THE CONVENTION ON THE RIGHTS OF THE CHILD

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REPORT ON THE SITUATION OF INFANT AND YOUNG CHILD FEEDING IN NAMIBIA

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Prepared by:
Regional Office for Africa - International Baby Food Action Network
Geneva Infant Feeding Association (IBFAN-GIFA)

1) General points concerning reporting to the CRC

Namibia's combined 2nd and 3rd periodic report will be reviewed during the 61st session of the CRC Committee in September 2012. In the last review of the State party's initial report (session 5, 1994), IBFAN did not send an alternative report and the CRC Committee made no recommendations in the area of infant and young child feeding.

In addition to ratification of the CRC on 26th Sept 1990, Namibia also ratified the African Charter on the Rights and Welfare of the Child in 2004. The Children's Act (No. 33 of 1960) still remains the main child rights law in the country. The Act addresses several issues including the protection of infants.
The Child care and Protection Bill (2006) which is a more comprehensive document is still under review but is expected to be tabled in Parliament in 2012.

Cabinet formally adopted the National Programme of Action for Children in December 1991 following the World Summit for Children**.**

Policies that are under review are as follows:

- International Code of Marketing of Breastmilk Substitutes
- Baby and Mother Friendly Initiative policy revised in 2003.
- National policy on infant and young child feeding (2003) by MOH and Social services. Community treatment of pneumonia with antibiotics
- Integrated Management of Neonatal and Childhood Illnesses (IMCI) adapted to cover newborns 0-1 week of age
- Costed implementation plan(s) for maternal, newborn and child health available
- Midwives to be authorised to administer a core set of life saving interventions
- Maternity Protection Convention ILO 183 also with Specific notification of maternal deaths

2) General situation concerning breastfeeding in Namibia

General data[1]

	2010	**1990**
Under-five mortality rate (per 1000 live births)	73	40
Infant mortality rate (per 1000 live births)	29	49
Neonatal mortality rate (per 1000 live births)	17	

[1] Unicef, The State of World's Children 2012

Maternal mortality rates (per100.000 live births)	180 (2006-2010, adjusted)	
Delivery care coverage	81%	

Malnutrition Data

% of children under 5 suffering from:	(2006-2010)[2]
Underweight (moderate and severe)	17% (of which 4% severe)
Wasting (moderate and severe)	8%
Stunting (moderate and severe)	29%

Breastfeeding data

	(2006-2010)[3]	(DHS 2007)
Early Initiation to breastfeeding	71%	
Complementary feeding at 6 months	72%	
Continued breastfeeding at age 2 (20-23 months)	28%	
Mean duration of breastfeeding	17 months	
Exclusive breastfeeding at		
2 months		54%
3 months		35.4%
6 months	24%	24%

The trend of exclusive breastfeeding has been gradually changing from 16% in 1992, 19% in 2000 and 24% 2007. However this rate has remained stagnant since 2007 at 24%. There is need for increased action to improve this figure.

There does not appear to be much difference between urban and rural behaviours in breastfeeding practices although more urban women tended to give prelacteal feeds than rural women 16% vs 12% (DHS 2007). Wealth status and education of the mother does not appear to have and effect on breastfeeding practices.

The figures on infant mortality show a slight increase from 29/1000 in 2010 to 34/1000 in 2011. This is cause for concern and this trend needs to be reversed.

Newborn mortality accounts for 50% of child mortality. Infant and child mortality varies considerably between urban and rural areas, as well as across regions, with Ohangwena and Caprivi having the highest rates. These trends occur in a context of increased delivery at health facilities, indicating

[2] Ibid.
[3] Ibid.

weaknesses in the quality of services. At the same time, spending on maternal, child and adolescent health is declining and emergency obstetric care coverage is very low and inequitable. A 2005/06 survey of all hospitals found that only four out of 34 hospitals provided comprehensive Emergency Obstetric Care services[4].

Other causes of child mortality are HIV/Aids complications and Acute respiratory infections (esp. pneumonia), which accounts for a large percentage.

3) Government efforts to encourage breastfeeding

National measures:

- Food and Nutrition Policy for Namibia
- National Policy On Infant And Young Child Feeding
- Food and Nutrition Guidelines for Namibia.

IBFAN Regional office works directly with the Ministry of Heath Nutrition- IYCF Coordinator. There is a National Baby and Mother Friendly Initiative Taskforce for which there are plans to strengthen it.

Trainings on infant and young child feeding have been undertaken with support from UNICEF, however since 2010 these are not taking place anymore.

4) International Code of Marketing of Breastmilk Substitutes:

A draft law that will enact the International Code of Marketing of Breastmilk Substitutes has been drafted as part of the National Public Health Bill which the Nutrition Unit was hoping to be passed by Parliament and to be gazetted in 2006. Since then, there has not been much progress and the reason behind this is not clear. The government needs to be encouraged to unblock the situation and finalize this process.

There is no information on Code monitoring.

5) Baby Friendly Hospital Initiative (BFHI)

According to UNICEF 2002 report, all 35 state and state-subsidised hospitals in Namibia were BFHI certified. This represents 100% of the hospitals. This means the majority of mothers are being reached with support for breastfeeding.

There is no information on reassessment of baby-friendly practices in these hospitals.

[4] MoHSS and Macro, August 2008

6) Maternity protection for working women

The Namibia Labour law and the maternity leave provision (both the old Labour Act of 1992 and new Labour Act of 2004) protect a pregnant woman who has completed at least twelve months of 'continuous service' with an employer.

According to both Acts, a woman is entitled to three months or 12 weeks maternity leave of which four weeks can be taken before the expected date of confinement and eight weeks after the date of confinement. The rights of any female employee, including seniority, promotion and other benefits shall continue uninterrupted during the period of maternity leave.

According to the Labour Act of 1992, an employer is not required to provide any remuneration during maternity leave. During this period, the maternity leave benefit (income) can be claimed from the Social Security Fund, which is a general form of protection for employed people from loss of income whilst they are sick, pregnant, injured or old. The employees are only entitled to benefits if they are registered and have been contributing to the scheme.

ILO Maternity Protection Convention 183 has not yet been ratified. The Nutrition Unit has plans for continued advocacy. IBFAN has been waiting to give support once the responsible office is ready. Maternity protection in accordance with ILO Convention 183 is being updated**.**

7) HIV and infant feeding

The prevalence of HIV/AIDS in Namibia is 13.1% in adults.

The National Health Bill incorporates legal provisions to regulate the marketing of artificial feeding products to protect health workers and mothers from baby milk industry propaganda. Namibia's Food and Nutrition Policy of 1995, and the draft HIV/AIDS Policy, endorsed by the National AIDS Committee in 2001, are both supportive of breastfeeding.[5]

Partners such as UNICEF & WHO have provided support over the years in training and in policy updates to include the issues of HIV/AIDS.

[5] Namibia IYCF Policy,2003

8) Obstacles and recommendations

The following <u>obstacles/problems</u> have been identified:

- Exclusive breastfeeding rates have been stagnating since 2007 after having increased gradually since 1992.
- Even though institutionalized delivery rates have increased, still newborn deaths constitute 50% of child mortality. Moreover, even though 100% of hospitals were baby-friendly certified in 2002, only 71% of newborns benefit from early initiation of breastfeeding. This indicated to poor quality services in hospitals and lack of adequate support to pregnant and lactating women by health care personnel.
- No information on re-assessment of baby-friendly practices in BHFI certified hospitals.
- The draft law that would enact the International Code of Marketing of Breastmilk Substitutes into national legislation is still awaiting approval.
- Training of health care professionals on breastfeeding appears to have been discontinued since 2010.
- There seems to be a problem of inadequate human resource availability in Namibia. IBFAN has been waiting to provide support in more IYCF training but limited human resources covering nutrition issues in the government, have resulted in an inability of the Nutrition Department to make use of the offer.

<u>Our recommendations</u> include:

- **Government should be strongly urged to enact the International Code and approve the draft law that has been suspended since 2006.**

- **Raise awareness about the importance of breastfeeding for child survival and development and the risks of artificial feeding for infants, including among the health care professionals.**

  In particular, raise awareness about the importance of exclusive breastfeeding, which has been stagnating in the past years.

- **Reassess baby-friendly practices in hospitals. Revive the Baby-friendly hospital initiative in order to train health care professionals and improve health care services in hospitals.**

- **Include breastfeeding issues in the education curricula of medical students and undertake training to health care-professionals.**

- **Increase and strengthen human resources of governmental departments that deal with nutrition issues for children and women.**

- **Government should consider improving maternity leave situation of working mothers by ratifying the ILO MPC 183 (2000).**

Data sourced from:

http://www.who.int/nutrition/databases/infantfeeding/countries/nam.pdf

http://www.unicef.org/nutrition/files/nutrition_statusbfhi.pdf

http://www.waba.org.my/whatwedo/womenandwork/pdf/mpchart2011a.pdf

http://www.indexmundi.com/namibia/hiv_aids_adult_prevalence_rate.html

http://www.aho.afro.who.int/profiles/index.php/Namibia:Analytical_summary_-_Health_Status_and_Trends

http://www.devinfo.org/profiles/MNCS/ESARO/ACSD_Profile_003NAM_Namibia_2011.pdf

http://www.ilo.org/dyn/natlex/docs/WEBTEXT/29328/64850/E92NAM01.htm

Namibia Law Journal 2010,

Harmonization of Children's Laws in Namibia 2010,

National Report on Follow-up to the World Summit for Children(December 2000) by: MINISTRY OF WOMEN AFFAIRS AND CHILD WELFARE GOVERNMENT OF THE REPUBLIC OF NAMIBIA

UNICEF Statistics and Monitoring Section report 2012 on Maternal, Newborn & Child Survival: Namibia Country Profile