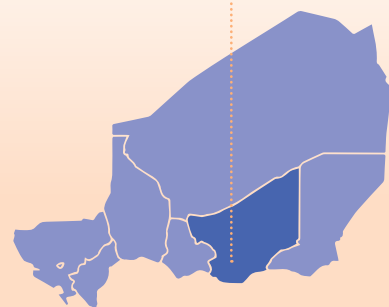




Coverage of Reproductive, Maternal, Newborn and Child Health Services in Niger



Zinder



the least covered region in **1998** with a CCI of **16.67%**, became the fifth most covered region in **2012** with a percentage of **49.2%**

Fact 1: Persistent regional, residential, and socio-economic inequities in coverage of maternal newborn child health (RMNCH) interventions.

1) Regional inequities in CCI

- Increase of CCI in all regions with a reduction in terms of gap between regions.
- Niamey has the highest CCI.
- Zinder, the least covered region in 1998 with a CCI of 16.67%, became the fifth most covered region in 2012 with a percentage of 49.2%.
- Diffa and Tahoua, two remote and desert areas, record the weakest CCI.

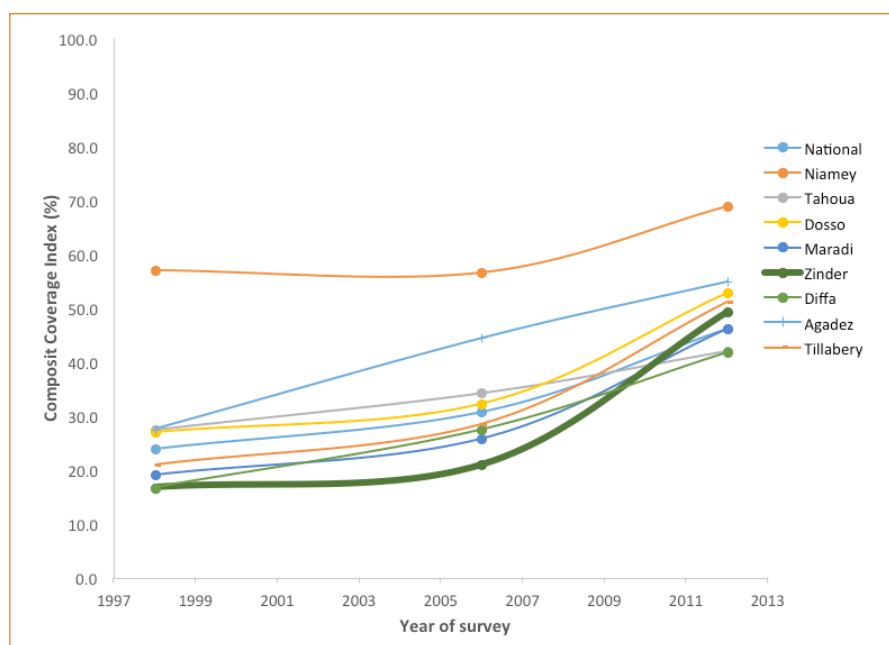


Figure 1. CCI trend by region in Niger from 1998 to 2012.

2) Good CCI performance by area of residence

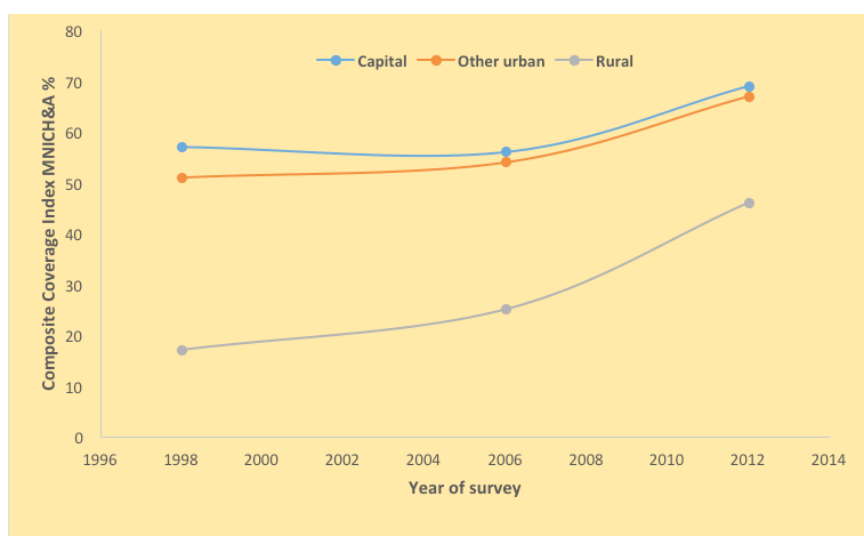


Figure 2. CCI Trend by Residence

- Increased CCI in all areas of residence and reduced gaps between areas of residence.
- Reduction of the absolute gap between Niamey, the Capital and other urban areas from 6 percentage points in 1998 to 2 percentage points in 2012.
- The gap between Niamey and the rural areas narrowed from 40% to 23% between 1998 and 2012.

3) Persistence of socio-economic inequalities over time

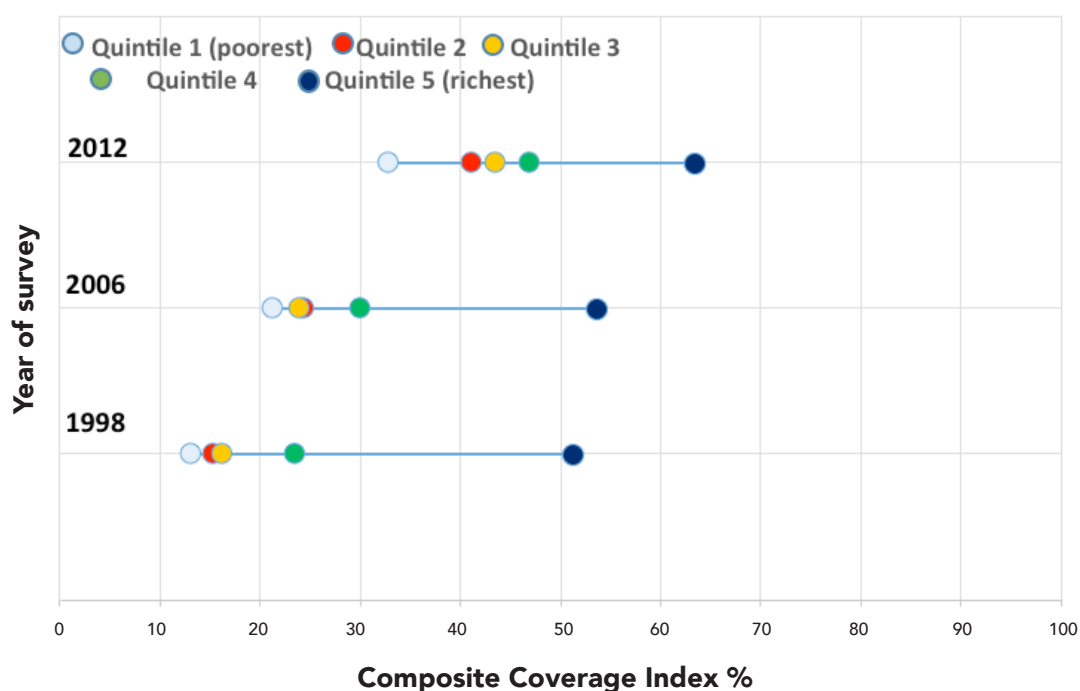


Figure 3. CCI Coverage by socio- economic status

- Significant gaps between the poorest and wealthiest quintiles from 1998 to 2012: the poor spend, on average, 2.3% of their income on health-related expenditures, while the wealthy spend 3.6% of their income to cover their health costs.
- Due to a lack of social protection system, about 97% of health-related expenditures are paid by family members.

Fact 2: Child mortality is on a downward trend at the national level but the disparities in regions are masked.

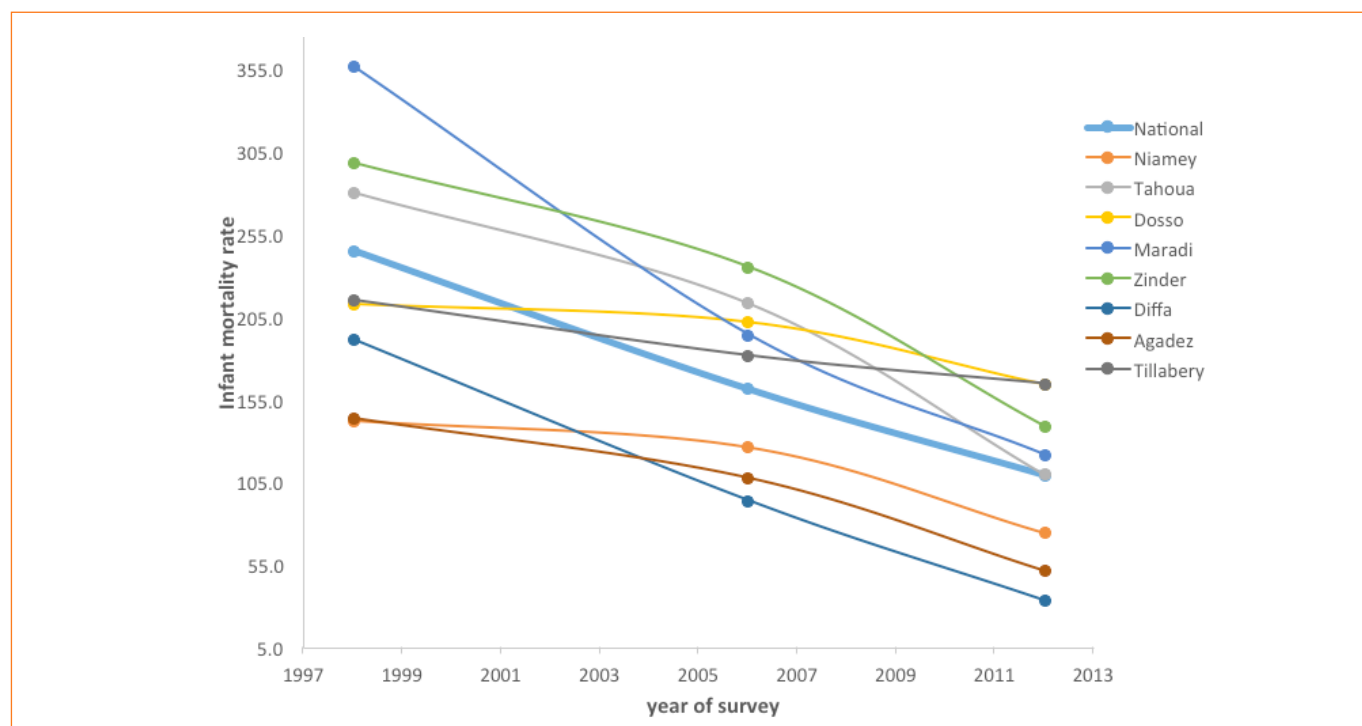


Figure 4. Mortality trend by region, Niger, 1998 to 2012.

4) A downward trend in mortality at the regional level

- There is a reduction in mortality in all regions.
- The Infant Mortality Rate (IMR) has fallen from 245 deaths per 1000 births in 1998 to 109 in 2012.
- Mortality rates are high in Dosso and Tillabery with 163.9% in 1998 and 164.3% in 2012.
- The most significant declines were noted in Diffa from 191.1% in 1998 to 33.1% in 2012 and Agadez from 143% in 1998 to 51.4% in 2012.

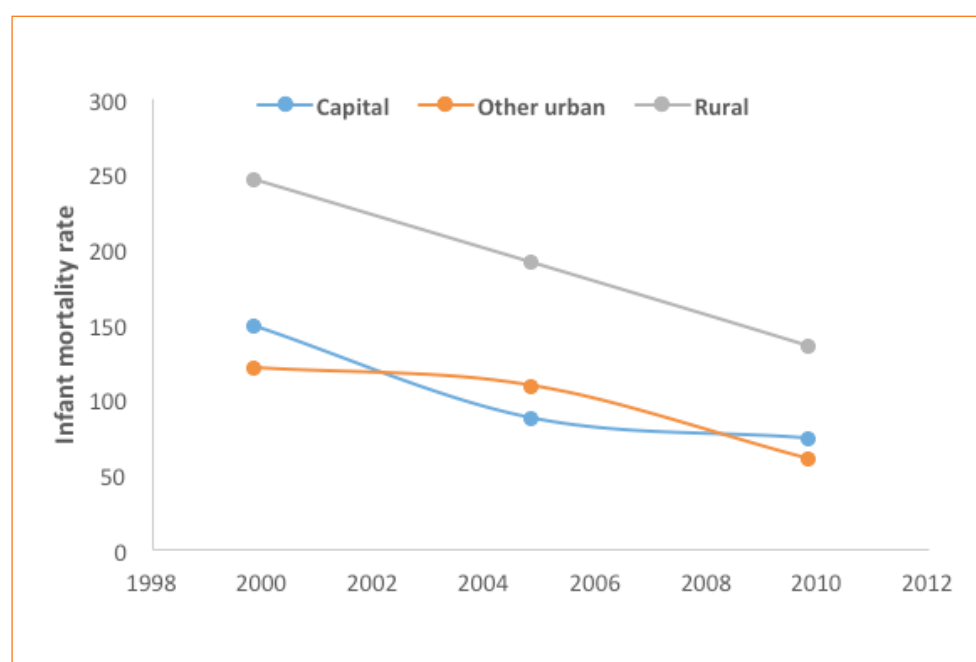


Figure 5. The trend in infant mortality by residence.

5) Residential inequities in infant mortality rate

- Noticeable drop in mortality in rural and other urban areas.
- Lower mortality in other urban centers than in the capital, Niamey at 60.4 vs. 74.2 in 2012.

6) Significant reductions in socio-economic inequalities

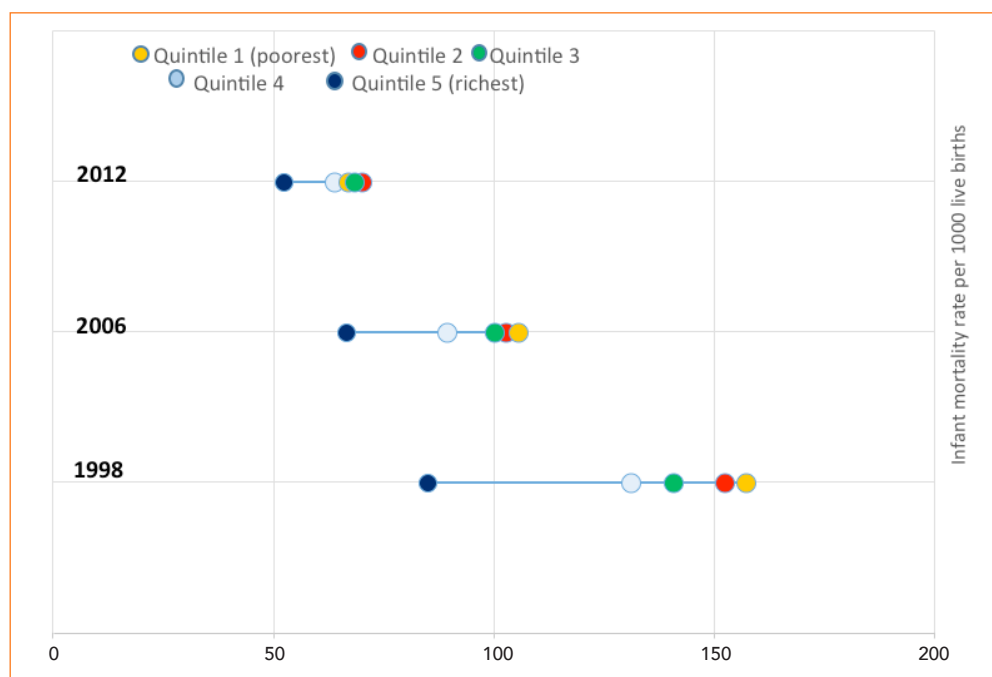


Figure 6. The trend in infant mortality by the level of well-being.

- Among the wealthy, inequities in terms of infant mortality have fallen sharply
- Reduction in the gap between the poorest and wealthiest quintiles has narrowed from 73 deaths in 1998 to only 15 deaths in 2012.
- The average rate of Niger's annual reduction is 5.8% between 2000 and 2016.
- The country must achieve an annual reduction rate of 9.7% to achieve the SDGs.

About the Countdown to 2030 Initiative

As part of Countdown to 2030 for Women's, Children's and Adolescents' Health, a global, multi-institutional initiative that aims to improve coverage measurement and monitoring, and strengthen the regional and country capacity for evidence generation and use, the African Population and Health Research Center (APHRC), in collaboration with the West African Health Organisation (WAHO), supported a regional consortium that brought together research and public health institutions as well as government agencies from 15 countries of West and Central Africa (WCA), to help them better track and analyse data, and communicate research findings on reproductive, maternal, newborn and child health and adolescent health, reproductive health, and nutrition. The initiative calls on governments and development partners to be accountable, identifies knowledge gaps, and proposes new actions to achieve universal cover age for women's, children's, and adolescents' health. It is hoped that the evidence will be used by government decision-makers to improve programming, and increase resource allocation to achieve the national and global targets to end preventable maternal, newborn, and child deaths.

For more information, please visit <http://countdown2030.org/>

Authors:

Hamidou Lazoumar Ramatoulaye¹, Ndeye Awa Fall², Halima Boubacar Mainassara³, Sani Haladou¹, Idi Issa¹, Jean Testa¹, Rabiou Labbo¹, Ousmane Pame⁴, Lynette Kamau² et Cheikh Faye².

¹ Centre de Recherche Médicale et Sanitaire - Niger.

² African Population and Health Research Center (APHRC Nairobi/Dakar).

³ Medical Care Development International.

⁴ Université Cheikh Anta Diop de Dakar - Sénégal.



African Population and Health Research Center

