WHO IS BEING REACHED BY MULTISECTOR INTERVENTIONS IN NIGERIA?

National Analysis

March 2026

Co-coverage analysis directly answers a question that single-indicator tracking cannot: how many women and children are actually receiving the combination of interventions their country or state nutrition action plan promises?

- Across Nigeria, women and their young children are, on average, only receiving 2.5 of the 5 key nutrition interventions during the first 1000 days.
- During pregnancy, women received about half the interventions (49%) that they should have. Across states, co-coverage during pregnancy ranges from 22% to 72% in 2024.
- Nearly half of infants and young children, including preschool children, received less than 30% of the interventions they are eligible for.

CALL TO ACTION

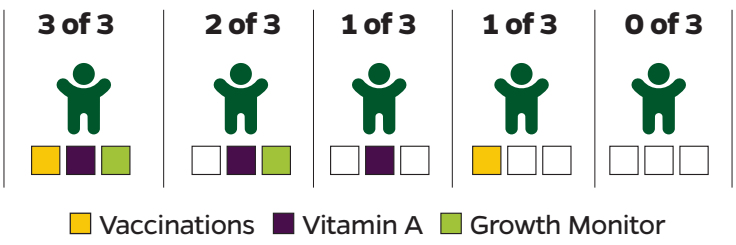
- Coordinate key stakeholders within and across sectors to identify context-specific solutions for improving concurrent service delivery along a continuum of care, across multiple sectors
- Coordinate timely and effective multisectoral planning and execution of joint workplans
- Set targets for intervention coverage that will close the "implementation gap" – look at how to integrate nutrition-focused interventions within existing service delivery
- Use administrative data to monitor progress in service delivery at state & LGA level and guide investment and course-correction
- Include intervention indicators from other sectors (e.g. agriculture, social protection) in upcoming national surveys and use co-coverage analysis to assess convergence

Background: convergence of multisector interventions

Nigeria's National Policy on Food and Nutrition (NPFN) and Nutrition 774 Initiative emphasize the convergence of multisectoral nutrition interventions in vulnerable households. Women and children in the first 1000 days should receive interventions from health, agriculture, water and sanitation (WASH), education, social protection and other sectors.

The 2024 Nigeria Demographic and Health Survey (NDHS) measured coverage of many – but not all – interventions in the health, industry, WASH and education sectors that impact women's and young child nutrition. **Co-coverage is a measure of how interventions overlap in target populations; it answers the question "are women and children receiving all the interventions they are eligible to receive?"**

How is co-coverage calculated?



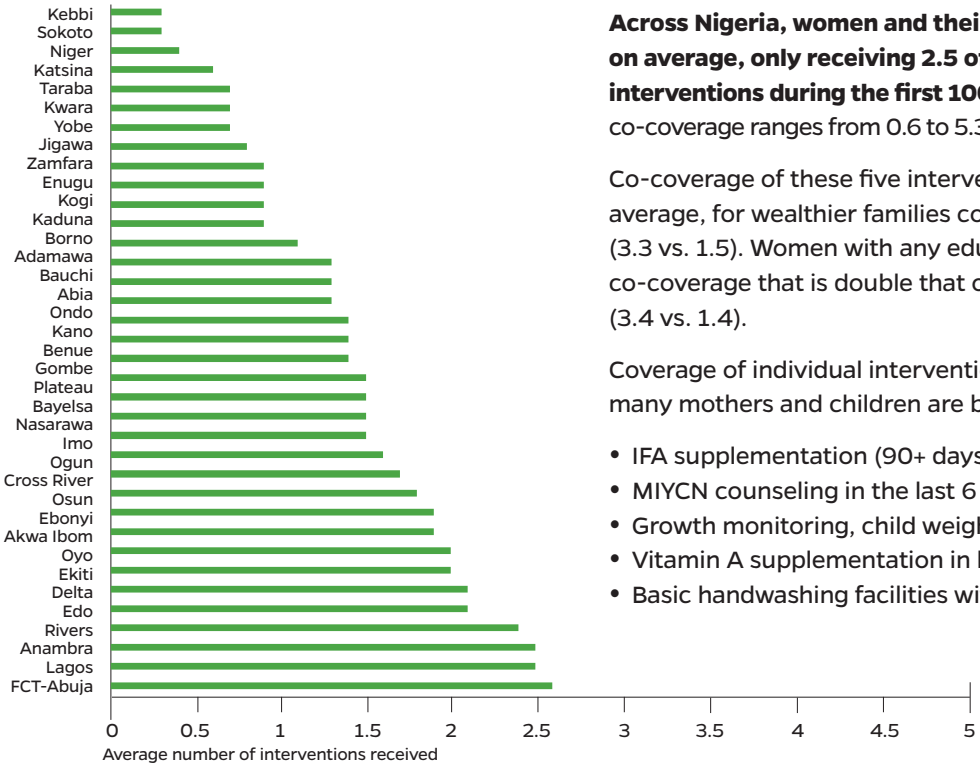
On average, children received 47%, or 1.4 of the 3 interventions

Co-coverage snapshot: 5 key 1,000 day interventions

To provide a snapshot of co-coverage across the first 1000 days, we identified five interventions delivered to women during pregnancy and young children up to age 2. These 5 interventions are prioritized by the nutrition community, reflect different service delivery platforms (i.e. facilty-level, community-level, MNCH Week) and are captured in the NDHS 2024 dataset.

- Iron-Folic Acid 90+ days during pregnancy.
- Maternal, Infant, and Young Child Nutrition counselling (last 3 months)
- Growth monitoring, child weighed (last 3 months)
- Vitamin A supplementation
- Handwashing facilities with water and soap

Figure 1: How many key interventions are received by mother and child during 1,000 days? (by State)
(10,317 mother-child pairs)



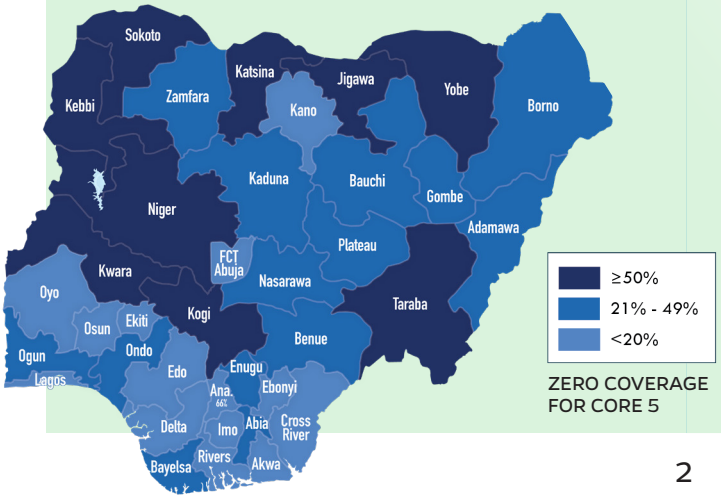
Across Nigeria, women and their young children are, on average, only receiving 2.5 of the 5 key nutrition interventions during the first 1000 days. Across states, co-coverage ranges from 0.6 to 5.3 (see Figure 1).

Co-coverage of these five interventions is twice as high, on average, for wealthier families compared to poorer ones (3.3 vs. 1.5). Women with any education also have, on average, co-coverage that is double that of women with no education (3.4 vs. 1.4).

Coverage of individual interventions across all states shows many mothers and children are being missed:

- IFA supplementation (90+ days) during pregnancy.... 4%
- MIYCN counseling in the last 6 months..... 8%
- Growth monitoring, child weighed in last 3 months ... 6%
- Vitamin A supplementation in last 6 months..... 42%
- Basic handwashing facilities with soap and water..... 35%

Figure 2: % mother-child pairs with zero coverage



36% NIGERIA of women and young children did not receive any of the 5 key nutrition interventions during the first 1000 days.

74% KEBBI of mother-child pairs did not receive any of the 5 interventions compared to only 30% in Bauchi State.

Expanded analysis: co-coverage in pregnant women

For a more comprehensive look at multisectoral co-coverage during pregnancy, we identified 1 2 interventions in the NDHS 2024 that are delivered by health, food industry and WASH sectors. All of these interventions either directly or indirectly impact women's nutritional status during pregnancy.

Nationally, the co-coverage index (CCI) for pregnant women is **49%**, meaning that on average, women received about half the interventions that they should have during their most recent pregnancy. Across states, CCI ranges from 22% to 72% in 2024 (see Figure 3).

Nationally, **40% of women received ≥60% of the interventions they should have compared to 29% that received <30%.** Figure X captured state differences.

Figure 3: Co-coverage for women during pregnancy

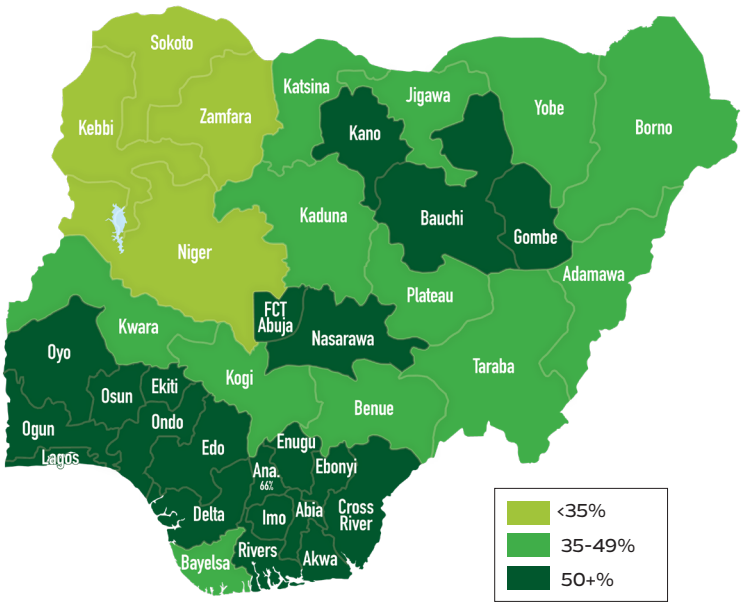
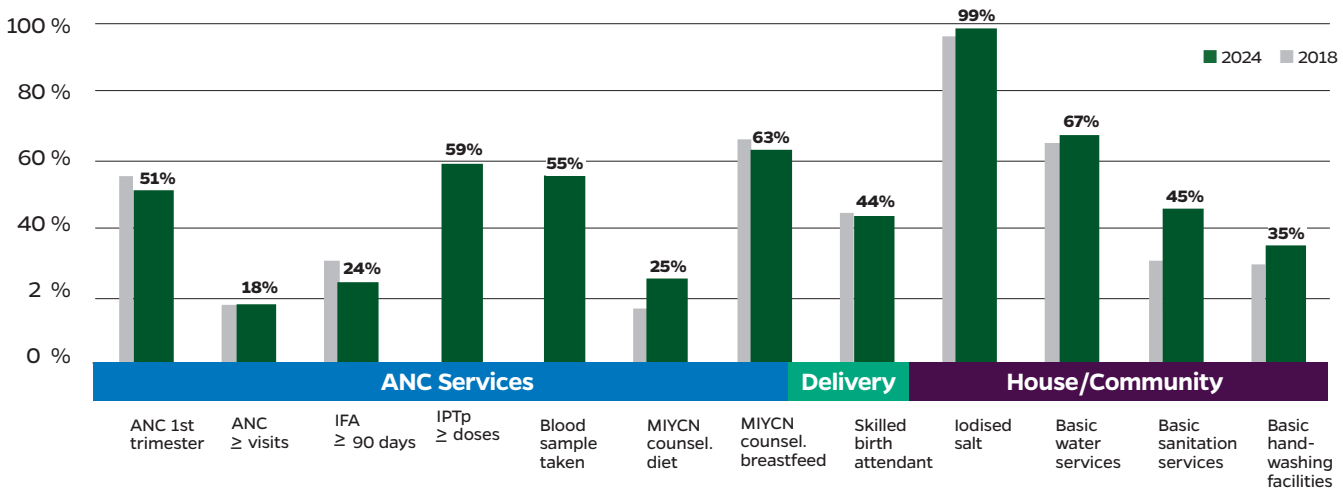


Figure 4: Coverage for individual interventions during pregnancy



Between2018 to 2024, co-coverage during pregnancy increased slightly, from **45.6% → 47.5%** using the 10 interventions with data at both time points.

Over time, improvements in IPTp (+9 pp), iodised salt (+2.3 pp), basic sanitation (+14 pp), and handwashing facilities (+5.5 pp) coverage were offset by declines in ANC visit in 1st trimester (-4.6 pp) and iron supplementation (-6 pp).

In 2024, except for iodised salt, coverage of all interventions was < 70%. Two key anaemia prevention strategies – iron supplements and prevention of malaria (IPTp) – reached only 1 in 4 women.

SPOTLIGHT: Opportunity Gap

Prioritize delivering nutrition interventions to those already accessing ANC. In 2024,

51% of women were reached with ANC in the first trimester

24% consumed iron supplements for at least **90 days**.

Focusing on these women could increase IFA coverage by **27 percentage points**.

Expanded analysis: infants & young children (0-23m)

Multisectoral co-coverage for infants and young children starts with interventions after birth and extends up to 2 years. We identified 1 6 interventions in the NDHS 2024 that are delivered by health, food industry and WASH sectors. All of these interventions either directly or indirectly influence a child's nutritional status.

On average, in 2024, children 0-23m received 35% of the full package of interventions. Nearly one quarter of children (23%) received at least 60% of these interventions and about one third (32%) of children received <30% of them. Co-coverage also varied significantly between socioeconomic status groups.

Figure 5: Co-coverage for children 0-23 months

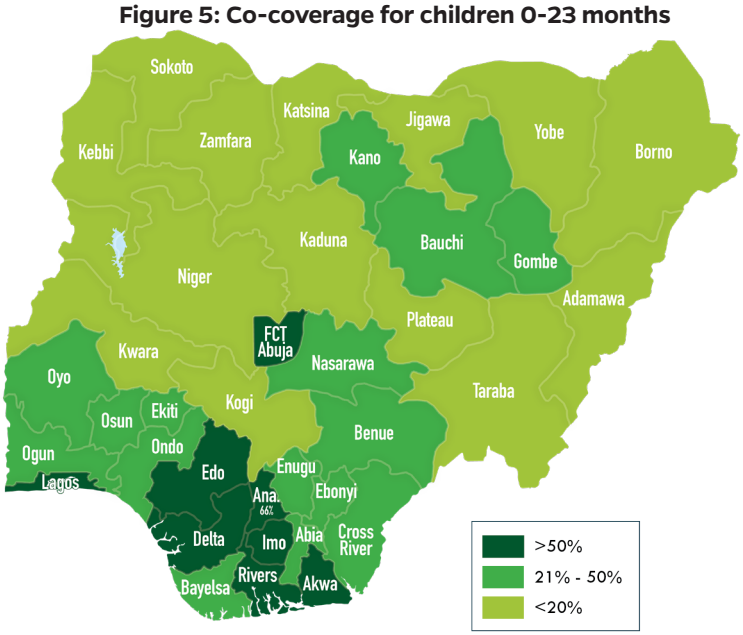
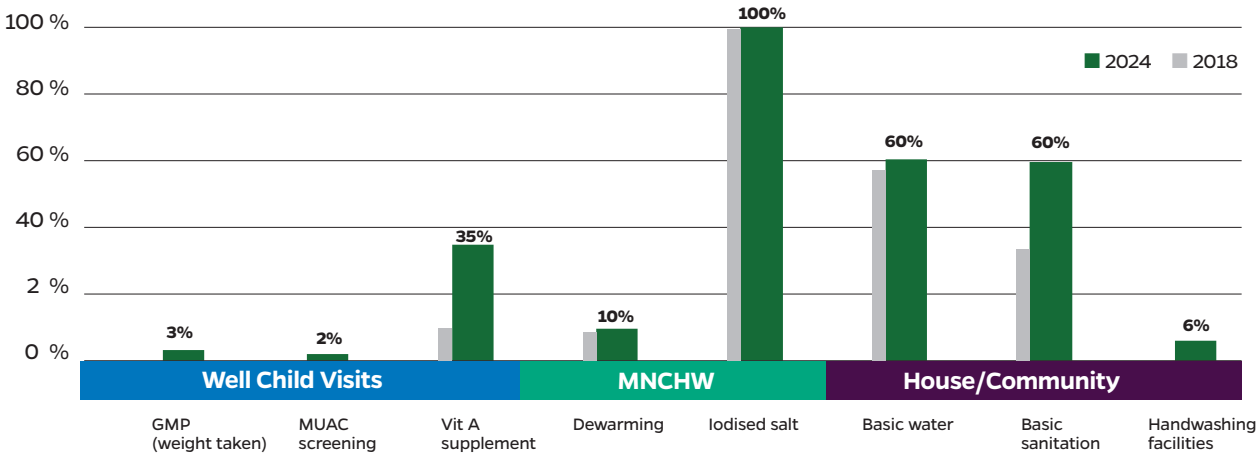


Figure 6: Coverage for individual interventions for children 0-23 months



Between 2018 and 2024, coverage for household sanitation and handwashing facilities increased significantly. While iodised salt coverage increased to 99% in 2024, vitamin A supplementation was 10 percentage points lower compared to 2018.

Very few preschool children (<7%) were weighed or screened for MAM/SAM using MUAC in 2024.

Co-coverage for the package of interventions assessed in both 2018 and 2024 – which did not include growth monitoring or MUAC measurement – remained stable at 49-50%, on average. Co-coverage for this age group ranged from 30% to 82% across states.

SPOTLIGHT: Opportunity Gap

While the health system increased coverage with basic vaccinations to

41% of young children in 2024, **16%** or less received MIYCN counseling and growth monitoring (checking the child's weight) services. Focusing on ensuring delivery of these key nutrition interventions to all children who attend vaccination clinics could increase coverage by **over 20 percentage points.**

Expanded analysis: preschool children (24-59m)

Risks of stunting, wasting and micronutrient deficiencies are not confined to the first 1000 days. Nutrition interventions have a positive effect on the nutritional status, health and cognitive development of preschool children (age 24-59 months). We identified 8 interventions in the NDHS 2024 that are delivered by health, food industry and WASH sectors that directly or indirectly influence nutrition of this age group.

Nationally, the co-coverage index (CCI) for children 24-59 m is 37%, meaning that on average, children received just over one third of the interventions that they should have during this stage of life. Across states, CCI ranges from 22% to 62% in 2024 for this age group (see Figure 5). Inequities in co-coverage by household wealth or maternal age and education are less pronounced in this age group compared to the younger children.

Nationally, **only 12% of preschool children received ≥60% of the interventions they should have compared to 45% that received <30%.**

Figure 7: Co-coverage for children 24-59 months

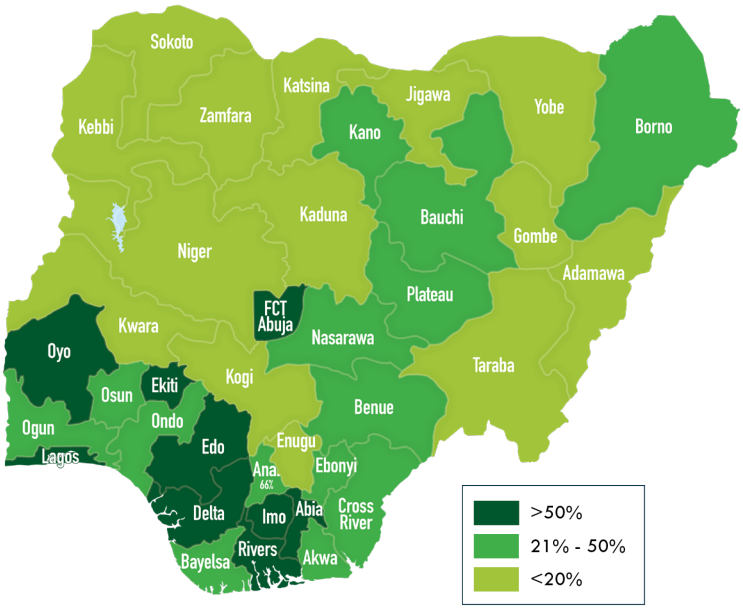
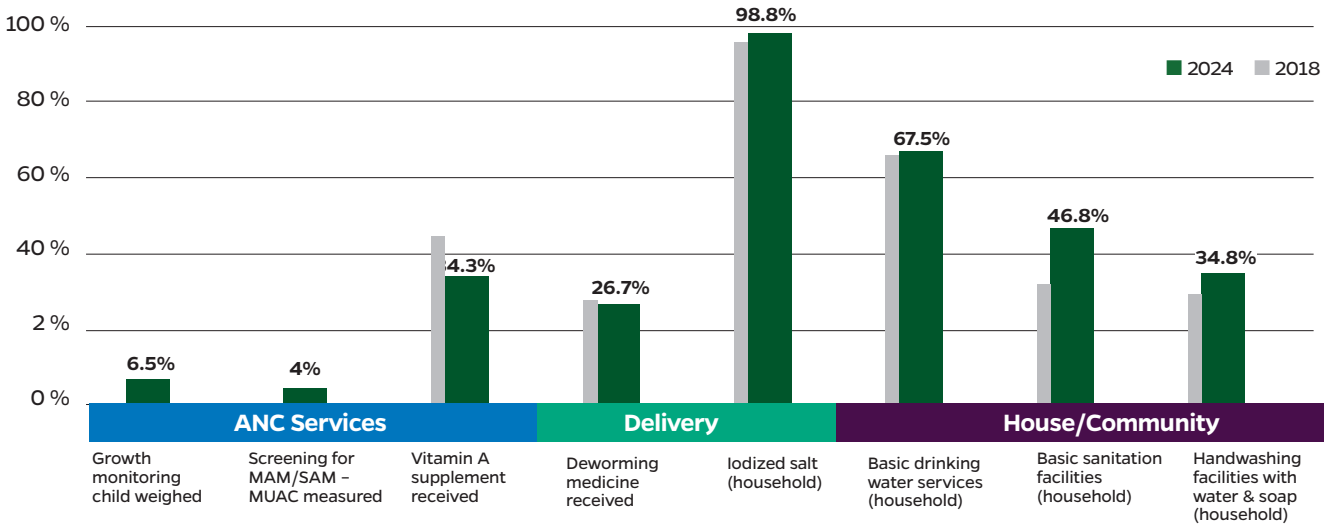


Figure 8: Coverage for individual interventions for children 0-23 months



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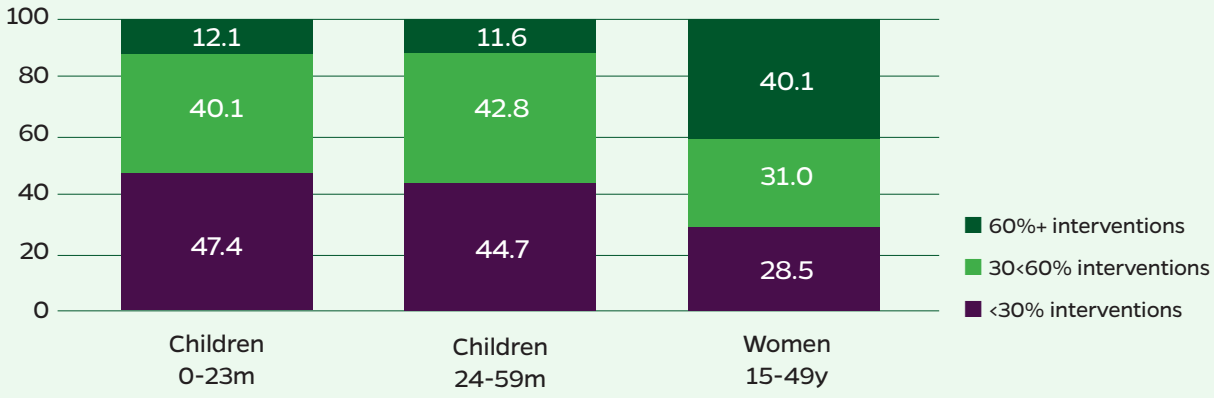
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Co-coverage across the three populations in 2024

A comparison of co-coverage across the three population groups shows that 40% of women are getting at least 60% of the package of interventions during pregnancy, compared to ~12% of young children. Nearly half of infants and young children, including preschool children, receive less than 30% of the interventions they are eligible for.

Figure 9: % Population by co-coverage levels, national average in 2024



Technical Notes on Methods

The analysis of co-coverage requires decisions about which indicators to include for each population. We consulted with federal and state data users and nutrition experts to select the target populations and priority indicators for nutrition. Based on this list of multisectoral interventions, we then mapped the data available for these indicators in NDHS for 2018 and 2024. Global and local experts chose how to weight individual interventions in the co-coverage calculation.

NDHS datasets were analysed and results calculated for each individual intervention as well as the co-coverage for each package of interventions. We also looked at whether the coverage was different for individuals of different socioeconomic status, living in urban vs. rural areas, and women with no formal vs. at least primary level of education, for example.

Acknowledgment

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