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USAID Country Health Statistical Report

# Namibia

December 2009



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# About the Report

Released December 2009

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This report is one of a series of Country Health Statistical Reports produced on behalf of the United States Agency for International Development (USAID) by the Analysis, Information Management and Communication Activity (AIM) Project. Each profile contains statistical data on current health conditions, population dynamics, health and family planning behavior, and health and population trends in a given developing country. Information is compiled from AIM's health statistics database, which draws data from a diverse range of sources listed at the end of this profile.

Hard copy editions of USAID's profiles are available from AIM'S publications department. Reports are available on the USAID Global Health Web site in Portable Document Format (pdf). Any feedback you have on the content or presentation of this report would be greatly appreciated. We would also appreciate receiving any more recent, more accurate, or more representative information. Contact us at the following:

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# I. Statistical Overview

\*see data notes

Demographic Indicators				
Indicator	Value	Data Unit	Year	Source
Total Population	2,108,665		2009	BUCEN-IDB-2009
Population Growth Rate	0.95	%	2009	BUCEN-IDB-2009
Percent Urban	33	%	2004	World Bank/WDI-2006
Women, 15-19	124,270		2009	BUCEN-IDB-2009
Women, 15-49	539,805		2009	BUCEN-IDB-2009
Life Expectancy at Birth	51.2		2009	BUCEN-IDB-2009
Crude Birth Rate	22.5	per 1,000	2009	BUCEN-IDB-2009
Crude Death Rate	13.3	per 1,000	2009	BUCEN-IDB-2009
Number of Live Births	47,466		2009	BUCEN-IDB-2009
Healthy Life Expectancy: Female	44		2002	WHO Global Health Atlas-2008
Healthy Life Expectancy: Male	43		2002	WHO Global Health Atlas-2008
Population: Percent < Age 15	35.9 <sup>1</sup>	%	2009	BUCEN-IDB-2009

<sup>1</sup> 0- 14

Socioeconomic Indicators				
Indicator	Value	Data Unit	Year	Source
GNI per Capita (PPP)	7,910 <sup>1</sup>	\$	2005	World Bank/WDI-2006
Health Expenditure as Percentage of GDP	6.7	%	2003	World Bank/WDI-2006
Physicians per 1,000 People	0.3	per 1,000	1997-2004	World Bank/WDI-2006
Adult Literacy Rate	85	%	2004	World Bank/WDI Database-2007
Adult Literacy Rate, Female	81 <sup>2</sup>	%	2002	World Bank/WDI-2006
Adult Literacy Rate, Male	81 <sup>3</sup>	%	2002	World Bank/WDI-2006
Gross Enrollment Ratio - Primary School	107.1	%	2006	UNESCO Global Monitoring Report-2009
Gender Parity Index - Net Enrollment Ratio	1.6		2006	UNESCO Global Monitoring Report-2009
Access to an Improved Water Source (Rural)	72	%	2002	World Bank/WDI-2005
Access to an Improved Water Source (Urban)	98	%	2002	World Bank/WDI-2005
Access to Improved Sanitation Facilities (Rural)	14	%	2002	World Bank/WDI-2005
Access to Improved Sanitation Facilities (Urban)	66	%	2002	World Bank/WDI-2005
Population Living Below \$1 a Day	34.9	%	1990-2005	Human Development Report - 2007/2008-2008
Human Development Index	0.65		2005	Human Development Report - 2007/2008-2008
Population Below Poverty Line	34.9 <sup>4</sup>	%	2005	CIA World Factbook-2008
Real GDP (Growth) Rate	2.9	%	2008	CIA World Factbook-2009
Income Inequality (Gini index)	70.7		2003	CIA World Factbook-2009
Unemployment Rate	5	%	2008	CIA World Factbook-2009
Inflation Rate	10.3	%	2008	CIA World Factbook-2009
Airports	129		2009	CIA World Factbook-2009
Airports with paved runways	21		2009	CIA World Factbook-2009

<sup>1</sup> Estimate is based on regression; other PPP figures are extrapolated from the latest International Comparison Programme benchmark estimates.

<sup>2</sup> Based on census data

<sup>3</sup> Based on census data

<sup>4</sup> the UNDPs 2005 Human Development Report indicated that 34.9% of the population live on \$1 per day and 55.8% live on \$2 per day

Family Planning Indicators				
Indicator	Value	Data Unit	Year	Source
Total Fertility Rate (BUCEN)	2.7		2009	BUCEN-IDB-2009
Total Fertility Rate (DHS)	3.6		2006-2007	Namibia DHS-2006-2007
Contraceptive Prevalence Rate, Modern Methods, All Women	45.7	%	2006-2007	Namibia DHS-2006-2007
Contraceptive Prevalence Rate, Modern Methods, Married Women	53.4	%	2006-2007	Namibia DHS-2006-2007
Median Age of Sexual Debut Among Women, Ages 25-49	18.2		2006-2007	Namibia DHS-2006-2007
Mean Ideal Family Size	3.1		2006-2007	Namibia DHS-2006-2007
Women 20-24 Who Gave Birth Before Age 20	35.1	%	2006-2007	Namibia DHS-2006-2007
Total Fertility Rate, Rural	4.3 <sup>1</sup>		2006-2007	Namibia DHS-2006-2007
Unmet Need for Family Planning: Rural	25.7	%	2006-2007	DHS STATcompiler-2009
Unmet Need for Family Planning: Urban	15.5	%	2006-2007	DHS STATcompiler-2009
Contraceptive Prevalence Rate, All Methods	55.1 <sup>2</sup>	%	2006-2007	Namibia DHS-2006-2007
Equity in use of modern contraception	0.5	Ratio	2006-2007	Namibia DHS-2006-2007
Percent of need satisfied by modern methods of family planning	86.4	%	2006-2007	Namibia DHS-2006-2007

Maternal Health Indicators				
Indicator	Value	Data Unit	Year	Source
Maternal Mortality Ratio (WHO/Hill)	210	Per 100,000 live births	2005	WHO/Hill-2005
Maternal Mortality Ratio (DHS)	449	Per 100,000 live births	2006-2007	Namibia DHS-2006-2007
Antenatal Care (at least 1 visit)	86	%	2006-2007	Namibia DHS-2006-2007
Antenatal Care (2+ visits)	84.3	%	2006-2007	Namibia DHS-2006-2007
Antenatal Care (4+ visits)	70.4	%	2006-2007	Namibia DHS-2006-2007
Assisted Delivery by a Health Professional	81.4	%	2006-2007	Namibia DHS-2006-2007
Assisted Delivery by Doctor	18.6	%	2006-2007	Namibia DHS-2006-2007
Assisted Delivery by Other Health Professional	62.8	%	2006-2007	Namibia DHS-2006-2007
Anemia prevalence among women of reproductive age	Data Not Available			
Equity in skilled attendance at delivery	0.6	Ratio	2006-2007	Namibia DHS-2006-2007

<sup>1</sup> This data reflects report data, not Statcompiler data.

<sup>2</sup> This data reflects report data, not Statcompiler data.

Child Survival Indicators				
Indicator	Value	Data Unit	Year	Source
<b>Acute Respiratory Infection (ARI) and Oral Rehydration Therapy (ORT)</b>				
ARI Care Seeking - Children Under 5	55.8 <sup>1</sup>	%	2006-2007	Namibia DHS-2006-2007
ORT Use Rate (ORS, RHS, or Increased Fluids)	73	%	2006-2007	Namibia DHS-2006-2007
<b>Mortality Indicators</b>				
Infant Mortality Rate (BUCEN)	45.5	per 1,000 live births	2009	BUCEN-IDB-2009
Infant Mortality Rate (UNICEF)	47.1		2007	UNICEF Global Database-2009
Infant Mortality Rate (DHS)	46	per 1,000 live births	2006-2007	Namibia DHS-2006-2007
Infant Mortality Rate, Females (BUCEN)	41.9	per 1,000 live births	2009	BUCEN-IDB-2009
Infant Mortality Rate, Males (BUCEN)	49	per 1,000 live births	2009	BUCEN-IDB-2009
Under-5 Mortality Rate (BUCEN)	76.9	per 1,000 live births	2006	BUCEN-IDB-2006
Neonatal Mortality Rate	24 <sup>2</sup>	per 1000	2006-2007	Namibia DHS-2006-2007
Under-5 Mortality Rate (UNICEF)	68	per 1,000 live births	2007	UNICEF Global Database-2009
Under-5 Mortality Rate (DHS)	69	per 1,000 live births	2006-2007	Namibia DHS-2006-2007
<b>Nutrition Indicators</b>				
Exclusive Breastfeeding (under 4 mos.)	35.4	%	2006-2007	Namibia DHS-2006-2007
Exclusive Breastfeeding (under 6 mos.)	23.9	%	2006-2007	Namibia DHS-2006-2007
Stunted (height-for-age)	29	%	2006-2007	Namibia DHS-2006-2007
Underweight (weight-for-age)	16.6	%	2006-2007	Namibia DHS-2006-2007
Wasted (weight-for-height)	7.5	%	2006-2007	Namibia DHS-2006-2007
<b>Vaccination Coverage</b>				
DPT3 Vaccination Rate (DHS)	83.2	%	2006-2007	Namibia DHS-2006-2007
DPT3 Vaccination Rate (WHO)	83	%	2008	WHO: Global Summary-2009
Measles Vaccination Rate (DHS)	83.8	%	2006-2007	Namibia DHS-2006-2007
Measles Vaccination Rate (WHO)	73	%	2008	WHO: Global Summary-2009
Polio Vaccination Rate (DHS)	78.6	%	2006-2007	Namibia DHS-2006-2007
Polio Vaccination Rate (WHO)	83	%	2008	WHO: Global Summary-2009
Tetanus Toxoid Vaccination	32.9 <sup>3</sup>	%	2006-2007	Namibia DHS-2006-2007
Equity in DPT3 coverage (DHS)	0.8	Ratio	2006-2007	Namibia DHS-2006-2007
Improved sanitation/hygiene practices	66.8	%	2006-2007	Namibia DHS-2006-2007
Vitamin A supplementation coverage among children 6-59 months	Data Not Available			

<sup>1</sup> Excludes pharmacy, shop, and traditional practitioner.

<sup>2</sup> This data reflects report data, not Statcompiler data.

<sup>3</sup> The value for this country represents data from the five-year period preceding the survey.

HIV/AIDS Prevention Indicators				
Indicator	Value	Data Unit	Year	Source
HIV Prevalence proportion: Adults (15–49 years)	15.3	%	2007	UNAIDS 2008-2008
Estimated number of people living with HIV: Adults and Children	200,000		2007	UNAIDS 2008-2008
Estimated number of people living with HIV: Women (15+ years)	110,000		2007	UNAIDS 2008-2008
Estimated number of people living with HIV: Children (0–14 years)	14,000		2007	UNAIDS 2008-2008
Males Reporting Condom Use With Last Non-Regular Partner	78.4	%	2006-2007	Namibia DHS-2006-2007
Females Reporting Condom Use With Last Non-Regular Partner	62.1	%	2006-2007	Namibia DHS-2006-2007

Infectious Diseases Control Indicators				
Indicator	Value	Data Unit	Year	Source
TB Estimated Number of Cases	15,905		2007	WHO: Global Atlas-2009
TB Case Detection Rate	83	%	2006	WHO Global Health Atlas-2008
TB (DOTS) Treatment Success Rate	76	%	2006	WHO: Global Atlas-2009
Malaria Cases per 100,000	21,865 <sup>1</sup>	per 100,000	2003	WHO Global Health Atlas-2008
DOTS Coverage	100	%	2007	WHO: Global Atlas-2009
HIV-Infected with Active TB	67.2	%	2007	WHO: Global Atlas-2009
Avian Influenza: Cumulative Number of Confirmed Human Cases	Data Not Available			
Avian Influenza: Cumulative Number of Confirmed Human Deaths	Data Not Available			
Child Sleeps Under Insecticide-Treated Net	10.5	%	2006	UNICEF Global Database-2009
Equity in Bednet (ITN) Ownership	3.5	Ratio	2006-2007	Namibia DHS-2006-2007

<sup>1</sup> Calculated using (100,000/WHO population)xMalaria Reported # of Cases



## II. Trends in Health Indicators

Figure 1: Current and Projected Population by Age and Sex (in thousands)

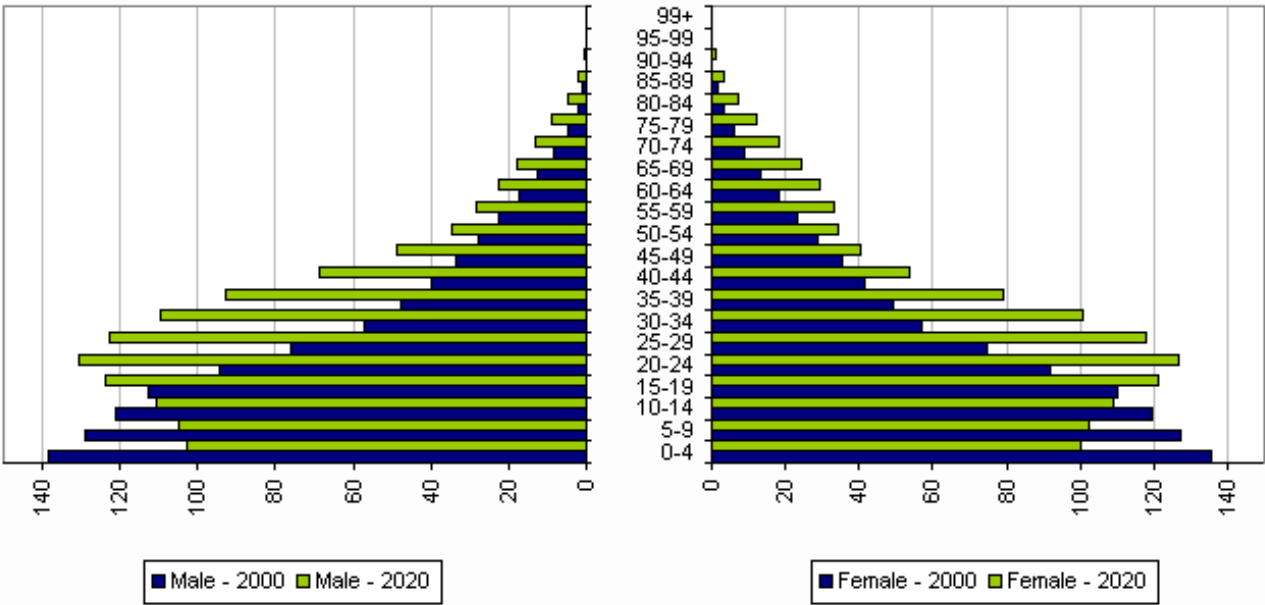


Table 1.1: Current and Projected Population by Age and Sex

Source: BUCEN-IDB

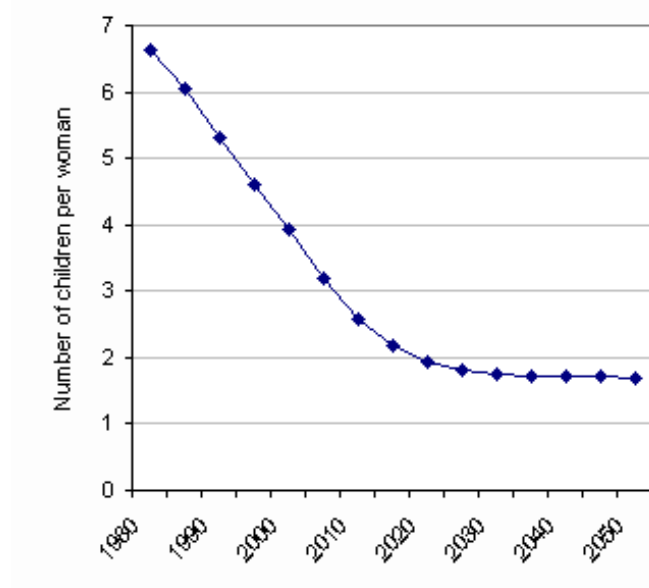
Age Group	Male - 2000	Male - 2020	Female - 2000	Female - 2020
0-4	138,338	102,595	135,743	100,209
5-9	129,136	104,709	127,141	102,532
10-14	121,130	110,913	119,392	108,840
15-19	112,780	123,638	110,289	120,999
20-24	94,619	130,471	91,951	126,785
25-29	76,048	122,627	74,462	118,102
30-34	57,146	109,526	57,287	100,826
35-39	47,977	92,989	49,113	79,215
40-44	39,921	68,796	41,593	53,959
45-49	33,565	48,841	35,191	40,268
50-54	27,694	34,619	29,024	34,319
55-59	22,386	28,368	23,508	32,956
60-64	17,243	22,719	18,081	29,260
65-69	12,609	17,888	13,529	24,184
70-74	8,259	13,185	9,082	18,209
75-79	4,883	8,708	5,847	12,431
80-84	2,278	4,710	3,282	7,136
85-89	854	1,902	1,405	3,293
90-94	197	495	377	1,034
95-99	24	76	53	211
99+	2	6	3	24

TABLE 1.2: Population Estimates and Projections

Source: BUCEN-IDB

1960	1970	1980	1990	2000	2010	2020	2030	2040	2050
590,731	764,683	1,058,021	1,470,569	1,893,442	2,128,471	2,262,573	2,280,688	2,222,681	2,149,815

**Figure 2: Estimated Total Fertility Rate per Woman**

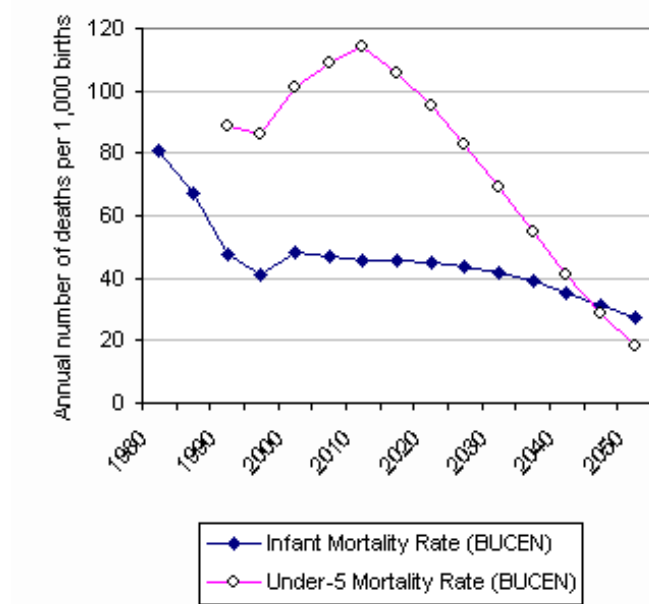


**Table 2: Estimated Total Fertility Rate per Woman**

Source: BUCEN-IDB

1980	1985	1990	1995	2000	2005	2010	2015	2020	2025	2030	2035	2040	2045	2050
6.6	6.0	5.3	4.6	3.9	3.2	2.6	2.2	1.9	1.8	1.8	1.7	1.7	1.7	1.7

**Figure 3: Infant Mortality Rates / Under-5 Mortality Rates**

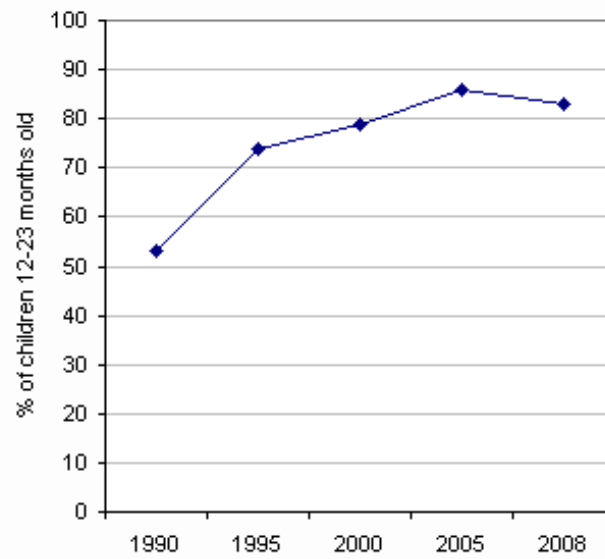


**Table 3: Infant Mortality Rates / Under-5 Mortality Rates**

Source: BUCEN-IDB 2009

Indicator	1980	1985	1990	1995	2000	2005	2010	2015	2020	2025	2030	2035	2040	2045	2050
Infant Mortality Rate (BUCEN)	81.1	67.5	47.5	40.8	48.2	46.8	45.5	45.6	45.0	43.9	42.0	39.0	35.3	31.2	27.1
Under-5 Mortality Rate (BUCEN)			88.9	85.8	100.9	109.2	113.9	105.4	94.9	82.5	68.9	54.7	40.9	28.5	18.5

**Figure 4: Vaccination Coverage (DPT3) Trends**



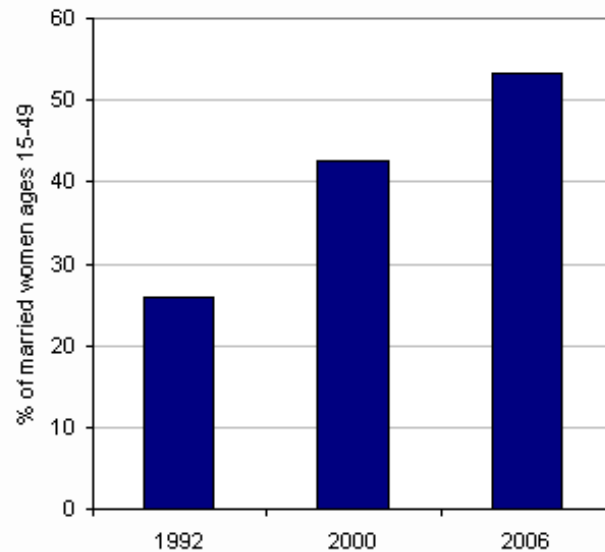
**Table 4: Vaccination Coverage (DPT3) Trends**

Source: WHO/Global Summary

WHO: Global Summary

1990	1995	2000	2005	2008
53.0	74.0	79.0	86.0	83.0

**Figure 5: Contraceptive Prevalence Rates, Modern Methods, Married Women**



**Table 5: Contraceptive Prevalence Rates, Modern Methods, Married Women**

Source: Namibia DHS

1992	2000	2006
26.0	42.6	53.4



# Data Notes

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\*Indicator definitions that differ from those in the data notes section are identified by footnotes accompanying the indicator tables.

## Demographic Indicators

<b>Total Population</b>	The number of people in a given area (i.e., country) in a particular time period (usually a midyear estimate).
<b>Population Growth Rate</b>	The average annual growth rate is the rate of natural increase in a population plus the net migration rate. The rate of natural increase is the difference between the birth rate and the death rate, but it is conventionally measured in percentage terms (per hundred rather than per thousand).
<b>Percent Urban</b>	The percentage of the midyear population living in areas defined as urban in each country and reported to the United Nations.
<b>Women, 15-19</b>	The number of women between the ages of 15-19 in the midyear population.
<b>Women, 15-49</b>	The number of women between the ages of 15-49 in the midyear population.
<b>Life Expectancy at Birth</b>	The average number of years that a person at age 0 will live if age-specific death rates remain constant. Life expectancy at birth is highly affected by rates of infant and child death.
<b>Crude Birth Rate</b>	The number of births per thousand of the population. The product of the number of live births, divided by the midpoint population, multiplied by 1,000.
<b>Crude Death Rate</b>	The number of deaths per thousand of the population. The product of the number of deaths divided by the midpoint population, multiplied by 1,000.
<b>Number of Live Births</b>	The number of live births, annually, within a country.
<b>Healthy Life Expectancy: Female</b>	The number of years of in full health that a female newborn can expect to live based on current rates of ill-health and mortality. HALE is based on life expectancy at birth but includes an adjustment for time spent in poor health.
<b>Healthy Life Expectancy: Male</b>	The number of years of in full health that a male newborn can expect to live based on current rates of ill-health and mortality. HALE is based on life expectancy at birth but includes an adjustment for time spent in poor health.
<b>Population: Percent &lt; Age 15</b>	Percent of population less than 15 years of age.

## Socioeconomic Indicators

<b>GNI per Capita (PPP)</b>	The gross national income (GNI) converted to international dollars using purchasing power parity (PPP) rates. An international dollar has the same purchasing power over GNI as a U.S. dollar has in the United States.
<b>Health Expenditure as Percentage of GDP</b>	Total health expenditures is the sum of public and private health expenditures figured as a percentage of a country's gross domestic product (GDP). It covers the provision of health services (preventive and curative), family planning activities, nutrition activities, and emergency aid designated for health but does not include provision of water and sanitation.
<b>Physicians per 1,000 People</b>	Physicians are defined as graduates of any faculty or school of medicine who are working in the country in any medical field (practice, teaching, research).
<b>Adult Literacy Rate</b>	The percentage of people ages 15 and over who can, with understanding, read and write a short, simple statement about their everyday life.
<b>Adult Literacy Rate, Female</b>	The percentage of women ages 15 and over who can, with understanding, read and write a short, simple statement about their everyday life.

<b>Adult Literacy Rate, Male</b>	The percentage of men ages 15 and over who can, with understanding, read and write a short, simple statement about their everyday life.
<b>Gross Enrollment Ratio - Primary School</b>	Total enrolment in primary level of education, regardless of age, expressed as a percentage of the population in the official age group corresponding to primary level of education. The GER can exceed 100% due to late entry or/and repetition.
<b>Gender Parity Index - Net Enrollment Ratio</b>	The ratio of the female-to-male values (or male to female, in certain cases) of net primary school enrollment rates (NER). NER measures the number of pupils in the official age group for a given level of education, expressed as a percentage of the population in that age group.
<b>Access to an Improved Water Source (Rural)</b>	Access to an improved water source in rural areas. Refers to the percentage of the rural population with reasonable access to an adequate amount of water from an improved source, such as a household connection, public standpipe, borehole, protected well or spring, or rainwater collection. Unimproved sources include vendors, tanker trucks, and unprotected wells and springs.
<b>Access to an Improved Water Source (Urban)</b>	Access to an improved water source in urban areas. Refers to the percentage of the urban population with reasonable access to an adequate amount of water from an improved source, such as a household connection, public standpipe, borehole, protected well or spring, or rainwater collection. Unimproved sources include vendors, tanker trucks, and unprotected wells and springs.
<b>Access to Improved Sanitation Facilities (Rural)</b>	Access to improved sanitation facilities in rural areas. Refers to the percentage of the rural population with access to at least adequate excreta disposal facilities (private or shared, but not public) that can effectively prevent human, animal, and insect contact with excreta.
<b>Access to Improved Sanitation Facilities (Urban)</b>	Access to improved sanitation facilities in urban areas. Refers to the percentage of the urban population with access to at least adequate excreta disposal facilities (private or shared, but not public) that can effectively prevent human, animal, and insect contact with excreta.
<b>Population Living Below \$1 a Day</b>	The percentage of the population living below the specified poverty line of \$1 a day at 1985 international prices (equivalent to \$1.08 at 1993 international prices), adjusted for purchasing power parity.
<b>Human Development Index</b>	The HDI is a composite index that measures the average achievements in a country in three basic dimensions of human development: a long and healthy life, as measured by life expectancy at birth; knowledge, as measured by the adult literacy rate and the combined gross enrollment ratio for primary, secondary, and tertiary schools; and a decent standard of living, as measured by gross domestic product (GDP) per capita in purchasing power parity (PPP) US dollars.
<b>Population Below Poverty Line</b>	National estimates of the percentage of the population falling below the poverty line are based on surveys of sub-groups, with the results weighted by the number of people in each group. Definitions of poverty vary considerably among nations. For example, rich nations generally employ more generous standards of poverty than poor nations.
<b>Real GDP (Growth) Rate</b>	This entry gives the gross domestic product (GDP) growth on an annual basis adjusted for inflation and expressed as a percent.
<b>Income Inequality (Gini index)</b>	This index measures the degree of inequality in the distribution of family income in a country. It is calculated from the Lorenz curve, in which cumulative family income is plotted against the number of families arranged from the poorest to the richest. The index is the ratio of (a) the area between a country's Lorenz curve and the 45 degree helping line to (b) the entire triangular area under the 45 degree line. The more nearly equal a country's income distribution, the closer its Lorenz curve to the 45 degree line and the lower its Gini index, e.g., a Scandinavian country with an index of 25. The more unequal a country's income distribution, the higher its Gini index, e.g., a Sub-Saharan country with an index of 50. If income were distributed with perfect equality, the index would be zero; if income were distributed with perfect inequality, the index would be 100.
<b>Unemployment Rate</b>	This entry contains the percent of the labor force that is without jobs. Substantial underemployment might be noted.
<b>Inflation Rate</b>	This entry furnishes the annual percent change in consumer prices compared with the previous year's consumer prices.

<b>Airports</b>	This entry gives the total number of airports or airfields recognizable from the air. The runway(s) may be paved (concrete or asphalt surfaces) or unpaved (grass, earth, sand, or gravel surfaces) but may include closed or abandoned installations. Airports or airfields that are no longer recognizable (overgrown, no facilities, etc.) are not included. Note that not all airports have accommodations for refueling, maintenance, or air traffic control.
<b>Airports with paved runways</b>	This entry gives the total number of airports with paved runways (concrete or asphalt surfaces) by length. For airports with more than one runway, only the longest runway is included according to the following five groups - (1) over 3,047 m, (2) 2,438 to 3,047 m, (3) 1,524 to 2,437 m, (4) 914 to 1,523 m, and (5) under 914 m. Only airports with usable runways are included in this listing. Not all airports have facilities for refueling, maintenance, or air traffic control.
<b>Family Planning Indicators</b>	
<b>Total Fertility Rate (BUCEN)</b>	The number of children a woman between ages 15-49 would have during her reproductive life, if, for all of her childbearing years she were to experience the age-specific birth rates for that given year.
<b>Total Fertility Rate (DHS)</b>	The number of children a woman between ages 15-49 would have during her lifetime if she were to bear children at the currently observed rates.
<b>Contraceptive Prevalence Rate, Modern Methods, All Women</b>	Percentage of all women ages 15-49 currently using a modern method of contraception. Modern methods include oral contraceptives, IUDs, injectables, female and male sterilization, all emergency contraception, and barrier methods (diaphragm, foam, jelly, male and female condom).
<b>Contraceptive Prevalence Rate, Modern Methods, Married Women</b>	Percent of currently married women ages 15-49 currently using a modern method of contraception. Modern methods include oral contraceptives, IUDs, injectables, female and male sterilization, all emergency contraception, and barrier methods (diaphragm, foam, jelly, male and female condom).
<b>Median Age of Sexual Debut Among Women, Ages 25-49</b>	Median age of first sexual intercourse for women ages 25-49.
<b>Mean Ideal Family Size</b>	Mean ideal number of children for all women, according to number of living children.
<b>Women 20-24 Who Gave Birth Before Age 20</b>	Percentage of women ages 20-24 who have given birth before age 20.
<b>Total Fertility Rate, Rural</b>	In rural areas only, the number of children a woman between ages 15-49 would have during her lifetime if she were to bear children at the currently observed rates.
<b>Unmet Need for Family Planning: Rural</b>	In rural areas, percentage of married women ages 15-49 with unmet need for family planning. Unmet need for spacing includes pregnant women whose pregnancy was mistimed, amenorrheic women who are not using family planning and whose last birth was mistimed, and fecund women who are neither pregnant nor amenorrheic and who are not using any method of family planning and say they want to wait 2 or more years for their next birth. Also included are fecund women who are not using any method of family planning and say they are unsure whether they want another child or who want another child but are unsure when to have the birth unless they say it would not be a problem if they discovered they were pregnant in the next few weeks. Unmet need for limiting refers to pregnant women whose pregnancy was unwanted, amenorrheic women whose last child was unwanted, and fecund women who are neither pregnant nor amenorrheic and who are not using any method of family planning and want no more children.
<b>Unmet Need for Family Planning: Urban</b>	In urban areas, percentage of married women ages 15-49 with unmet need for family planning. Unmet need for spacing includes pregnant women whose pregnancy was mistimed, amenorrheic women who are not using family planning and whose last birth was mistimed, and fecund women who are neither pregnant nor amenorrheic and who are not using any method of family planning and say they want to wait 2 or more years for their next birth. Also included are fecund women who are not using any method of family planning and say they are unsure whether they want another child or who want another child but are unsure when to have the birth unless they say it would not be a problem if they discovered they were pregnant in the next few weeks. Unmet need for limiting refers to pregnant women whose pregnancy was unwanted, amenorrheic women whose last child was unwanted, and fecund women who are neither pregnant nor amenorrheic and who are not using any method of family planning and want no more children.



<b>Contraceptive Prevalence Rate, All Methods</b>	Percentage of currently married women ages 15-49 currently using ANY method of contraception.
<b>Equity in use of modern contraception</b>	Contraceptive prevalence rate in the lowest wealth quintile/contraceptive prevalence rate in the highest wealth quintile.
<b>Percent of need satisfied by modern methods of family planning</b>	Number of women in union who are fecund and are currently using modern contraceptive methods to stop or postpone the next pregnancy/number of women in union who are fecund and who desire to either terminate childbearing or to postpone their next birth for 2 years or more.

### **Maternal Health Indicators**

<b>Maternal Mortality Ratio (WHO/Hill)</b>	The estimated number of women who die as a result of pregnancy or childbirth per 100,000 live births arrived through Hill et al., adjustment procedure depending on the nature of data used. The margins of uncertainty associated with the estimated maternal mortality ratios are very large and the estimates should not be used to monitor trends in the short term (including comparisons between 1995 and 2000 estimates). In addition, cross-country comparisons should be treated with considerable circumspection because different strategies are used to derive the estimates for different countries rendering comparisons fraught with difficulty. For further information please refer to the source.
<b>Maternal Mortality Ratio (DHS)</b>	The estimated number of women who die as a result of pregnancy or childbirth per 100,000 live births, arrived mostly through the "sisterhood method". The data are aggregated based on different time periods ranging from four to ten years preceding the survey. Thus, the data may not be suitable for trend analysis due to over-lapping year ranges of estimates. For further information on methodology please refer to: Stanton, Cynthia, Nouredine Abderrahim, and Kenneth Hill. 1997. DHS Maternal Mortality Indicators: An assessment of Data Quality and Implications for Data Use. Calverton: Macro International Inc., or individual country DHS reports.
<b>Antenatal Care (at least 1 visit)</b>	Percentage of women of reproductive age (15-49) who receive at least one antenatal care visit during pregnancy (in the three-year period preceding the survey).
<b>Antenatal Care (2+ visits)</b>	Percentage of women of reproductive age (15-49) who receive at least two antenatal care visits during pregnancy (in the three-year period preceding the survey).
<b>Antenatal Care (4+ visits)</b>	Percentage of women of reproductive age (15-49) who receive four or more antenatal care visits during pregnancy (in the three-year period preceding the survey).
<b>Assisted Delivery by a Health Professional</b>	The percentage of births/deliveries that occur with the assistance of any trained health professional during the five-year period preceding the survey. May include doctors, nurses, or midwives.
<b>Assisted Delivery by Doctor</b>	The percentage of live births/deliveries that occur with the assistance of a doctor during the five-year period preceding the survey.
<b>Assisted Delivery by Other Health Professional</b>	The percentage of live births/deliveries that occur with the assistance of a nurse or midwife during the five-year period preceding the survey.
<b>Anemia prevalence among women of reproductive age</b>	Number of women of reproductive age (15-49 years) with anemia/number of women of reproductive age (15-49 years).
<b>Equity in skilled attendance at delivery</b>	Percentage of births in the lowest wealth quintile attended by a doctor, nurse, or trained midwife/percentage of births in the highest wealth quintile attended by a doctor, nurse, or trained midwife.

### **Child Survival Indicators**

<b>ARI Care Seeking - Children Under 5</b>	Percentage of children under five years who were ill with an acute respiratory infection (ARI), which is associated with cough, rapid breathing and a high fever, during the two weeks preceding the survey, for whom care was sought from a health facility or provider.
<b>ORT Use Rate (ORS, RHS, or Increased Fluids)</b>	Oral Rehydration Therapy (ORT). Percentage of children under age 5 with diarrhea two weeks prior to survey who received increased fluids, oral rehydration solution (ORS) or recommended home solution (RHS).
<b>Infant Mortality Rate (BUCEN)</b>	The estimated annual number of deaths of infants under 12 months in a given year per 1,000 live births in that same year.

<b>Infant Mortality Rate (UNICEF)</b>	The under five mortality rate is the probability (as expressed as a rate per 1,000 live births) of a child born in a specified year dying before reaching the age of one if subject to current age-specific mortality rates.
<b>Infant Mortality Rate (DHS)</b>	The estimated annual number of deaths of infants under 12 months in a given year per 1,000 live births in that same year (five-year period preceding survey).
<b>Infant Mortality Rate, Females (BUCEN)</b>	The estimated annual number of deaths of female infants under 12 months in a given year per 1,000 live births in that same year.
<b>Infant Mortality Rate, Males (BUCEN)</b>	The estimated annual number of male infants under 12 months in a given year per 1,000 live births in that same year.
<b>Under-5 Mortality Rate (BUCEN)</b>	Annual number of deaths that occur in children 0-4 years old per 1,000 births.
<b>Neonatal Mortality Rate</b>	The estimated number of infant deaths in the first month of life per 1,000 live births in the five-year period preceding the survey.
<b>Under-5 Mortality Rate (UNICEF)</b>	Annual number of deaths that occur in children 0-4 years old per 1,000 births (five-year period preceding survey).
<b>Under-5 Mortality Rate (DHS)</b>	Annual number of deaths that occur in children 0-4 years old per 1,000 births (five-year period preceding survey).
<b>Exclusive Breastfeeding (under 4 mos.)</b>	Percentage of children under 4 months exclusively breastfed. Exclusive breastfeeding is defined as providing no food or liquid other than breast milk to the child during the 24-hour period before the survey.
<b>Exclusive Breastfeeding (under 6 mos.)</b>	Percentage of children under 6 months exclusively breastfed. Exclusive breastfeeding is defined as providing no food or liquid other than breast milk to the child during the 24-hour period before the survey.
<b>Stunted (height-for-age)</b>	Percentage of children under age five whose height-for-age is below minus-two standard deviations from the median of the reference population.
<b>Underweight (weight-for-age)</b>	Percentage of children under age five whose weight-for-age is below minus-two standard deviations from the median of the reference population.
<b>Wasted (weight-for-height)</b>	Percentage of children under age five whose weight-for-height is below minus-two standard deviations from the median of the reference population.
<b>DPT3 Vaccination Rate (DHS)</b>	Proportion of living children 12-23 months old who have received three complete doses of vaccines against diphtheria, pertussis, and tetanus.
<b>DPT3 Vaccination Rate (WHO)</b>	Proportion of living children 12-23 months old who have received three complete doses of vaccines against diphtheria, pertussis, and tetanus.
<b>Measles Vaccination Rate (DHS)</b>	Percentage of living children 12-23 months old who have received one dose of Measles Containing Vaccine.
<b>Measles Vaccination Rate (WHO)</b>	Percentage of living children 12-23 months old who have received one dose of Measles Containing Vaccine.
<b>Polio Vaccination Rate (DHS)</b>	Proportion of living children 12-23 months who have received three doses of polio vaccine.
<b>Polio Vaccination Rate (WHO)</b>	Proportion of living children 12-23 months who have received three doses of polio vaccine.
<b>Tetanus Toxoid Vaccination</b>	Percentage of pregnant women receiving two (or more) doses of tetanus toxoid (three-year period preceding survey).
<b>Equity in DPT3 coverage (DHS)</b>	DPT3 coverage in the lowest wealth quintile/DPT3 coverage in the highest wealth quintile.
<b>Improved sanitation/hygiene practices</b>	Number of households with child under 5 years of age whose youngest child's feces was safely disposed of the last time he/she passed stool/total number of households with a child under 5 years of age.

**Vitamin A supplementation coverage among children 6-59 months**

Number of children aged 6-59 months who received a vitamin A supplement in the last 6 months/total number of children aged 6-59 months surveyed.

***HIV/AIDS Prevention Indicators***

**HIV Prevalence proportion: Adults (15–49 years)**

The adult HIV prevalence proportion is the estimated number of adults living with HIV divided by the adult population (aged 15–49).

**Estimated number of people living with HIV: Adults and Children**

Estimated number of adults and children living with HIV. Adults are 15 years and over. Children are defined as those aged 0–14 years.

**Estimated number of people living with HIV: Women (15+ years)**

Estimated number of women (aged 15 and over) living with HIV.

**Estimated number of people living with HIV: Children (0–14 years)**

Estimated number of children under age 15 living with HIV.

**Males Reporting Condom Use With Last Non-Regular Partner**

Among men who have had high risk sex in the last year, percentage who used condoms during their last sexual intercourse with a non-regular partner/non-cohabitating partner.

**Females Reporting Condom Use With Last Non-Regular Partner**

Among women who have had high risk sex in the last year, percentage who used condoms during their last sexual intercourse with a non-regular partner/non-cohabitating partner.

***Infectious Diseases Control Indicators***

**TB Estimated Number of Cases**

The estimated number of cases (all forms).

**TB Case Detection Rate**

TB Case Detection Rate is defined as the percentage of the annual new smear-positive notifications of the estimated annual new smear-positive incidence.

**TB (DOTS) Treatment Success Rate**

The proportion of smear-positive patients who were cured plus the proportion who completed treatment.

**Malaria Cases per 100,000**

Number of malaria cases per 100,000 of the population during the year for which data was reported.

**DOTS Coverage**

The percentage of the national population living in areas where health services have adopted DOTS. "Areas" are the lowest administrative or management units in the country (townships, districts, counties, etc). If an area is considered a DOTS area, then all cases registered and reported in that area are considered DOTS cases and the population living within the boundaries of that area counts toward national DOTS coverage. As a measure of patient access to diagnosis and treatment under DOTS, coverage is an approximation, and usually an overestimate.

**HIV-Infected with Active TB**

The TB incidence rate in HIV-infected people 15-49 divided by the incidence rate in HIV-uninfected people 15-49.

**Avian Influenza: Cumulative Number of Confirmed Human Cases**

The cumulative number of confirmed human cases of Avian Influenza A/(H5N1) reported to WHO. The total number of cases includes number of deaths. WHO reports only laboratory-confirmed cases.

**Avian Influenza: Cumulative Number of Confirmed Human Deaths**

The cumulative number of confirmed human deaths from Avian Influenza A/(H5N1) reported to WHO. WHO reports only laboratory-confirmed cases and deaths.

**Child Sleeps Under Insecticide-Treated Net**

Percentage of children under five years of age who slept under an Insecticide Treated Net (ITN) the night before the survey. An ITN is (1) a permanent net that does not require any treatment, or (2) a pretreated net obtained within the last six months, or (3) a net that has been soaked with insecticide within the past six months.

**Equity in Bednet (ITN) Ownership**

Proportion of households in the lowest income quintile with an ITN / proportion of households in the highest income quintile with an ITN.

# Statistical Sources For Namibia

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<b>BUCEN-IDB 2006</b>	United States Census Bureau (BUCEN), International Programs Center. International Database. August 2006.
<b>BUCEN-IDB 2009</b>	United States Census Bureau (BUCEN), International Programs Center. International Database. April 2009.
<b>BUCEN-IDB 2009</b>	United States Census Bureau (BUCEN), International Programs Center. International Database. November 2009.
<b>CIA World Factbook 2008</b>	CIA World Factbook, 2008 <a href="https://www.cia.gov/library/publications/the-world-factbook/index.html">https://www.cia.gov/library/publications/the-world-factbook/index.html</a> . Last accessed October, 2008.
<b>CIA World Factbook 2009</b>	CIA World Factbook 2009 <a href="https://www.cia.gov/library/publications/the-world-factbook/index.html">https://www.cia.gov/library/publications/the-world-factbook/index.html</a>
<b>CIA World Factbook 2009</b>	CIA World Factbook, 2008 <a href="https://www.cia.gov/library/publications/the-world-factbook/index.html">https://www.cia.gov/library/publications/the-world-factbook/index.html</a> . Last accessed April, 2009.
<b>DHS STATcompiler 2009</b>	DHS STATcompiler as of October 2009 <a href="http://www.statcompiler.com">http://www.statcompiler.com</a>
<b>Human Development Report - 2007/2008 2008</b>	Human Development Report 2007/2008. Fighting climate change: Human solidarity in a divided world. Published for the United Nations Development Programme (UNDP)
<b>Namibia DHS 1992</b>	Ministry of Health and Social Services and Macro International Inc. Namibia Demographic and Health Survey 1992. Columbia, Maryland: Macro International Inc., May 1993.
<b>Namibia DHS 2000</b>	Ministry of Health and Social Services (MOHSS) [Namibia]. 2003. Namibia Demographic and Health Survey 2000. Windhoek, Namibia: MOHSS
<b>Namibia DHS 2006-2007</b>	Ministry of Health and Social Services (MoHSS) [Namibia] and Macro International Inc. 2008. Namibia Demographic and Health Survey 2006-07. Windhoek, Namibia and Calverton, Maryland, USA: MoHSS and Macro International Inc.
<b>UNAIDS 2008 2008</b>	2008 Report on the Global AIDS Epidemic. Geneva: UNAIDS, 2008
<b>UNESCO Global Monitoring Report 2009</b>	EFA Global Monitoring Report 2009.
<b>UNICEF Global Database 2009</b>	UNICEF Global Database/Child Health Malaria: <a href="http://www.childinfo.org/statistical_tables.html">http://www.childinfo.org/statistical_tables.html</a>
<b>WHO Global Health Atlas 2008</b>	Accessed March of 2008
<b>WHO Global Health Atlas 2008</b>	WHO Website: <a href="http://apps.who.int/globalatlas/dataQuery/default.asp">http://apps.who.int/globalatlas/dataQuery/default.asp</a>
<b>WHO/Global Summary 2002</b>	WHO Vaccine-Preventable Diseases Monitoring System. 2002 Global Summary. World Health Organization, Geneva.
<b>WHO/Global Summary 2008</b>	Immunization surveillance, assessment and monitoring section of the WHO website: <a href="http://www.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm">http://www.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveragedtp3.htm</a>

<b>WHO/Hill 2005</b>	Maternal Mortality in 2005: Estimates developed by WHO, UNICEF, UNFPA and The World Bank
<b>WHO: Global Atlas 2009</b>	WHO Global Health Atlas: <a href="http://apps.who.int/globalatlas/dataQuery/default.asp">http://apps.who.int/globalatlas/dataQuery/default.asp</a>
<b>WHO: Global Summary 2009</b>	WHO Global Summary Vaccine: <a href="http://www.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveragemcv.htm">http://www.who.int/immunization_monitoring/en/globalsummary/timeseries/tscoveragemcv.htm</a>
<b>World Bank/WDI 2005</b>	World Bank Development Indicators 2005, CD-Rom. Washington, DC: The World Bank, 2005.
<b>World Bank/WDI 2006</b>	World Bank Development Indicators 2006. Washington, DC: The World Bank, 2005. Available at: <a href="http://devdata.worldbank.org/wdi2006/contents/index2.htm">http://devdata.worldbank.org/wdi2006/contents/index2.htm</a> . Last accessed April, 2007.
<b>World Bank/WDI Database 2007</b>	World Bank Development Indicators Database 2007. Washington, DC: The World Bank, 2007. Available at: <a href="http://devdata.worldbank.org/data-query/">http://devdata.worldbank.org/data-query/</a> . Last accessed April, 2007.