



# SITUATION OF CHILDREN AND WOMEN IN OYO STATE

*An Atlas of Social Indicators*



## FOREWORD

The current situation of children reflects the future of the society. Well-nourished, protected and loved children with access to quality health and education services will develop to their full potentials and become productive adults contributing to the development of their society in future. A situation analysis of the condition of children is important for understanding the issues affecting the children and a key foundation in developing sound intervention to address the issues. Credible data about the situations of children are critical to the improvement of their lives.

The statistics in this publication tell the story of children, adolescents and mothers. However, statistics themselves do not change the situation but they are useful in identifying the needs, supporting advocacy, gauging progress and making positive changes.

It is in realization of the above facts that UNICEF (Akure office) in collaboration with the Oyo State Bureau of Statistics produced the first edition of Atlas of Social Indicators of the Situation of Women and Children in Ekiti State, Nigeria. The statistics in this publication were derived from the Multiple Indicators Cluster Survey (MICS) reports and the State government administrative data. The quality of the administrative data used in the publication was strengthened by extensive consultation with relevant Ministries and Agencies, including Ministry of Finance & Budget; Ministry of Education, Science & Technology; State Universal Basic Education Board; Ministry of Health among others.

Specifically, the document covers household living conditions, Child and Maternal Health, Child Nutrition, Water, Sanitation and Hygiene, Child Education, Child Protection and HIV/AIDS. It is our hope that this document will serve as reference point on which women and children future development could be assessed. It is expected that the facts provided in this document will bring informed policies and plans for women and children development in Oyo State.

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# SECTION ONE

## BACKGROUND

### 1.0 Introduction

The Atlas of social indicators of the situation of children and women in Oyo State provides up-to-date information to assess the welfare of children and women in the State. The report focuses on key indicators related to child's survival, development, participation and protection based on the reports of the Multiple Indicators Cluster Survey (MICS) and the available State level routine data. The report attempts to provide a ten-year trend analysis of some key indicators by comparing the results of MICS 2016/17 with MICS 2007 and MICS 2011 to give a picture of changes that have happened in the conditions of children and women over the years.

MICS is an international household survey on a wide range of indicators of the situation of children and women, being conducted in over 100 countries of the world. United Nations Children's Fund (UNICEF) has been consistent in partnering with National Bureau of Statistics (NBS) to implement MICS in Nigeria since 1995. To date, Nigeria has participated in five rounds of MICS: in 1995, 1999, 2007, 2011 and most recently in 2016/17.

It is expected that this report will allow the State government and development partners to better understand the challenges the children and women are facing, identify areas of progress, stagnation or deterioration over the years. It provides useful inputs to shape policies and programmes for the improvement of lives of women and children in Oyo State. The report also provides basis for further analysis to identify underline causes and associated factors with inequities and protracted issues affecting the lives of children and women in the State.

The report is organised into eight sections. The introductory section provides the background, focus and the profile of the State. Section two describes the characteristics and living conditions of households in the State. Section three focuses on child and maternal health issues including childhood mortality and access to healthcare services while section four highlights nutritional status and feeding pattern among children. Section five focuses on Water, Sanitation & Hygiene (WASH) and child education related issues dominates section six. Sections seven and eight present child protection and HIV/AIDS issues, respectively.

## 1.1 Profile of Oyo State

**Geography:** Oyo State was formed in 1976 from the old western region. It covers approximately an area of 28,454 square kilometers; bounded in the north by Kwara State, in the east by Osun State, in the south by Ogun State and in the west by Ogun State and the Republic of Benin. The landscape consists of old hard rocks and dome shaped hills, which rise gently from about 500 meters in the southern part and reaching a height of about 1,219 meters above sea level in the northern part. Some principal rivers such as Ogun, Oba, Oyan, Otin, Ofiki, Sasa, Oni, Erinle and Osun River originated from these highlands. The Climate is equatorial, notably with dry and wet seasons with relatively high humidity.

**Demography:** Oyo State is mainly inhabited by the Yoruba ethnic group comprised of the Oyos, the Oke-Oguns, the Ibadans and the Ibarapas. The main language is Yoruba but there are variations in intonation and accent across the towns and cities. Oyo State is a multi-religious environment with inhabitants practicing Islam, Christianity and traditional worship.

Oyo State is one of the highly urbanized and cosmopolitan states in Nigeria. The State has five major cities including: Ibadan the State capital, considered as the largest city in West Africa, Ogbomosho, Oyo, Iseyin and Saki. Other big towns in the State include: Igbeti, Igboho, Kisi, Igbo-Ora, Okeho, Ilero and Eruwa.

**Governance:** Oyo State has 33 Local Government Areas (LGAs), divided into 3 Senatorial Districts: Oyo North (13 Local Governments); Oyo Central (11 Local Governments) and; Oyo South (9 Local Governments). The State is further divided into 14 federal constituencies and 351 wards.



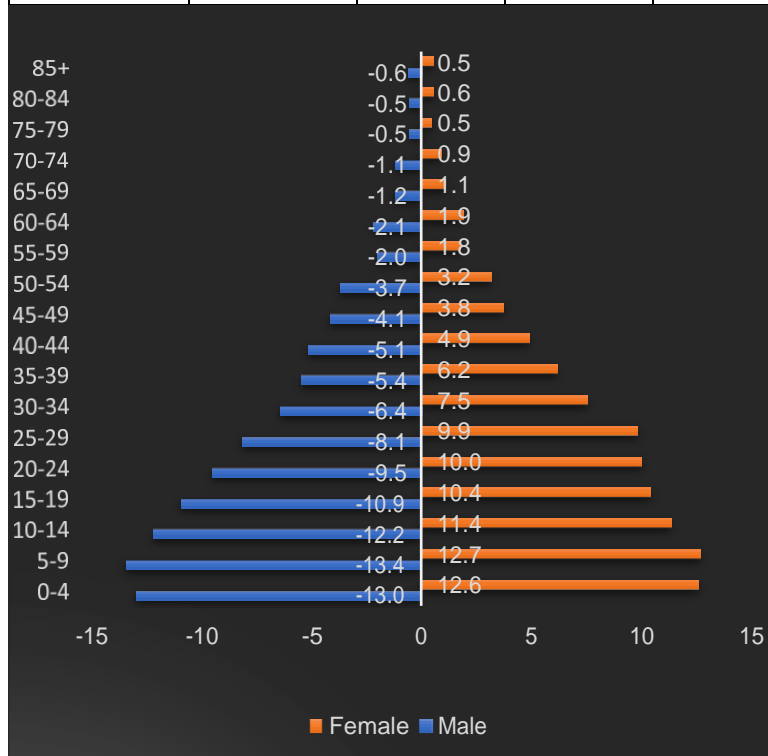
Figure 1: The Map of Oyo State showing the 33 LGAs

**Population:** According to the 2006 National Household Census, the Oyo State population was 5,580,894. With the annual growth rate of 3.35, the State population is estimated to be 8,016,963 in 2017 and projected to be over 10 million by the year 2025. The gender disaggregation shows that the male population (50.2%) is slightly higher than female (49.8%).

The age structure of the State shows that less than four in ten (38.1%) of the population are in active labour force aged 25-64 years while about one-fifth (20.4%) are young people (15-24 years) who are usually in school or learning a trade. Substantial proportion of the population (37.6%) are young children aged 0-14 years and 3.8% are above 64 years, thereby contributing to the high dependency ratio of the State. The population pyramid shown in figure 2 reveals that about 13% of the population of Oyo State are children under five years while just about 0.5% are older than 84 years. The gender ratio varies across all age groups, but the overall gender difference is not significant.

*Table 2: Population Distribution by Aged groups - 2017 Estimate*

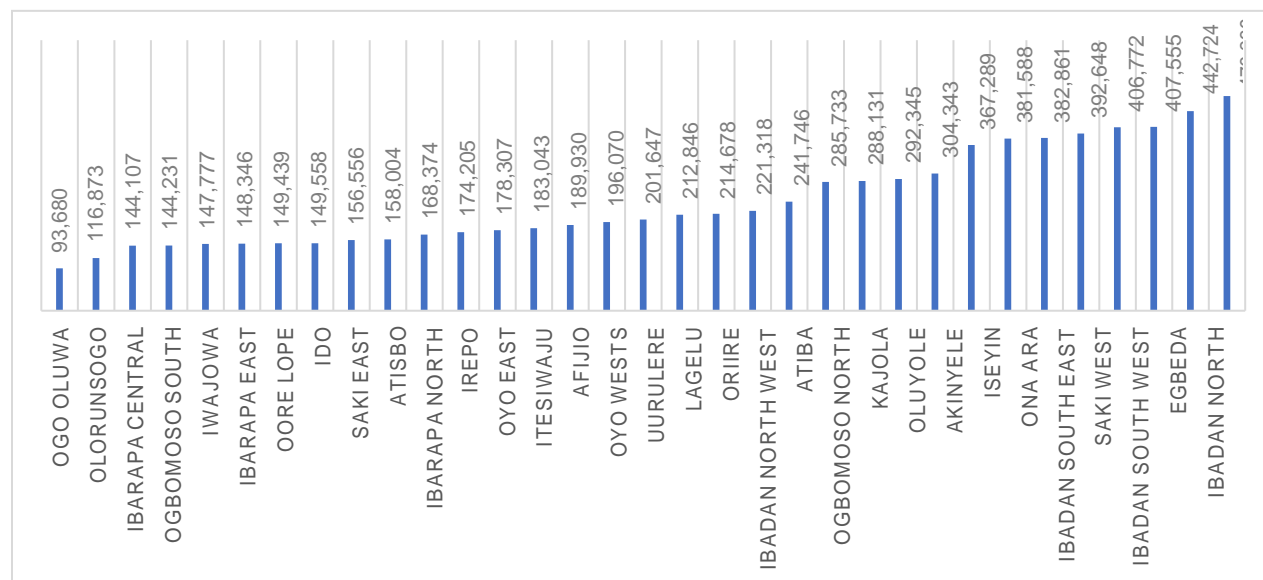
Age Group	Male	Female	Total	% Contr.
0-4	522,159	503,808	1,025,967	37.6
5-9	540,427	507,273	1,047,701	
10-14	489,482	453,816	943,299	
15-19	439,448	416,812	856,259	20.4
20-24	382,267	401,181	783,448	
25-29	327,468	393,488	720,956	
30-34	258,373	301,246	559,620	38.1
35-39	218,689	246,880	465,569	
40-44	206,424	196,288	402,712	
45-49	166,503	150,007	316,510	
50-54	147,188	127,393	274,581	
55-59	80,349	71,708	152,057	
60-64	86,421	76,659	163,081	3.8
65-69	47,564	43,958	91,522	
70-74	46,162	37,640	83,802	
75-79	21,755	19,543	41,298	
80-84	22,096	22,848	44,944	
85+	23,927	21,712	45,639	
<b>Total</b>	<b>4,026,702</b>	<b>3,992,261</b>	<b>8,018,963</b>	<b>100.0</b>



*Figure 2: Age Distribution of the population*



The breakdown of the population by LGAs in figure 3 shows that Ogo Oluwa LGA has the least population with 93,680 people while Ibadan North East has the highest population of 476,239 people. The four largest LGAs (Ibadan NE, Ibadan North, Egbeda and Ibadan SW) are located within Ibadan.



*Figure 3: State Population by local government areas- 2017 estimate*

**Economy:** Agriculture is the mainstay of the economy of Oyo State. Majority of the working population in this State is involved in agriculture which is largely practiced both at commercial and subsistence scales. The tropical nature of the climate favors the growth of variety of arable crops (cowpea, maize, cassava, plantain, yam, cocoyam, soybeans, guinea corn, groundnut and melon); tree crops (cocoa, kolanut, oil palm and cashew); and fruits (citrus, guava, pawpaw, banana, pineapple, avocado pear, walnut and mango). Tomato, pepper, onion, okra, garden egg, egg-plant, green leaf vegetables like bitter leaf, spinach, cochorus are part of the vegetables that are grown in the State. A number of international and federal agricultural establishments are located in the State including: International institute of Tropical Agriculture (IITA), Institute of Agriculture and Research Training (IAR&T), Cocoa Research Institute of Nigeria (CRIN), Forest Research Institute of Nigeria (FRIN) and Federal College of Agriculture.

Oyo State has one of the largest economy in Nigeria. According to the National Bureau of Statistics (NBS) report, Oyo State Nominal Gross Domestic Product (GDP) as of 2017 was N2,506,753.94. In the recent years, the State's annual budget has fluctuated between N118billion and N208.6billion. However, budget implementation rate has been poor over the years. Actual expenditures for the State have varied in the recent years with the highest expenditure of N104.6 billion recorded in 2013 and the lowest recorded in 2016 with N68.7billion. The budget break-down also shows that the bulk of the budget has been spent on recurrent expenditures. For instance, in 2015 and 2014, 91.9% and 91.4% of the budget was spent



on recurrent leaving only 8.1% and 8.6% for capital projects, respectively. Figures 4 and 5 provide details of the State's budgets, expenditures and IGR between 2011 and 2017.

The poor budget performance consistently recorded in the State can be attributed to the sharp reduction in global oil prices between 2014 and 2016 which affected national revenue and consequently federal allocation to States. Additionally, the inability of the State to increase internally generated revenue (IGR) has also contributed to the poor budget performance. The IGR has remained below 20% of the actual expenditure which leaves the State largely dependent on the federal allocation to fund their budgets. This situation has left the State dependent on borrowing to make up budget shortfalls. The States Debt Profiles report by the NBS showed that Oyo State has a total of N88 billion domestic debt and \$85 million foreign debts as at June 2018 and December 2017, respectively. Table 2 shows a comparative analysis of the federal allocation, IGR and Debt Profile among South West States.

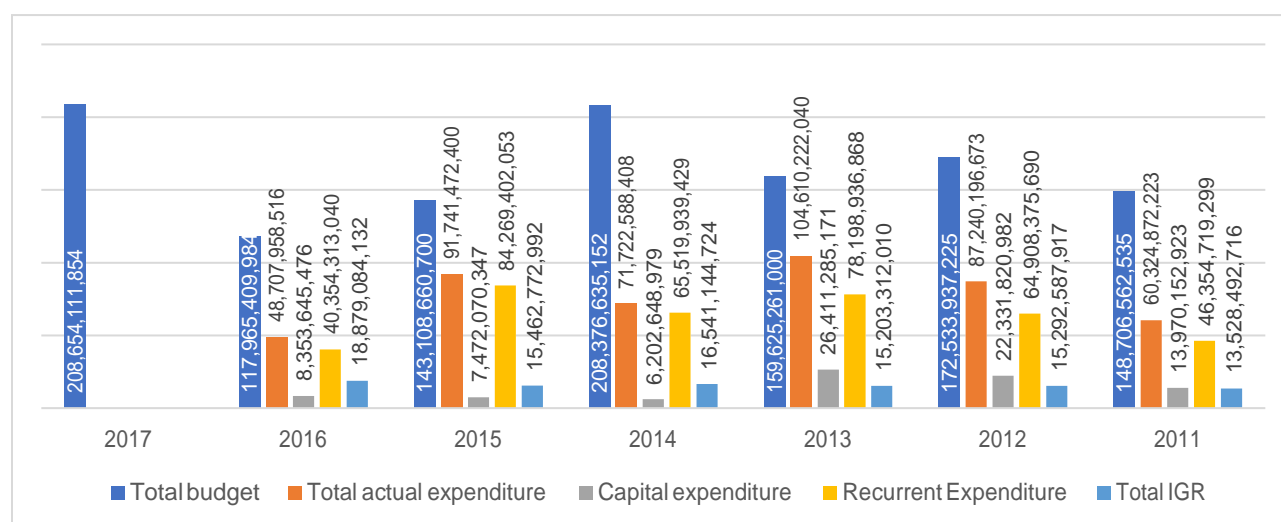


Figure 4: Oyo State government Budget and Actual Expenditure (2011-2017)

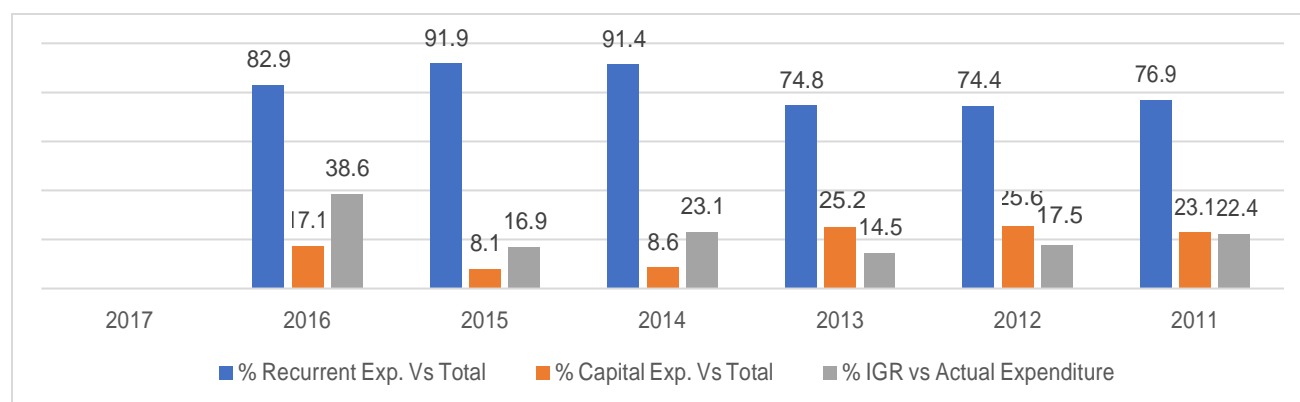


Figure 5: Oyo State government IGR, recurrent and capital expenditure as percentage of total expenditure (2011-2017)

*Table 2: South West States Federal Allocation, IGR and Debt Profile in 2017*

State	Federal allocation (N)	IGR (N)	*Domestic Debt (N)	External debt (\$)
Ekiti	25,633,665,721	4,967,499,816	117,724,274,041	67,257,881
Lagos	89,694,754,919	333,967,978,880	517,367,331,873	1,446,968,828
Ogun	26,185,030,796	74,835,979,001	104,933,290,272	106,249,327
Ondo	45,897,247,825	10,927,871,480	50,610,170,334	50,192,398
Osun	10,436,789,072	11,731,026,444	135,831,145,633	96,347,433
Oyo	44,473,339,483	22,448,338,825	88,003,629,721	84,969,189

Source: NBS (March 2018): Nigerian Domestic and Foreign Debt (Q4 and Full Year 2017)

## 1.2 Development Areas of Focus of the State Government

The focus of the administration of Governor Abiola Ajimobi is on education, ICT and digital literacy, agriculture, infrastructural & industrial development, investment promotion, qualitative health and tourism. In order to achieve holistic development, the State government is exploring opportunities with the private sector and prospective investors.

*”As a result of our strong faith in Public Private Partnership, we are ready to partner with Investors in the areas of Infrastructure, Education, Solid Minerals Development, ICT, Agriculture among others”* (Executive Governor of Oyo State, Sen. Abiola Ajimobi)



*Picture 1: newly constructed mokola bridge in Ibadan Picture 2: People boarding a mass transit bus*

## SECTION TWO

### HOUSEHOLDS LIVING CONDITIONS



*Picture 3: Typical housing patterns in indigenous area in Ibadan, Oyo State capital*



*Picture 4: Overview of the business district area (Dugbe) in Ibadan*

## 2.1 Housing Characteristics

The quality of housing (including materials used for roof, wall and floor, number of rooms for sleeping, access to electricity) reflects the socioeconomic status of the households and has a direct bearing on the health and welfare of its members.

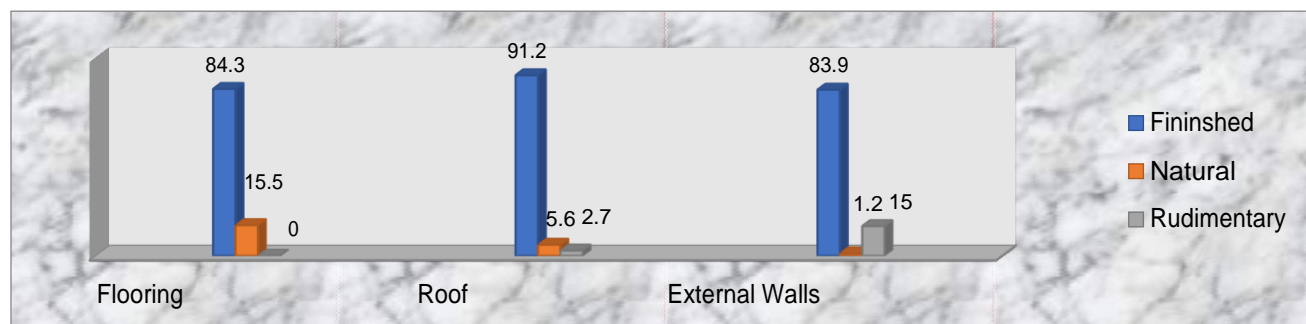


Figure 6: Quality of household building materials (MICS 2016/17)

- Majority of households in the State have houses with finished floor (84.3%), roof (91.2%) and walls (83.9%).
- Overcrowding is not a major problem in the State with an average of about 3 persons sleeping in one room.
- However, close to half (44.5%) of the households in the State are still using solid fuels as the primary source of domestic energy for cooking.

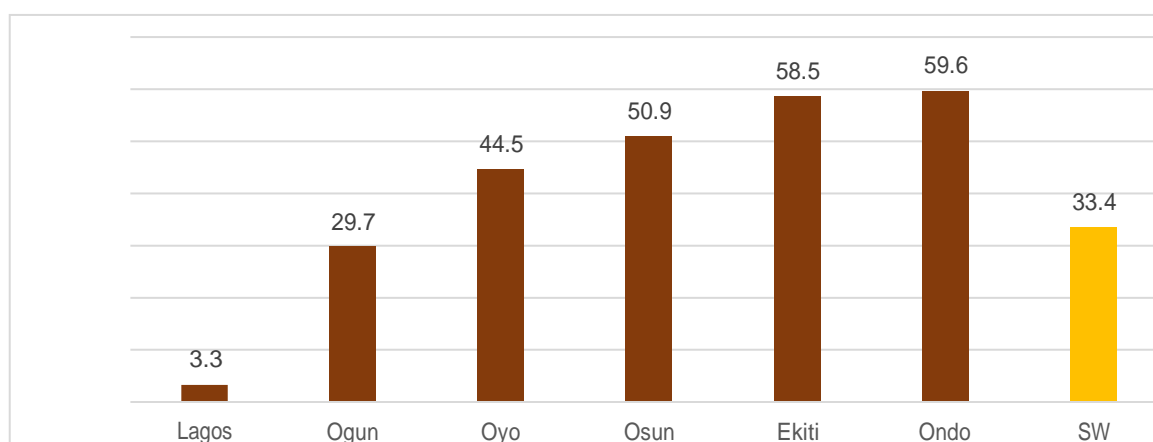
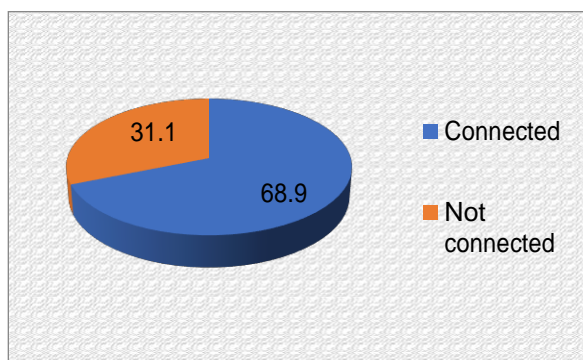


Figure 7: Percentage of household using solid fuels for cooking across SW States (MICS 2016/17)

- The use of solid fuels has declined progressively and significantly in the last 10 years. It was 64% in 2007, decreased to 53.6% in 2012 and further to the current level of 44.5% in 2016/17. The State has a higher percentage of households using solid fuel than the South West zonal average of 33.4%.



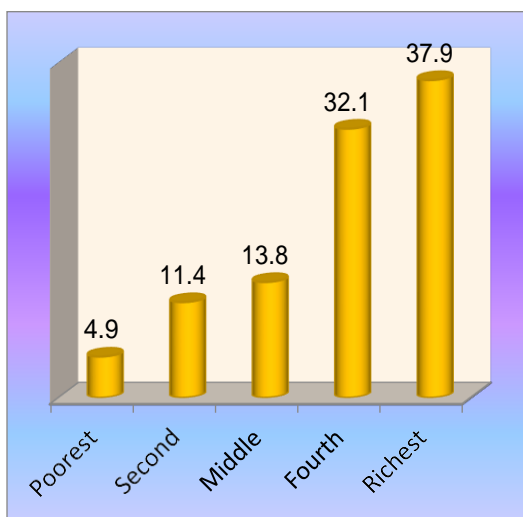


*Figure 8: Household connected to electricity from the national grid*

- More than three in ten (31.1%) of the houses in Oyo State are not connected to electricity from the national grid.
- Of the 68.9% connected to national grid, majority of them depend on alternative sources (especially, generator) most of the times due to irregular power supply from the national grid.

## 2.2 Wealth Status of the Household Population

According to MICS 2016/17 estimates, Oyo State is ranked 8th richest State in Nigeria based on percentage of household population in richest wealth quintile.



*Figure 9: Household distribution by wealth quintiles*

- Majority (70%) of the household population in Oyo State are classified in the fourth and richest wealth quintiles in Nigeria.
- Close to 4 in 10 (37.9%) of the household population are among the richest in country while 13.8% are in the middle quintile.
- About 5% of the household population in Oyo State are classified in the poorest quintile.

*NOTE: Wealth index quintiles were constructed by using data on housing characteristics, household and personal assets, and on water and sanitation through principal components analysis.*

## 2.3 Asset Ownership

Possession and use of household durable goods is another useful measure of the socioeconomic status of household members with multiple effects and implications for their wellbeing. For instance, radio and television provide sources of information and new ideas to the household members, a refrigerator prolongs the wholesomeness of foods, and a means of transport increases access to many services that are beyond walking distance.

- Majority of households in the State have radio (63.7%) and television (73.1%) while about one-fifth (21.6%) have refrigerators. Few of the households own a non-mobile phone (3.8%).
- About two-fifth (39.9%) of the households have farm land and slightly about the same proportion of households (41.8%) own livestock farms.
- Majority of household members personally owned mobile phones (85.6%) and wrist watches (62.8%)

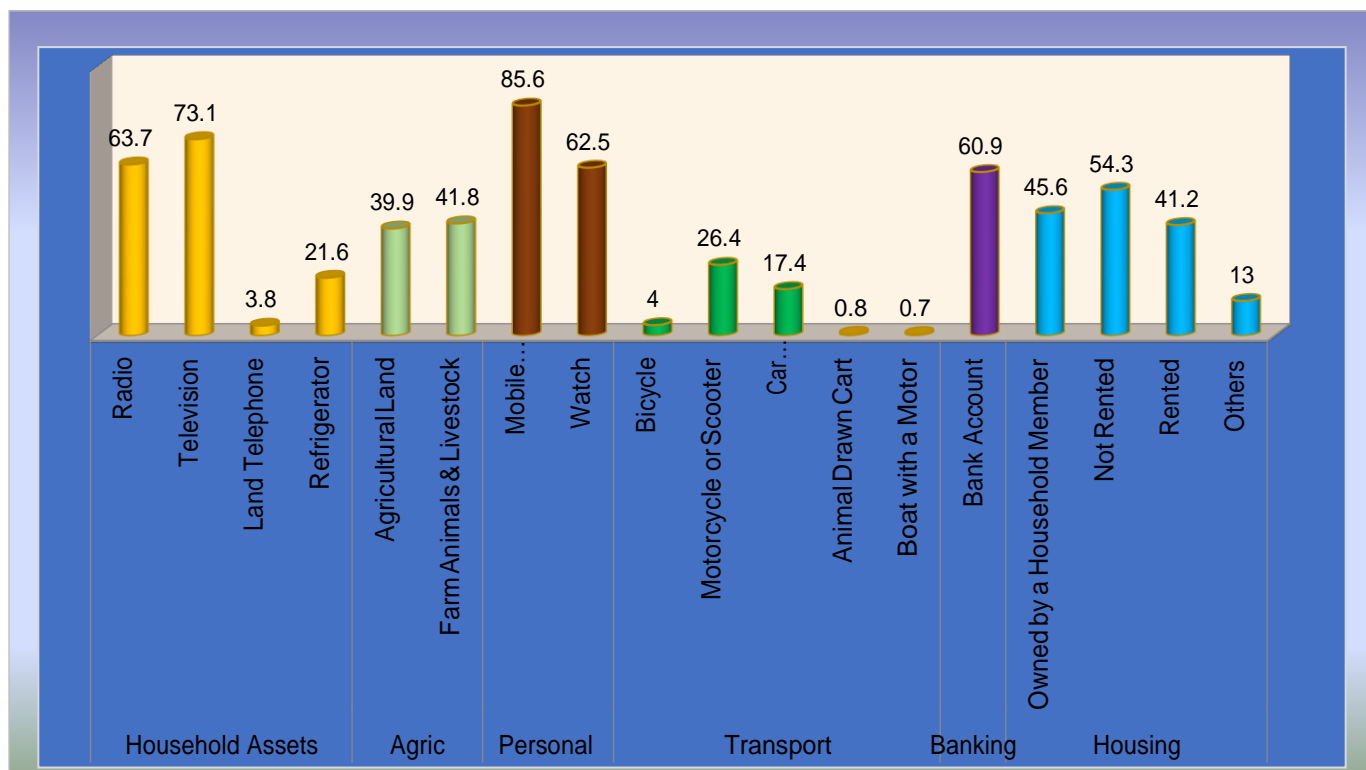


Figure 10: Ownership of households and personal assets

- About half (50.7%) of households do not own a means of transportation.
- Motorcycle is the most commonly owned means of transportation in the State, with at least 1 in 4 households having a motorcycle (26.4%) while only 17.4% have a vehicle.
- At least three in five (60.9%) of the household members in the State have bank accounts.
- More than half (54.3%) of the households live in houses not owned by them, out of which 41.2% pay rent and remaining 13% live in the house based on other conditions.
- About 45% of the households live in their own houses.

## 2.4 Access to Information, Communication and Technology

- Generally, men in the State read newspapers, listen to radio and watch TV more than women. Only 3.6% of women read a newspaper/magazine, listen to the radio and watch television at least once weekly compared to 30.7% of men.
- The use of internet among young people also shows that 33.1% of young women use the internet compared to 52.1% of young men.
- The variation in the use of computers is higher among young men (42.3%) than young women (23.9%).

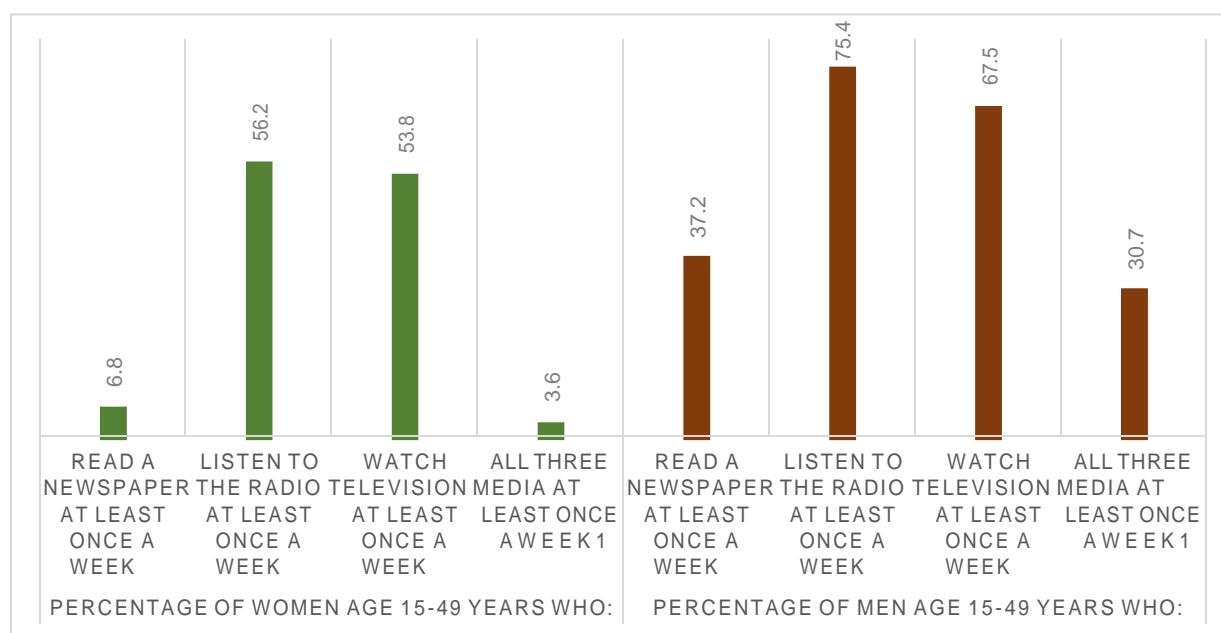


Figure 11: Percentage of women and men with access to mass media

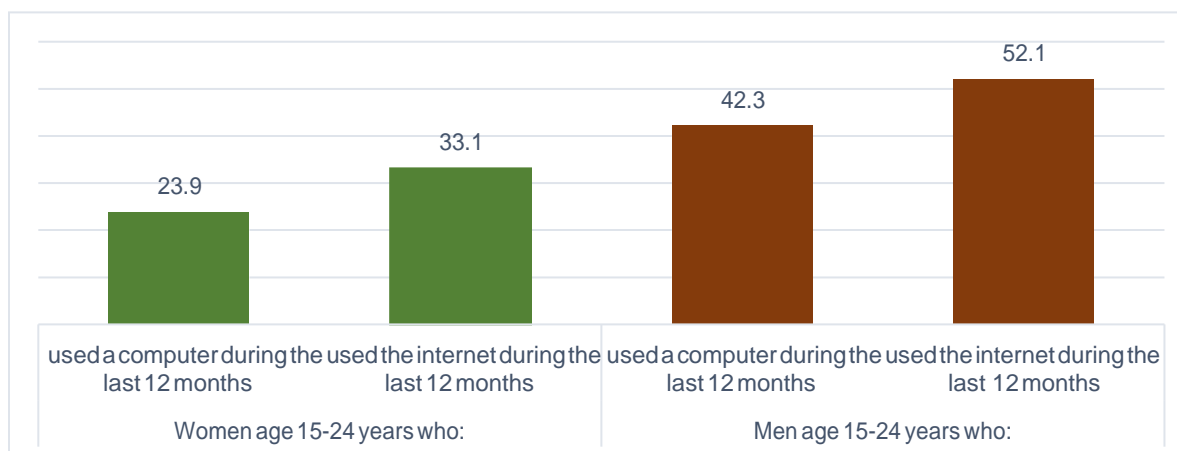


Figure 12: Percentage of young women and men (age 15-24) with access to computer and internet.



## SECTION THREE

### CHILD AND MATERNAL HEALTH



*Picture 5: Governor Abiola Ajimobi giving immunization to a child*



*Picture 6: A pregnant woman receiving ANC services at Sango PHC, Saki West LGA*

### 3.0 Child and Maternal Health

In an effort to improve the maternal and child health indices in the State, the government came up with a number of programs targeting women of child bearing age and children. Maternal and child health initiatives in the State include: Integrated Management of Childhood Illness (IMCI) strategy, routine vaccinations for childhood diseases, free malaria treatment services and drugs for children, rapid diagnostic testing (RDT) services. However, these efforts have not translated to a significant improvement in health outcomes of children and women in the State and childhood mortality rate remain high.

#### 3.1 Health Care Facilities in the State

According to the record of the Oyo State Bureau of Statistics, there are total of 1241 health care facilities in the State, comprising 1181 primary (95.1%), 59 secondary and one tertiary hospitals. The distribution of the health facilities across the LGAs shows all LGAs have primary health care centres (PHCs), ranging from 17 to 64 facilities. However, six LGAs (Atiba, Ibadan South East, Iddo, Ogo Oluwa, Ona Ara and Oyo West) do not have Secondary facilities while the only Tertiary facility in the State (University Teaching Hospital) is located in Ibadan North LGA.

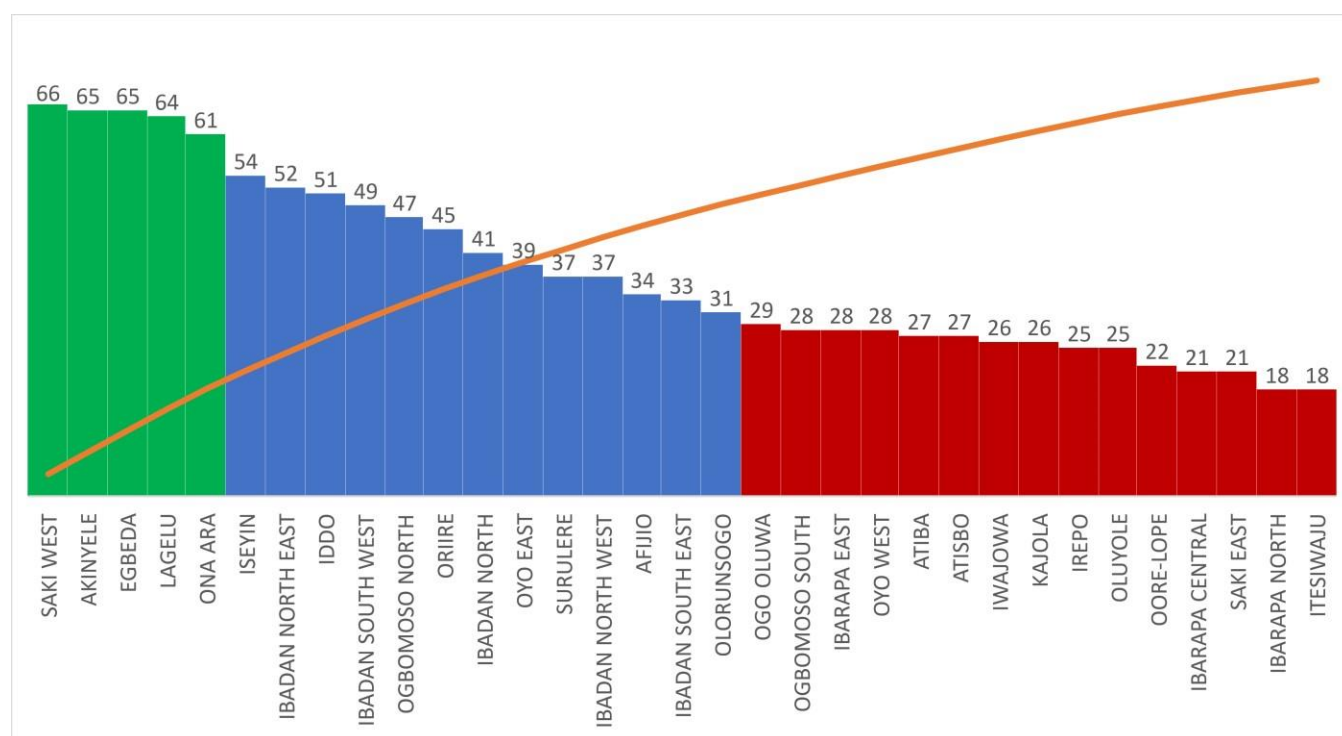


Figure 13: Distribution of primary healthcare facilities by LGAs

- Primary healthcare facilities are spread unevenly across the LGAs with 5 LGAs having over 60 facilities while 15 others have less than 30 facilities each.

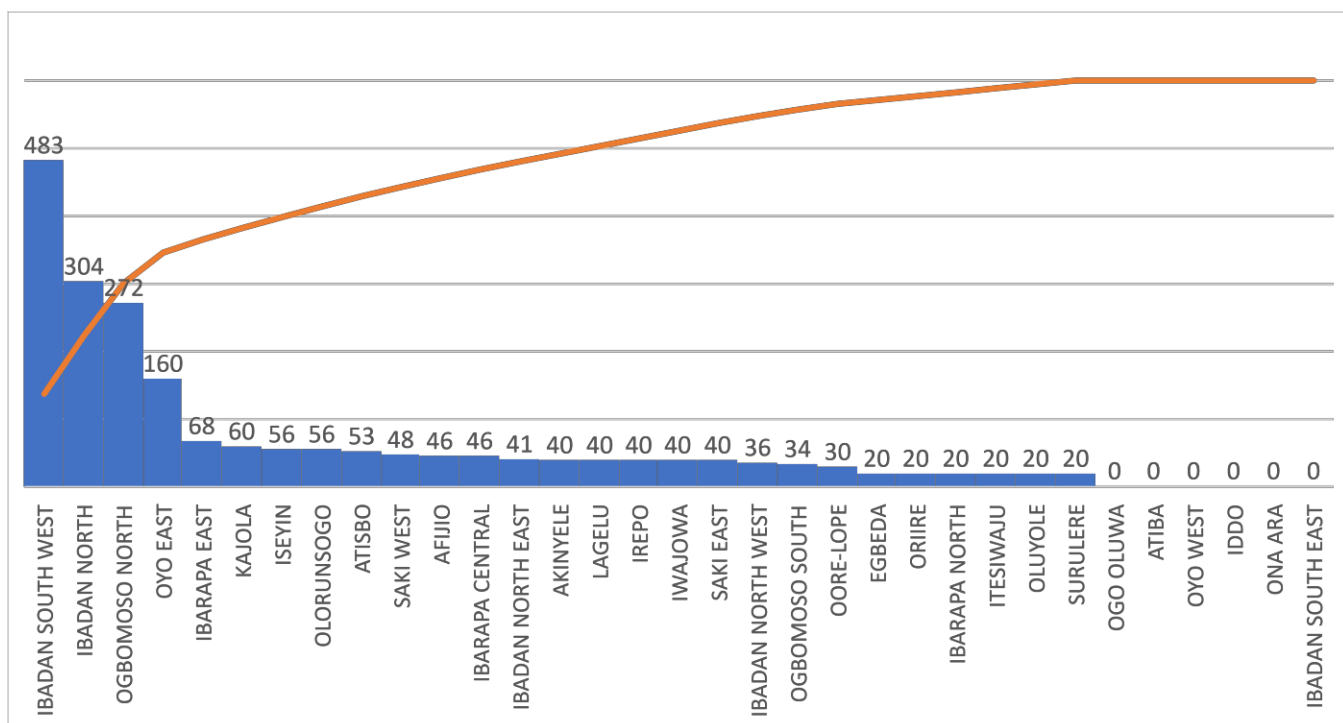


Figure 14: Number of hospital beds by LGAs

- Almost 60% of the hospital beds are concentrated in only 4 LGAs- Ibadan South West, Ibadan North, Ogbomosho North and Oyo East while 6 LGAs do not have in-patient facility.

### 3.2 Health Care Personnel

Human resource is arguably the most important factor in ensuring optimal healthcare delivery to a population, since the performance and the benefits a health system can deliver is largely dependent on the knowledge, skills and motivation of those responsible for health service delivery.

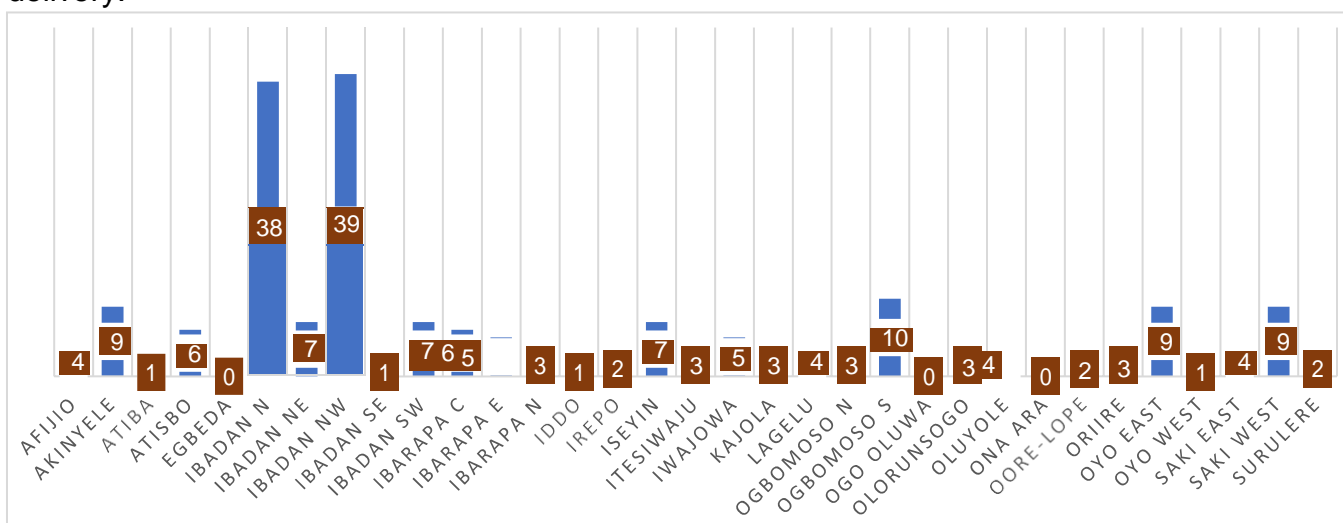


Figure 15: Distribution of doctors in local government health facilities

- Except in 2 LGAs (Ibadan North East and Ibadan North), all others have 10 or less number of LGA employed doctors
- No single LGA doctor in 3 LGAs (Egbeda, Ona Ara, Ogo Oluwa)

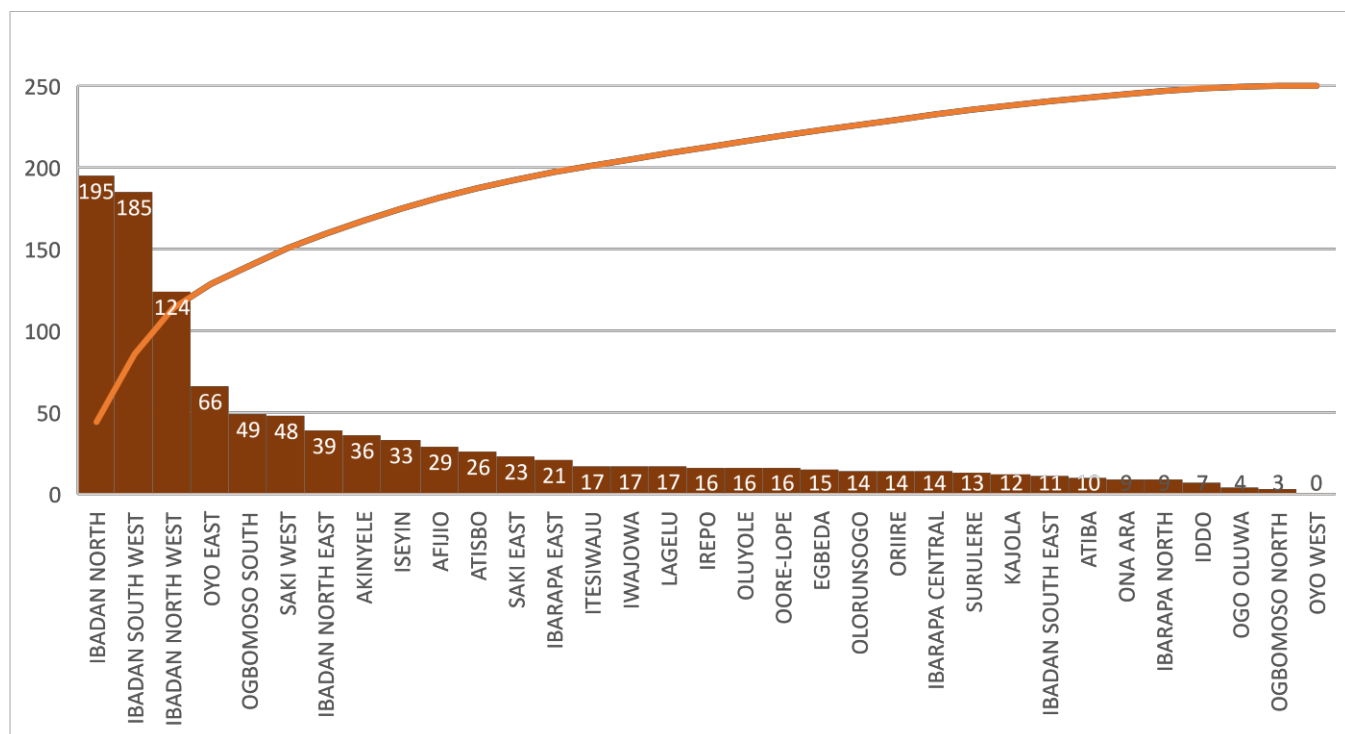


Figure 16: Distribution of nurses/midwives in local government health facilities

- Figure 16 reveals uneven distribution of nurses/midwives across the LGAs in the State.
- About 45% of the nurses/midwives (504 out of 1 108) in the primary health care facilities are in 3 LGAs within the State capital, namely: Ibadan North, Ibadan South West and Ibadan North West.
- There is no qualified nurse/midwife in any PHC in Oyo West LGA.
- Overwhelming majority of the nurses/midwives are working in facilities located in urban LGAs.

### 3.3 Childhood Mortality

Childhood mortality trend in developing countries remain a fundamental challenge to universal health. Reducing childhood mortality to 20 or less per 1000 live births is one of the primary goals of the Sustainable Development Goals (SDGs).

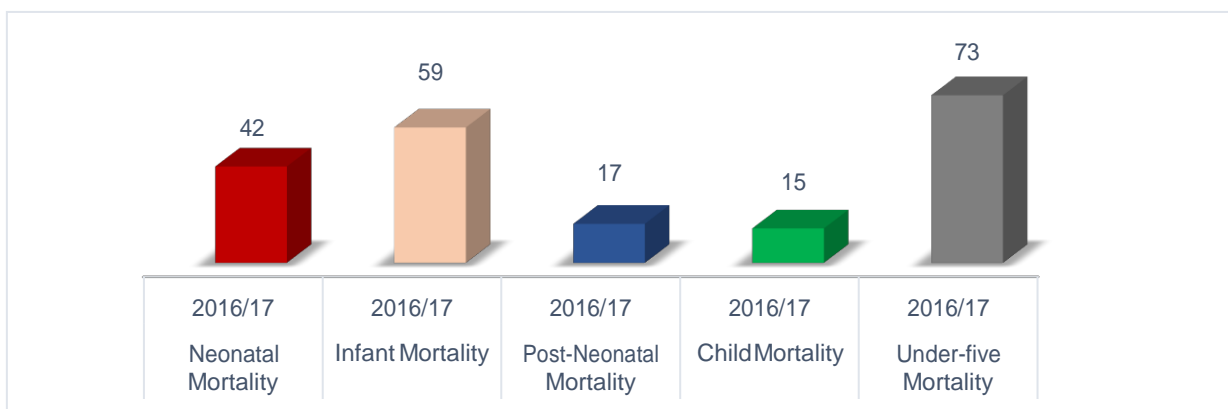


Figure 17: *Early childhood mortality rates (MICS 2016/ 17)*

- ❑ As at 2016/17, for every one thousand live births in the State, forty-two die within the first 28 days of life (neonatal mortality of 42 per 1000 live births), another 17 out of 1000 surviving ones die before reaching 12 months (post neonatal mortality).
- ❑ The probability of a child dying before age one (infant mortality) in the State is 59 per 1000, implying that about 6 out of 100 children do not live to celebrate their first birthday.
- ❑ Cumulatively, at least 7 out of 100 children born alive in Oyo State die before their fifth birthdays (under five mortality of 73 per 1000 live birth)
- ❑ The probability of children dying between the first and the fifth birthdays (child mortality rate) is 15 per 1000
- ❑ The under-five mortality rate in the State remains far above the SDGs target of 20 per 1000 live births.
- ❑ However, the State has recorded a significant decline in early childhood mortality in the recent years. The under-five mortality decreased from 110 per 1000 in 2011 to 73 per 1000 in 2016/17 while infant mortality also dropped from 70 to 59 per 1000.
- ❑ Despite these notable improvements, the current early childhood mortality rates (under-five and infant mortality) in Oyo State remain consistently higher than the South West zonal averages of 67 and 52 per 1000 respectively.
- ❑ It is worth noting that more than half of deaths among under five children (42 out of 73) in the State occurs within the first 28 days of birth.
- ❑ Likelihood of mortality before 28 days of birth in Oyo State is higher than the national averages of 39 per 1000 live births.

### 3.4 Childhood Vaccinations

Childhood vaccination is one of the world's most successful and cost-effective strategies for achieving universal health for children because it is free, available and easily accessible.



Vaccination reduces the duration and severity of childhood morbidities and under-five mortality. Immunization prevents illness, disability and death among children from vaccine-preventable diseases including hepatitis B, measles, pertussis (whooping cough), pneumonia, polio, rotavirus diarrhoea and tetanus. A world fit for children goal is to ensure immunization for all infants at 90 percent nationally and at least 80 percent coverage in States.

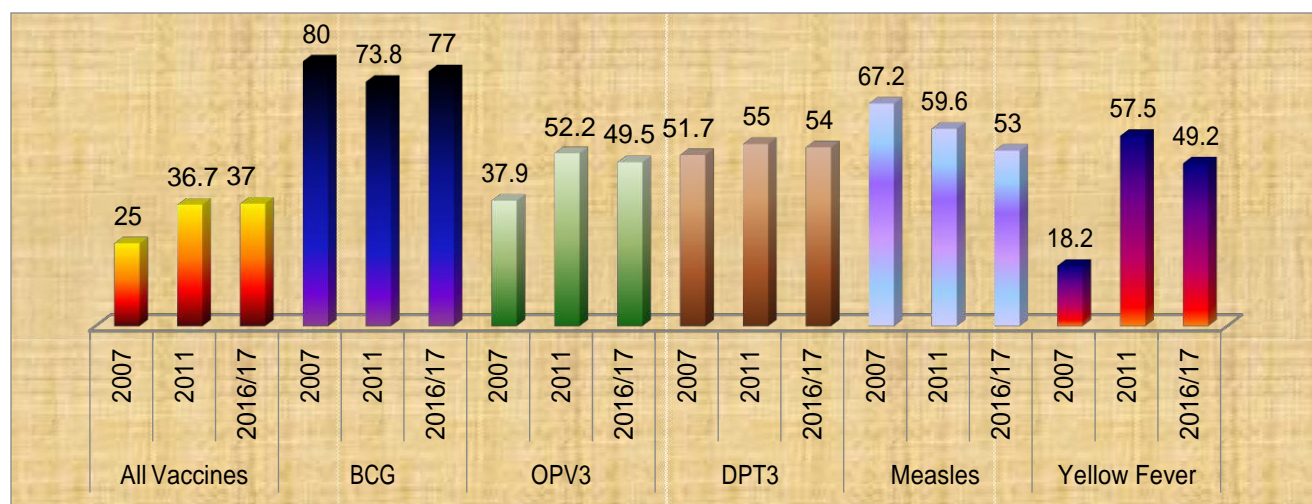


Figure 18: Percentage of children age 12-23 months who received vaccinations by 12 months of age

- MICS 2016/17 data showed that a little more than one-third (37%) of children aged 12-23 months have received all vaccinations recommended in the national immunization schedule by their first birthday and by second birthday for measles.
- The percentage of children with full vaccination coverage increased from 25% in 2007 to 36.7% in 2011 and remained almost the same in 2016/17.
- Apart from BCG, there was a reduction in immunization coverage of OPV3, Measles, DPT3 and Yellow Fever antigens between 2011 and 2016/17.
- It is instructive to note that, vaccination coverage in Oyo State is lower than the South West zonal and national averages of 50% and 53.5% respectively.
- The vaccination coverage rates of the specific antigens (BCG, OPV3, DPT3, measles and yellow fever) are also below the expected targets and below the South West averages.

### 3.5 Diarrhea, Acute Respiratory Tract Infection (ARI) and Malaria

Diarrhea, ARI and malaria in children are common and major causes of mortality and morbidity among under-five children. While diarrhea is a potential cause of severe dehydration which could lead to seizures, brain damage and death; ARI if left untreated could lead to pneumonia. The factors that have been found to increase the incidence of diarrhea include poor sanitation, poor storage of drinking water, and inadequate disposal of faeces while poor ventilation and exposure to mosquito bites are major cause of ARI and malaria respectively.

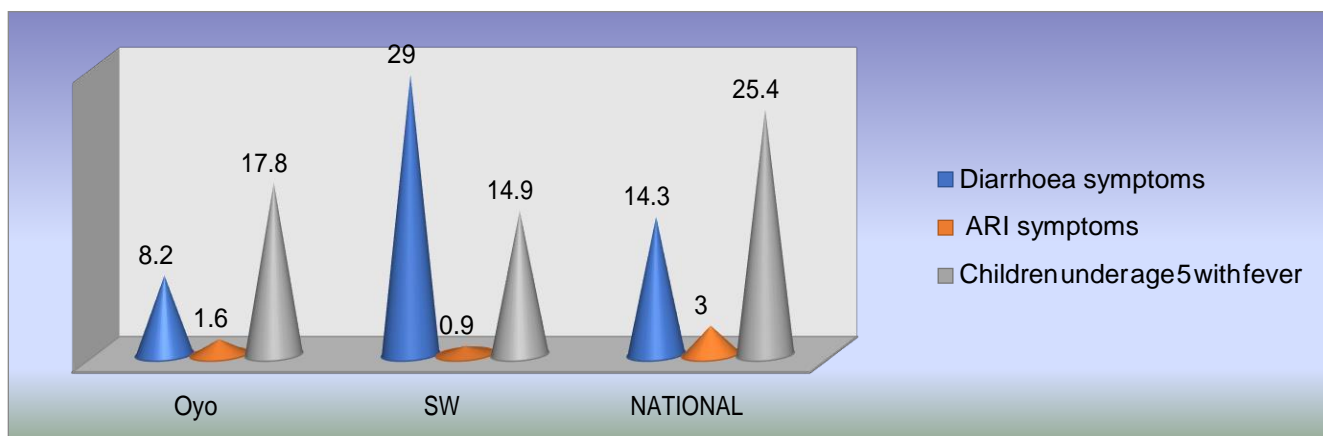


Figure 19: Percentage of under-five children with diarrhea, ARI and fever (MICS 2016/17)

- Fever (symptom of malaria) incidence (17.8%) is commonest reported illness among under five children in the State while 8.2% of the children reported symptoms of diarrhea.
- The reported symptoms of ARI is very negligible (1.6%).
- The prevalence of fever in Oyo State is higher than the average for the South West zone.
- Also, the incidence of ARI is comparatively higher than other South West States.

### 3.6 Malaria Prevention & Treatment

Insecticide Treated Nets (ITN) and anti-malarial drugs are the major ways to prevent and treat malaria.

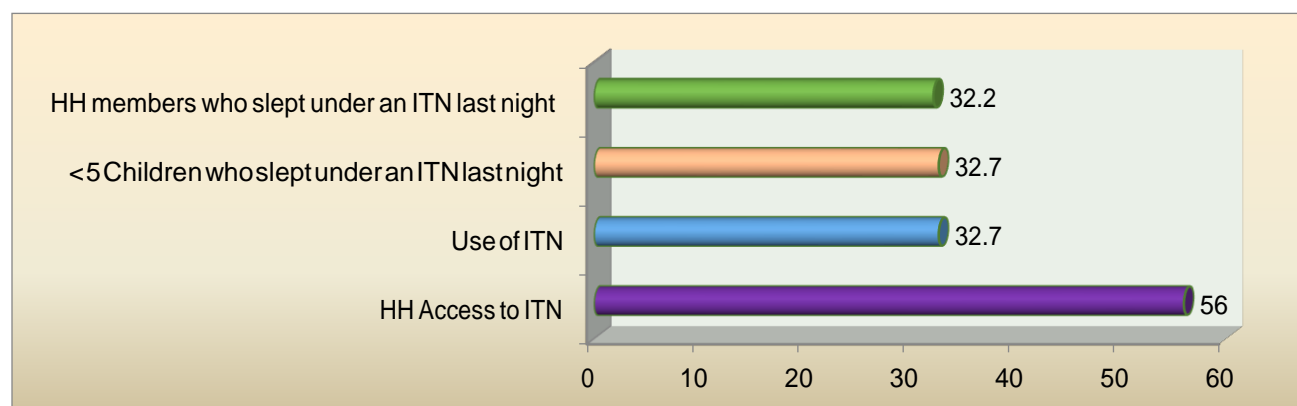


Figure 20: Percentage of under 5 children and household members who have access and use ITNs (MICS 2016/17)

- The MICS 2016/17 data shows that over half of the household members (56%) have access to ITN in the State but just one-third (32.7%) of the available ITN was used in the previous night.
- About one third (32.7%) of under five children in the State slept under an ITN previous night while a similar proportion (32.2%) of the household members slept under ITN last night before the survey.



### 3.7 Malaria Diagnosis and Treatment

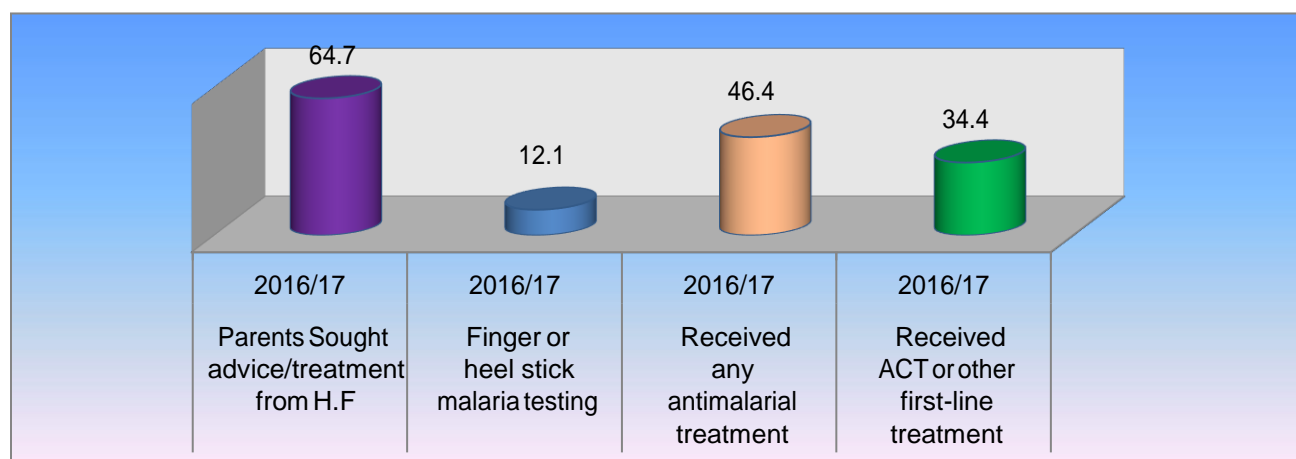


Figure 21: *Malaria diagnosis and treatment for children under-five years*

- Less than two-third (64.7%) of the caregivers of under five children who had fever in the last two weeks sought advice or treatment for their wards from a health facility/provider.
- Less than half (46.4%) of the children who had fever received any antimalarial treatment while at least one-third (34.4%) of those who received any treatment were treated with Artemisinin-based Combination Therapy (ACT)
- More than one in ten (12.1%) of the children with fever had heel stick rapid test for malaria.

### 3.8 Malaria Prevention among Pregnant Women

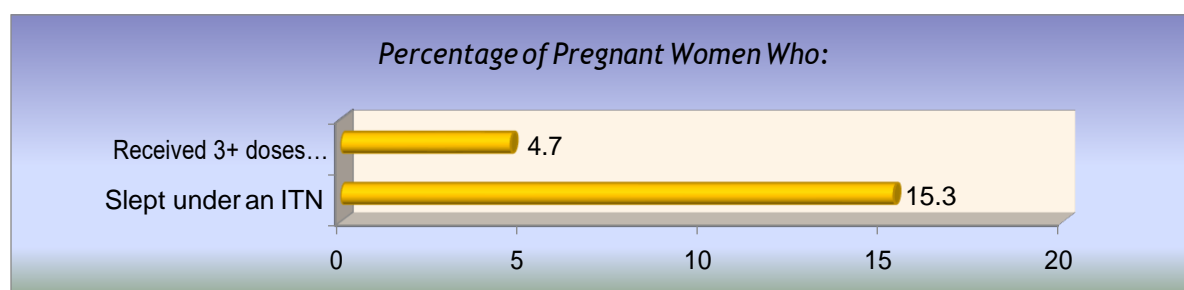


Figure 22: *Pregnant women receiving anti malaria treatment (MICS 2016/17)*

- Very few (4.7%) pregnant women received three or more doses of SP/Fansidar during ANC visits.
- Only 15.3% of pregnant women slept under an ITN the previous night before the survey.

### 3.9 Tetanus Toxoid

As part of the strategy to reduce maternal mortality, prevention of tetanus infection among pregnant women is a priority. Tetanus Toxoid protects the mother and her foetus from maternal and neonatal tetanus infection and by extension mortality. To this end, pregnant women are expected to receive at least two doses of Tetanus Toxoid (TT) prior to delivery.

- Almost two-thirds (64.2%) of women age 15-49 years received at least two doses of TT while pregnant and at the appropriate interval. This implies that over one-third (35.8%) were not protected against the dangers of maternal and neonatal tetanus.
- Tetanus Toxoid uptake fluctuated in the last decade, increased from 58.5% in 2007 to 66.4% in 2011 and declined to 64.2 percent in 2016/17
- The proportion of women receiving TT during pregnancy in Oyo State is less than the South West zonal average of 72.8 percent

### 3.11 Fertility, Contraception, ANC and Delivery

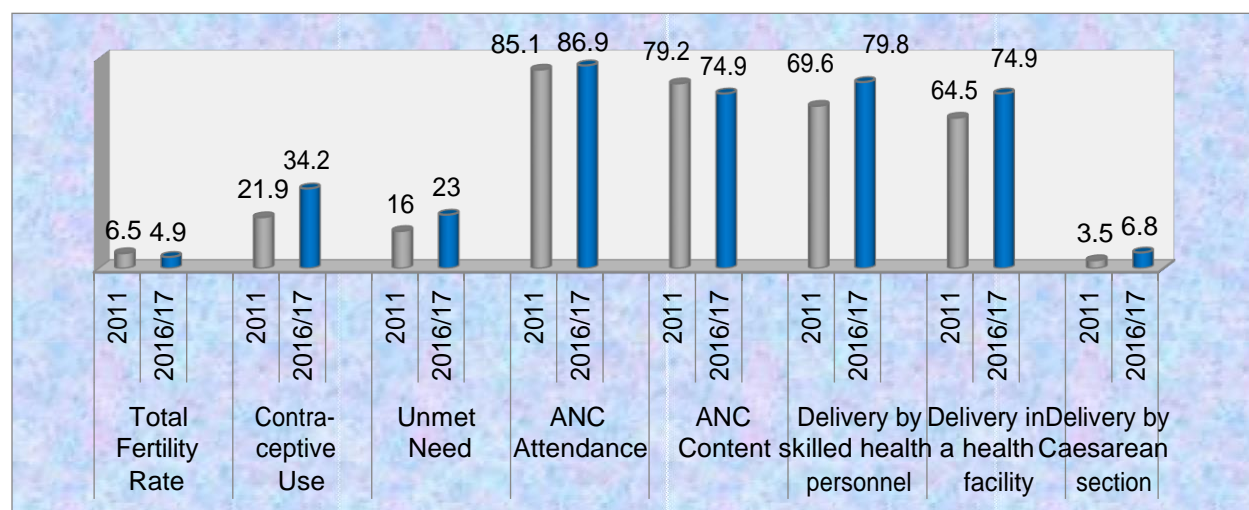


Figure 23: *Fertility rate, contraceptive use, ANC attendance and facility delivery among Women of childbearing ages*

- Average number of children a woman will have in her lifetime (Total Fertility Rate) in the State is approximately five (4.9)
- The total fertility rate (TFR) in the State reduced from 6.5 in 2011 to 4.9 in 2016/17.
- However, the current TFR in the State is higher than the zonal average of 4.4.

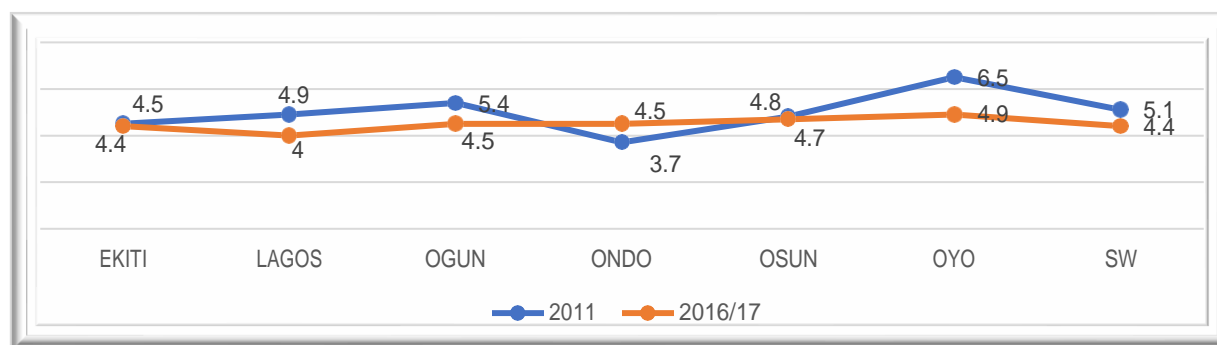
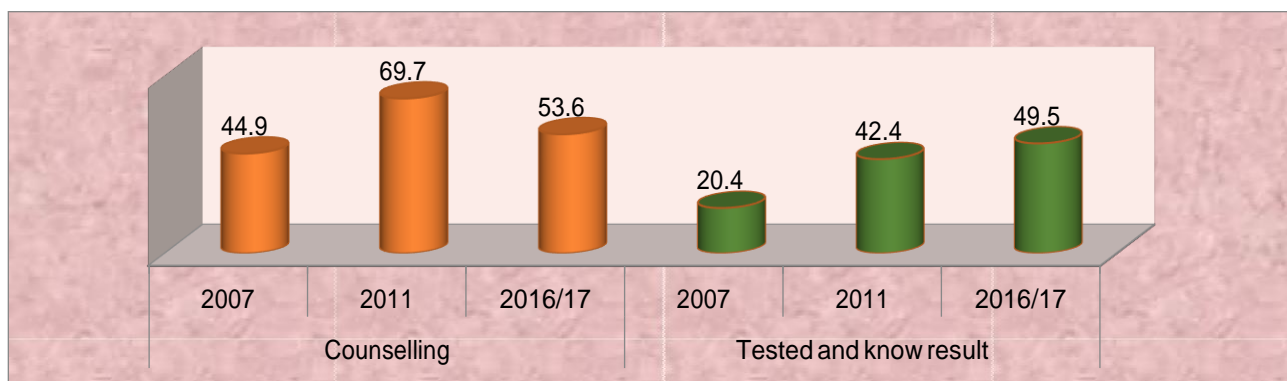


Figure 24: Trend in total fertility rate (TFR) among women age 15-49 years across South West States

- About one in every three married women or women in union (34.2%) uses a contraceptive method, a sharp increase from 21.9% in 2011.
- The unmet need for contraceptive (women who wanted to use contraceptive but were constrained in one way or the other) has been on the rise in the recent years. The percentage of women with unmet need for contraceptive increased from 16% in 2011 to 23% in 2016/17.
- Close to nine in every ten women (86.9%) who had a live birth in the past two years received antenatal care from a provider. Although the 2016/17 figure rose marginally over the 2011 data (85.1%), it is still lower than the South West zonal average of 89.5%.
- About three quarter (74.9%) of women had the three basic medical examinations (blood pressure, urine sample and blood sample) at ANC during their last pregnancy, indicating that the content of antenatal care has declined in the recent years. It was 79.2% in 2011.
- The percentage of women with a live birth in the last two years who were attended to by skilled health personnel increased from 69.6% in 2011 to 79.8% in 2016/17.
- Similarly, the use of health facilities for delivery has increased from 64.5% in 2011 to 74.9% in 2016/17.
- Delivery through caesarean section (4.1%) has remained unchanged between 2011 and 2016/17.

### 3.12 HIV Counselling and Testing During ANC

- More than half (53.6%) of the women who attended ANC during their last pregnancy were counselled for HIV and about half (49.5%) of the women were tested for HIV.

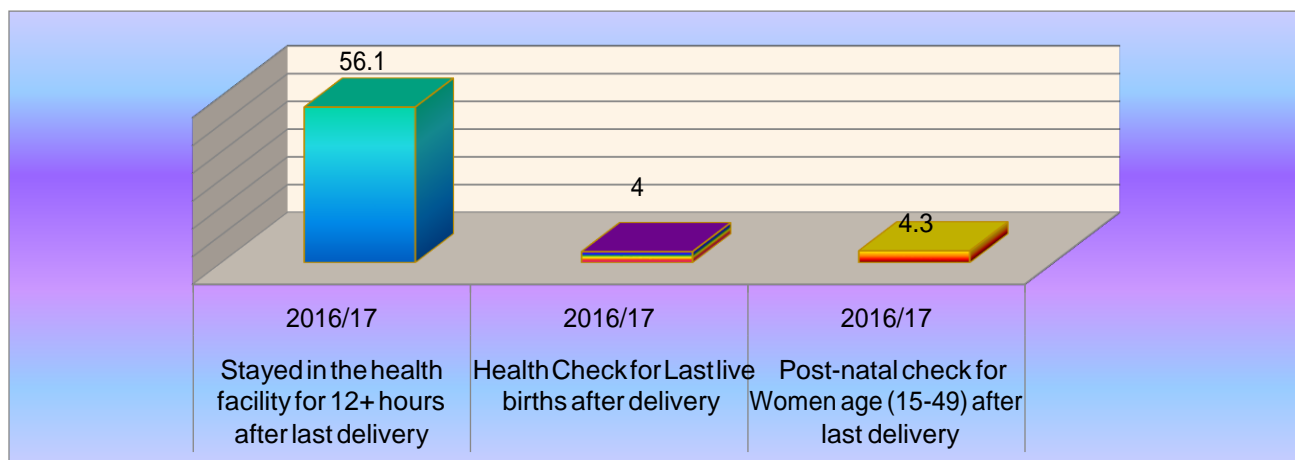


*Figure 25: Percentage of pregnant women counselled and tested for HIV during ANC visit*

- HIV counselling during ANC has reduced in recent years, it dropped from 69.7% to 53.6% between 2011 and 2016/17. However, the proportion of women tested and received their results increased in the same period from 42.4% to 49.5%
- HIV Counselling and testing rate during ANC in Oyo State is lower than the South West zonal averages of 59.7% and 55.6%, respectively.

### 3.13 Postnatal Health Checks

- Well over half (56.1%) of the women who had a live birth (in the last two years) stayed in the health facility for twelve or more hours after delivery.



*Figure 26: Percentage of women who received postnatal health checks for themselves and their babies after delivery*

- Very few (4%) of live births (newborn) had a health check while in the facility or at home following delivery or during post-natal care visit within 2 days after delivery.
- Few (4.3%) of women who had a live birth in the last two years had post-natal care visit or a health check within 2 days after delivery.

### 3.14 Knowledge of HIV, Sexual Debut and Condom Use among Young People

- Knowledge of HIV among young people in Oyo State remain low. Only about one in four (25.8%) young women and young men (26.7%) can correctly identify ways of preventing the sexual transmission of HIV.

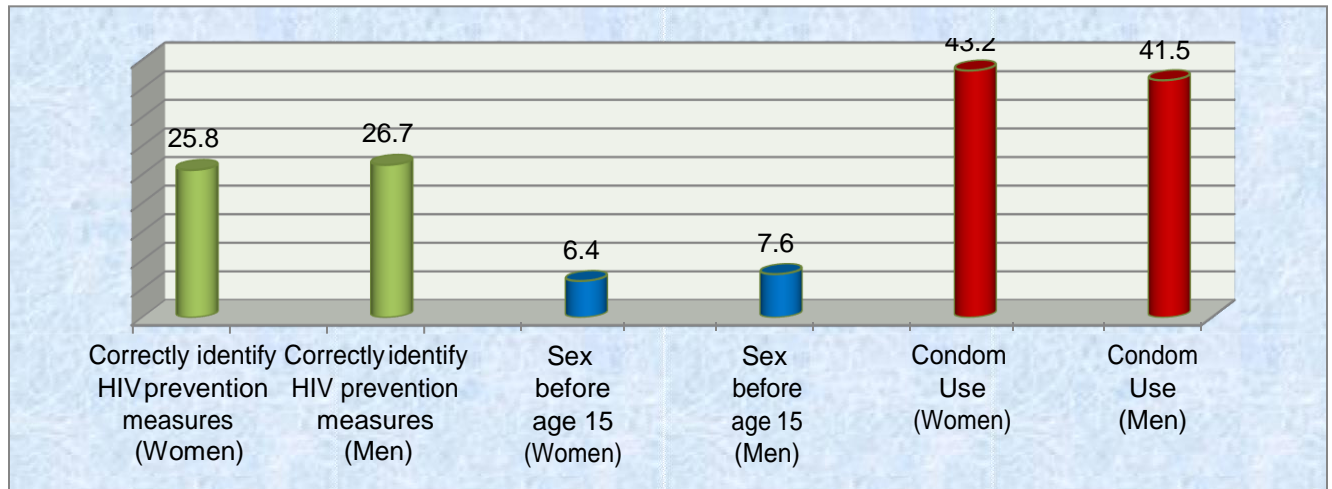


Figure 27: *Knowledge of HIV, onset of sexual intercourse and condom use among young people (MICS 2016/17)*

- Early sexual initiation (first sexual intercourse before age 15 years) is as high as 7.6% among young men and 6.4% among young women.
- Condom use among young people with multiple partners is slightly higher among young women. While 41.5% of men aged 15-24 years with more than one sexual partner reported condom use, 43.2% of women within the same age were able to negotiate the use of condom with their partners.



## SECTION FOUR

### CHILD NUTRITION



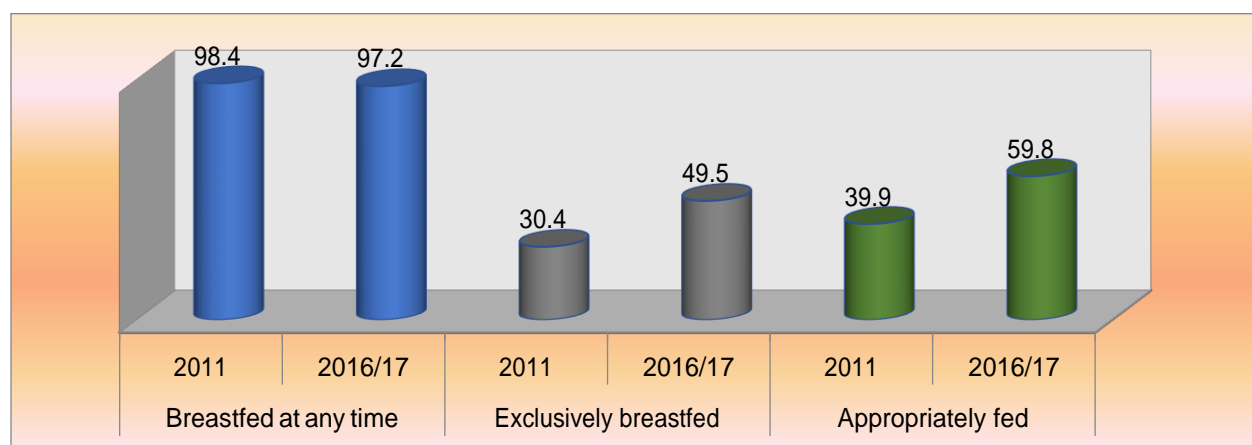
*Picture 7: A woman breastfeeding her baby*



*Picture 8: A malnourished and well-nourished child*

## 4.1 Infant and Young Child Feeding

UNICEF and WHO recommend that infants be breastfed within one hour of birth, breastfed exclusively for the first six months of life and continue to be breastfed up to 2 years of age and beyond. Starting at 6 months, breastfeeding should be combined with safe, age-appropriate feeding of solid, semi-solid and soft foods.

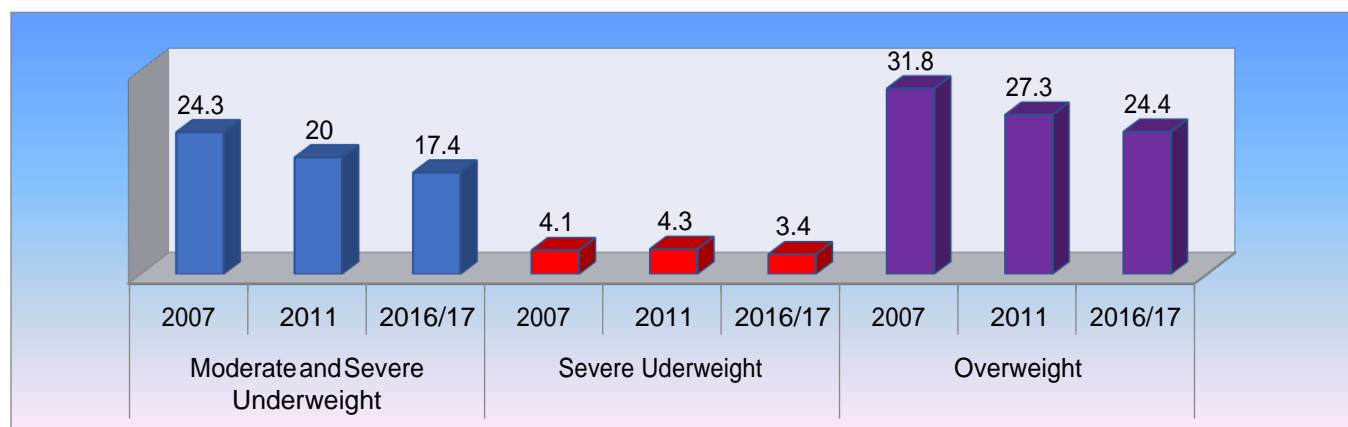


*Figure 28: Percentage of children who were breastfed exclusively and received appropriate foods*

- Breast feeding at any anytime among women has remained consistently high in the State. Almost all women breast feed their babies.
- However, only about half (49.5%) of the women who had a live birth in the last two years breast fed their babies exclusively (gave breast milk only in the first six months).
- There was a significant improvement in the proportion of women practicing exclusive breastfeeding, from 30.4% in 2011 to 49.5% in 2016/17.
- Approximately three out of five (59.8%) of the women fed their children appropriately (exclusive breastfeeding for 0-6months, breastfed infants receiving two or more meals of solid, semi-solid or soft foods from 6-8months and three or more meals from 9-23months)
- More women are adopting appropriate feeding practices for their children in the State, this increased form 39.9% in 2011 to 59.8% 2016/17.

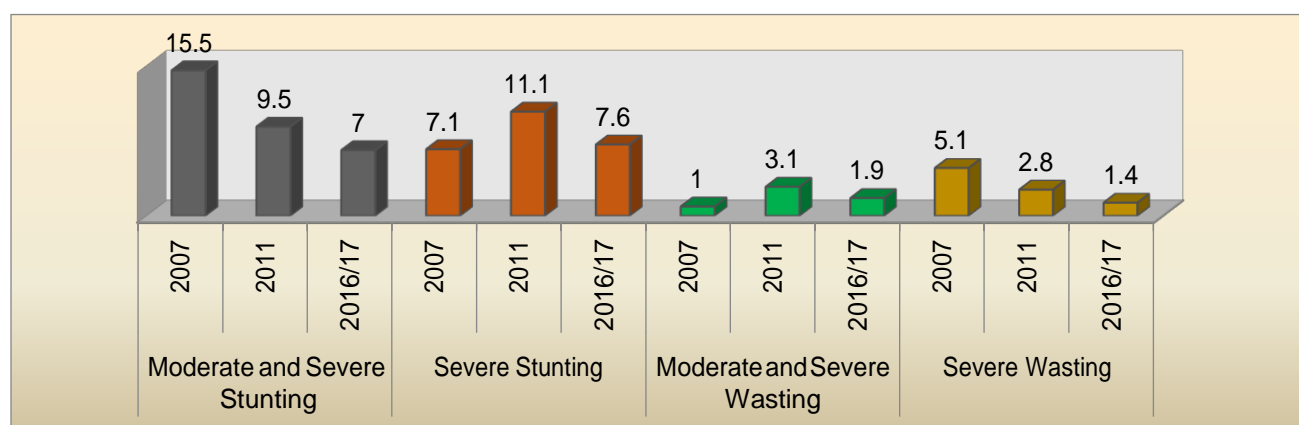


## 4.2 Nutritional Status of Under-Five Children



*Figure 29: Underweight and overweight status of children under-five years*

- The proportion of children who are moderately and severely underweight (too light for their age) declined from 20% in 2011 to 17.4% in 2016/17.
- Similarly, the prevalence of severely underweight children decreased in the last five years, from 4.3% to 3.4% while the proportion of overweight children also declined from 27.3% to 24.4%.



*Figure 30: Stunting and wasting among children under-five years*

- Seven percent (7%) of under five children are currently moderately and severely stunted while 7.6% are severely stunted in the State. The prevalence of stunting has decreased in the recent years.
- The proportion of under five children who are moderately and severely wasted, and those with severe wasting has fluctuated between 2007 and 2016/17; moderate and severe decreased from 3.1% 2011 to 1.9% in 2016/17. Also, severe wasting among children declined from 2.8% in 2011 to the current 1.4% in the same period.
- However, despite the recent reduction in the rates of malnutrition among children, the rates are still significantly higher than the WHO thresholds of 5%.

## SECTION FIVE

# WATER, SANITATION AND HYGIENE (WASH)



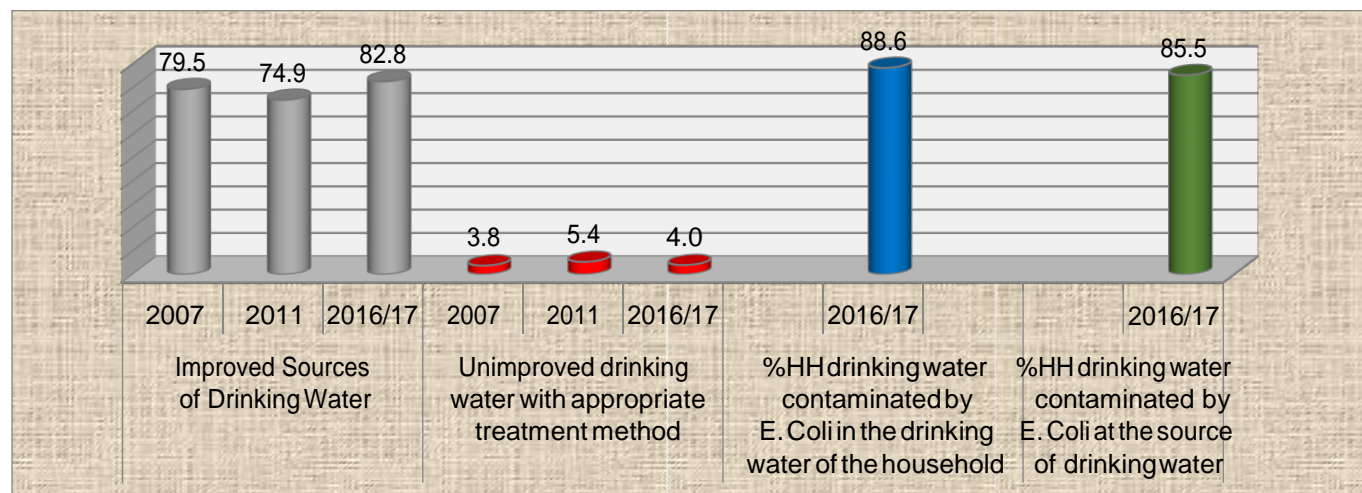
*Picture 9: A boy washing his hands using hand washing facility provided by UNICEF*



*Picture 10: People fetching water from a water point*

## 5.1 Access to Safe Drinking Water

Access to safe drinking water is a basic necessity for good health. Unsafe drinking water can be a significant determinant of diseases such as cholera, typhoid and schistosomiasis. Drinking water can also be contaminated with chemical and physical contaminants with harmful effects on human health.



*Figure 31: Water sources, treatment practices and drinking water quality in households*

- Majority (82.8%) of households in the State have access to “improved sources” of drinking water while a few (4.0%) adopted appropriate treatment methods to make their water from unimproved sources safe for drinking. Improved sources of water include: piped water, borehole, protected well, rain water collection, bottled water and sachet water.
- There has been an increase in the proportion of households with access to improved water sources from 74.8% in 2011 to 82.8% in 2016/17. Despite this improvement, Oyo State still has the second lowest percentage of household members drinking from improved water sources among the South West States.
- However, improved water sources do not guarantee absence of contamination as the results of water quality tests during the MICS 2016/17 showed that water from the “improved sources” was contaminated by e.coli in most cases and in some cases water got contaminated through unsafe handling practices.
- Water quality test results showed that 85.5% of the household members in the State were drinking water contaminated by e.coli at the sources (result of the water quality test at the water source).
- Majority (88.6%) of the household members were drinking water contaminated by e.coli either from the source or in the process of fetching, transporting, storage and serving (result of the water quality test at the point of consumption in the households).



## 5.2 Sanitation and Hygiene

Inadequate disposal of human excreta and personal hygiene are associated with a range of diseases including diarrhoeal diseases and polio and are important determinants of stunting.

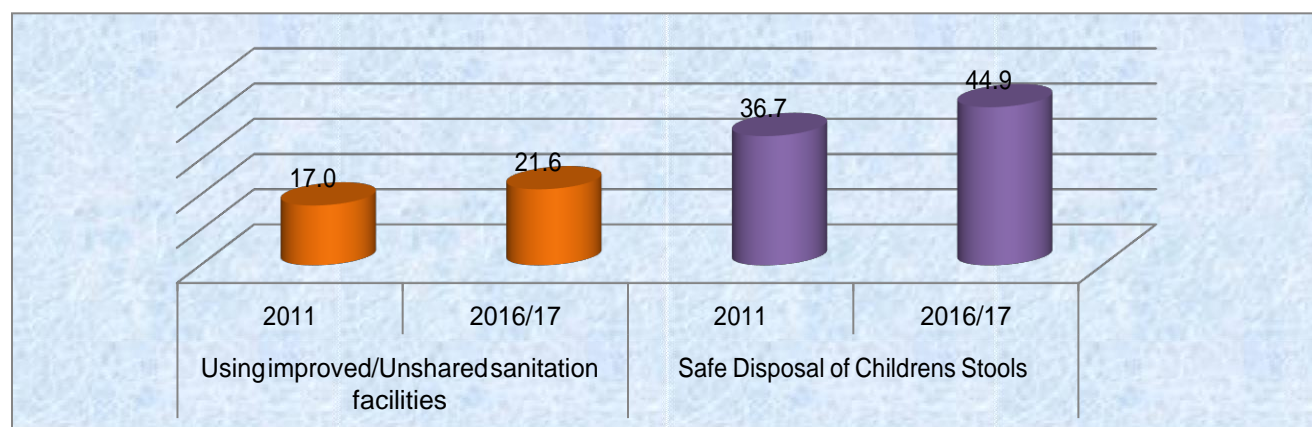


Figure 32: Appropriate household sanitation practices

- Just about one in five (24.7%) of household members have access to improved sanitation facilities that are not shared with another households. “Improved sanitation facilities” include: flush water system toilet, ventilated improved pit latrine and pit latrine with slab.
- This implies that overwhelming majority (78.4%) of the household members are using unimproved sanitation facilities including pit latrine without slab, hanging toilet and open defecation.

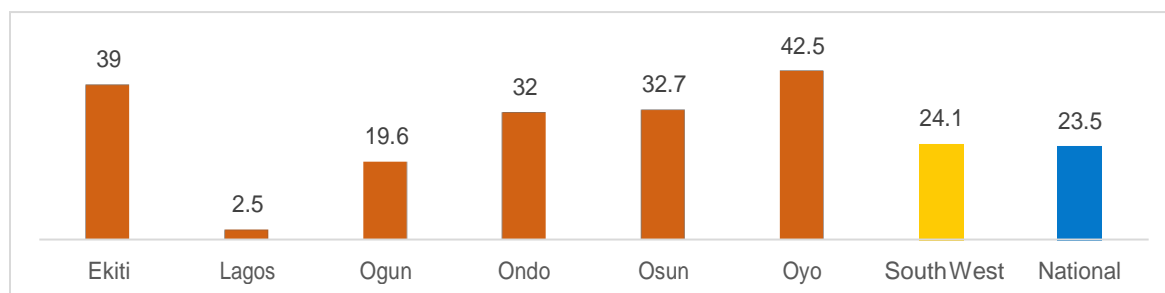
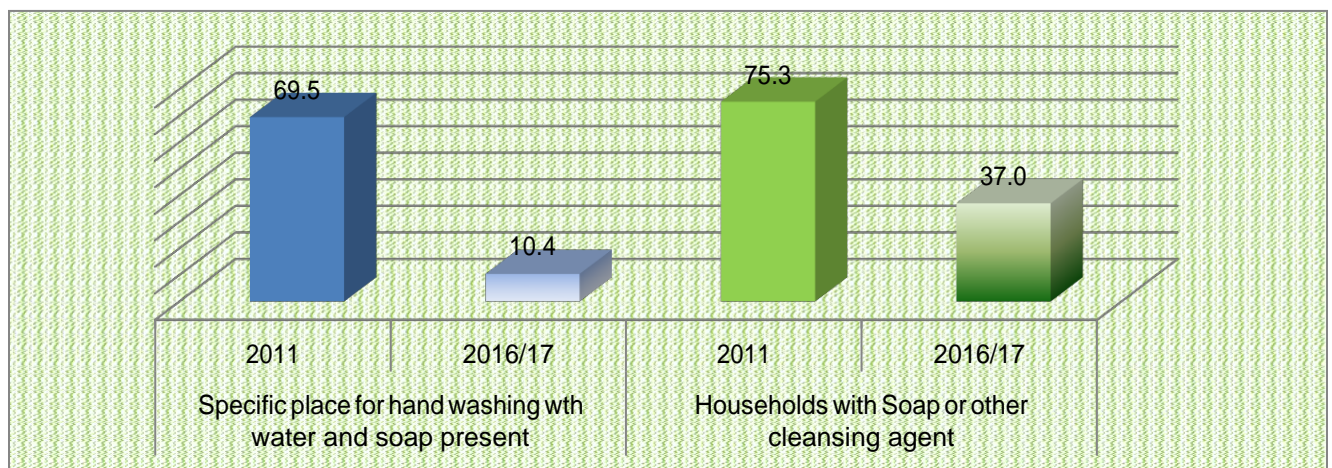


Figure 33: Percentage of household members practicing open defecation across South West states

- With 42.5%, Oyo State has the highest rate of open defecation among the South West states.
- Open defecation rate in the State is higher than the South West average (24.1%) and the national average (23.5%)
- Access to improved sanitation facilities not shared improved in the last five years, the proportion increased from 17% in 2011 to the current level of 21.67% and it is still lower than the South West average of 31%.

- Less than half (44.9%) of the household members dispose faeces of their children 0-2 years safely, which implies that more than half the household members (55.1%) do not dispose their children's faeces properly, hence promoting possible spread of disease due to contamination from faecal waste.
- The proportion of household members disposing their children's faeces properly has improved. It increased from 36.7% in 2011 to 44.9% in 2016/17.

### 5.3 Hygiene Practices



*Figure 34: Percentage of households with handwashing facilities*

- Only about one in ten (10.4%) of the households in the State had a specific place for hand washing with water and soap or other cleansing agent available. The sharp decline from the 69.5% in 2011 to 10.4% in 2016/17 is puzzling and may be due to different method in data collection for this indicator.
- Additionally, the percentage of households with soap or other cleansing agent declined sharply from 75.3% to 37% from 2011 to 2016/17.

## SECTION SIX

### CHILD EDUCATION



*Picture 11: Children eating in the classroom under the home-grown school feeding programme*



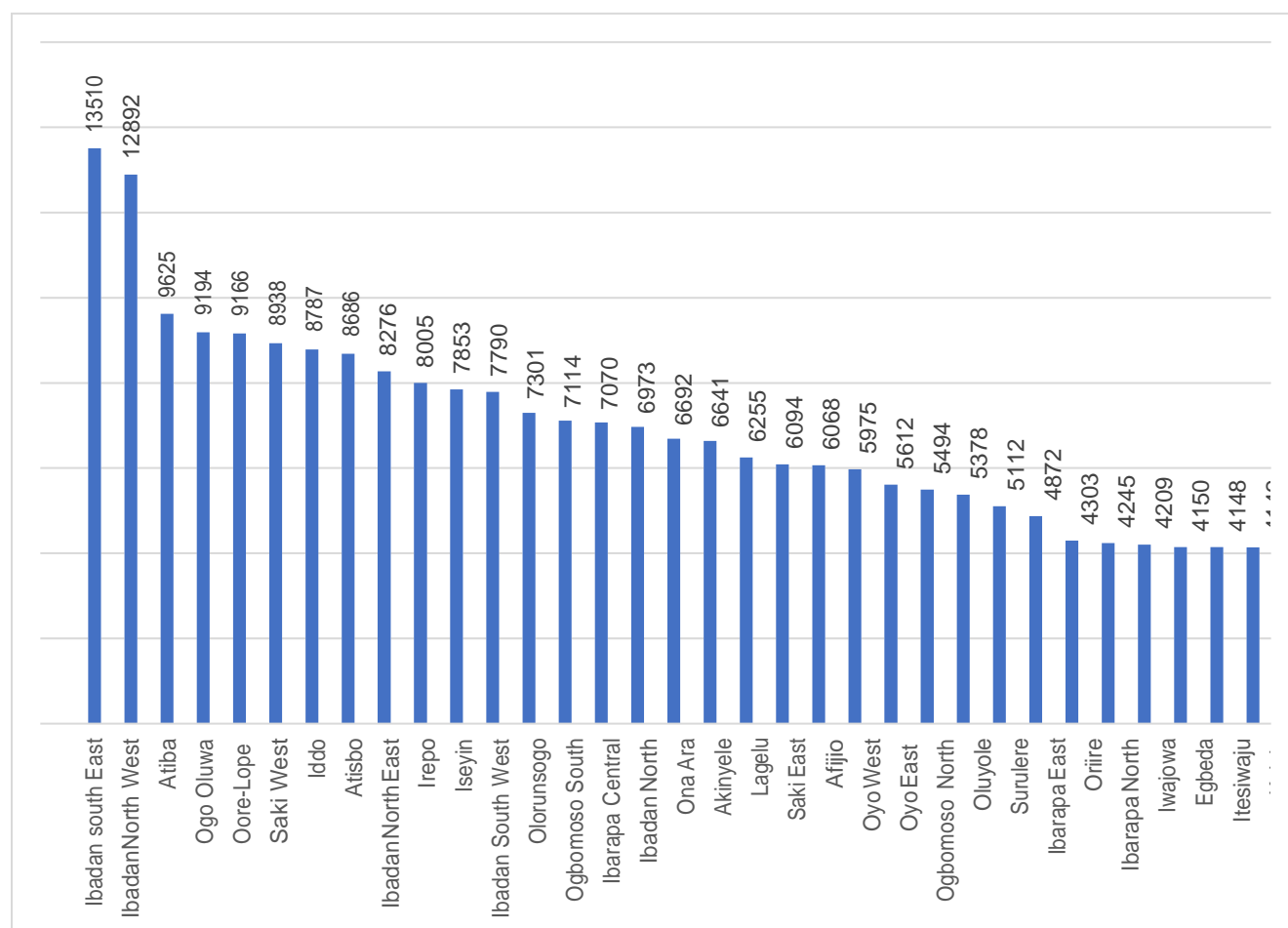
*Picture 12: Students playing within a school compound*



## 6.1 Early Childhood Education

Readiness of children for primary school can be improved through attendance of early childhood education programmes or through pre-school attendance. Early childhood education programmes include programmes for children that have organised learning components as opposed to baby-sitting and day-care which do not typically have organised education and learning.

According to the report of the 2017 Annual School Census conducted by the Oyo State Ministry of Education, a total of 230,570 children were enrolled in pre-primary classes in government schools. The enrolment figures for the private schools are not available. Figure 35 shows the breakdown of pre-primary enrolment with Ibadan South East having the highest (13,510 pupils) and Kajola LGA having the least enrolment of 4,142 pupils.

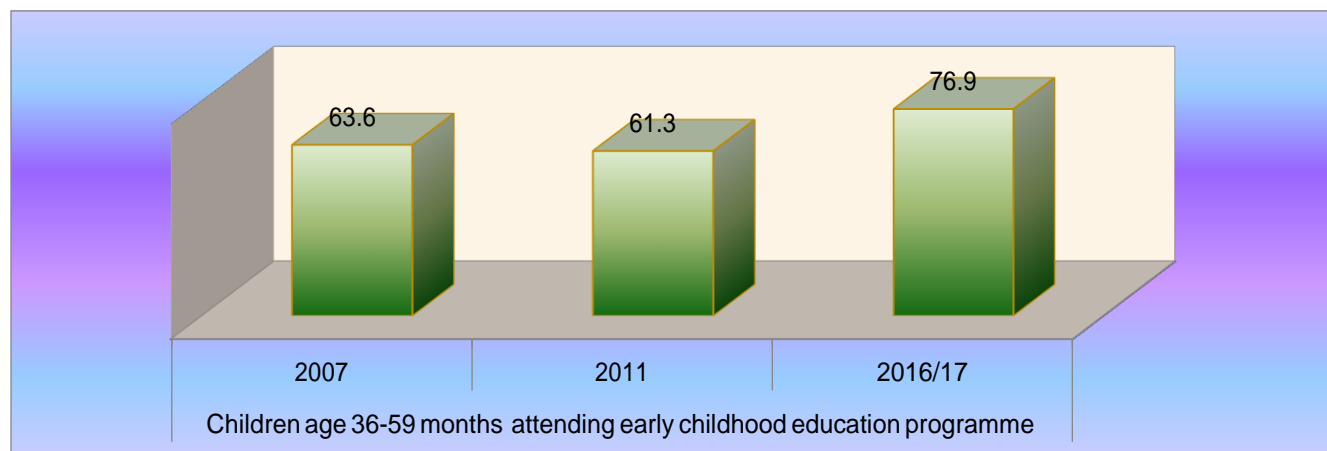


*Figure 35: Number of children enrolled in pre-primary schools (public only) across LGAs in 2017 Session*

The 2017 Annual School census report further showed that out of 5,426 schools having pre-primary classes, majority (60.7%) are private while 39.3% are public. This suggests that greater number of children are enrolled in private schools than public for early childhood education.



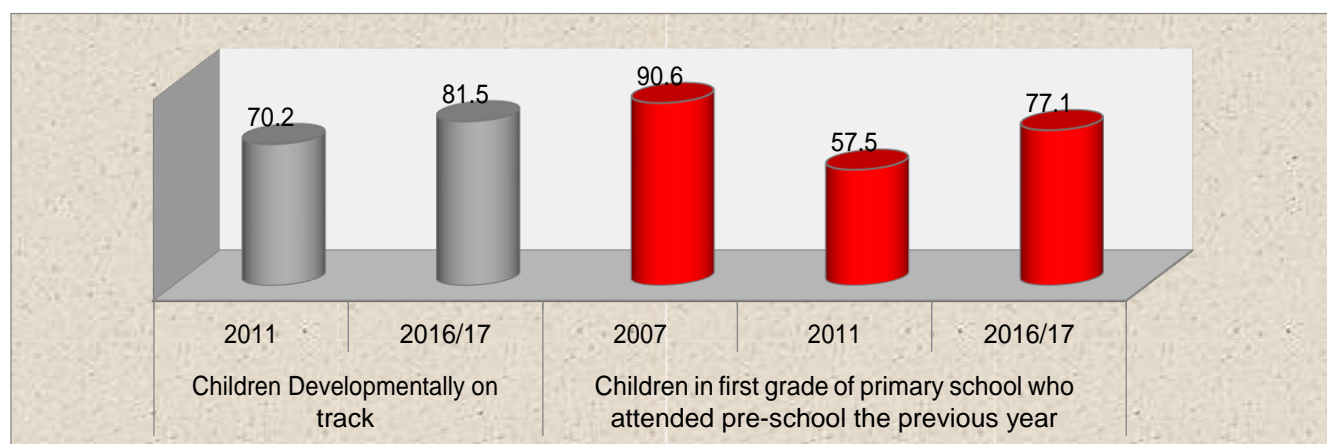
However, the MICS report (2016/17) revealed that 76.9% of the children age 36-59 months in Oyo State are enrolled in early childhood education.



*Figure 36: Early childhood enrolment rates*

- Figure 36 shows marginal decline in ECE enrolment rate between 2007 and 2011 but the enrolment rate increased by 15.6% in 2016/17.
- Currently, Oyo has a pre-school enrolment rate that is lower than the South West zonal average of 82.2%.

## 6.2 Developmentally on Track Children and Pre-school Attendance



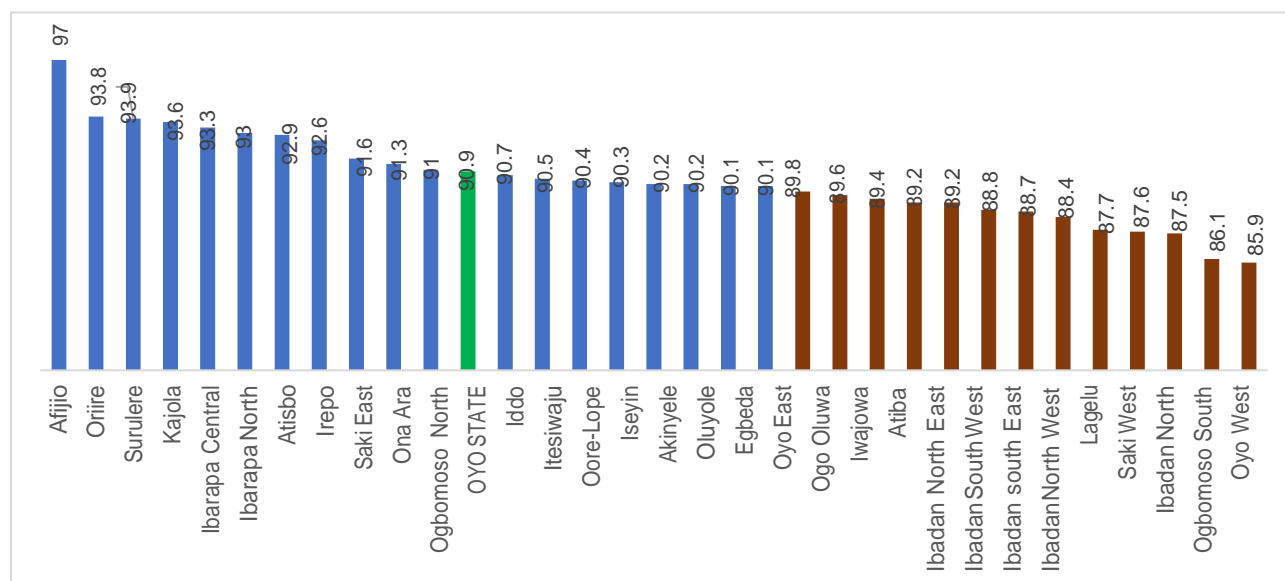
*Figure 37: Children 36-59 months developmentally on track and pre-primary school attendance*

- At least four out of five (81.5%) children 36-59 months having their development status on track. Children ages 36-59 months are developmentally on track when they demonstrate capacity in at least three of the following four domains: literacy & numeracy, physical, social-emotional and learning.

- Figure 37 shows that 77.1% of the children who attended pre-school in the previous year transited to primary school in 2016/17 session.
- Transition to primary school fluctuate between 2007 and 2016/17. It declined sharply from 90.6% in 2007 to 57.5% in 2011 and it increased to 77.1% in 2016/17.

### 6.3 Primary Education

The 2017 Annual School Census report showed that there were 4,545 primary schools in Oyo State comprising 2,409 (53%) public and 2,136 (47%) private. The total number of pupils enrolled in primary schools in Oyo State as at 2017 was 1,492,599. Based on estimated population of children aged 6-11 years, figure 38 shows the proportion of primary school age children who are enrolled in primary schools across the LGAs (Gross Enrolment Rate - GER).



*Figure 38: Percentage of children aged 6-11yrs enrolled in primary school- 2017 Session*

- On the average, 90.9% of primary school age in Oyo State were enrolled in primary schools in 2017.
- Afijio LGA has the highest enrollment rate of 97% while Olorunsogo has the least with 85.9%.
- Thirteen LGAs have less than 90% of the primary school age children attending primary school.

The 2017 Annual School Census further showed that the average primary school teacher/pupil ratio in Oyo State was 1:54.

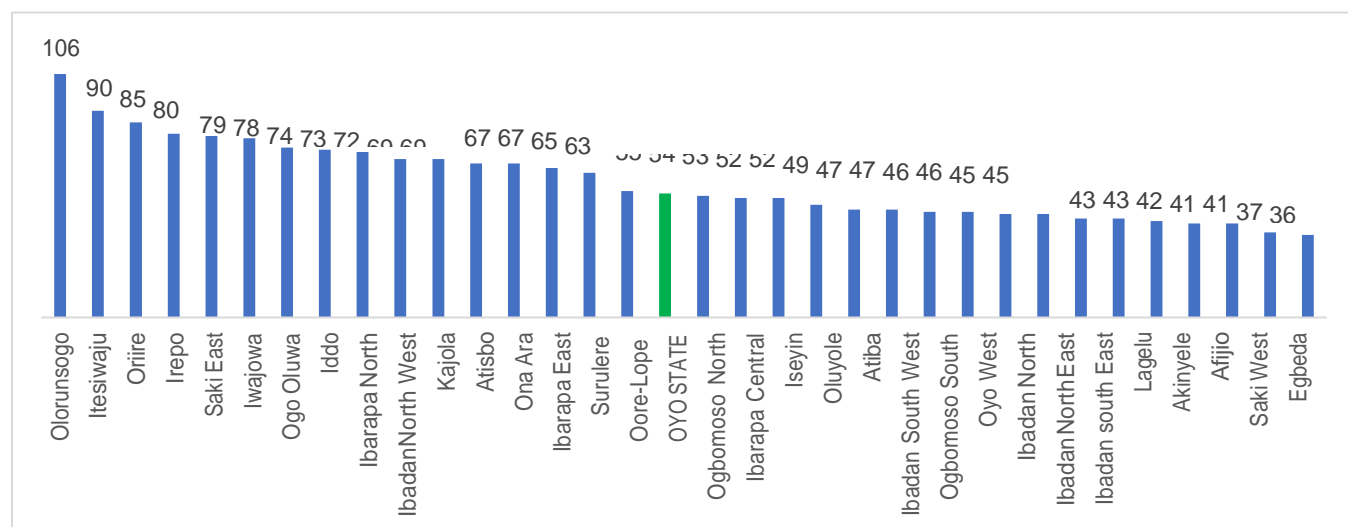


Figure 39: Primary school pupil/ teacher ratio

- Figure 39 shows that all LGAs in Oyo State (except Egbeda and Oyo East) have more than 40 pupil per teacher on average, which suggest that most LGAs have shortage of primary school teachers.
- Olorunsogo LGA has the highest pupil/teacher ratio with 106 pupils per teacher while 7 other LGAs have over 70 pupils per teacher.

#### 6.4 School Attendance and Out of School Rates

MICS reports also showed a trend on the proportion of school age children enrolled in school that is similar to what was reported by the Annual School Census report.

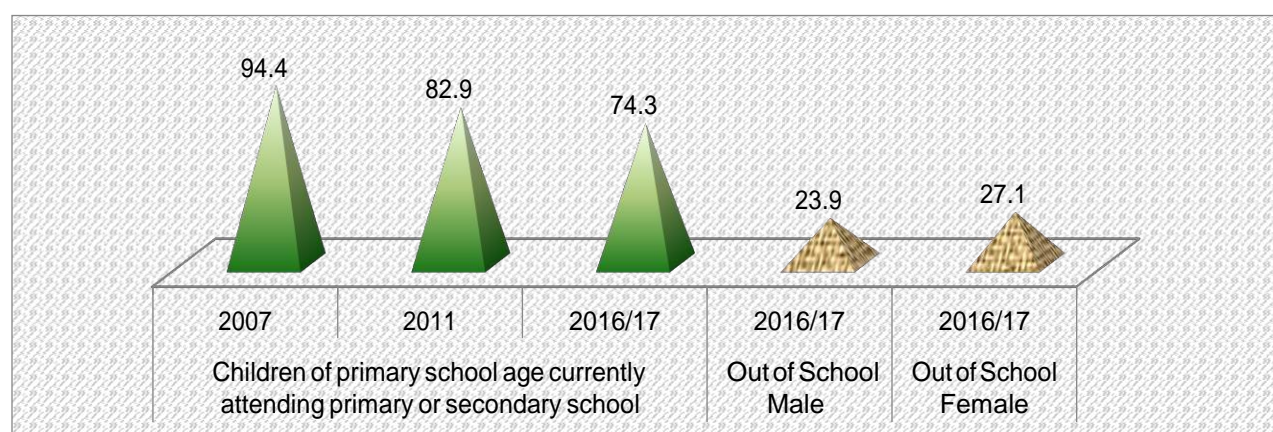
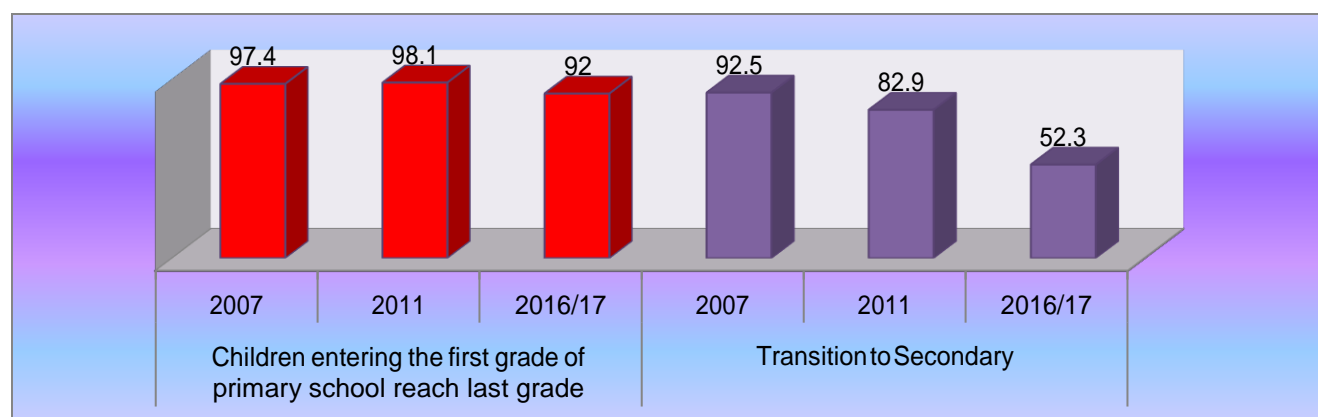


Figure 40: Primary school attendance and out of school (MICS 2007, 2011 and 2016/ 17)

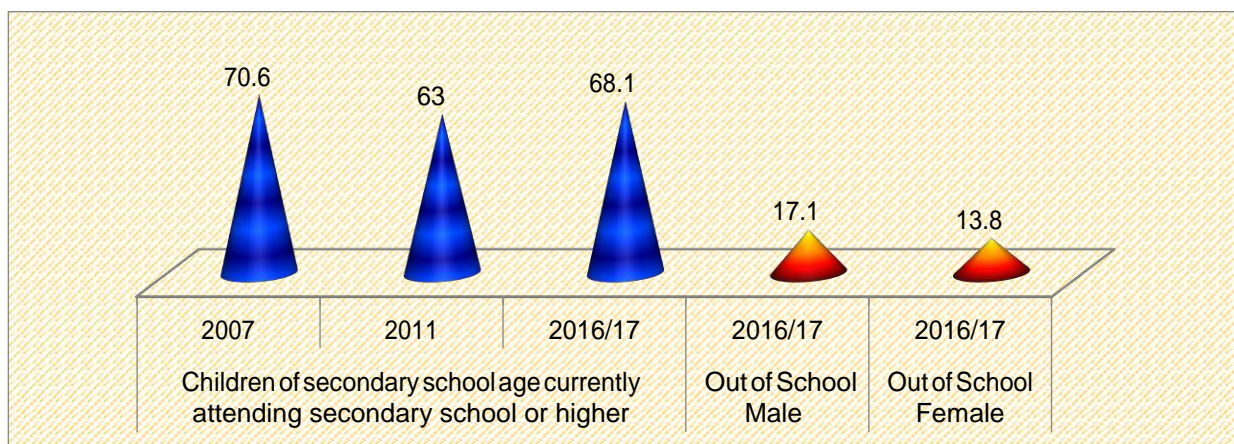
- ❑ MICS reports showed that less than three quarter (74.3%) of children of primary school age were attending primary or secondary schools in 2016/17.
- ❑ Primary school attendance rate has declined consistently between 2007 and 2016/17, from 94.4% in 2007 to 82.9% in 2011 and eventually to the current 74.3%.
- ❑ The out of school rate among children of primary school age (percentage of children of primary school age not attending primary or secondary schools) is higher among boys (27.1%) than girls (23.9%).
- ❑ The proportion of out of school girls and boys in Oyo State are higher than the South West averages for girls (14.8%) and boys (14.3%) respectively.

## 6.5 School Completion and Transition Rate



*Figure 41: Children in last grade of primary school and transition to secondary school*

- ❑ At least nine out of ten children who started the first grade of primary school reach last grade of primary school. Over the years, primary school completion rate has fluctuated between 92-98.1%, showing a downward trend in 2016/17.
- ❑ However, the percentage of children of school age transiting from primary to secondary school has declined consistently; it dropped alarmingly from 82.9% in 2011 to 52.3% in 2016/17.
- ❑ The transition from primary to secondary school in Oyo State is lower than the South West average of 63.7%.



*Figure 42: Secondary school attendance and out of school*

- Just about two-thirds (68.1%) of children of secondary school age are currently attending secondary or post primary schools.
- The secondary school attendance rate has fluctuated over the years, decreased from 70.6% in 2007 to 68.1% in 2016/17
- The out of school rate (secondary) showed that more girls (17.1%) are out of school compared to boys (13.8%).
- The out of school rates for girls and boys in Oyo State are higher than the South West averages of 12.1% and 11.2% respectively.



## SECTION SEVEN

# CHILD PROTECTION



*Picture 13: Children begging for money in traffic*

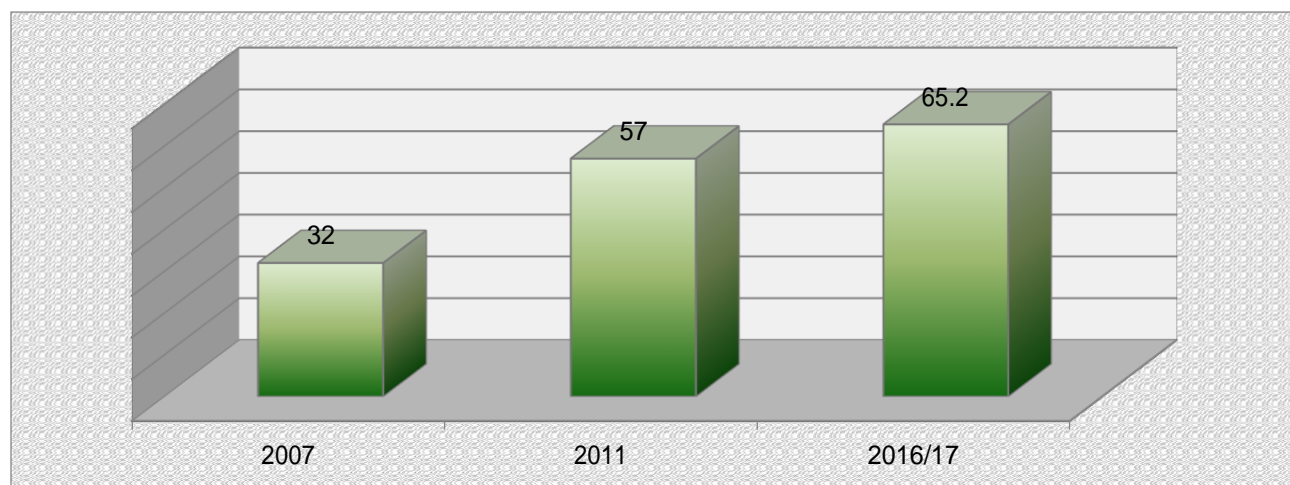


*Picture 14: A child crying*



## 7.1 Birth Registration

Birth registration is the first point of child protection. It ensures the child has an identity and the fundamental for securing the child's rights. Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights, and ensuring that any violation of these rights does not go unnoticed.

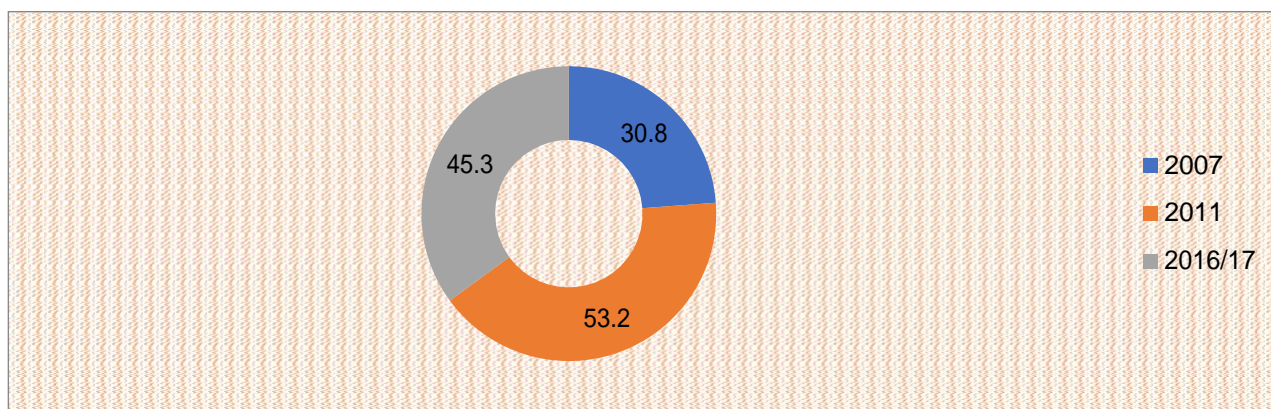


*Figure 43: Percentage of Children whose Births were Registered.*

- MICS 2016/17 report showed that about two-third (65.2%) of children under age 5 have their birth registered.
- Birth registration has been increasing consistently over the years, from 32% in 2007 to 57% in 2011 and eventually to 65.2% in 2016/17.
- However, the proportion of children with birth registration in Oyo State is lower than the South West average of 72.8%

## 7.2 Child Labour

The Convention on the rights of the Child mandates States to recognize the right of the child to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education or harmful to the child's health or physical, mental, spiritual, moral or social development. Child labour was calculated for children age 5-17 based on the type of work a child does (including paid or unpaid work for someone who is not a member of the household, work for a family farm or business, household chores such as cooking, cleaning or caring for children, as well as collecting firewood or fetching water and hazardous working conditions) and the number of hours he or she is engaged in it.

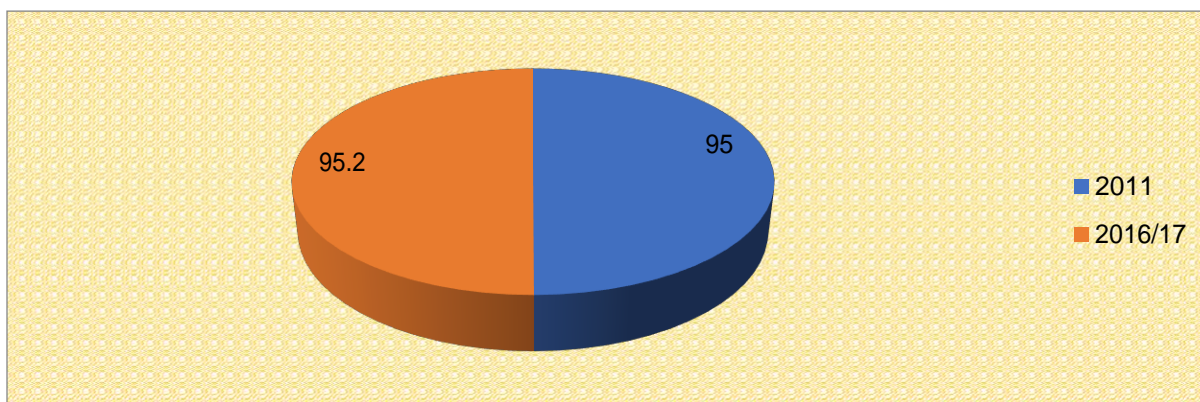


*Figure 44: Percentage of children (5-17yrs) involved in child labour*

- As at 2016/17, close to half of children aged 5-17 years (45.3%) worked in hazardous conditions or involved in economic activities or household chores for durations that are not appropriate for their ages.
- The prevalence of child labour varied in the recent years. It increased from 30.8% in 2007 to 53.2% in 2011 and declined to 45.3% in 2016/17.
- Despite the observed decrease in child labour prevalence in the recent years, the rate is still higher than the South West zonal average of 38%.

### 7.3 Child Discipline

Similar to child labour, the use of physical force or verbal intimidation to discipline a child has harmful consequences. Exposing children to violent discipline hampers children's development, learning abilities and school performance; it inhibits positive relationships, provokes low self-esteem, emotional distress and depression which leads to risk taking and self-harm.



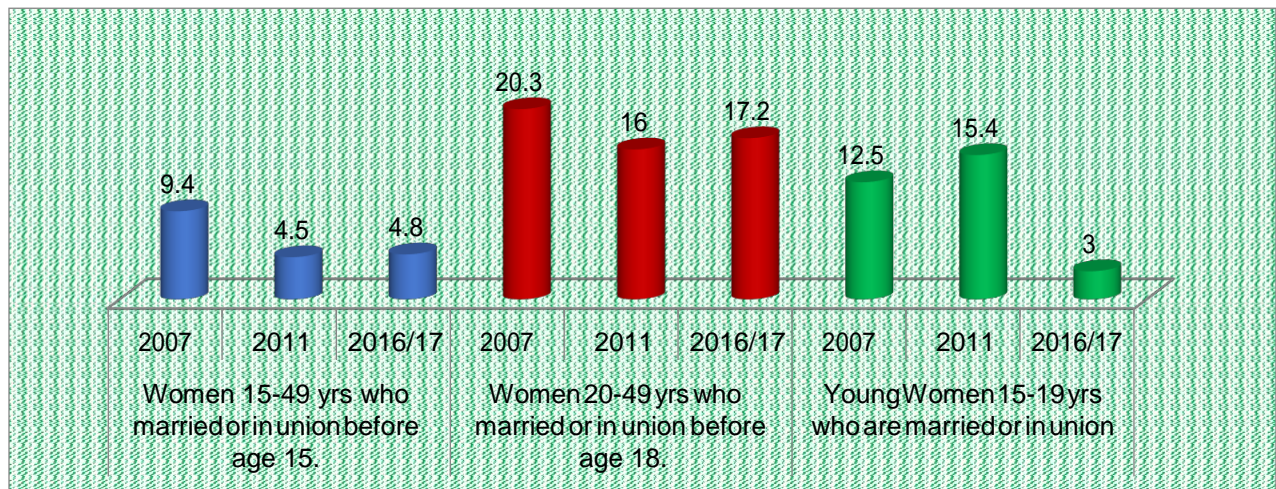
*Figure 45: Percentage of children psychologically and physically abused*



- Adopting violent method to discipline a child is very rampant in Oyo State. Majority (95.2%) of the children age 1-14 have experienced a form of violent discipline.
- The use of psychological aggression or physical punishment towards children is virtually unchanged between 2011 and 2017.
- The phenomenon of physical punishment and psychological abuse of children in the State is higher than the South West zonal (91.8%) and national (84.9%) averages.

#### 7.4 Early Marriage

Closely related to the issue of early marriage is the age at which girls become sexually active. Women who are married before the age of 18 tend to have more children than those who marry later in life. Pregnancy related deaths are known to be a leading cause of mortality for both married and unmarried girls between the ages of 15 and 19, particularly among the youngest cohort. There is evidence to suggest that girls who marry at young ages are more likely to marry older men which puts them at increased risk of HIV infection because of the power imbalance which does not allow them negotiate condom use.



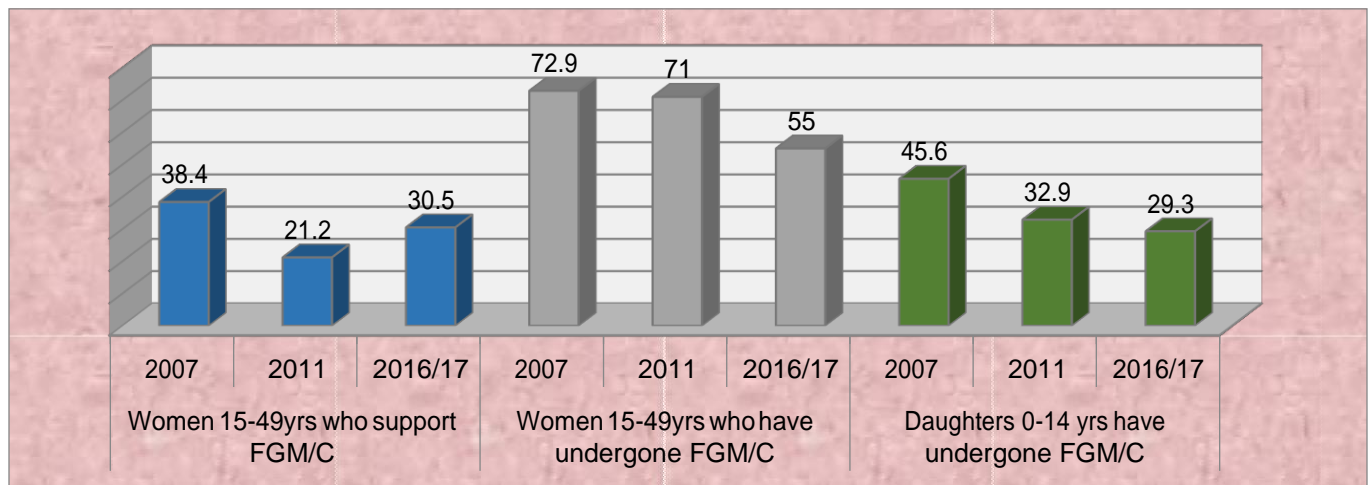
*Figure 46: Prevalence of early marriage among young women*

- About 5% of young women aged 15-19 years in the State are currently married or in union.
- Percentage of women who got married (for the first time) before age 18 years was 17.2% while 3% got married before age 15 years.
- Figure 46 suggests that incidences of early marriage has declined among women of various age groups in the recent years.

- Early marriage among teenagers and young women is higher in Oyo State than the South West zonal average of 4.4% and 14.6%, respectively.

### 7.5 Female Genital Mutilation/Cutting

Female Genital Mutilation/Cutting (FGM/C) is a fundamental violation of human rights. It subjects girls and women to health risks and has life-threatening consequences including excruciating pain, shock, urine retention, ulceration of the genitals and injury to adjacent tissues. Other complications include septicaemia, infertility, obstructed labour and death.



*Figure 47: Practice of female genital mutilation/cutting among women 15-49yrs and girls 0-14 years*

- In Oyo State, about three out of ten (30.5%) women still approve FGM/C.
- Over half (55%) of women age 15-49 years have undergone any form of FGM/C while one in three (29.3%) of girls age 0-14 years have experienced any form of FGM/C.
- It appears that the approval of FGM/C is on the rise in the recent years. The approval rate increased from 21.2% in 2011 to 30.5% in 2016/17.
- FGM/C among older women and girls in Oyo State are still higher than the South West average of 41.1% and 21.6%, respectively.

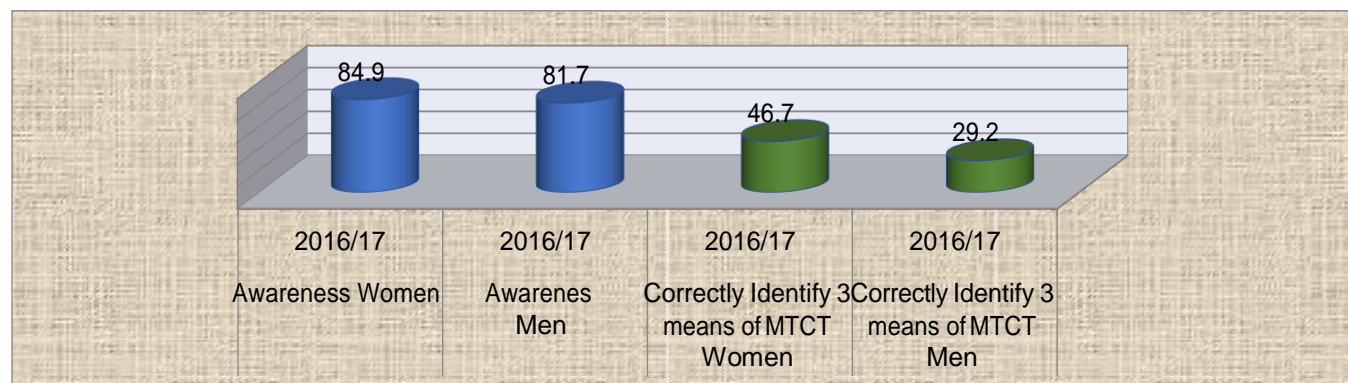
## **SECTION EIGHT**

### **HIV AND AID**



## 8.1 Knowledge and Awareness amongst Men and Women

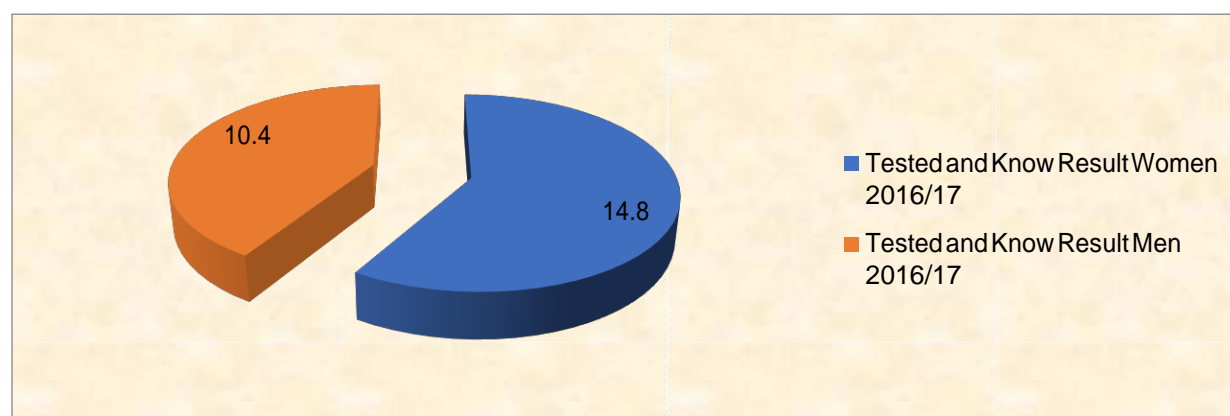
One of the key factors for reducing the rate of HIV infection is the accurate knowledge of the transmission of the virus. Correct knowledge provides both men and women a tool for protecting themselves against the infection.



*Figure 48: HIV/AIDS awareness and knowledge among women and men*

- Evidence from the MICS 2016/17 data showed that awareness about HIV is higher among women than men in Oyo State. At least 84.7% of women have heard about HIV compared to 81.7% of men.
- Similarly, comprehensive knowledge of HIV transmission through mother-to-child is higher among women than men (46.7% compared to 29.2%).
- Awareness of HIV among men and women in the State is lower than the South West average for men (93.6%) and women (93.3%).

## 8.2 HIV Testing and Receiving Results



*Figure 48: Women and men Tested for HIV and know results*

- Generally, HIV testing and receiving results are very low in the State. Only 10.4% of men



and about 15% of women have been tested and received their results.

- It appears that HIV knowledge among women and men has not translated to taking practical steps in testing and receiving the results.
- The relative higher proportion of women who have been tested and know their status may not be unconnected to routine ANC testing.

## ANNEX: Summary Indicators (MICS 2007 - 2017)

	Indicator Description	2007	2011	2016/17
<b>Early childhood mortality</b>	<b>Health</b>			
	Probability of dying within the first month of life	-	-	42
	Probability of dying between birth and the first birthday (Infant mortality)	-	-	59
	Difference between infant and neonatal mortality rates	-	-	17
	Probability of dying between the first and the fifth birthdays	-	-	15
	Probability of dying between birth and the fifth birthday (Under five mortality)	-	-	67
<b>Vaccinations</b>	Percentage of children age 12-23 months who received BCG vaccine by their first birthday	80	73.8	77
	Percentage of children age 12-23 months who received the third dose of OPV vaccine (OPV3) by their first birthday	37.9	52.2	49.5
	Percentage of children age 12-23 months who received the third dose of Pentavalent (DPT3) by their first birthday	51.7	55	54
	Percentage of children age 12-23 months who received measles vaccine by their first birthday	67.1	59.6	53
	Percentage of children age 12-23 months who received yellow fever vaccine by their first birthday	18.2	57.5	49.2
	Percentage of children age 12-23 months who received All vaccinations recommended in the national immunization schedule by their first birthday (measles by second birthday)	25	36.7	37
<b>Tetanus toxoid</b>	Percentage of women age 15-49 years with a live birth in the last 2 years who were given at least two doses of tetanus toxoid vaccine within the appropriate interval prior to the most recent birth	58.5	66.4	64.2
<b>Diarrhea</b>	Percentage of children under age 5 with diarrhea in the last 2 weeks	7.4	3.4	8.2
<b>ARI Symptoms</b>	Percentage of children under age 5 with ARI symptoms in the last 2 weeks	-	1.3	1.6
<b>Fever</b>	Percentage of children under age 5 with Fever symptoms in the last 2 weeks	-	-	17.8
<b>Malaria Prevention and Treatment</b>	Percentage of households who Access ITN	-	-	56
	Percentage of households who Use ITN	-	-	32.7
	Percentage of household members who slept under an ITN the previous night	-	-	32.2
	Percentage of children under age 5 who slept under an ITN the previous night	1.8	8.8	32.7
	Percentage of children under age 5 with fever in the last 2 weeks for whom advice or treatment was sought from a health facility or provider	-	-	64.7
	Percentage of children under age 5 with fever in the last 2 weeks who had a finger or heel stick for malaria testing	-	-	12.1
	Percentage of children under age 5 with fever in the last 2 weeks who received any antimalarial treatment	-	-	46.4
	Percentage of children under age 5 with fever in the last 2 weeks who received ACT (or other first-line treatment according to national policy) among children who received anti-malarial treatment	-	-	34.4
	Percentage of Pregnant Women who Slept under an ITN the Previous Night	-	-	15.3
	Percentage of Pregnant Women who received 3+ doses of SP at least once during ANC visit	2.7	22.7	4.7
<b>Tetanus Toxoid</b>	Percentage of women age 15-49 years with a live birth in the last 2 years who were given at least two doses of tetanus toxoid vaccine within the appropriate interval prior to the most recent birth	58.5	66.4	64.2

Maternal Reproductive Health	Total fertility rate for women age 15-49 years	-	6.5	4.9
	Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a (modern or traditional) contraceptive method	34.1	21.9	34.2
	Percentage of women age 15-49 years who are currently married or in union who are fecund and want to space their births or limit the number of children they have and who are not currently using contraception	16	23	26.7
	Attended 4+ times by any provider on ANC visits	81.6	85.1	86.9
	Percentage of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples during the last pregnancy that led to a live birth	-	79.2	74.9
	Percentage of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth	76.2	69.6	79.8
	Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered in a health facility	63.6	64.5	74.9
	Percentage of women age 15-49 years whose most recent live birth in the last 2 years was delivered by caesarean section	-	3.5	6.8
	Percentage of women age 15-49 years who received Counselling on HIV/AIDS during ANC	44.9	69.7	53.6
	Percentage of women age 15-49 years who were Tested and know result during ANC	20.4	42.4	49.5
	Percentage of women age 15-49 years who stayed in the health facility for 12 hours or more after the delivery of their most recent live birth in the last 2 years	-	-	56.1
	Percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery	-	-	4
	Percentage of women age 15-49 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live birth in the last 2 years	-	-	4.3
Adolescent Reproductive Health	Percentage of young people age 15-24 years who Correctly identify HIV prevention measures (Women)	-	27.3	25.8
	Percentage of young people age 15-24 years who Correctly identify HIV prevention measures (Men)	-	-	26.7
	Percentage of young people age 15-24 years who had Sexual intercourse before age 15 (Women)	-	1.9	6.4
	Percentage of young people age 15-24 years who had Sexual intercourse before age 15 (Men)	-	-	7.6
	Percentage of young people age 15-24 years reporting the use of a condom during the last sexual intercourse with a non-marital, non-cohabiting sex partner in the last 12 months. (a) Women	*	50.9	-43.2
	Percentage of young people age 15-24 years reporting the use of a condom during the last sexual intercourse with a non-marital, non-cohabiting sex partner in the last 12 months. (b) Men	-	-	-41.5
	Percentage of young people age 15-24 years who have had sex in the last 12 months, who have been tested for HIV in the last 12 months and who know their results (a) Women	-	9.1	13
	Percentage of young people age 15-24 years who have had sex in the last 12 months, who have been tested for HIV in the last 12 months and who know their results (b) Men	-	-	-1.9
	<b>NUTRITION</b>			
Breastfeeding	Percentage of women with a live birth in the last 2 years who breastfed their last live-born child at anytime	-	98.4	97.2

	Percentage of infants under 6 months of age who are exclusively breastfed	14.3	30.4	49.5
	Percentage of children age 0-23 months appropriately fed during the previous day	17.1	39.9	59.8
Underweight Prevalence	Percentage of children under age 5 who fall below minus two standard deviations (moderate and severe) of the median weight for age of the WHO standard	24.3	20	17.4
	Percentage of children under age 5 who fall below minus three standard deviations (severe) of the median weight for age of the WHO standard	4.1	4.3	3.4
Stunting Prevalence	Percentage of children under age 5 who fall below minus two standard deviations (moderate and severe) of the median height for age of the WHO standard	15.5	9.5	7
	Percentage of children under age 5 who fall below minus three standard deviations (severe) of the median height for age of the WHO standard	7.1	11.1	7.6
Wasting Prevalence	Percentage of children under age 5 who fall below minus two standard deviations (moderate and severe) of the median weight for height of the WHO standard	1	3.1	1.9
	Percentage of children under age 5 who fall below minus three standard deviations (severe) of the median weight for height of the WHO standard	5.1	2.8	1.4
Overweight Prevalence	Percentage of children under age 5 who are above two standard deviations of the median weight for height of the WHO standard	31.8	27.3	24.4
<b>WASH</b>				
Drinking Water	Percentage of household members using improved sources of drinking water	79.5	74.9	82.8
	Percentage of household members in households using unimproved drinking water who use an appropriate treatment method	3.8	5.4	4.0
	Percentage of household members drinking water contaminated by E. Coli in the drinking water of the household	-	-	88.6
	Percentage of household members drinking water contaminated by E. Coli at the source of drinking water	-	-	85.5
Sanitation	Percentage of household members using improved sanitation facilities which are not shared	-	17.0	21.6
	Percentage of children age 0-2 years whose last stools were disposed of safely	28.4	36.7	44.9
	Percentage of households with a specific place for hand washing where water and soap or other cleansing agent are present	-	69.5	10.4
	Percentage of households with soap or other cleansing agent	-	75.3	37.0
<b>Education</b>				
Early Childhood Education	Percentage of children age 36-59 months who are attending an early childhood education programme	63.6	61.3	76.9
	Percentage of children age 36-59 months who are developmentally on track in at least three of the following four domains: literacy-numeracy, physical, social-emotional, and learning	-	70.2	81.5
	Percentage of children in first grade of primary school who attended pre-school during the previous school year	90.6	57.5	77.1
Primary School	Percentage of children of primary school age currently attending primary or secondary school	94.4	82.9	74.3
	Out of School Primary (Male)	-	-	23.9
	Out of School Primary (Female)	-	-	27.1
	Percentage of children entering the first grade of primary school who eventually reach last grade	97.4	98.1	92
	Transition to Secondary	92.5	82.9	52.3

Secondary Education	Percentage of children of secondary school age currently attending secondary school or higher	70.6	63	68.1
	Out of School Secondary (Male)	-	-	17.1
	Out of School Secondary (Female)	-	-	13.8
	<b>Child Protection</b>			
Birth Registration	Percentage of children under age 5 whose births are reported registered	32	57	65.2
Child Labour	Percentage of children age 5-17 years who are involved in child labour	30.8	53.2	45.3
	Percentage of children age 1-14 years who experienced psychological aggression or physical punishment during the last one month	-	95	95.2
Female Genital Mutilation/Cutting	Percentage of Women age 15-49 years who were first married or in union before age 15.	9.4	4.5	4.8
	Percentage of Women age 20-49 years who were first married or in union before age 18.	20.3	16	17.2
	Percentage of young Women age 15-19 years who are married or in union	12.5	15.4	3
	Percentage of women age 15-49 years who State that FGM/C should be continued	38.4	21.2	30.5
	Percentage of women age 15-49 years who report to have undergone any form of FGM/C	72.9	71	55
	Percentage of daughters age 0-14 years who have undergone any form of FGM/C, as reported by mothers age 15-49 years	45.6	32.9	29.3
	<b>HIV/AIDS</b>			
	Percentage of people age 15-49 years who have heard of AIDS (a) Women	76.4	91.9	84.9
	Percentage of people age 15-49 years who have heard of AIDS (b) Men	-	-	81.7
	Percentage of people age 15-49 years who correctly identify all three means of mother-to-child transmission of HIV (a) Women	56.8	65	46.7
	Percentage of people age 15-49 years who correctly identify all three means of mother-to-child transmission of HIV (b) Men	-	-	29.2
	Percentage of people age 15-49 years who have been tested for HIV in the last 12 months and who know their results (a) Women	92.2	12.0	14.8
	Percentage of people age 15-49 years who have been tested for HIV in the last 12 months and who know their results (b) Men	-	-	10.4