combat HIV/AIDS as enshrined in the Sustainable Development Goal.

Further analysis across the State revealed that 6,452 and 8,618 women received counseling, got tested and received HIV/AIDS result during Post Natal Care (PNC) in Y2014 and y2015 respectively. There was an increase of 2,166

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(25.13%) cases in Y2015. This incredible increase in year 2015 could be due to strict compliance of Health workers to the directives of the State Government on the intensive care for nursing mother at Post Natal Care (PNC). At the Local Government level, Ajeromi Ifelodun (1,615), Ikorodu (1,283) and Mushin (908) LGs recorded the highest number of women who received HIV/AIDS counseling, got tested and obtained result during post natal care in year 2015. However, Kosofe (33), Epe (67) and Lagos Island (75) recorded the least number in year 2015. Therefore Kosofe, Epe and Lagos Island Local Governments should renew their commitment in providing intensive Post Natal Care (PNC) to every woman who visits any of the Government health facility in their areas.

PREGNANT WOMEN TESTED HIV POSITIVE



The human immunodeficiency virus (HIV) is a retrovirus that infects cells of the immune system, destroying or impairing their function. HIV is transmitted through unprotected sexual intercourse (anal or vaginal), transfusion of contaminated blood, sharing of contaminated needles, and between a mother and her infant during pregnancy, childbirth and breastfeeding.

The State Government through its Health related Agencies had educated its citizens through various enlightenment campaigns on the prevention and control of HIV/AIDS. An

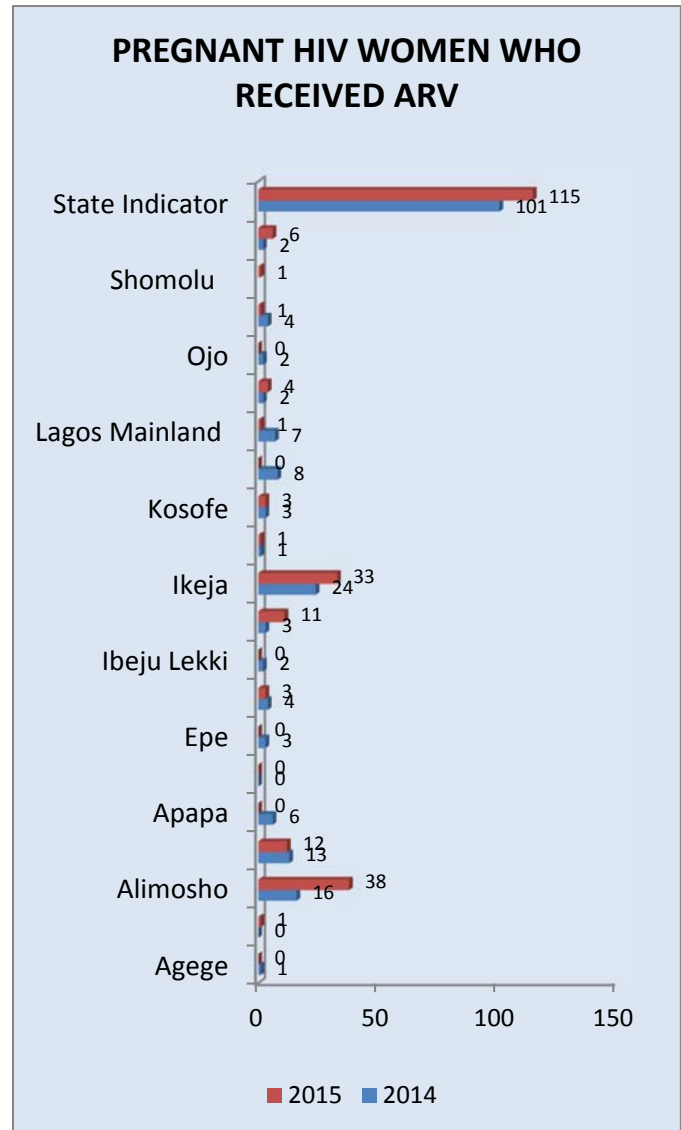
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infected HIV pregnant woman can transmit the infection to the baby in the womb as well as during child birth or breastfeeding.

Across the State, the analysis of pregnant women tested HIV positive showed that 3,356 and 1,947 pregnant women were tested HIV positive in Y2014 and Y2015 respectively. The number of cases declined by 1,409 (72.38%). At the Local Government level, Alimosho with 536 reported cases recorded the highest number of pregnant women tested HIV positive in Y2015 followed by Mushin with 255 numbers of cases and Oshodi Isolo which recorded 158 cases. However, Ibeju Lekki, Ifako Ijaye and Eti-Osa LGs with 11 and 22 and 24 number of cases recorded the lowest number of pregnant women tested HIV positive in Y2015 respectively.

The drastic decline in the number of women tested HIV positive in Y2015 could be attributed to advocacy programmes embarked upon by the State on the control and prevention of HIV/AIDS in the State.

PREGNANT HIV WOMEN WHO RECEIVED ARV



Antiretroviral (ARV) drugs are special drugs that a doctor or nurse can give to a woman infected with HIV/AIDS to reduce the risk of transmission to the baby during pregnancy or breastfeeding. There is no cure for AIDS. However, there are drugs that can slow down the HIV virus, and the damage to one's immune system. There is no way to "clear" the HIV out of one's body. The newer, stronger Antiretroviral (ARVs) have also helped reduce the rates of most opportunistic infections (OIs).

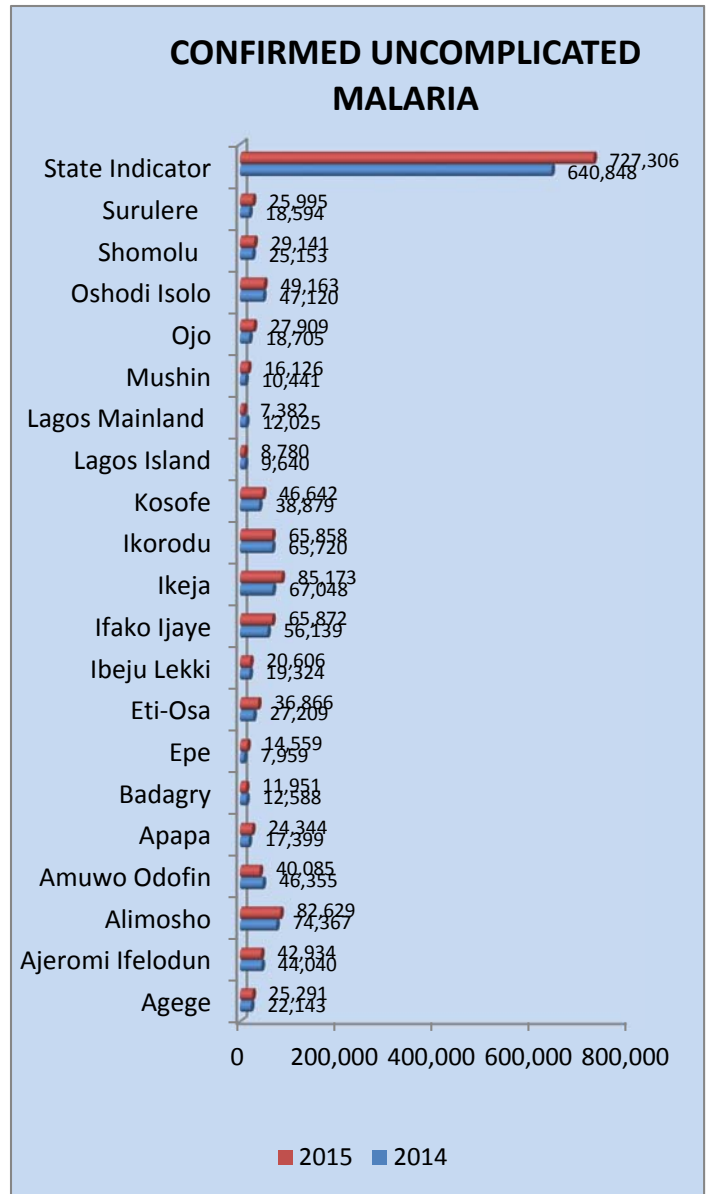
Furth analysis on number of pregnant HIV positive women who received Antiretroviral Prophylaxis for PMTCT (AZT) drugs across the State revealed that 101 and 115 pregnant

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HIV positive women received the special drugs in year 2014 and 2015 respectively. The increase in the number of pregnant HIV positive woman who received ARV in 2015 may be due to the awareness created by the State Government on the use of ARV to reduce the risk of a woman to transmit HIV to their babies as well as the ability of the drugs to help them to live longer.

On desegregation to Local Government level, Alimosho with 38 number of cases recorded the highest number of Pregnant HIV positive women who received ARV in Y2015, followed by Ikorodu with 33 reported number of cases and Amuwo-Odofin which had 12 reported cases.. However, Agege, Apapa, Badagry, Epe, Ibeju Lekki, Lagos Island and Ojo recorded no cases of pregnant HIV positive women who received such ARV drug.

CONFIRMED UNCOMPLICATED MALARIA



Malaria is an infectious disease of tropical countries. It is spread by mosquitoes. It is manifested by fever along with chills and rigors. Unless it is diagnosed and treated promptly, it can be fatal. A single mosquito bite may be enough to cause the infection. Malaria disease can be categorized as uncomplicated or severe (complicated). In general, malaria is a curable disease if diagnosed and treated promptly and correctly. Malaria may be described as uncomplicated when the malaria infection is **not** life threatening and is easily treatable.

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The State Government had introduced different malaria prevention and control interventions such as larviciding, indoor residual spraying (IRS), free distribution of long lasting insecticidal nets (LLINs), sulphadoxine-pyrimethamine (SP) etc. to combat malaria in the State.

Across the State, the number of people with confirmed uncomplicated malaria in year 2014 and 2015 were 640,848 and 727,306 respectively. There was an increase of 86,458 confirmed uncomplicated malaria cases in Y2015. At Local Government level, Ikeja with 85,173 recorded the highest number of confirmed uncomplicated malaria cases in year 2015 followed by Alimosho and Ifako Ijaye LGs which reportedly recorded 82,629 and 65,872 number of cases respectively. However, Lagos Mainland (7,382), Lagos Island (8,780) and Badagry (11,951) reportedly recorded lowest number of such cases in year 2015.

Malaria advocacy programmes still need to be strengthened by the State Government in Ifako Ijaye, Alimosho and Ikeja Local Governments to reduce the incidence of malaria in the areas.

CLINICALLY CONFIRMED MALARIA



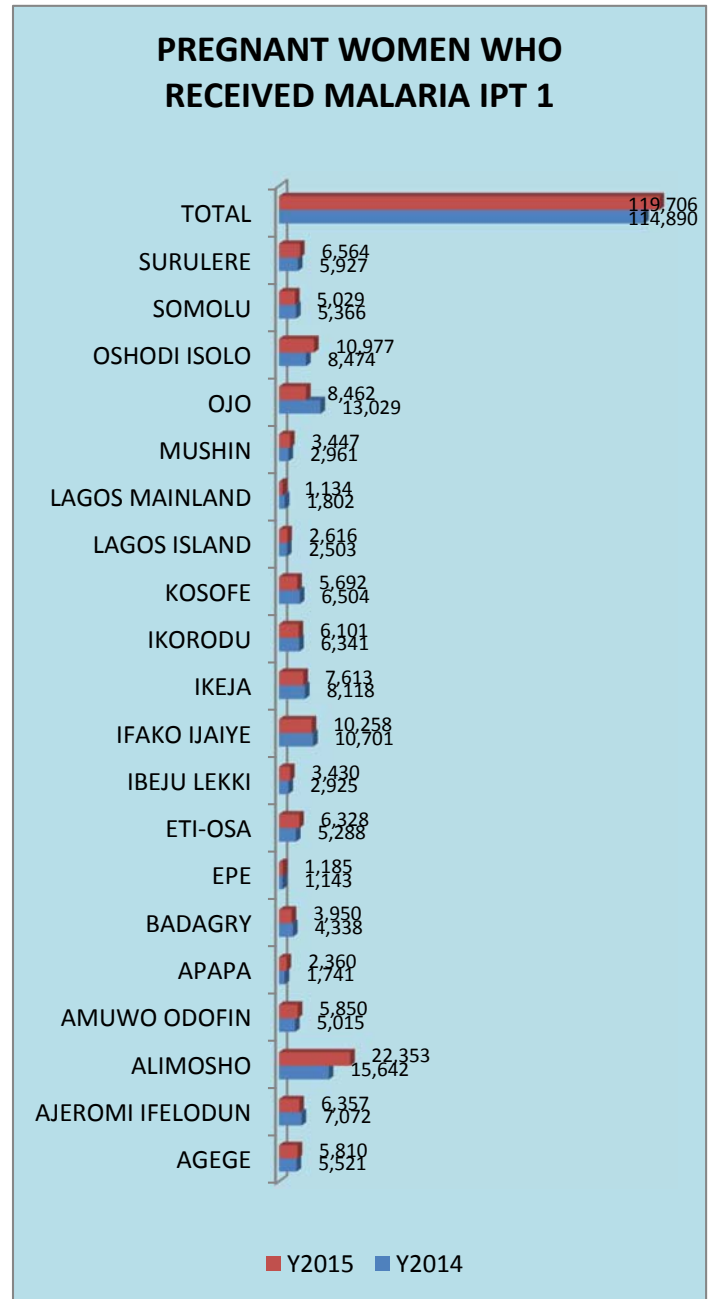
Most malaria infections cause symptoms like the flu, such as a high fever, chills, and muscle pain. Symptoms tend to come and go in cycles. Some types of malaria may cause more serious problems, such as damage to the heart, lungs, kidneys, or brain. These types can be deadly. Clinical findings in malaria are extremely diverse and may range in severity from mild headache to serious complications leading to death, particularly in falciparum malaria. Clinical features of malaria are; a change in behaviour, confusion or drowsiness; impaired consciousness or unarousable coma;

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multiple/recurrent convulsion; deep breathing or respiratory distress; difficulty in breathing or demonstrable pulmonary oedema as may be seen radiologically; circulatory collapse or shock; jaundice; haemoglobinuria; bleeding tendency; prostration i.e generalized weakness so the patient cannot walk, or sit up without assistance; and severe anaemia with or without congestive cardiac failure.

The clinical incidence of malaria in the State was examined for Y2014 and Y2015. The findings revealed that about 603,805 and 480,918 clinical malaria cases was recorded in Y2014 and Y2015 respectively across the State. At the Local Government basis, Ikorodu (69,166), Alimosho (57,291) and Oshodi Isolo recorded the largest number of clinical malaria cases in year 2015 whereas Ibeju Lekki (210), Epe (5,698) and Lagos Mainland (11,521) recorded the lowest number of cases.

PREGNANT WOMEN WHO RECEIVED MALARIA IPT 1



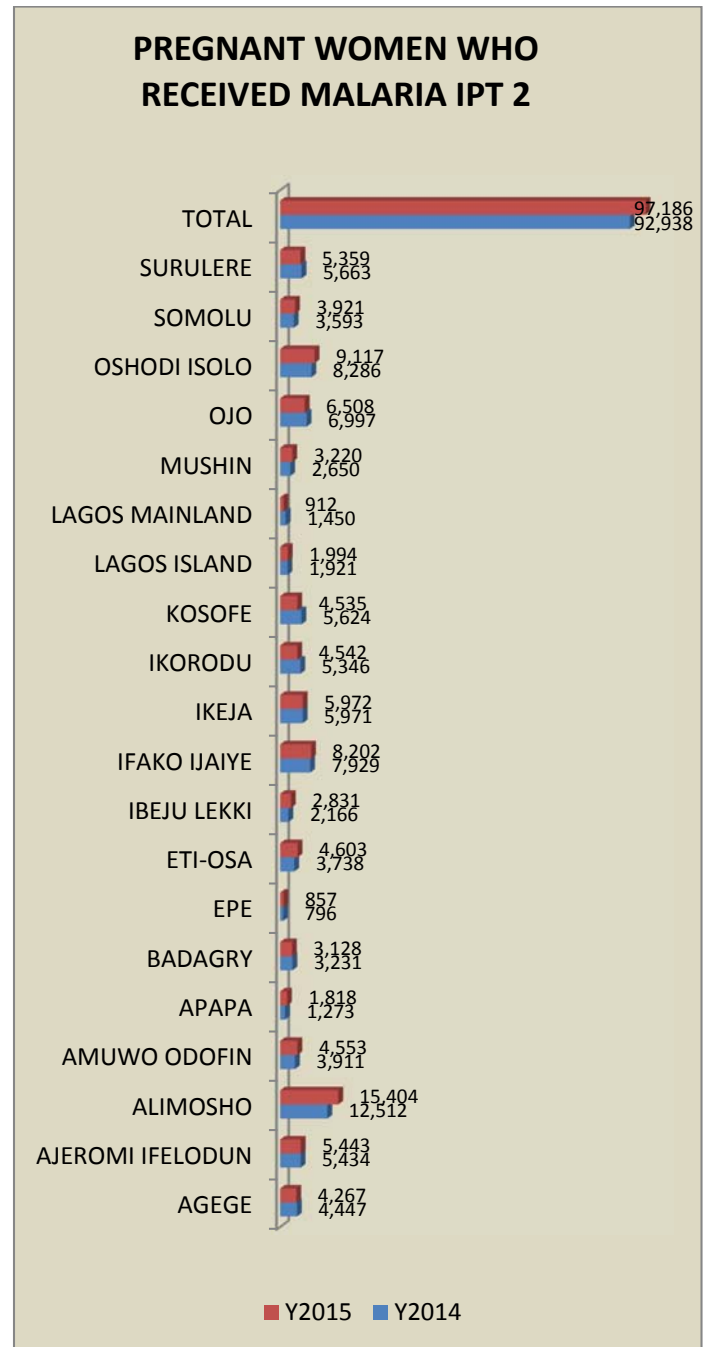
The percentage number of respondents who received at least one dose of Sulphadoxine- Pyrimethamine (SP) during their most recent pregnancy refer to Intermittent Preventive Treatment 1 (IPT1)

Malaria infection during pregnancy is a major public health problem, with substantial risks for the mother, her fetus and

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the neonate. Intermittent Preventive Treatment (IPT) of **PREGNANT WOMEN WHO RECEIVED MALARIA IPT II** malaria in pregnancy is a full therapeutic course of **IPT II** antimalarial medicine given to pregnant women at routine antenatal care visits, regardless of whether the recipient is infected with malaria. IPT reduces maternal malaria episodes, maternal and fetal anaemia, placental parasitaemia, low birth weight, and neonatal mortality.

Pregnant women who received malaria IPT1 showed a slight increase of 4.2% from 114,890 in Y2014 cases to 119,706 in the Y2015. Highest increase was noticed in Lagos Mainland with 37.1% and Ojo with 35.1%. However, Alimosho and Apapa recorded 42.9% and 35.6% increase respectively.



Intermittent Preventive Treatment 2 (IPT2) is the percentage number of respondents who received at least two doses of Sulphadoxine- Pyrimethamine (SP) during their most recent pregnancy.

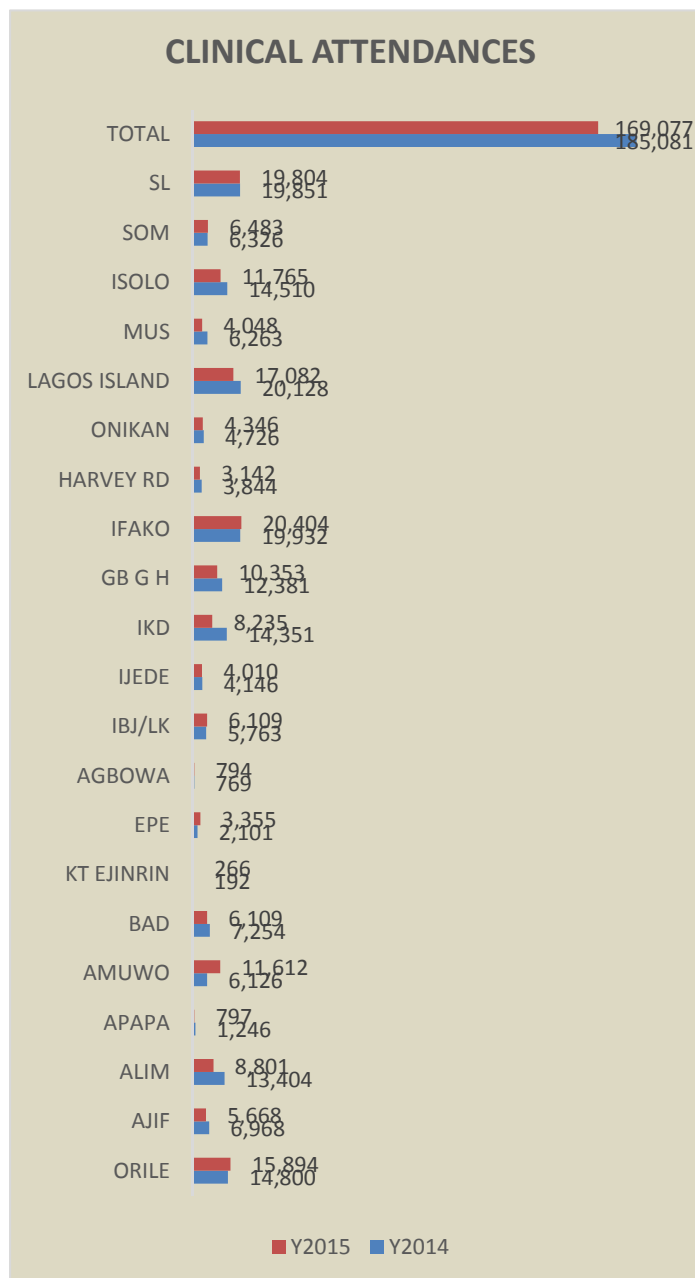
The distribution showed that there is slight increase of 4.6% in the number of pregnant women who received malaria IPT2

PRIMARY HEALTH FACILITIES

from 92,938 in Y2014 to 97,186 in Y2015. A cursory look into the Local Government revealed that Alimosho Local Government increased by 2,892 (23.1%) pregnant women that took IPT2 from 12,512 (Y2014) to 15,404 (Y2015). Notwithstanding, Kosofe Local Government had a decrease of 19.3% from 5,624 (Y2014) to 4,535 (Y2015) and Lagos Mainland decreased from 1,450 (2014) to 912 (Y2015) making 37.1% decrease.

SECONDARY HEALTH FACILITIES

CLINICAL ATTENDANCES



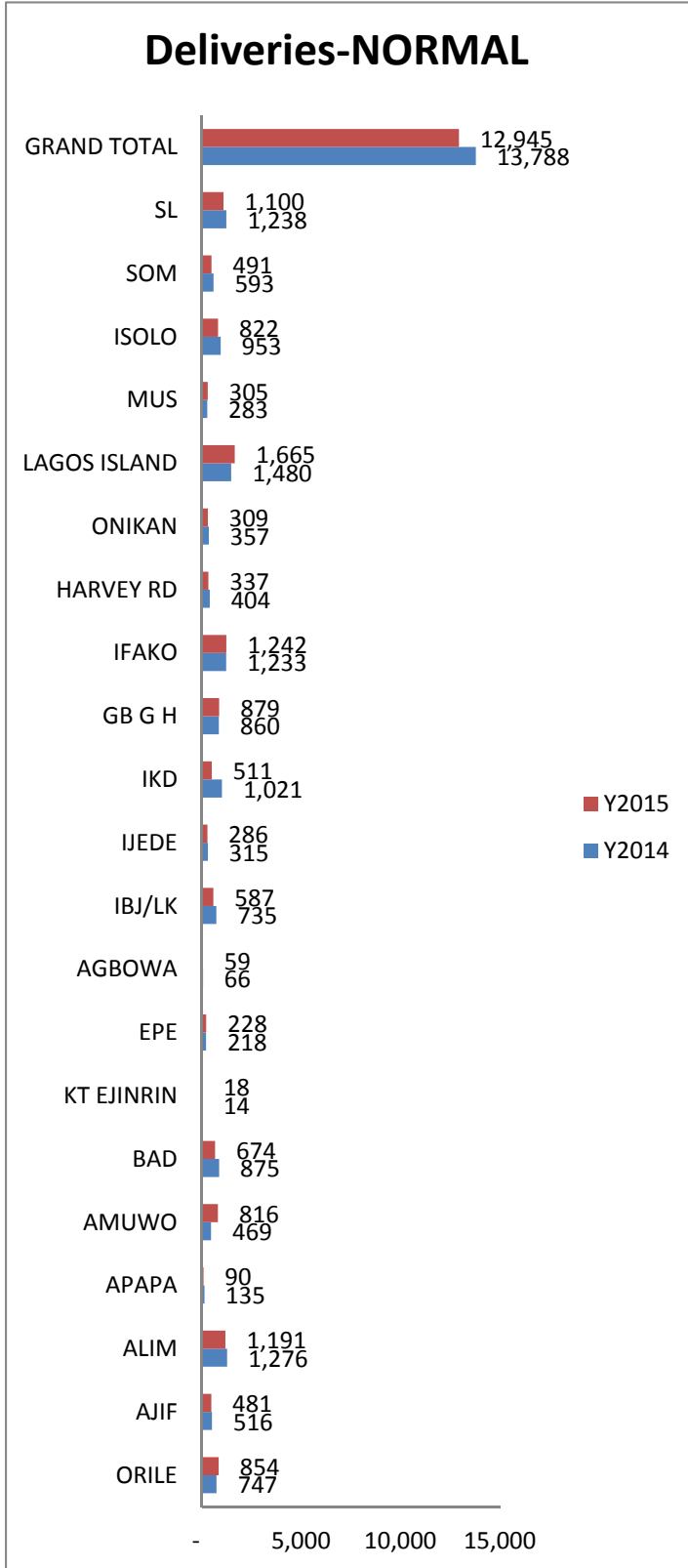
35% decrease from 6,263 (Y2014) to 4,048 (Y2015). Notwithstanding, tremendous increase was recorded at Amuwo Odofin and Epe. An increase of 89.6% from 6,126 (Y2014) to 11,612 (2015) was recorded in Amuwo Odofin and 59.7% increase was recorded in Epe.

The secondary healthcare data revealed that the Clinical Attendance reduced from 185,081 in Y2014 to 169,077 in Y2015, an indication of 12% decrease.

The decrease is more pronounced at Ikorodu, Apapa and Mushin General Hospitals. A drop of 42.6% from 14,351 in Y2014 to 8,235 in Y 2015 was recorded at Ikorodu General Hospital. Apapa recorded 449 drop in the numbers of Clinical Attendance given 36% decrease while Mushin had

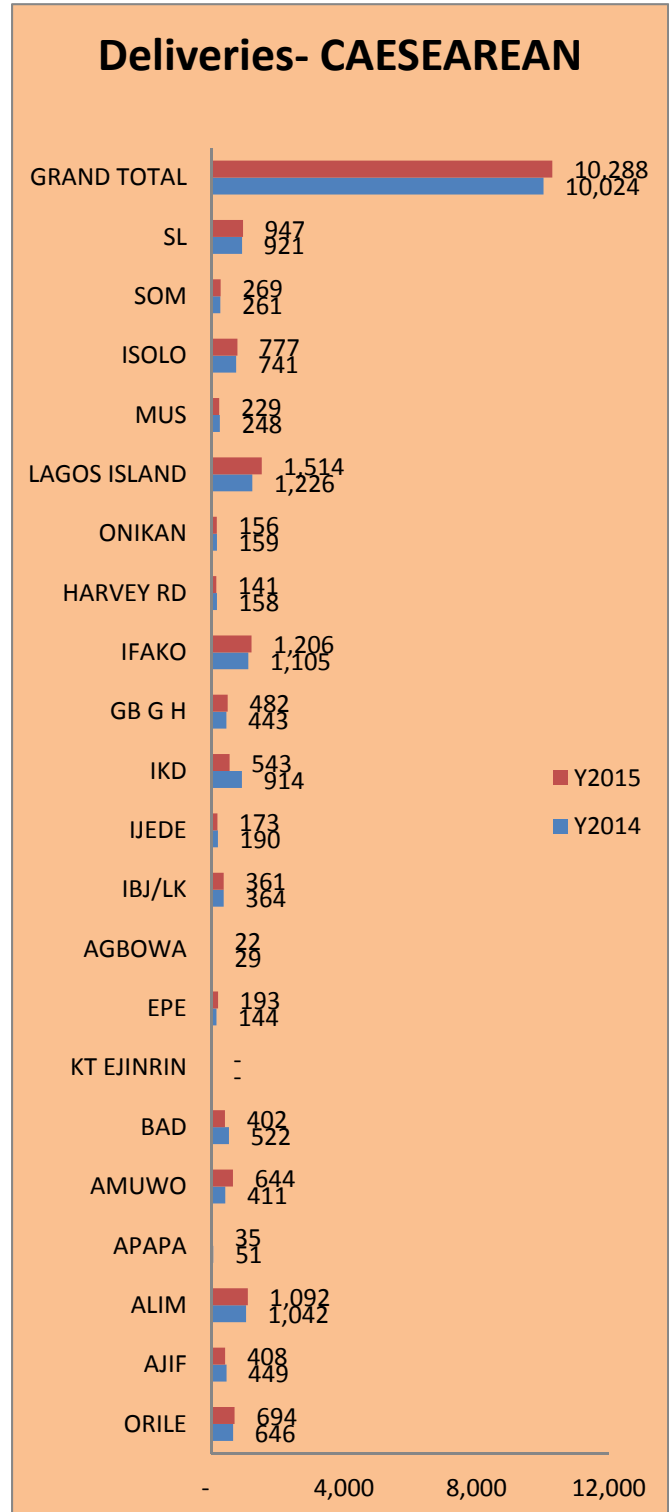
SECONDARY HEALTH FACILITIES

DELIVERIES-NORMAL



The data revealed that 13,788 pregnant women have normal delivery in the year 2014 using secondary health facilities in the State against 12,945 in the Year 2015.

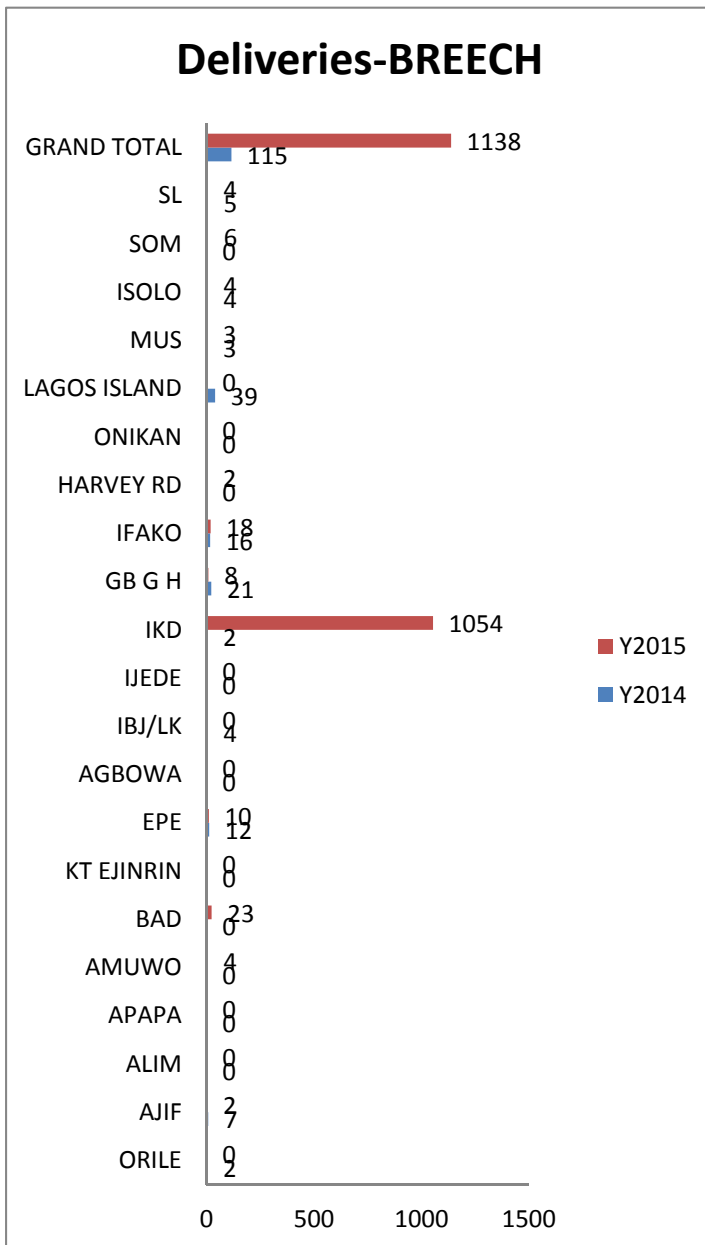
DELIVERIES- CAESEAREAN



SECONDARY HEALTH FACILITIES

A caesarean delivery is a surgical procedure in which a foetus is delivered through an incision in the mother's abdomen and uterus. The data disclosed that 10,024 have caesarean delivery in the year 2014 against 10,288 in the year 2015. The high rate of caesarean delivery were more severe at ten Secondary Health Facilities in the State.

DELIVERIES-BREECH

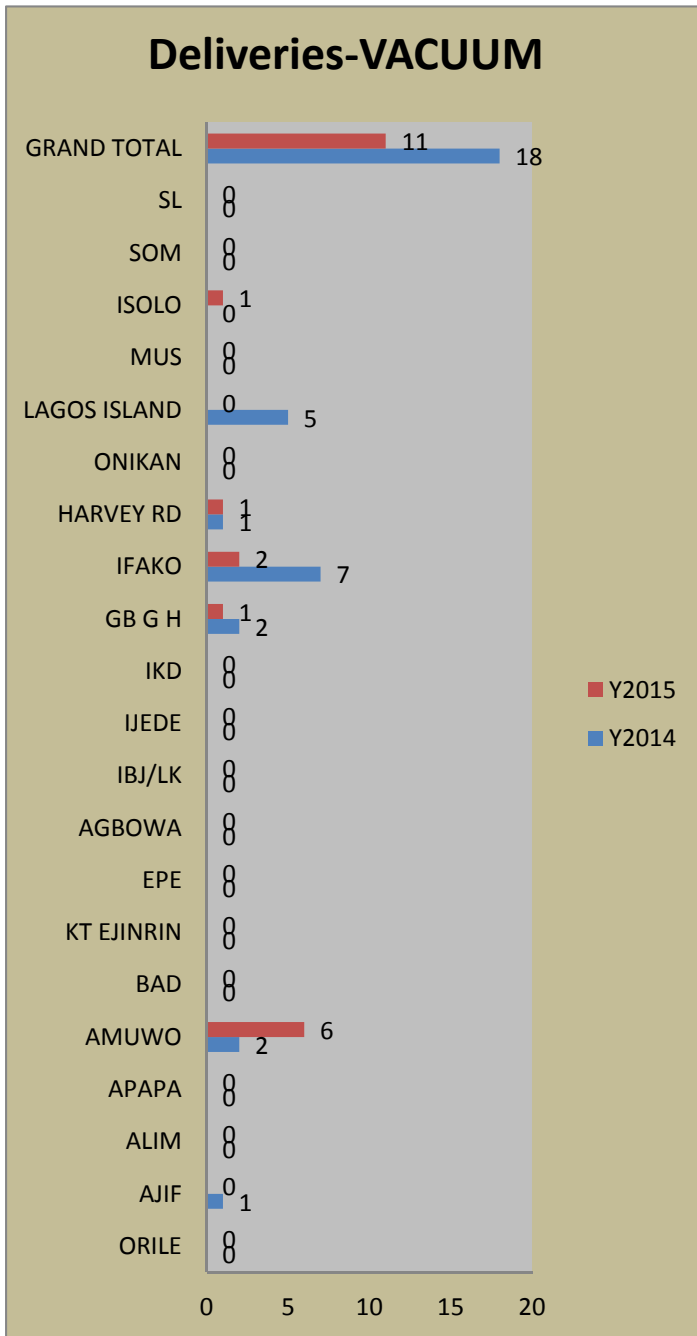


Health Practitioner, this occurs in about 4 percent of full-term births. Most babies born in this position are healthy. Doctor will recommend caesarian section rather than a vaginal birth if the baby shows signs of distress or is too big to pass safely through the birth canal. If Doctor finds out that a baby is in the breech position a few weeks before delivery, they might try to change the position of the baby. If the baby is still in the breech position when labour starts, most Doctors recommend a cesarean delivery. The data showed that 115 babies were in breech position at the secondary health facilities in the year 2014 as against 1,138 in the year 2015.

A baby is considered in a breech position when their feet are positioned to be delivered before their head. According to the

SECONDARY HEALTH FACILITIES

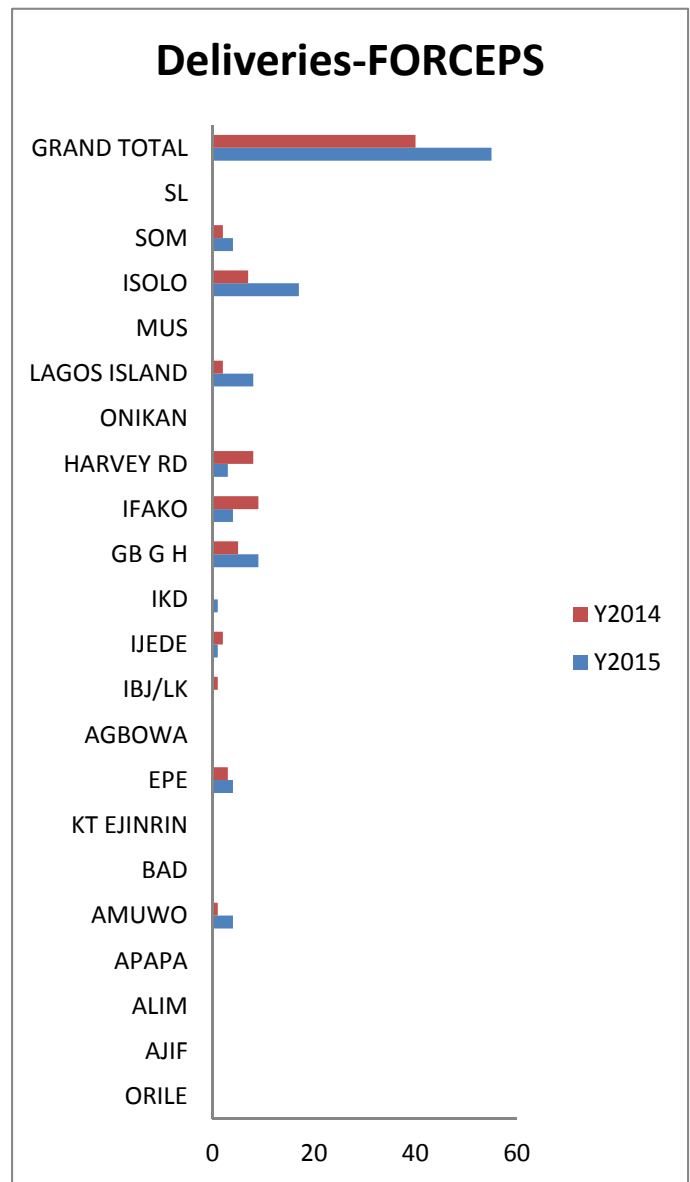
DELIVERIES-VACUUM



A **vacuum extractor** uses a small, soft cup that is applied to the top and back of the baby's head. A tube runs from the cup to a vacuum pump that provides suction. During a contraction, the physician pulls or applies gentle traction to the baby's head while suction from the vacuum assists in pulling the baby's head out of the birth canal so the baby can be delivered. The data revealed that 11 women delivered

using vacuum at secondary health facilities in the State in the year 2015 against 18 in the year 2014. The decrease could be attributed to reproductive health programme embarked by the State.

DELIVERIES-FORCEPS



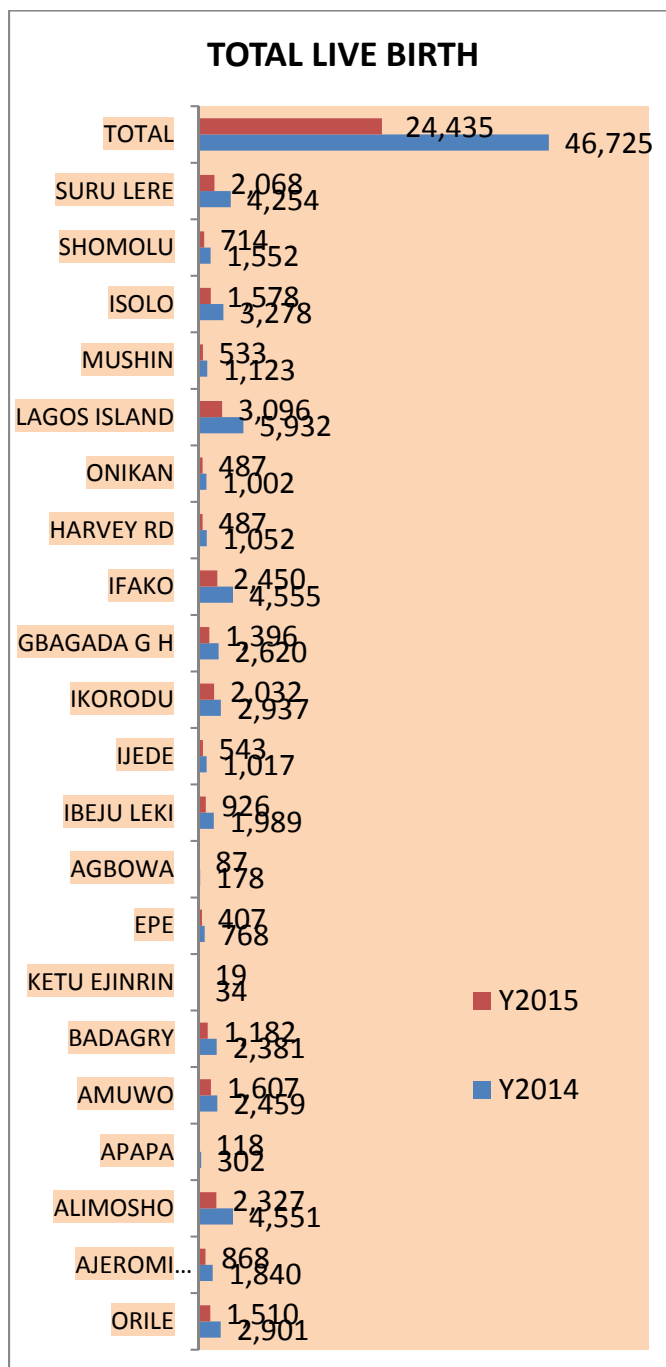
Forceps are surgical instrument that resembles a pair of tongs and can be used in surgery for grabbing, maneuvering, or removing various things within or from the body. They can be used to assist the delivery of a baby as an alternative to the vacuum extraction method. The data revealed that 55

SECONDARY HEALTH FACILITIES

pregnant women delivered using forceps in the year 2015 while the data was drastically reduced to 40 (72%) in the Y2015. The analysis further showed that forceps deliveries were mostly done in the following secondary health care facilities in the State namely Epe, Amuwo-Odofin, Isolo, Ifako, Lagos Island, Somolu and Gbagada General Hospital; and Harvey Road and Ijede Health Centres

However, this assisted deliveries could be reduced drastically by sensitizing pregnant women on the importance and need to attend health facility frequently for their health care before and during pregnancy.

TOTAL LIVE BIRTH



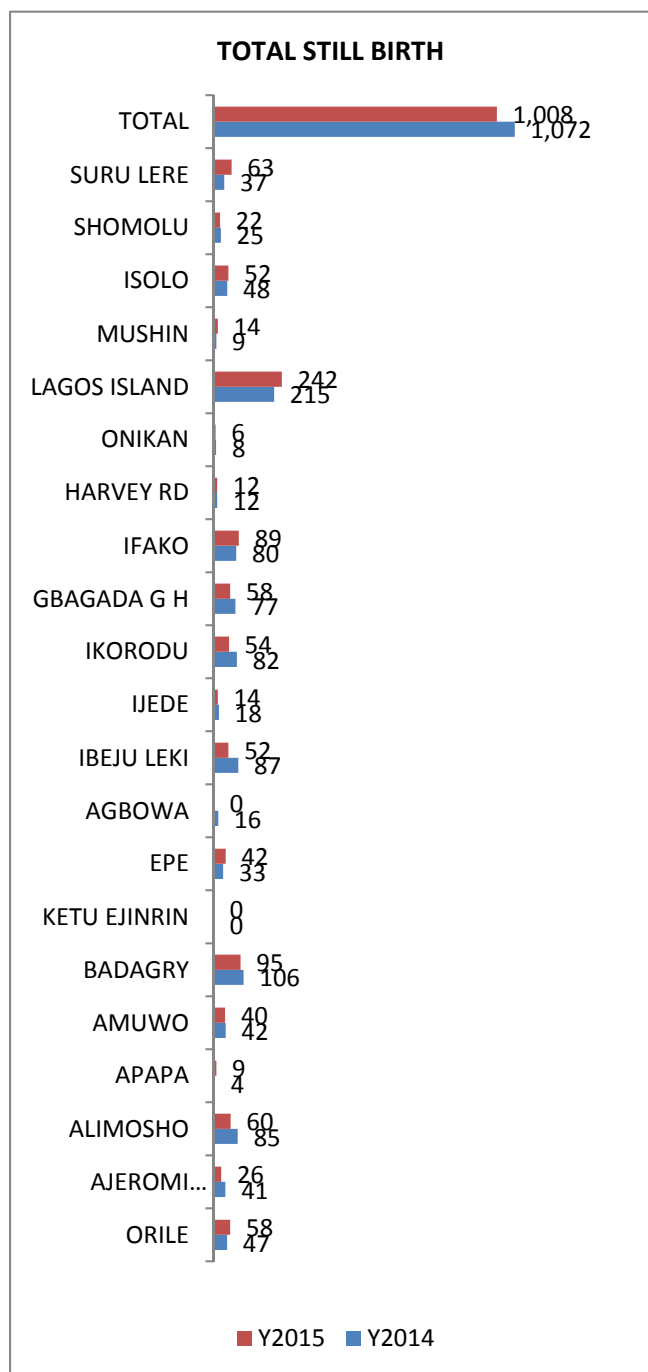
The total live births obtained from Twenty One (21) Secondary Health facilities in the State were examined. The result shows a total of 46,725 live births were recorded in Y2014 and dropped to 24,435 in Y2015. The reduction are prevalent in Alimosho, Agbowa,

SECONDARY HEALTH FACILITIES

Ijede, Ifako, Mushin and Isolo General Hospitals. It is recommended that adequate visits should be made on regular basis to these secondary health facilities to ascertain the causes of the shortfall.

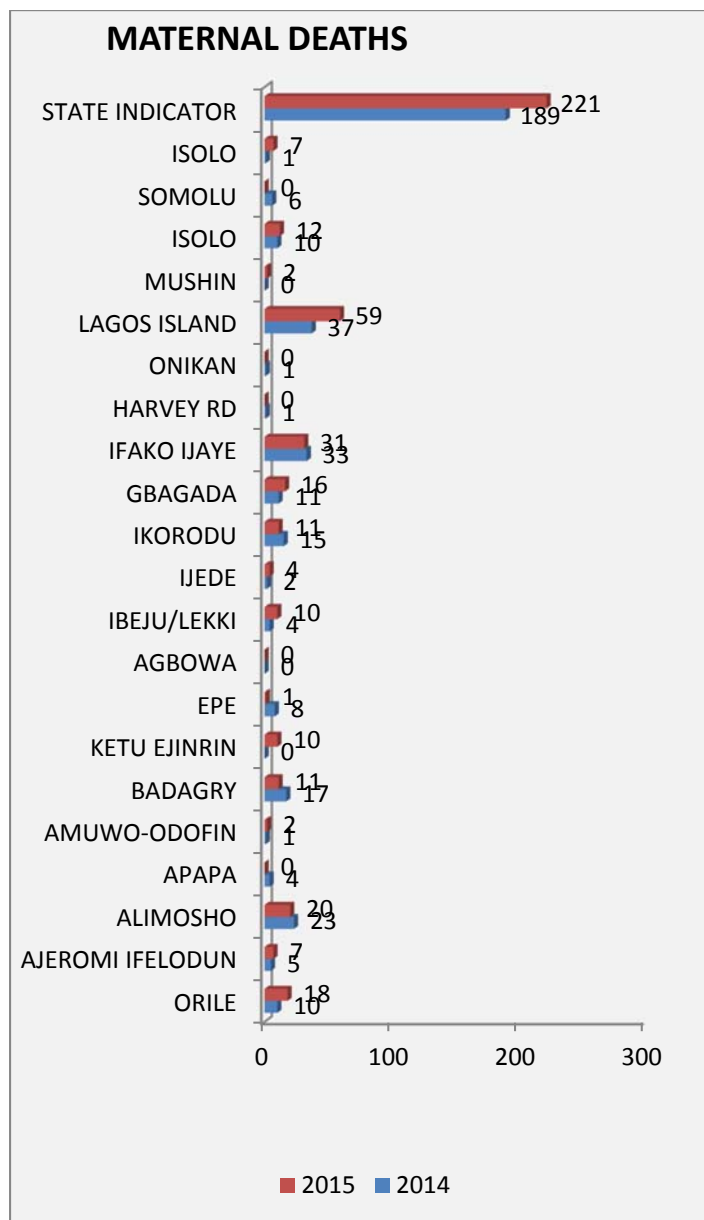
Still birth refers to inability of newly born babies to respond to external stimulus after delivery by an expectant mother. At times, babies could be in still birth position after maturity of the foetus in which evacuation is sought by Caesarean Section. In Y2014, the total still birth across the twenty one (21) General Hospitals was 1,072 compared to 1,008 in Y2015. The slight decrease showcased could be due to patients not attending adequate ante natal care, not using drugs prescribed by medical experts. Ketu Ejinrin has no record of still birth in Y2015.

TOTAL STILL BIRTH



SECONDARY HEALTH FACILITIES

MATERNAL DEATHS



respectively. There was an increase of 32 cases in year 2015 when compared with year 2014. Though, pregnancies related complications cannot be accurately predicted but can be treated, the State Government still needs to strengthen its maternal and mortality deaths rate reduction policies.

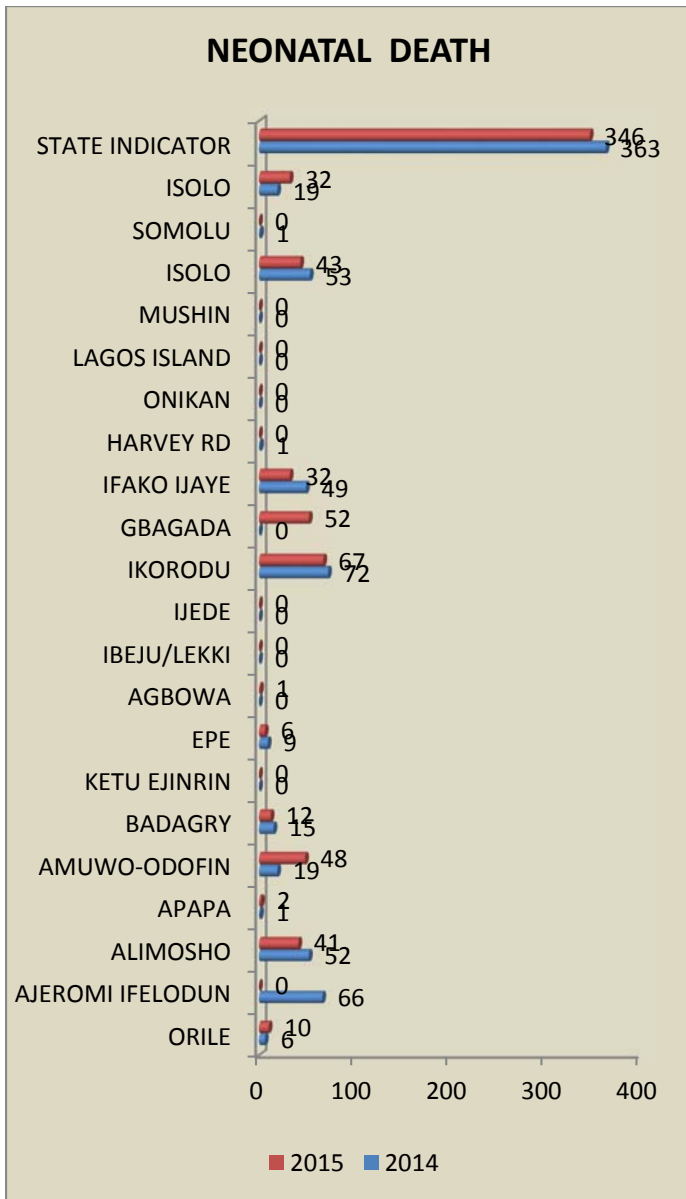
At the General Hospital level, Lagos Island Maternity Hospital with 59 cases recorded the highest number of maternal deaths in year 2015, followed by Ifako Ijaye and Alimosho General Hospitals which reportedly recorded 31 and 20 cases respectively in year 2015. However, Somolu, Onikan, Harvey Road and Apapa General Hospitals recorded no case of maternal deaths whereas, Epe and Mushin General hospitals recorded 1 and 2 cases of maternal deaths respectively in year 2015.

Maternal death is the death of a woman during pregnancy or within one year of the end of pregnancy from a pregnancy complication. Every minute in a day, somewhere in the world, a woman dies from pregnancy related complications such that this represents a significant cause of death among women of reproductive age.

The analysis of maternal deaths at various secondary health facilities across the State revealed that 189 and 221 cases of maternal deaths were recorded in Y2014 and Y2015

SECONDARY HEALTH FACILITIES

NEONATAL DEATH



reportedly recorded in Y2015. There is a reduction in the neonatal deaths by 17 in Y2015.

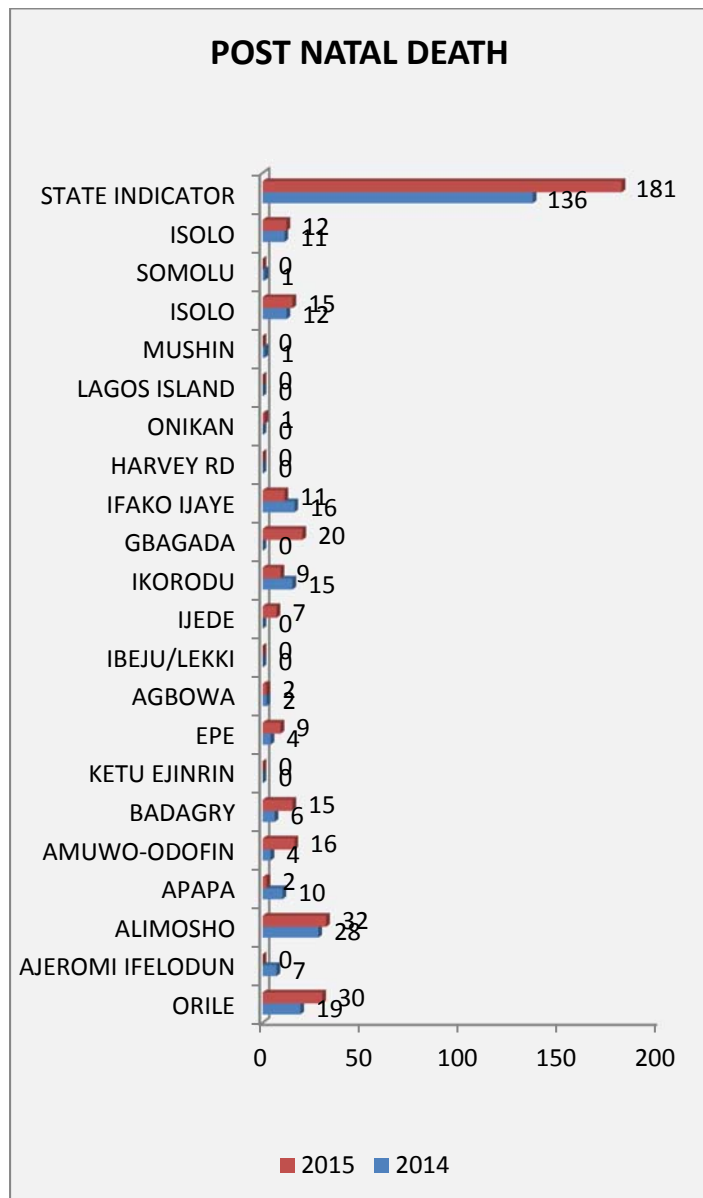
At the General Hospital level, Ikorodu General Hospital with 67 number of cases recorded the highest number of neonatal death in year 2015, followed by Gbagada and Amuwo-Odofin General Hospitals which recorded 52 and 48 number of cases respectively. On the other hand, Somolu, Lagos Island, Ibeju Lekki, Ijede, Ketu Ejirin, Ajeromi/Ifelodun, Onikan, Harvey Road and Mushin General Hospitals recorded no case of neonatal death in 2015 whereas Agbowa and Apapa General Hospital recorded 1 and 2 cases respectively.

Neonatal death is the death of a baby within the first 28 days of life. The concern of the State Government is to reduce mortality rate in Lagos State. In order to achieve this, the Lagos State Government has intensified effort to provide quality child and maternal health care to its citizens.

An attempt was made to analysis of neonatal deaths in the secondary health facilities in the State. In absolute term, 363 neonatal deaths were recorded in Y2014 while 346 was

SECONDARY HEALTH FACILITIES

POST NATAL DEATH



programmes on child care in the secondary health facilities in the State.

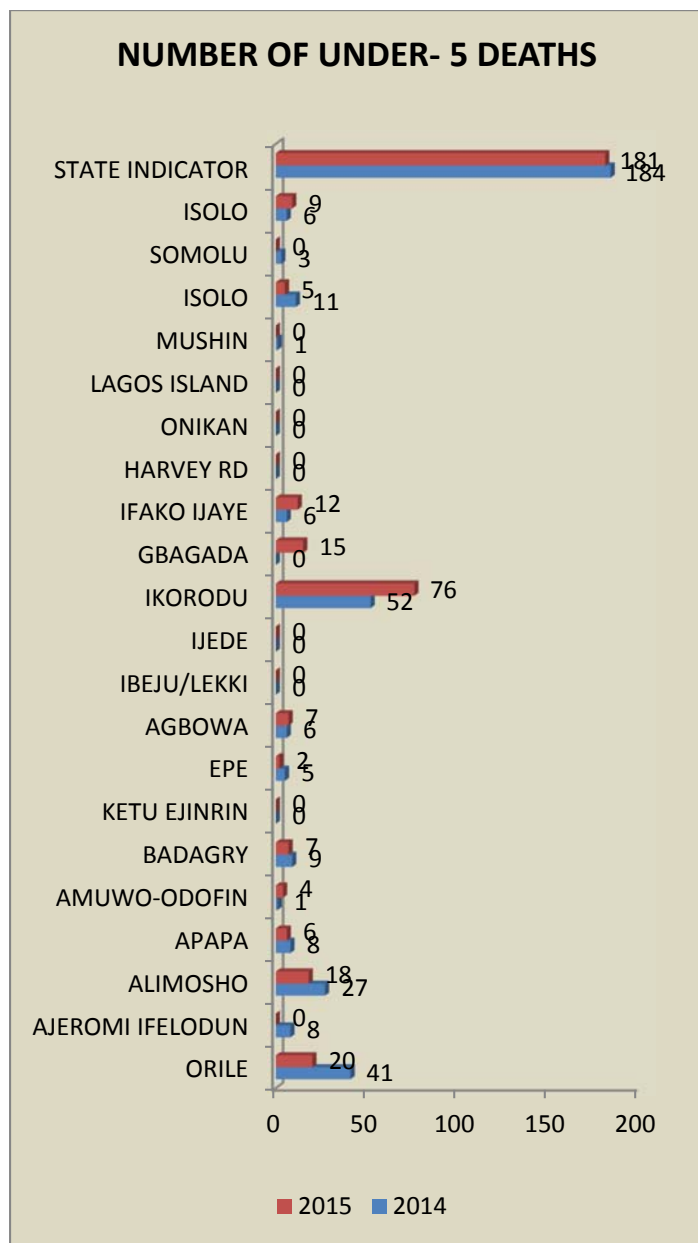
At the General Hospital level, Alimosho General Hospital with 32 cases recorded the highest number of postnatal deaths in year 2015, followed by Orile Agege and Gbagada General Hospitals that recorded 30 and 20 number of cases respectively. However, Somolu, Lagos Island, Ibeju Lekki, Ketu Ejirin, Ajeromi/Ifelodun, Harvey Road and Mushin General Hospitals recorded no case of postnatal death in Y2015 while Agbowa General hospital recorded only 1 case, Onikan and Apapa General Hospitals recorded 2 cases of such death each.

Postnatal death is the death of a baby or child within the period of 28 days to 1 year (12 months) of life.

An attempt was also made to the analysis of postnatal deaths in the secondary health facilities in the State. Further analysis revealed that 136 postnatal deaths were recorded in year 2014 whereas in year 2015 181 cases of postnatal deaths were recorded in the secondary health facilities across the State. There was an increase of 45 cases in year 2015. The State should continue to fortify its advocacy health

SECONDARY HEALTH FACILITIES

NUMBER OF UNDER- 5 DEATHS



number of death cases were reportedly recorded across the State.

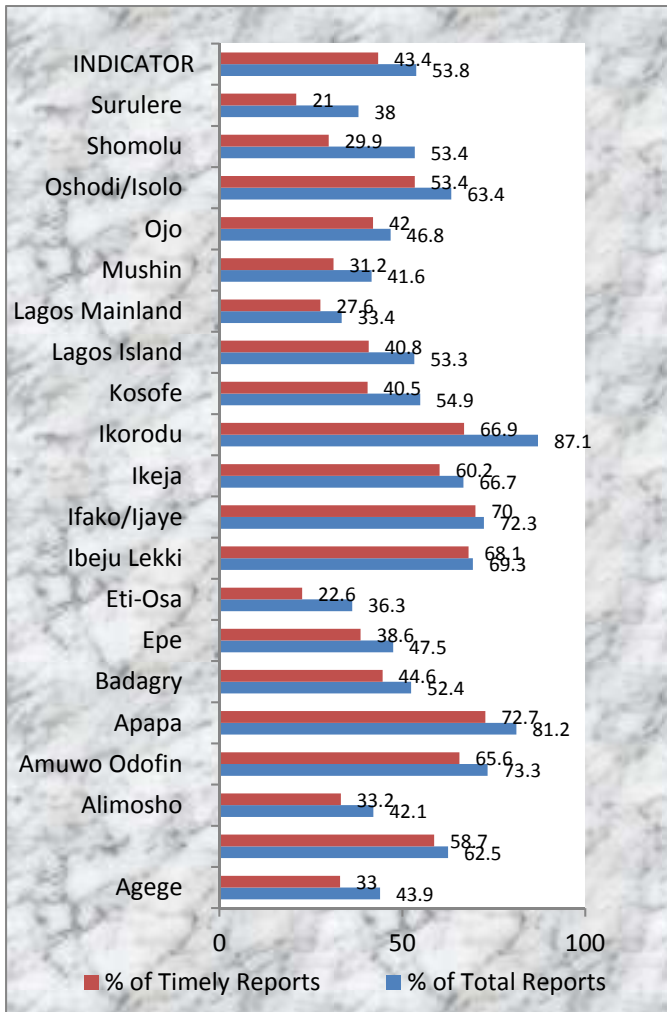
At the General Hospital level, Ikorodu General Hospital had the highest number of under-5 death cases in year 2015, followed by Orile Agege and Alimosho General Hospitals with 20 and 18 number of cases respectively. Nevertheless, Somolu, Mushin, Lagos Island, Onikan, Harvey Road, Ibeju/Lekki, Ijede, Ketu-Ejirin Ajeromi/Ifelodun General Hospitals recorded no case of under-5 deaths. However, Epe and Amuwo-Odofin General Hospitals recorded 2 and 4 cases respectively in year 2015.

Under 5 deaths or child under 5 death or under 5 mortality refers to the death of infants and children under the age of five or between the age of one month to four years depending on the definition.

In order to investigate under 5 deaths rate across the State, analysis of data sets at secondary health facilities in the State were carried out. The result indicated that 184 under-5 death cases was recorded in year 2014 while in year 2015, 181

REPORTING RATES AND POLICY ISSUES

YEAR 2014 REPORTING RATES



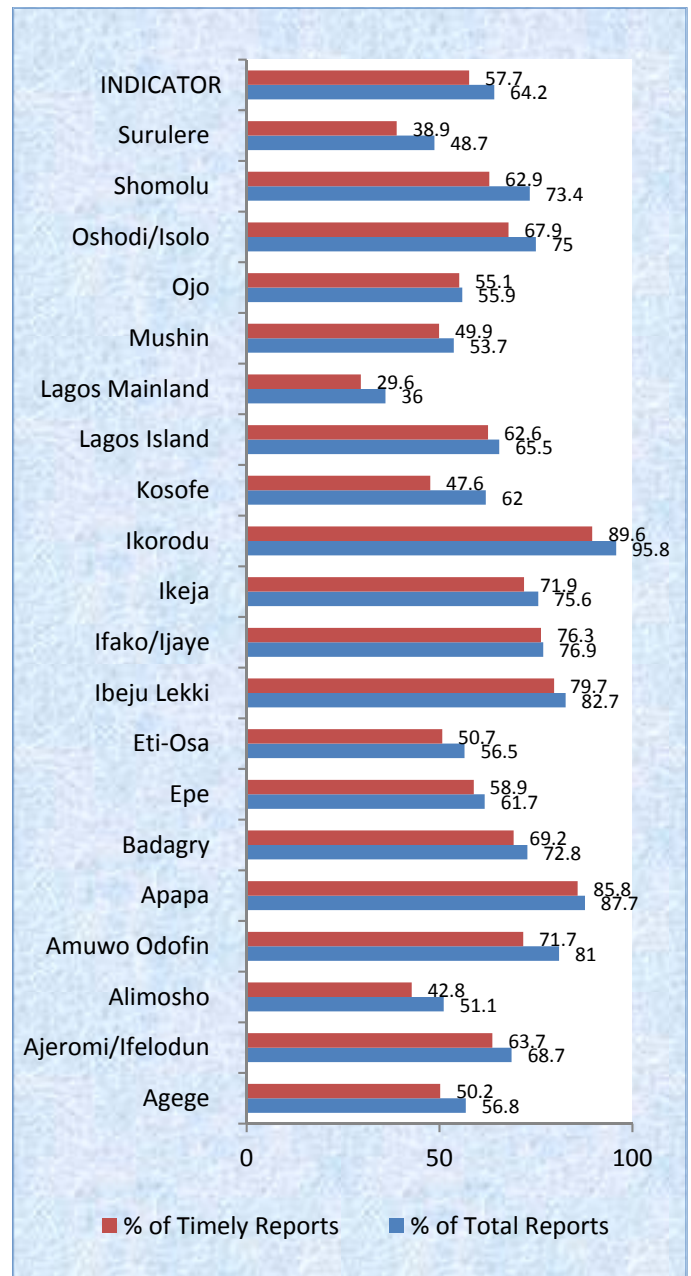
The reporting rates refer to the percentage of Primary Health Facilities (PHF) that forwarded their data to the Demographic Health Information Scheme (DHIS) as and when due. There are two categories of this; those that submitted on or before the scheduled date (Timely Reports) and all those that eventually submitted (Total Reports). Timely report is very important as it makes data available on time to Researchers, Planners, Government, and all data users, for programmes and projects, designing plans, and policy formulation.

In the year 2014, it was observed that on the average, less than half of the Primary Health Care Centres (PHCs) submitted their reports on time while just about half of them

ended up submitted for that year. This implies that data captured in this bulletin for the Primary Health Facilities are insufficient and thus, may not give the true picture of the activities/observations in the Primary Health Facilities.

High reporting rate are predominant in Ikorodu, Ifako Ijaye, Apapa. and Amuwo Odofin, LG/LCDAs thus the data gathered from these Local Government Areas are more reliable than other areas.

YEAR 2015 REPORTING RATES

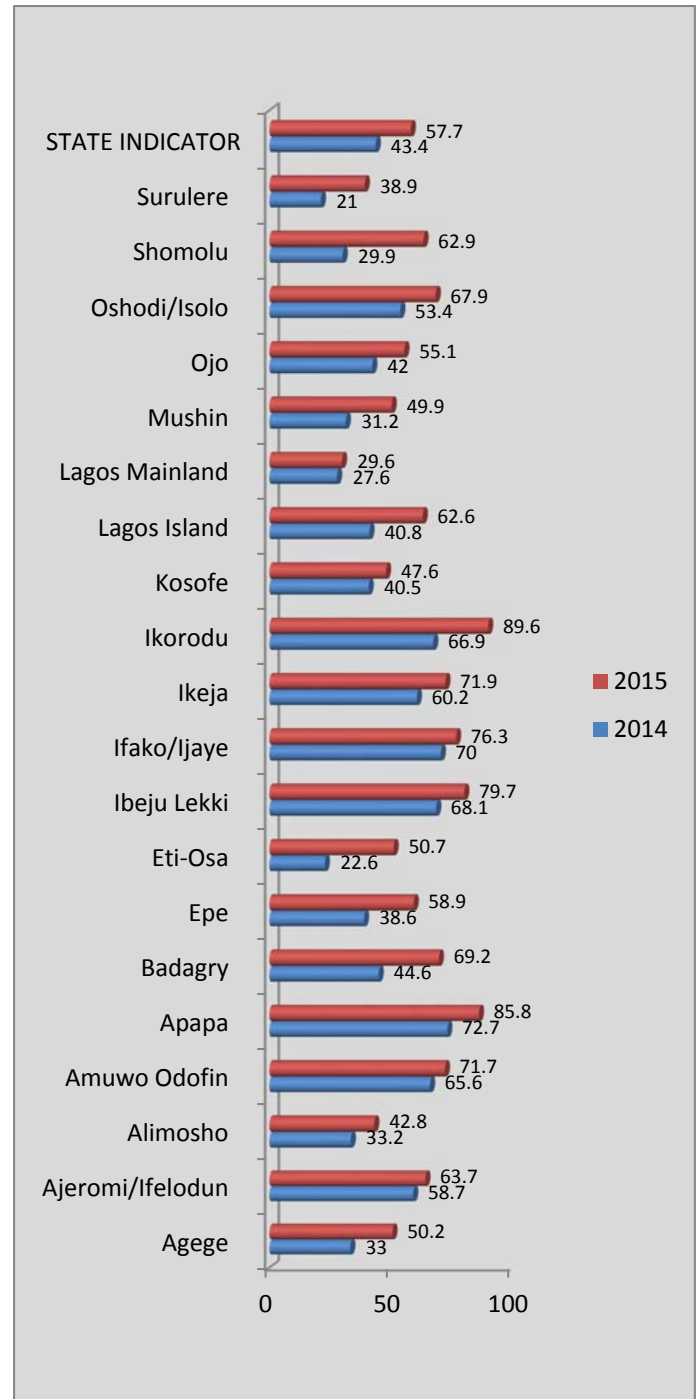


REPORTING RATES AND POLICY ISSUES

In the year 2015, about 6 of every 10 Primary Health Care facilities in Lagos State submitted their data to the DHIS. Surulere and Lagos Mainland had a very low reporting rate. It is advisable that Officers in charge of data keeping/management on PHF in those LGAs should be sensitized on the importance and availability of data. They could be assisted with deployment of a Monitoring and Evaluation (M & E) staff for easier and timely data collation and dissemination.

Although, high reporting rates were recorded in Ikorodu, Ikeja, Ifako-Ijaiye, Ibeju-Lekki, Badagry, Apapa, and Amuwo Odofin. However, there is the need to encourage PHCs in those areas since an 100% rate is essential for proper planning and policy formulation.

TIMELY REPORTS FOR Y2014 & Y2015



The DHIS reveals that across the 20 LG/LCDAs in Lagos State, there was a general increase in timely submission of reports in year 2015 when compared with the previous year. An impressive reporting rate of 6 out of every 10 PHCs were recorded on the average, which is a move in the right direction. A better approach could account for at least

REPORTING RATES AND POLICY ISSUES

9 out of every 10 PHCs. State Government should intensify effort in Surulere and Lagos Mainland LGAs to find out their respective challenges and proffer solutions for better service delivery in the areas.

POLICY ISSUES

1. There is the need to encourage, motivate and educate women in the State especially in Apapa, Lagos Mainland, Ojo, Lagos Island, Ikorodu, Ifako-Ijaiye, Ibeju-Lekki and Epe LG/LCDAs on the importance of ANC visits before and during pregnancy
2. At Mushin, Lagos Mainland, Lagos Island, Ikorodu, Eti-Osa, Badagry and Agege LGAs more advocacy programmes should be embarked upon to reduce the number of pregnant women being assisted by Health Practitioners during delivery.
3. Generally, the State Government should continue in their mission to give women adequate medical care during and after delivery in order to bring an end to complications during/after delivery.
4. The State Government should strengthen sentinel surveillance on malaria treatment across the State.
5. Malaria elimination and reduction operation strategies should be reviewed annually in the State so as to determine a better way of combating this common disease.
6. Malaria advocacy programmes still need to be strengthened by the State Government in Ifako Ijaye, Alimosho and Ikeja Local Government Areas to reduce the incidence of malaria in the areas.
7. Strengthening of Malaria Advocacy, Communication and Social Mobilization (ACSM) coordination at all levels in the State.
8. Fortifying of Monitoring and Evaluation of Maternal and Child Health activities in both public and private health facilities in the State to reduce maternal, neonatal, postnatal and under-5 deaths.
9. The State Government should step-up its intervention and enlightenment campaigns on the control of women reproductive health, maintenance of healthy diet and weight.
10. Strengthening of referral system and quality of service by provision of ambulances and establishment of quality assurance mechanism in both primary and secondary health facilities to reduce maternal and mortality deaths.
11. Advocacy programmes for the improvement of the health seeking behaviour of women of child-bearing-age and the community in general on preventable maternal and child health interventions such as essential obstetric care, family planning services and to increase utilization of the Primary Health Care Centres which is the first point of contact for all women and members of the community.
12. Addressing issues that prevent access to health care by our pregnant women to reduce pregnancy related deaths in the State.
13. Efforts should be intensified to make quality Health care available, accessible and affordable to every pregnant woman in the State.
14. Also, healthy pregnancy and health advocacy programmes should be introduced or fortified in Ifako Ijaye Local Government area for all women of reproductive age to reduce pregnancy related death cases.
15. The State Government should continue to fortify its advocacy health programmes on child care at the secondary health facilities in the State.

REPORTING RATES AND POLICY ISSUES

16. Proper attention should be focused to Ikeja, Mushin and Surulere Local Government Areas to reduce child mortality rate to the bearest minimum.
 17. Advocacy health programmes and enlightenment campaigns should be strengthened in Lagos Mainland, Epe and Ibeju/Lekki Local Government Areas for continuous sensitization of pregnant women on the need to receive HIV/AIDS counseling, carry out HIV/AIDS test at child labour and delivery.
 18. Kosofe, Epe and Lagos Island Local Government Areas should renew their commitment in providing intensive Post Natal Care (PNC) to every woman who visits any of the Government health facility in their areas.
 19. The reach-out programme and the campaign for expectant mothers to take their first antenatal booking visit seriously should be sustained.
 20. Nevertheless, Lagos Mainland, Ikorodu and Eti-Osa are areas that require supervisory visits to enhance appreciable live birth deliveries.
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