

# REPOSITIONING FAMILY PLANNING AND REPRODUCTIVE HEALTH IN AFRICA: LESSONS LEARNT, CHALLENGES AND OPPORTUNITIES

Regional Meeting of Parliamentary Committees on Health in Southern and  
Eastern Africa

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Country : NAMIBIA

Presenter : Hon. Festus Ueitele

# Country Demographic Statistics

Items	Values
Total Population	1,830,330 (National population and Housing Census 2001) 2.0 million (2008 Estimates)
Population Growth	2.6%
Life Expectancy at birth	50 (females), 48 (male)
Total fertility rate	3.6 (2006-7)
Infant Mortality rate	69/1,000 births (2006-7)
U5 Mortality rate	46/1,000
% of births attended by skilled health personnel	81%
Contraceptive Prevalent rate	47% (2006-7)
Unmet need for family planning	3% (2006-07)

## Oversight Activities of the Committee of Health in Namibia

- The SEAPACOH September 2010 report was discussed by the Namibia Health Committee and was tabled in Parliament during November 2010
- The Committee on Human Resources, Social and Community Development undertook field visits to Erongo and Kunene regions in February 2011 and to Otjozondjupa, Oshikoto and Ohangwena regions in July/August 2011, with a view to assess the implementation of

# Health Budget

- Currently the budget for health stands at 13% of the overall budget of the country.
- Revision of the current scope of practice in health personnel training and recruitment to accommodate newly envisaged expanded scope, has been conducted as a measure to address shortage of skilled health workers

# Health Budget cont;d

- Namibia's Adolescent Sexual Reproductive Health Programme (2007-2010):N\$11.313,000
- UNFPA Support to reproductive health services(2007-2012):N\$47,300,000
- Budget available for health committee according to its 2011/2012 Plan of Action.

# Reproductive Health Guiding Instruments

- The National Reproductive Health Policy
- National HIV and AIDS Policy
- National Population and Development Policy
- National PMTCT Guidelines
- Infant and Young Child Feeding Policy

## Fertility and contraception indicators

- The total fertility ratio has decreased from 5.3 19 1992 to 4.2 births per woman in 2003 to 3.6 in 2006
- The HIV prevalence in pregnant women decreased from 22% in 2002 to 19.9 in 2006, and to 17.8 % in 2008
- Contraceptive prevalent rate has increased from 23% in 1992 to 38% to 47% in 2007

# Pregnancies

- Two thirds of births in Namibia are unintended, 41% are unwanted and 22 % mistimed.
- If all unwanted births were avoided, the average fertility rate would be 2.7 rather than 3.6

## TENAGE PREGINANCIES

- 15% of teenage girls have began child bearing ; placing these girls at high risk of obstetric emergencies and maternal mortality.
- 50% of teenagers who have given birth have not completed secondary education visa vis teenagers who have completed their secondary school



# Family Planning Services and Programmes

- About 98% of public health facilities are providing family planning counseling and methods such as condoms, pills and injectables at primary health care level, while intrauterine (IUCD) tubal ligation and vasectomy are provided at secondary and tertiary health care level

- Family Planning Services and Programme cont'd

- Health care providers training modules on adolescent friendly services has been intergrated in the curriculum at the university of Namibia and National health training centre.
- Training is ongoing to update the knowledge and skills health care providers on new developments such as emergency contraception for the general population and contraceptives and HIV/AIDS management the focus is placed at intergration of services both at ARV sites and family planning sites

## Family Planning Services and Programme cont'd

- About 90% of pregnant women attend Ante Natal care (ANC), pregnant women attend in the second or third trimester
- Over 80% deliver with assistance of skilled birth attendants, 20% deliver somewhere in the community with assistance of either Traditional Birth Attendants (TBA) or relatives

## Mortality rates and trends

- Neonatal mortality rate 19.9 per 1000 (2006)
- 32% of under 5 deaths are neonatal
- Three quarters of neonatal deaths takes place in the first days, greatest number occurring on the day of delivery or the day after
- Premature birth, low birth weight, congenital abnormalities or other obstetric/birth related complications contribute to this

## Infant, u5 mortality and maternal mortality

- Infant mortality has decreased from 87 in 1992 to 62 in 2000, but increased again to 69 in 2006
- Under 5 mortality followed the same trend by decreasing from 67 in 1992 to 38 in 2000, but increased again to 46 in 2006
- Maternal mortality has increased from 225 in 1992 to 271 in 2000 to 449 in 2006

# Direct causes of maternal mortality, Namibia 2005

- Haemorrhage- 34.8%
- Severe pre-eclampsia/eclampsia -26.1%
- Obstructed/prolong labour -21.7%
- Complications of abortion -4.3%
- Ectopic pregnancy 4.3%
- Others-8.7%

# 4.Challenges

- **Long distances to travel to deliver in hospitals and rural health facilities coupled with bad roads**
- **Low male involvement in reproductive health issues**
- **Shortage of transport at rural health facilities**
- **Infant feeding and follow up on PMTCT mother baby pair**

# Challenges cont'd

- **Lack of essential equipment at some rural health facilities**
- **Shortage of skilled workforce (doctors, midwives and nurses)**



# 5.Way forward

- **Mobilize adequate resources to build and expand health facilities so that Reproductive Health services are fully integrated and rendered satisfactory**
- **Strengthen PNC ( post neonatal care) for the mother and new born with 1-2 hours and 1-7 days**
- **Establish a strong referral system between community and the nearest health facility on maternal and new born.**

# Way forward cont'd

- **Technical support to establish community based maternal, new born and child care**
- **Strengthen male involvement in RH programmes**
- **Establish and promote adolescent friendly health services at all levels of health care system including at community level**

- **I thank you for your attention**