

Going the extra mile to deliver health care

OPUWO DISTRICT, Namibia, 7 August 2015

Dressed in blue jeans, a black parka and a light grey beret, 31-year-old Jennifer Humu is sitting on a stool chatting to Rutjindo Kanjanjeri, 45, who is pregnant with her seventh baby.

Rutjindo is Himba, a semi-nomadic pastoral people who live in northern Namibia in Kunene Region. On the day that Jennifer visits her to follow up on her pregnancy, Rutjindo is dressed as usual, in traditional Himba attire – bare chested, a sarong wrapped around her waist, a gun-metal multi-layered necklace, and her thick rope-like braids and entire skin covered in otizje paste, a mixture of buttermilk and ochre pigment that gives Himba women that characteristic orange or red tinge to their entire body. Rutjindo does not seem to feel the chill in the air despite the temperatures hovering around 17 degrees Celsius. The red paste keeps her warm and protects her from the powerful desert sun, which shines relentlessly, even on this winter's day.

Soft-spoken Jennifer is a welcome sight for the Himba women in this arid and remote part of the country. As a trained health extension worker, Jennifer's role is to bring health, nutrition and hygiene services closer to vulnerable children and women who are far removed from regular health care delivery but need services as much as anyone else. The closest district hospital is 80 kilometres away, a journey that would take 24 hours on foot. The lack of accessibility to health services leaves Himba children at higher risk of suffering from complications of untreated common childhood illnesses such as malaria, measles and respiratory tract infection, including preventable deaths. Himba women are also at higher risk of suffering from pregnancy- and birth-related complications, including long-term disability and even death.

Excluded from quality services

In Namibia, an unacceptable number of babies and mothers continue to die from preventable causes, largely due to inadequate priority given to mother and child health services, the lack of skilled staff in primary health care clinics, the limited reach of services, which are concentrated in towns, and delays in seeking medical care and treatment.



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Health extension
worker programme

A NAMIBIA FIT FOR CHILDREN

One in 50 babies dies in its first month of life, and the country's maternal mortality rate has more than doubled since 2000. Today, 1 in 260 Namibian women dies during pregnancy, or during or after child birth. More than half of all maternal deaths (64 per cent) occur in the impoverished regions in northern Namibia.

Covering distance

In Omatjandjaki village, Jennifer is not deterred by the long distances she needs to cover on foot as she visits each household. She is clearly passionate about her work and committed to keeping women and children alive and healthy.

"I'm walking from house to house, teaching my community about the importance of health. I'm also screening pregnant women and teaching mothers to take their children for immunisation," says Jennifer. "I'm teaching them about different diseases, giving them health promotion and teaching them about hygiene."

For the women of this remote part of the country, Jennifer is an important support for their reproductive and child health needs. Many Himba women deliver their babies at home as they can't afford the trip to hospital. Transport costs between N\$50 and N\$300 (USD equivalent of between \$4 and \$22) for a one-way trip.

Rutjindo will give birth within the next two months, and to make sure she is aware of pregnancy-related complications that might risk her life and that of her unborn child, Jennifer has opened her flip chart and is running Rutjindo through the danger signs during pregnancy, labour, delivery and child birth.

"Look at this picture and tell me what you can see," says Jennifer. Rutjindo replies, "I can see a woman who has just given birth and is bleeding a lot. I can also see a building. I can also see two people – one is a doctor and one is a woman who is lying on a mat. It is like the woman is not feeling well. I can also see a pregnant woman who has swollen legs and appears to be stiff."

Jennifer explains that if a woman is pregnant and notices any of the symptoms shown in the picture, she must go to the doctor as soon as possible. Rutjindo nods in agreement, her wise eyes revealing a vulnerability that comes with expecting a child in a harsh environment. She has already had six children but with her latest baby, she wants to deliver at the hospital to make sure that the birth is safe. Jennifer is also helping Rutjindo to come up with a birth preparedness plan of how to do this. It will include saving enough money for the trip to the hospital from her home-made jewelry that she sells to tourists, and leaving her other children in the care of their grandmother.

Although she walks up to 3 km between each homestead to meet with each of her clients, Jennifer says she is motivated to continue with this work because she wants to make a difference in her community.

"I want to help them, so that they can deliver healthy babies at the hospital. I'm very happy when I see healthy babies," she says.

Spreading wings

The health extension worker programme, which is being supported by UNICEF, is at the frontline of public health delivery in under-served communities. Started as a pilot in Opuwo district of Kunene Region in 2012 with the support of UNICEF and later also by USAID, the programme is now backed by the Government and is being expanded to all 14 regions of Namibia by 2017. A total of 1,366 health extension workers like Jennifer have been trained since the programme started in 2012 and are now providing community health care to marginalised communities.

"The health extension workers bridge the gap between the community and the health facility," says Micaela Marques De Sousa, the UNICEF Representative in Namibia. "This is a humble and multi-faceted cadre that is trained adequately to be able to understand community needs, to ensure all pregnant women are aware of complications that might arise during pregnancy and after delivery and that they deliver their babies in a health facility, to ensure that all children in their communities are immunised, to encourage parents to get birth registration for their children and to determine whether they are malnourished or whether they have any other impediments to being in school."



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