

SOUTHERN AND EASTERN AFRICAN PARLIAMENTARY ALLIANCE OF COMMITTEES OF HEALTH (SEAPACOH)

**“REPOSITIONING FAMILY PLANNING AND
REPRODUCTIVE HEALTH IN AFRICA: LESSONS
LEARNT, CHALLENGES AND OPPORTUNITIES”**

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27-29 SEPTEMBER 2011

INTRODUCTION

- FP in SSA started late, not readily accepted, cultural and religious.
- 1970/80's – better understood
- Modernization/monetisation of the economy
- Rapid urbanisation
- Access to education by women
- SA imposed leaders to change attitudes.

INTRO CONT....

What necessitated intro. of FP

- Population growth – effects on dev. efforts
- Unmet needs for FP
- Annual deaths among women in child
- Deaths from illegal abortions
- HIV/AIDS pandemic
- 1994 ICPD

BOTSWANA EXPERIENCE

- **Integration of MCH/FP/STI - 1973**
- **Women visited for MCH & FP**
- **HIV/AIDS integrated – 1990's**
- **FP services widely available in the country**
- **Outreach services – mobile and home visits**
- **MCH/FP free**
- **Access 95% within 8km radius**

STRENGTHENING FP

- **Pre-service and in-service training of FP providers.**
- **Social makt. of condoms**
- **IEC “its my life”**
- **NGO involv. & training for outreach purposes**
- **Improvement of contraceptive logistics**
- **Strengthening M&E systems**
- **Promoting policies fav. females in labour/emp**
- **Promoting and investing in education for girls**⁵

USEFUL STATS.

Knowledge of FP methods	98.3%
Total fertility rate	2.9
Women on FP (15-45)	52.8%
Supervised deliveries	98%
Infant mortality	48/1000
Maternal mortality	193/100000
HIV/AIDS prevalence	17.6
Budget on Health	18%

CHALLENGES

- **HIV/ADS**
- **Mismanaged abortions – (rape, incest, life threatening of mother and child)**
- **Quality and accessibility of EmONC**
- **M&E systems**
- **Retention of Health workers particularly in the rural areas**
- **Inadequate financial resources**

WAY FORWARD

- **Stronger commitment by govts.**
- **Outreach programs**
- **Social marketing of contraceptives**
- **Men's participation**
- **Women empowerment**
- **Youth programs**

OUR ROLE AS MP's

- **Advocacy – create social, cultural, spiritual & political will. Dispel myths & misconceptions**
- **Resource mobilisation - improve FP services**
- **Role models – sexuality, sexual harassment**
- **Empower communities – health seeking behav.**
- **Stewardship – ownership of FP & SRH services**
- **Strengthen linkages between health sector and stakeholders**

CONCLUSION

- **Child mortality/survival maternal health is strongly correlated with**
 - **Aggregate health conditions**
 - **Quality & accessibility of health care**
 - **Material deprivation**
 - **Poverty,**

FP & SRH to assume centre stage in our parliaments – QUESTIONS & MOTIONS

THANK YOU