

# **HUMANITARIAN CONGRESS 2011**

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**Maternal Mortality  
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# Presentation outline

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- ❑ Situation in Namibia
- ❑ What are the challenges?
- ❑ What is being done?



# Situation in Namibia

Maternal Mortality in Namibia is high

- ❑ 1992 – 225/100,000 live births
- ❑ 2000 – 271/100,000
- ❑ 2006 – 449/100,000
- ❑ 75 -80% of women give birth at health facilities but few of these offer no comprehensive obstetric care
- ❑ Recommended 4 ANC visits not yet reached by 55% of women in sub-Saharan Africa.



Source: ( MoH -Namibia; Synergos; WHO)



# What are the challenges?

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- ❑ Lack of maternal knowledge and realization of full value of ANC
- ❑ Limited access (distances ;transport)
- ❑ Lack of skilled midwives and limited coordination of in-service training
- ❑ Long waiting times –ANC services (4hrs &1.5hrs)
- ❑ TBP not part of formal system
- ❑ Lack of continuum of care at community level
- ❑ Unreliable ambulance services
- ❑ HIV and AIDS and other diseases such as malaria



# What is being done?

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- ❑ Community mobilization in improving maternal health (education , integration of TBP)
- ❑ Improve maternal health nursing skills and capabilities
- ❑ Decentralise maternal health services
- ❑ Implement maternal health quality assurance
- ❑ Shift user mindset and behaviours to reduce delay in seeking care
- ❑ Inter-sectoral collaboration



# Community empowerment in SRH is key



# Role of humanitarian organisations

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- ❑ Complement governments effort to achieve MDG -5
  - ❑ Community empowerment – education; involvement and participation - (nothing for us without us)
  - ❑ Promote male involvement
  - ❑ Advocacy
  - ❑ Mobilise resources
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