ASSINGMENT # 2 REPORT

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a. Is there any evidence that different groups within your country have different health indicators? For example, is there any difference in important health indicators (for example, some of the indicators you used in your Factsheet Assignment) across different socio-economic, ethnic, regional, religious, urban-rural groups? If so, please show the difference using data sources discussed in the class. Please describe the possible reasons behind your findings.

Table-1 shows the frequency distribution across different socio-economic, ethnic, regional, religious, and type of residence. Our study revealed that some of the indicators are different for the types of residence and gender. In types of residence, a total 83.37% people lives in rural areas and the under-five mortality is higher in Rural compared to Urban. The maternal mortality ratio was 509 per 100K live births and the health expenditure in Urban areas was $105.7. The evidence showed that the under-five mortality among male (84%) was greater than females (76.49%). In terms of population dividend, the males are greater than females in Niger. The overall economic condition is not good in Niger and the economy is mainly based in internal markets, subsistence agriculture, and export some raw commodities. About 54.4% people are living under poverty level. The total fertility rate in Rural areas is higher than Urban. There is a lack of well qualified healthcare professional such as Doctors, Nurses and health equipment's including commodities availability. About 85% of the total population in Niger is Sunni Muslims followed by Shia and Ahmeadiayya Islam. Among the ethnic groups, the Hausa are the majority (50.9%) of the population spread out the country.

Niger is a big country with 1.267 million square km land area and accounted 23.31 million population where most of the people are living in the rural areas. The rural residence population do not face the traffic, huge crimes, take fresh food than urban but the poor healthcare facilities, higher rates of poverty, lack of health insurance, higher levels of education are the major factors of poor health outcomes of the mentioned indicators. The under-five mortality rate is higher

among the Rural population because of women illiteracy and the above mentioned factors. Niger is a gender inequality country such as educational disparities among male and female are visible. The socio-economic condition and health are interrelated, and the people of richer countries typically less suffer from diseases and live longer. In point of view, Niger's are struggling to improve their economic conditions.

Table-1: Frequency distribution across different socio-economic, ethnic, regional, religious, urban-rural groups

Variables	Frequency	Indicators			
		Under 5 mortality rate	Maternal mortality ratio	Health Expenditure	Total fertility rate
Type of residence					
Rural	83.37%(2)	230(per 100K)	509(per 100K)		8.1 (3)
Urban	16.63%	139 (per 100K)		$105.7 (4)	5.6
Gender					
Male	50.68%(5)	84.002%	-	-	-
Female	49.32%	76.49%	509.00 (6)	-	-
Religions					
Sunni Islam	85%(5)	-	-	-	-
Shia Islam/Tijaniyyah	7%	-	-	-	-
Ahmadiyya Islam	6%	-	-	-	-
Christianity	1%	-	-	-	-
Traditional religion	1%	-	-	-	-
Economic Conditions					
Above poverty level	45.6%	-	-	-	-
Below poverty level	54.4%	-	-	-	-
Ethnic Groups					
Hausa	50.9% (7)	-	-	-	-
Djerma	18.2%	-	-	-	-
Songhay	5.2%	-	-	-	-
Tuareg	9.1%	-	-	-	-
Fulani	8.3%	-	-	-	-
Kanuri	4.3%	-	-	-	-
Others	4%	-	-	-	-

In conclusion, I haven't found any strong documents and evidence that shows the different health indicators for different groups.

b. Please describe/discuss with data the following health issues in your country: Maternal health, neonatal and child health, nutrition. Provide your reflection on the situation. [5 marks]

Niger is a developing country which consistently ranks near the bottom in the UN Human Development index. Geographically it is surrounded by Libya, Mali, Nigeria, Chad, and Algeria. The overall health status in Niger is horrible due to the lack of resources and a small number of health providers relative to populations. In Niger, child deaths have declined by a half over the past decades which is a significant victory for children and women(8). The following table (Table-2) shows that the list of indicators of maternal, newborn, child health and nutrition.

Comparing the maternal and newborn health indicators with the neighboring countries in Niger, we have seen that postnatal care for mothers who got PNC within 2 days is highest in Algeria (88%) and lowest in Chad (16%) followed by Niger (36.90%), Nigeria (40%), Mali (56%), and Libya (unknown). The maternal mortality ratio in Niger is 509 per 100K live births where the other countries such as Chad, Mali, Nigeria are higher. The maternal mortality trends from 2007-2017 shows that it has decreased 216 (725-509) per 100K live births. Hence, it is a remarkable change for Niger. Improving maternal health is one of WHO's key priorities so if Niger works on the indicators, then it is possible to reduce maternal deaths and morbidity.

Table-2: Indicators of the Maternal, Newborn and Child health and Nutrition(9)

Indicators	**Percentage**
Maternal and newborn health	
Postnatal care for mothers - percentage of women (aged 15-49 years) who received postnatal care within 2 days of giving birth in 2012	36.90%
Antenatal care 4+ visits - percentage of women (aged 15-49 years) attended at	38.00%

least four times during pregnancy by any provide in 2015	
C-section rate - percentage of deliveries by cesarean section Unit of measure: % (Units) in 2012	1.00%
Skilled birth attendant - percentage of deliveries attended by skilled health personnel in 2016	39.10%
Early childbearing - percentage of women (aged 20-24 years) who gave birth before age 18	48.20%
Maternal mortality ratio (number of maternal deaths per 100,000 live births) in 2017	509
Postnatal care for newborns - percentage of newborns who have a postnatal contact with a health provider within 2 days of delivery in 2012	13.00%
Child health	
Care seeking for ARI - percentage of children (under age 5) with acute respiratory infection symptoms whom advice or treatment was sought from a health facility or provider in 2015	59.30%
Diarrhoea treatment - percentage of children (under age 5) with diarrhoea who received ORS (packets or pre-packaged fluids) in 2015	40.80%
ITN use by children - percentage of children (under age 5) who slept under an insecticide-treated mosquito net the night prior to the survey in 2015	95.50%
Percentage of households with at least one insecticide-treated mosquito net (ITN) in 2015	87.00%
Percentage of surviving infants who received the third dose of DTP-containing vaccine in 2020	81.00%
Percentage of children who received the 2nd dose of measles-containing vaccine, as per administered in the national schedule in 2020	60.00%
Nutrition	
Early initiation of breastfeeding in 2018	73.80%
Exclusive breastfeeding (0-5 months) in 2012	23.30%
Continued breastfeeding (20-23 months) in 2018	44.50%
Height-for-age <-2 SD (stunting), Modeled Estimates in 2020	46.70%
Vitamin A two-dose coverage in 2018	64.00%
Iodized salt consumption (>0 ppm) among all tested households in 2014	59.40%

The low birth weight, premature birth, infections, birth injuries, and congenital malformations are the major causes of infant death(10). According to UNICEF, a little progress has been made to reduce maternal mortality: every year, 1 in every 187 women die during pregnancy, childbirth or after delivery(11). For child health indictors about 59.30% of the Care seeking for ARI -

percentage of children (under age 5) with acute respiratory infection symptoms whom advice or treatment was sought from a health facility or provider found in 2015. Only 40.80% children got Diarrhoea treatment (under age 5) who received ORS (packets or pre-packaged fluids). In 2015, about 87.00% households with at least one insecticide-treated mosquito net (ITN) and 81% surviving infants who received the third dose of DTP-containing vaccine.

The levels of both stunting and wasting in Niger are among the highest in the world. Table-2 shows that the early initiation of breastfeeding in Niger is higher (73.80%) than other neighboring countries. Malnutrition is a major threat to children's health and development in Niger. According to 2018 data, 15% of children are acutely malnourished in Niger(12). The global agencies are supporting Niger on preventing stunting and wasting through development of effective, replicable, sustainable, and integrated models of service delivery at facility and community levels.

To my way of thinking, I believe the Ministry of Health will work with their partners on the above prioritized indictors to improve the overall health for maternal, newborn, child and nutrition.

c. From health policy and systems perspective, what is the most important problem/issue in your selected country? Make evidence-based arguments in favor of your selected problem/issue. [5 marks]

Health policy is the action (and inaction) that affects institutions, organizations, services and funding of health and the health care system. In 2015, the Ministry of Public Health (MoH) in Niger has validated the country's new national health policy (PNS) and to set up a health system capable of providing quality care, accessible to all populations. All levels of functional health institutions such as national hospitals, regional referral care and hospitals, mother and child health centers, peripheral level hospitals, clinics, polyclinics, and primary cares are trying to

adapt the health policy. There are several private healthcare facilities operating across the country. The total expenditure on health per capita in 2005 was $25(13) in Niger. About 89.2% of individual expenditures on healthcare were "out-of-pocket" that means patients own cost for health (13). The healthcare facilities in Niger still lacks adequate funding and strong collaboration with international partners though some international organizations like the United Nations, the World Bank, UNICEF, USAID are working on ground to improve the health system and to implement the health policy. However, the Niger population have been suffering with Malaria (28% of all illness), Polio, Meningitis, Measles, HIV/AIDS, Maternal and Child healthcare and off course COVID-19.

I strongly believe there are huge gaps in all areas of the health system framework including financing, service delivery, human resources, supply chain and technologies, information, and governance/ leadership. In terms of health problems, Malaria remains a major public health issue and is endemic throughout the country. Malaria accounts for 28 percent of all illnesses and 50 percent of all recorded deaths. Children under five years of age account for about 62 percent of the burden of malaria (14). Poor diagnostic and lack of treatment capacities are the main reasons for uprising the cases.

Regarding the health policy and system perspective, I think poor governance or leadership is the most important problem in Niger. In this globalization era many developed countries and UN agencies are working closely with the third world countries to improve health systems and it is really a complex thing where needs leaders or trained managers who will act like a leader to take challenge. A study on leadership challenges in Africa in healthcare revealed that one of the underlying reasons for poor leadership stem from managers' unfamiliarity with leadership techniques which in many cases is due to managers' disbelief in the effectiveness and necessity

of learning these techniques(15). The lack of political will, corruption in healthcare systems, poor resource management, inefficiencies and low-level integration of healthcare programmes are the major factors that leads increasing healthcare cost, decrease efficiency and effectiveness and dissatisfaction of staff and patients or health seekers. Improving the leadership and management can address the current issue in Niger.

To summarize, the underdeveloped healthcare systems in Niger need radical solutions with strong leadership and innovative thought to break the current service delivery. Private, public, and international collaborations, sufficient budgeting, strict implementation of the health policy can utilize the resources and strengthen overall healthcare.

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