REPUBLIC OF NAMIBIA

MINISTRY OF HEALTH AND SOCIAL SERVICES

2020-2021

Annual Report

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ABBREVIATIONS

ACS - Active Case Search
AEs – Adverse Events
AFP - Acute Flaccid Paralysis
AfSBT - Africa Society of Blood Transfusion
AG - Attorney General
ALI - Africa Leadership Institute
ANC – Antenatal Care
ART - Antiretroviral Therapy
ARV – Antiretroviral
CBHC - Community Based Health Care
CDC – Centre for Disease Control
CERF - Central Emergency Response Fund
cGMP - current Good Manufacturing Practices
CHWs - Community Healthcare Workers
CLTS - Community Led Total Sanitation
CMS – Central Medical Stores
COVID-19 - Coronavirus Disease 2019
CPT - Cotrimoxazole Preventive Therapy
CTX - Cotrimoxazole
cVDPV2 - Circulating Vaccine Derived Polio Virus
DHIS – District Health Information System
DR-TB - Drug-Resistant TB
DSD - Differentiated Service Delivery
DSP – Directorate of Special Programmes
DSWS – Directorate Social Welfare Services
DTG – Dolutegravir
ECD - Early Childhood Development
EID – Early Infant Diagnosis
EML – Essential Medicines List
EPI - Expanded Programme on Immunization
ERRC - Etegameno Rehabilitation and Resource Centre
EXCO - Executive Committee
FP – Family Planning
FY – Financial Year
HAI – Hospital-Acquired Infections
HB – Haemoglobin
HiAP - Health in All Policies
HIRD - Health Information & Research Directorate
HIS – Health Information System
HIV - Human Immunodeficiency Virus
HIVST- Human Immunodeficiency Virus self-Testing
HPCNA – Health Professions Councils of Namibia
HPSI - Health Promoting School Initiative
HPV - Human Papilloma Virus
HTS – HIV Testing Services
HVAC - Heating, Ventilation, and Air Conditioning
IAEA - International Atomic Energy Agency

IARs - Intra-Action Reviews
ICT - Index Contact Testing
ICU - Intensive Care Unit
IDSR - Integrated Disease Surveillance and Response
IEC – Information, Education and Communication
IHRC - International Health Regulation Capacity
IMNCI - Integrated Management of New-born and Childhood Illness
IMS - Incident Management System
IPs - Improvement Projects
IRS - Indoor Residual Spraying
ISS - Integrated Support Supervision
ITNs - Insecticide Treated Mosquito Nets
IYCF - Infant and Young Child Feeding
JPCC - Joint Permanent Commissions of Cooperation
KMC - Kangaroo Mother Care
LF LAM - Lateral Flow Urine Lipoarabinomannan
LLETZ - Large Loop Excision of the Transformation Zone
LLINs - Long-Lasting Insecticide Treated Nets
MC – Male Circumcision
MCH – Maternal and Child Health
MDR - Multi-Drug Resistance
MDR-TB – Multi-Drug Resistant TB
MIRCO - Ministry of International Relations and Cooperation
MLS - Medical Laboratory Services
MoF - Ministry of Finance
MoHSS – Ministry of Health and Social Services
NAMBTS - Namibian Blood Transfusion Service
NAMPHIA - Namibia Population-Based HIV Impact Assessment
NAT - Nucleic Acid Tests
NCDs – Non-communicable Diseases
NCDCs - Non-Communicable Diseases and Conditions
NDHS - Namibia Demographic and Health Survey
NDP5 - Fifth National Development Plan
NHEMC - National Health Emergency Management Committee
NHTC - National Health Training Centre
NICU - Neonatal Intensive Care Unit
NIMART - Nurse Initiated Management of ART
NIP – Namibia Institute of Pathology
NMSP - National Malaria Strategic Plan
NPCS - National Planning Commission Secretariat
NQPS - National Quality Policy and Strategy
NRPA - National Radiation Protection Authority
NSA - Namibia Statistics Agency
NSOAP - National Surgical, Obstetric, and Anaesthesia Plan
NTD - Neglected Tropical Disease
NTLP - National TB and Leprosy Programme
NVDCP – National Vector Borne Disease Control Programme
OIE - World Organization for Animal Health
OPM - Office of the Prime Minister

OTS - Orthopaedic Technical Services
OPD - Outpatient Department
PCI - Primary Care International
PEN - Package of Essential Non-communicable
PEPFAR – The U.S. President's Emergency Plan for Aids Relief
PHC – Primary Health Care
PLHIV – People Living with HIV
PMDRC - Policy Management, Development and Review Committee
PMS - Performance Management System
PMTCT - Prevention of Mother-to-Child Transmission
PMU – Programme Management Unit
PNC – Post-Natal Care
PPE - Personal Protective Equipment
PPP - Public-Private Partnership
PrEP – Pre-Exposure Prophylaxis
PRO- Public Relations Office
PwDs - Persons with Disabilities
QA – Quality Assurance
QI - Quality Improvement
RCCE - Risk Communication and Community Engagement
RDTs - Rapid Diagnostic Tests
RMT – Regional Health Management Teams
SADC – Southern African Development Community
SRHR – Sexual Reproductive Health Rights
SGBV – Sexual and Gender-Based Violence
SLMTA - Strengthening of laboratory Management towards Accreditation
SOPs - Standard Operating Procedures
STI – Sexually-Transmitted Infection
TB – Tuberculosis
ToTs - Training of Trainers
TSA - Thematic Safety Areas
UHC - Universal Health Coverage
ULTS - Urban Led Total Sanitation
UN – United Nations
UNAIDS - The Joint United Nations Programme on HIV/AIDS
UNDP – United Nations Development Programme
UNICEF - United Nations Children's Fund
UNPAF – United Nation Partnership Framework
VIA - Visual Inspection with Acetic acid
VL - Viral Load
VMMC - Voluntary Medical Male Circumcision
WCEW - Windhoek Central Engineering Workshop
WCH – Windhoek Central Hospital
WFP – World Food Programme
WHO – World Health Organization
WISN - Workload Indicators of Staffing Need
XDRTB - Extensively Drug-Resistant TB
XRF - X-ray Fluorescence

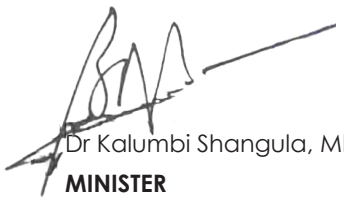
FOREWORD

Drawing from the supreme law of the country, the National Health Policy Framework, and the existing strategic documents, the Ministry of Health and Social Services holds the mandate to promote and protect the health of the Namibian people and provide quality social services to all, especially the weak and vulnerable members of society. Thus, this report presents the Ministry's accomplishments and challenges for the 2020/2021 Financial Year within the aforementioned context.

During the reporting period, various interventions were implemented to enhance preventative measures, strengthen institutional capacities, and ensure the delivery of high-quality health services across the country. Unfortunately, like many other nations, Namibia was not spared the impact of the COVID-19 pandemic. The pandemic significantly disrupted healthcare service delivery and the provision of other essential services, undermining progress made over the years across several health programmes. These setbacks were felt by both service providers and the communities they serve.

Namibia recorded her first case of COVID-19 on 13 March 2020. As part of the national response, a COVID-19 Communication Centre was established and a vaccination campaign was launched with other pandemic containment measures introduced. While some efforts t yielded positive results, essential health services were inevitably affected, particularly during periods of lockdown. Resources were also redirected to support the national COVID-19 response. The pandemic therefore posed a major challenge and negatively affected the Ministry's overall performance during the period under review.

This report outlines the key achievements of the Ministry of Health and Social Services (MoHSS), both at central level and across the 13 Regional Directorates. I encourage all levels of Ministry leadership to make full use of this report as a planning tool to strengthen and improve the delivery of health and social services in the coming years.



Dr Kalumbi Shangula, MP
MINISTER

PREFACE

The 2020/21 report provides an overview of achievements and challenges in the delivery of health and social services. Health services are being provided through public health facilities, faith-based organisations, and community-based healthcare providers. The report focuses, among others, on the prevention and treatment of communicable and non-communicable diseases; maternal and child health; reproductive health services; social welfare and health systems strengthening.

This report provides a programmatic analysis of performance, including the impact of COVID-19 on the health and social welfare sectors. The report highlights progress made in meeting targets and implementing performance-improving strategies, as well as the challenges and opportunities presented by the COVID-19 pandemic. While the COVID-19 pandemic exposed gaps in preparedness to deal with novel diseases across the globe, it also presented opportunities to prepare for the future. The report is arranged in different chapters as follows:

Chapter 1: Introduction
Chapter 2: General Management and Development of Health and Social Services Programme
Chapter 3: Resource Management and General Support Services
Chapter 4: Finance and Logistics
Chapter 5: Public Health Services
Chapter 6: Tertiary Healthcare and Clinical Support Services, and
Chapter 7: Conclusion and Way forward

This report presents performance results from a carefully planned and executed process in a resource-constrained environment. It intends to enable management, staff, partners and stakeholders to review the findings and use the insights to strengthen areas where implementation may not have yielded the desired outcomes. For ease of reference and planning, the report also includes key challenges, conclusions and recommendations.

Ben Nangombe
EXECUTIVE DIRECTOR

CHAPTER 1: INTRODUCTION

The world came to a standstill following reports of positive COVID-19 cases. In Namibian, the President declared a state of emergency from 27 March 2020 until the end of September 2020 following confirmation of the first two COVID-19 positive cases in the country on 13 March 2020. Consequently, the country went into lockdown with effect from 27 March 2020 to minimise the spread of the virus. This led to the closure of most of businesses not deemed to provide essential services. Thereafter, Namibia progressed through various stages of easing the lockdown, culminating in the fourth stage. By the end of the reporting period, the country recorded a cumulative total of 157,747 new COVID-19 cases and 2,103 re-infections, bringing the total number of reported cases to 159 850, with 3 496 deaths. This unfortunate situation put pressure on the health service delivery in Namibia. As a result, both human and financial resources had to be redirected to meet the demand for healthcare services.

In response to the COVID-19 pandemic, the Ministry implemented DHIS2 Vaccination Tracker module, enabling the electronic capture and reporting of vaccination data across all region. Additionally, the IDSR module within the DHIS2 was enhanced to manage Covid-19 cases. The Ministry also introduced the psychosocial support guides and tools for people infected and affected by COVID-19. These included psychosocial support forms and guides for use in social work case management, providing critical guidance and support to the social workers working in highly uncertain circumstances.

The Ministry's total budget allocation for the 2020/21 Financial Year was N$8.051 billion, of which N$238 million made up the development budget. There was an 18% increase in the value of distributed stock, amounting to N$1,134,428,285, in comparison to stock distributed the previous financial year (2019/2020), which stood at N$934,949,586. This increase was driven by the demand brought about by the COVID-19 outbreak. The Ministry also constructed 11 isolation facilities as part of its COVID-19 response. In alignment with its strategic objective to improve health infrastructure, three clinics were completed during the 2020/2021 Financial Year.

The Ministry remains committed to improving the population-to-health worker ratio. In 2020/21, the Doctor-to-population ratio has improved from 1:1,000 to 1.5:1,000, while the Nurse-to-Population ratio improved from 4.5:1,000 to 5.24:1, 000. Moreover, the final draft of the National Strategic Plan on the Prevention of Suicide 2020/21-2024/25 was developed and implementation has started.

Despite many positive strides in the delivery of healthcare services, challenges remain, such as the ongoing COVID-19 pandemic and shortages of staff. Nonetheless, the Ministry will continue to place great emphasis on the Primary Healthcare approach, which remains the benchmark of quality health service delivery.

1.1 SOCIOECONOMIC DEVELOPMENT

Namibia made significant strides in its socioeconomic development during 2020 to 2021. The Gross Domestic Product (GDP) showed a positive growth from -8.1% recorded in 2020 to 3.5%, mainly due to the growth in primary industries[1]. The government, in partnership with international organisations and the private sector, implemented various measures to improve the well-being of its citizens.

A key area of development is poverty reduction. The government introduced a social safety net programme known as the Basic Income Grant, which provides cash transfers to vulnerable households. The programme has been expanded to cover more households and has proven effective in reducing poverty.

Another area of focus is education. The government has invested in education sector by providing free primary and secondary education and increasing access to tertiary education. This has led to improved literacy rates and greater availability of skilled labour in the country. In addition, the government has prioritised infrastructure development, including roads, bridges and telecommunications. These improvements have facilitated trade and investment, boosted economic growth and created new opportunities for businesses.

The private sector has also played a vital role in the

1 [1] *Namibia Statistics Agency, 2022. Annual National Accounts 2022. (https://nsa.nsa.org.na/wp-content/uploads/2023/03/ANNUAL-NATIONAL-ACCOUNTS-2022.pdf), accessed 25 August 2023.*

country's development, with increased investment in industries such as mining and tourism. This has led to the creation of jobs and increased economic activity, benefiting both the private sector and the broader economy.

In conclusion, Namibia's socioeconomic development in 2020-2021 was notable, driven by a combination of government policies, private sector investment, and international partnerships. With continued efforts in poverty reduction, education, infrastructure, and environmental conservation, Namibia is on a path towards becoming a vibrant and prosperous nation.

1.2 HEALTH STATUS

Namibia has made progress in improving the health status of its citizens, with positive trends observed in HIV incidence, TB incidence, birth support, mortality from non-communicable diseases and International Health Regulation (IHR) capacity. The TB incidence rate has declined from 314/1,000 in 2019 to 263/1,000 population reported in 2020, while hepatitis B and malaria incidence have also showed a decrease. Institutional maternal mortality ratio declined from 48/100,000 live births in 2019/2020 to 38.7/100,000 in 2020/2021.

The new-born mortality rate also declined from 10/1,000 live births reported in 2019/2020 to 8/1,000 in 2020/2021. Efforts to reduce maternal and neonatal mortalities have included capacity building of health workers and implementation of programmes such as Kangaroo Mother Care (KMC) and Integrated Management of Newborn and Childhood Illness (IMNCI). HIV incidence has decreased slightly, and Namibia has exceeded the 95-95-95 targets for treatment, care and viral load suppression.

The country continues to make progress in the fight against HIV/AIDS. Namibia has embraced modern family planning methods, with stakeholders encouraging sexually active young adolescents to seek contraceptives and family planning guidance. The number of malaria cases increased significantly from 3,404 cases in 2019 to 13,633 cases reported in 2020. Although there was an improvement in indoor residual spraying coverage, it remained below the WHO-recommended level of over 85%[2]. The COVID-19 pandemic has disrupted the health sector, with attention to non-communicable diseases severely affected, and a shortage of medication for such diseases experienced.

2 *World Health Organization, 2015. Indoor Residual Spraying: An operational Manual for IRS for Malaria Transmission Control and Elimination. (https://www.who.int/publications/i/item/9789241508940), accessed 25 August 2023*

CHAPTER 2: GENERAL MANAGEMENT AND DEVELOPMENT OF HEALTH AND SOCIAL SERVICES PROGRAMME

The objective of this programme is to provide effective planning, appropriate management support capacity in respect of policy formulation, development cooperation, management information and research, facility planning, and capital development.

2.1 Health Facility Planning and Capital Development

Although existing capital projects were not halted, focus on capital development tilted towards construction of isolation facilities at various public hospitals in response to the COVID-19 pandemic. Additional resources were also mobilised for this purpose.

2.1.1 Construction of isolation facilities

Isolation facilities were constructed at the following hospitals: Windhoek Central Hospital (10-bed unit); Windhoek Central Hospital (a 12-bed unit); a four-bed unit each at Opuwo, Oshakati and Rundu; Okongo and Gobabis (8-bed unit each); Keetmanshoop and Walvis Bay (12- and 24-bed units respectively). These facilities are fitted with medical gas provisions. Isolation units were also at a later stage completed at Nkurenkuru, Rundu, Katima Mulilo, Gobabis, Mariental, Keetmanshoop, Eenhana, Engela, Okahandja and Karasburg. During the first phase of the outbreak, even with this increase in hospital capacity, the health care system faced challenges in efforts to meet the demand created by the pandemic.

- The retrofitting of health facilities for dedicated isolation was also done at Outapi, Oshakati, Katutura and Onandjokwe Hospitals. While dedicated isolation facilities were constructed at Otjiwarongo, Andara and Okahao Hospitals. Additionally, a 96-bed capacity prefabricated isolation unit at Katutura Intermediate Hospital was constructed to serve as a Kidney Dialysis Unit.

2.1.2 Other Capital Projects

The Ministry was allocated N$360,490,000 for capital projects. This budget was to cater for new projects, ongoing projects, and maintenance of existing health infrastructure.

- A summary of capital projects that were undertaken during 2020/2021 is shown in Table 3.

Table 1: Projects undertaken

PROJECTS	NATURE OF WORKS
Rundu Hospital Upgrading/Renovation (Phases 6 and 7)	Solar geyser installation, medical gas installation, connection of backup power system
Katutura Intermediate Hospital	Renovation of the Katutura Hospital Pharmacy
Oshakati Intermediate Hospital Extension	Asbestos demolition, asbestos monitoring consultants, Psychiatric Ward renovations.
Onandjokwe Hospital Upgrading	Construction of maternity ward, construction of mothers' lodge and Paediatric Ward
Okakarara District Hospital Upgrading	Remedial works to complete outstanding works of the kitchen and laundry
Swakopmund District Hospital Upgrading	Construction of the Neonatal Unit
Gobabis District Hospital	Theatre HVAC Installation
Katima Mulilo Hospital Upgrading	Construction of new Medical Waste Incinerator and renovation of ICU
Okahandja Hospital Renovation	Construction of new Public Ablution Block and remedial works at OPD and fire detection installation.
Okahao Hospital Upgrading	Construction of OPD and new Public Ablution Block
Keetmanshoop District Hospital	Completion of TB Ward (XDR, MDR and DR)
Omuthiya District Hospital Construction	Replacement of fire detection system
Khomas District Hospital	Construction of the boundary fence
Mariental District Hospital Renovations	Construction of Prefab OPD and Laboratories
Engela District Hospital Upgrading	Construction of the Eye Clinic and Dental Unit
Gobabis District Hospital Renovations	Construction of storm-water reticulations and theatre ventilation
Nkurenkuru District Hospital	Completion of outstanding works, including specialist installations
Otjiwarongo District Hospital	Renovations and adjustments to TB Ward

Outjo District Hospital	Renovations and adjustments to the TB Ward

2.1.3 Medical Gas Provision

- Provision of medical oxygen supply is critical for COVID-19 patients as well as general patients. The status of the medical supply at the various hospitals was insufficient due to the medical network infrastructure and points leakages, and that the medical gas banks at hospitals were not sized to consider additional demand. An additional cost had to be incurred to procure additional portable gas bottles so that wards with no medical gas points could be serviced.

- There was a greater urgency for implementation of the provision of medical gas, which was executed in a phased approach. The first phase was to upgrade and maintain medical gas network, while the second phase focused on establishing appropriate gas banks at various health facilities.

- The phased upgrading of medical gas infrastructure was undertaken at the following hospitals: Keetmanshoop, Luderitz, Karasburg, Mariental, Rehoboth, Gobabis, Okahandja, Otjiwarongo, Swakopmund, Walvis Bay, Usakos, Omaruru, Katima Mulilo, Rundu, Okongo, Eenhana, Engela, Omuthiya, Tsumeb, Oshakati, Onandjokwe, Outapi, Opuwo and Khorixas.

2.1.4 Construction of Primary Health Care (PHC) Clinics

- A summary of construction of PHC clinics countrywide is depicted in Table 4.

Table 2: Construction of Clinics

Project Site	Project Details
Mariental PHC Clinic	Main Works and Electrical Installation
Onanghulo PHC Clinic	Construction of the clinic and Staff Accommodation
Aranos PHC Clinic	Construction of the clinic and Staff Accommodation
Onamafila PHC Clinic and Staff Accommodation	Construction of the clinic and Staff Accommodation
Muzii clinic	Construction of Prefabricated PHC Clinic
Oranjemund PHC Clinic	Construction of the clinic and Staff Accommodation (five units)
Oshikulufitu Clinic	Main Works and Electrical Installation
Malengalenga PHC Clinic	Construction of the clinic and Staff Accommodation
Oikokola PHC Clinic	Construction of the clinic and Staff Accommodation
Okondjatu PHC Clinic	Construction of the clinic and Staff Accommodation

2.1.5 Projects that were under procurement process

- Otjiwarongo Hospital Plumbing and Isolation Ward
- Keetmanshoop ICU
- Outjo Medical Gas
- Otjiwarongo Medical Gas
- Swakopmund Neonatal Unit: Electrical Installation
- Malengalenga PHC Clinic Borehole Installation
- WCH Re-earthing and UPS Installation
- Otjimanangombe Hospital Water Treatment Plant
- Linyanti PHC Clinic
- Epupa PHC Clinic
- Shamaturu PHC Clinic
- Gcaruhwa PHC Clinic

2.1.6 Completed projects

Practical completion was achieved on the following projects: Mariental PHC Clinic, Aranos PHC Clinic, Oranjemund Staff Accommodation, Okakarara Hospital Kitchen and Laundry Remedial Works and Nkurenkuru PHC Clinic Remedial Works.

Isolation Units were completed at the following hospitals: Okahao, Andara, Otjiwarongo, Okahandja and Karasburg. Oxygen Plants were installed at Katutura Intermediate Hospital, Rundu Intermediate Hospital, Nkurenkuru Clinic, Oshakati Intermediate Hospital, Swakopmund District Hospital and Gobabis District Hospital.

2.1.7 Referral Hospitals Renovations

- Renovation of referral hospitals is shown in Table 5 below.

Table 3: Hospitals Renovations

Project Site	Project Details
Oshakati Intermediate Hospital	Renovation of houses to be converted into Oshakati PHC Clinic to decongest Oshakati Hospital OPD.
	Renovations to psychiatric Ward
	Renovation to Ward 8 (Temporary ward) to be used as an Isolation Unit Part 2
	Demolition of existing Asbestos Wards.
	Occupational health hygiene monitoring for the Demolition of Asbestos.
Katutura Intermediate Hospital	The project entails renovation to the Pharmacy and Sluice room. Construction is behind schedule and the project team has confirmed for the variation of the sluice room from the project.
	Waterproofing of the roof (Roof repair). Replacement of plumbing and drainage system for Katutura hospital and nurses' home. Renovation of TB ward for COVID-19 Isolation completed. 96 Bed Capacity Prefab Isolation Unit
Rundu Intermediate Hospital	New Maternity Ward

Covid-19 Isolation Unit/ICU: Construction of New Isolation Units at Okahandja, Okahao, Otjiwarongo, Karasburg, Andara and Gobabis.

2.1.8 Challenges experienced in the implementation of the development budget

- Lack of financial and technical capacity from the contractors.
- Bureaucratic bottlenecks in the procurement process.
- Low allocation of the budget.
-

2.1.9 Health facilities renovated

An amount of N$60 million was allocated to minor capital works under the Maintenance and Repair vote, of which N$59,121,907.81 was used. These minor works included civil, electrical and mechanical maintenance of healthcare facilities.

Various health facilities were renovated and maintained during the financial year under review. Renovations were done at Oshakati Intermediate Hospital, Rundu Intermediate Hospital, Katutura Intermediate Hospital, Windhoek Central Hospital, Engela District Hospital, Outapi District Hospital, Khorixas District Hospital, Otjiwarongo District Hospital, Okahandja District Hospital, Gobabis District Hospital, Opuwo District Hospital, Swakopmund District Hospital, Walvis Bay District Hospital, and Katima Mulilo District Hospital as well as at various clinics and health centres nationwide.

2.1.10 Challenges experienced:

The physical infrastructures of most health facilities is old and in need of maintenance and repairs. There is need for greater financial support for the MoHSS to effectively carry out these activities, however, the budget allocated for maintenance and repair is very limited. Additionally, lack of financial and technical capacity among some contractors who do not possess necessary resources and expertise to complete projects, has resulted in delays, cost overruns, and substandard work, all of which negatively Impact project outcomes. Furthermore, bureaucratic bottlenecks in the procurement process have contributed to a slow and complex acquisition of goods and services. These challenges include lengthy approval processes, excessive paperwork, and red tape, all of which cause significant delays in project implementation and lead to missed deadlines and increased costs.

2.2 POLICY AND LEGAL ENVIRONMENT FOR HEALTH SERVICE DELIVERY

- Legal services provided during the period covered civil claims against the state due to medical negligence, motor vehicle accidents, and labour disputes and administrative issues.

2.2.1 Litigations

- The Directorate carried out its legal functions in consultation with the Office of the Attorney General, in which the Ministry spent N$72,666.94

on legal civil cases. Table 1 shows the litigation cases finalised.

Table 4: Legal cases handled in 2020/21

Types of cases	Number
Claims in respect of Government vehicle accidents	0
Claims related to medical negligence	1
Claims from suppliers	0
Labour-related claims	1
Total	2

2.2.2 Brief Summary of Developed/Reviewed Policies

In 2019, the Ministry convened a first-of-its-kind meeting on the Universal Health Coverage (UHC), setting the tone for Namibia to achieve UHC. The workshop was held to orient the leaders of seven thematic groups on UHC, namely: Governance, Health Financing, Human Resources, Pharmaceuticals, Health Information, Health Infrastructure and Health Service Delivery.
In 2018, MoHSS started laying the means to roll out UHC. The seven thematic groups were based on the six WHO pillars with the seventh group focusing on the development of a basic service package to support UHC. Unfortunately, the process of initiating the development of the UHC policy could not commence as planned due to the onset of the COVID-19 pandemic.

Similarly, the finalisation of the Health in All Policies (HiAP) strategy was also delayed. HiAP is an approach that reiterates the integration of health considerations into policymaking across all sectors, which is critical in developing a healthy population and eventually, a productive nation. The strategy highlights the importance of inter-sectoral dialogues in addressing national health challenges, and focuses on a win-win approach. This is made possible when sectors create a shared responsibility for health across the public and private sector and the whole of society.

2.2.3 Progress on developed bills/enacted laws

The following Bills were at the following stages during the reporting period:

Table 5 Status of Bills

Bill	Progress
Health Professions Amendment Bill, 2004	Ninety-five per cent (95%) complete
Mental Health Amendment Bill, 2004	Ninety per cent (90%) complete
Food Safety Bill (New)	Sixty per cent (60%) complete
National Welfare Organisations Amendment Bill	Eighty-five per cent (85%) complete

Inadequate staffing in the Division of Legal Services was the main challenge reported, which negatively impacted legal services in the Ministry.

2.3 RESEARCH

MoHSS is the custodian of all health-related research in Namibia. The Research Division, under the Directorate of Health Information and Research, coordinates research activities in the Ministry. The overall function of the Directorate is to satisfy the decision-making and information needs for policy-makers, implementing partners and other stakeholders by feeding them with research-based data and information needed for planning and decision making.

2.3.1 Research proposals assessed

A total of 323 research proposals were submitted during the reporting period, of which 298 were for academic purposes, 22 operational and five publications. Ninety-six per cent (96%) of the submitted proposals were reviewed on time. The proposals were reviewed for ethical and technical reasons. Two clinical trial applications were received and reviewed, and response was provided to the applicants.

2.3.2 Studies/Reviews conducted

The Ministry engaged a consultant to review the Research Management Policy and the Clinical trial guidelines of 2003.

A Namibia Health System Review was conducted during the reporting period. The review focused on assessing the extent to which the 2010-2020 National Health Policy and the 2017/2018-2021/2022 MoHSS Strategic Plan were implemented. The main objective was to produce a statistical review of progress and performance for the period 2009 to 2020.

The Concept Note for Namibia Demographic and

Health Survey and Study Protocol were drafted, with implementation anticipated in the next financial year.

The Directorate of Health Information and Research experienced the following challenges: a shortage of staff, outdated guidelines (such as the Research Management Policy and Guidelines on Clinical Trials), and manual handling of research protocol and proposals.

2.4 DEVELOPMENT COOPERATION

Development Cooperation is coordinated through the Directorate: Policy and Planning, which oversees bilateral and multilateral cooperation and international relations linked to the health sector. This coordination is carried out in collaboration with the Ministry of International Relations and Cooperation (MIRCO) and National Planning Commission Secretariat (NPCS).

The Ministry contributed to updates and briefs for the Joint Permanent Commissions of Cooperation (JPCCs), Bilateral/Multilateral meetings, visits, talks and Bi-national Commissions. Due to the COVID-19 pandemic, the Ministry participated virtually in the Namibia-Cuba JPCC and Namibia-Botswana JPCC. Four (4) Agreements/ Memoranda of Understanding were signed during the 2020/2021 Financial Year as shown in Table 8.

Table 6: Summary of MoUs/Agreements signed in 2020/2021 FY

Development Cooperation Partner	Title/Area of support	Phase	Agreement date	Duration/Time frame	Region
People's Friendship University of Russia	Agreement: Training of Namibian Students in Russia	Extension of Phase 1	05 May 2020	Till 01 July 2022	National
CDC Foundation Subcontractor Agreement	Agreement: Increasing Namibia's Readiness for COVID-19	Phase 1	06 May 2020	Two months	Khomas
I-Care Health training Institute	MoA: Student Clinical Placement	Phase 1	8 May 2020	Five years	Khomas Erongo Oshikoto
Shiramed Medical Institute	Agreement: Placement of Students at Katima Mulilo District Hospital for Clinical attachment	Phase 1	30 September 2020	10 years	Zambezi

2.5 STAKEHOLDERS RELATION AND COORDINATION

The MoHSS is responsible for the formulation and implementation of health policies, regulations, and standards, as well as the provision of health services to the Namibian population. As part of its mandate, the MoHSS engages with a wide range of stakeholders, including government agencies, non-governmental organisations, civil society groups, development cooperation partners, and the private sector, to ensure that health services are accessible, affordable, and of high quality.

The MoHSS engages with stakeholders through various mechanisms, including consultations, workshops, and stakeholder forums. These engagements aim to promote dialogue, build consensus, and foster partnerships to improve the health and well-being of the Namibian population. The work plans of development cooperation partners were aligned with the Ministry's annual work plan, and the achievements highlighted in this report are thus a result of collaborative efforts. The MoHSS also works closely with other government Ministries, such as the Ministry of Finance and the Ministry of Education, Arts and Culture, to ensure that health is integrated into broader national development plans and strategies.

2.5.1 Coordination of strategic plans (SADC, NDP, UNPAF and PEPFAR)

To ensure effective stakeholder relations and coordination, the MoHSS established a number of structures and mechanisms, including the Health Advisory Council, the National Health Council, and the Health Sector Coordination Committee. These structures provide a platform for stakeholders to engage with the MoHSS, contribute to health policies and strategies, and collaborate on the implementation of health programmes and initiatives.

In addition to stakeholder engagement, the MoHSS

places a strong emphasis on monitoring and evaluation to ensure that health services meet the needs of the Namibian population. This includes the development of health information systems, the use of data to inform decision-making, and regular assessments of the quality and effectiveness of health services.

The COVID-19 pandemic highlighted the critical importance of effective emergency management systems. In response, the National Health Emergency Management Committee (NHEMC) implemented various measures to improve Namibia's crisis response. Incident Management System was activated to improve the coordination of COVID-19 emergency response. The NHEMC conducted regular multi-sectoral meetings and established a national toll-free hotline to address queries from staff and the public. Technical support was also provided to the regions through Intra-Action Reviews (IARs) to identify and mitigate regional challenges.

The CDC, with its history of supporting outbreak responses and implementing disease programmes in Namibia, played a crucial role in the country's COVID-19 response. The CDC provided technical assistance, trained staff, purchased critical laboratory equipment, and supported the rollout of COVID-19 vaccines. With CDC support, Namibia was able to quickly increase its testing capacity and reduce turnaround time for test results. The Namibia Institute of Pathology introduced innovative laboratory solutions to further decrease the turnaround time. The CDC also partnered with the MoHSS to ensure that HIV and TB services remained robust during the pandemic.

The government collaborated with both local and international partners, including the World Health Organisation (WHO), to access technical expertise, share information, and coordinate efforts to combat the pandemic effectively.

2.5.2 Public Relation Office

The Public Relations Office (PRO) of the Ministry played a vital role during the COVID-19 pandemic, by managing donations, handling queries, and overseeing media coverage. On the donations front, the PRO managed to invite media houses to cover the Ministry's receipt of various donations, particularly medicines and medical equipment. In response to the high volume of public inquiries, the PRO addressed numerous COVID-19-related questions, including those regarding regulations, the process of acquiring digital certificates for travel, and concerns about vaccine safety.

To keep the public informed, the PRO issued public notices about new developments within the Ministry related to COVID-19 and shared updates through the all media outlets. It also released media statements on new information such as disease outbreaks. Additionally, the PRO coordinated with the Government Communication Centre to ensure that relevant topics were discussed and information was disseminated to the public.

The main challenges experienced by the PRO were poor communication from some directorates regarding ministerial events and delays in receiving requested information for media responses.

CHAPTER 3: RESOURCES MANAGEMENT AND GENERAL SUPPORT SERVICES

3.1 HUMAN RESOURCES MANAGEMENT

3.1.1 Introduction

The Human Resource management aims to ensure effective and efficient human resources management and utilisation.

3.1.2 Distribution of Health Professionals

The ministerial post-filled rate stood at 58%, with 11,816 out of 20,374 posts filled. A total number of 2,548 staff members were appointed in addition to the approved staff establishment.

To improve the availability of human resources, the Ministry implemented the bilateral agreement between the Government of the Republic of Namibia and the Government of Cuba. Under this agreement, a total number of 93 Cuban volunteers provided healthcare services at various health facilities in all fourteen (14) regions during the reporting period.

3.1.3 Human Resources Management

Staff movements (recruitments and staff losses)
According to the staff movement trends during the 2020/2021 Financial Year, the Ministry recorded 1,392 recruitments and transfers as indicated in Figure 1. However, the Ministry lost 785 staff members due to various reasons while the net gain was 607 staff members. Figure 1 below depicts various reasons for staff losses during the reporting period.

Figure 1: Total number of recruitments vs. staff losses 2020/21

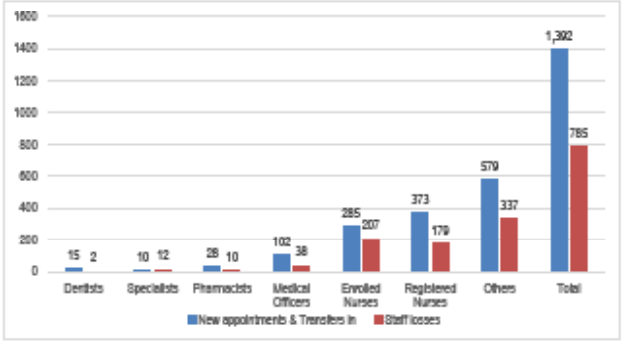
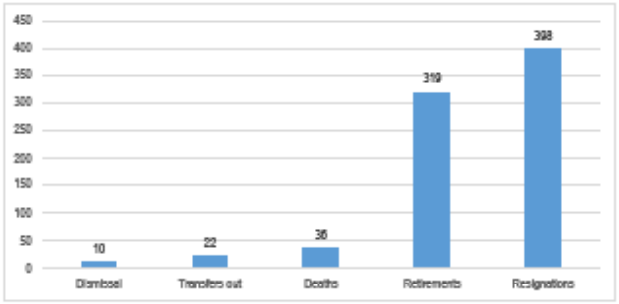


Figure 2: Staff losses by reason



As shown in Figure 2 above, the main reasons for staff losses were retirements and resignations. Retirements include normal retirement at the age of 60, early retirements from the age of 55-59, and ill-health.

A total of 97% of 14,068 on-board staff members had completed and signed their Performance Agreements (PAs) while 71% of the PAs signed were successfully reviewed. Thirty-four staff members across all the 14 regions underwent a refresher training on Performance Management System (PMS) with support from the CDC.

3.2 HUMAN RESOURCE DEVELOPMENT

The Human Resource Development and Training function of the Ministry coordinates qualifying and non-qualifying trainings programmes, in line with the Ministry's strategy to attain appropriately skilled and balanced human resources for the health and social sector.

3.2.1 Pre-Service Training

The Ministry of Health and Social Services ceased offering pre-service education due to the increasing number of private training institutions, with the last intake occurring in the 2016/2017 Financial Year.

Figures 3 and 4 show the number of enrolled nurses and allied health sub-professionals (final cohort) who graduated from the Ministry's Training Network.

Figure 3: Enrolled nurses' graduates: 2020/2021

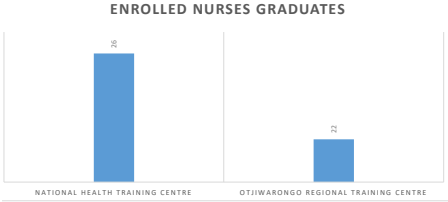
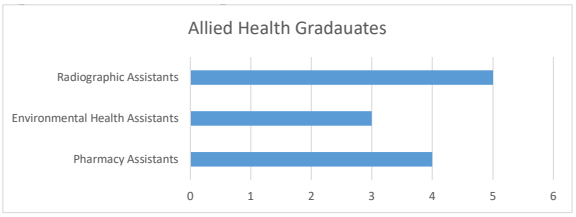


Figure 4: NHTC allied health graduates: 2020/2021



All repeating students were relocated to the Otjiwarongo Training Centre for the completion of the course during the 2021 Academic Year.

The Training Network managed to accommodate the Emergency Operation Centre at the National Health Training Network during this period. Staff members from the Directorate of Training actively took part in the surveillance, management and training on the COVID-19 pandemic.

Staff shortage and lack of a database of all the trainings offered by the Ministry, remain a major challenge, in addition to the major challenge that COVID-19 posed for many of the planned activities. A total of 388 students, under the 2013 undergraduate Project, were pursuing studies in Cuba, India, Russia, South Africa and Zambia.

Table 7: Health-related students who completed their studies under Project 2013

Country	Study programme	No. completed training in 2020 / 2021
Russia	Medicine	18
	Dentistry	5
	Pharmacy	3
South Africa	Dietetics	1
	Clinical technology	2
Zambia	Clinical science	2
	Pharmacy	6
Total		**37**

3.2.2 In-Service and Continuous Education

The Ministerial Fellowship Committee held six meetings as planned and approved 82 applications that were submitted for consideration, while 96 staff members were under training during the reporting period.

3.2.3 Postgraduate Training

3.2.3.1 Functional Training

A total of 17 staff members attended the Leadership Development training through the Africa Leadership Institute (ALI) that was made possible by the continuous support from First National Bank (FNB Namibia).

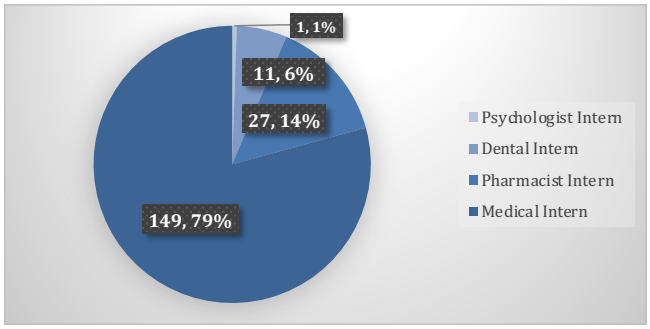
3.2.3.2 Postgraduate Training

Nineteen medical doctors completed medical specialisation, Paediatrics (8) Cardiothoracic Surgery (1), Internal Medicine (2), Otorhinolaryngology (1), Obstetrics and Gynaecology (3), Dermatology (2), Orthopaedic Surgery (1) and Urology (1).

3.2.3.3 Internship Programme

The Ministry placed 188 interns from various disciplines as part of the internship programme.

Figure 5: Placement of interns by category: 2020/2021



3.2.4 Employee Assistance Programme

An employee wellness assessment was undertaken to assess needs and preference of the staff members in order to guide the operations of the Wellness Programme. Consultative meetings were held with the Office of the Prime Minister (OPM) to align the Ministerial Wellness Programme with the OPM Calendar.

3.3 GENERAL SUPPORT SERVICES

The support services support the implementation of planned healthcare management programmes and provides appropriate administrative support. Since the Ministry started to implement the Integrated Healthcare Information Management System in hospitals, Information Technology was instrumental in ensuring an integrated and functional Information Communication Technology infrastructure. Procurement process for network installation in health facilities was finalised and tender awarded.

3.3.1 Challenges

The COVID-19 pandemic had a significant impact on the global supply chain, including the semiconductor industry. As many countries implemented lockdowns and restrictions to prevent the spread of the virus, the demand for electronic devices and remote work equipment such as laptops, tablets, and gaming consoles, surged.
At the same time, the pandemic disrupted global supply chains, resulting in a shortage of raw materials and components required for manufacturing semiconductors. This shortage was exacerbated by the closure of factories and production facilities and the slowdown of international trade and transportation.

The shortage of computer chips caused delays in the production of many products, including automobiles, smartphones, and electronics. Many companies had to halt production or reduce output, leading to a decline in revenue and profits. The shortage also resulted in price increases for many products, which affected consumers' purchasing ability.

3.4 Transport

Physical verifications process was commenced to compile a clean master list that clearly depicts the vehicle distribution across the country. The Ministry had a fleet of 232 vehicles during the reporting period.

Table 8: Vehicle downtimes, reasons and indication of vehicles in running conditions

Q1		Q2		Q3		Q4		Average	
Running		Running		Running		Running			
Total	%	Total	%	Total	%	Total	%	Total	%
149	64	167	72	153	66	164	71	158	68

On average, 158 vehicles out of 232 were in running condition, translating to an average of 68% at the National level. Data on fleet for the regional directorates and referral hospitals was not computed. This low percentage of vehicles in running condition is attributed to the unavailability of service, maintenance and repair funds at times when required, high volumes of transport requests and the ageing fleet as well as increased maintenance cost.

Table 9: Accidents recorded during the period under review

Office / Region / Hospital	Q1	Q2	Q3	Q4	Total
Erongo	1	0	0	2	3
Hardap	1	0	0	0	1
//Kharas	1	3	3	3	10
Intermediate Hospital Katutura	0	2	1	3	5
Kavango East	0	0	0	1	1
Kavango West	0	0	0	0	0
Khomas	0	0	0	0	0
Kunene	1	0	1	5	7
National Level	1	0	1	1	3
Ohangwena	1	3	1	1	6
Omaheke	0	0	0	0	0
Omusati	1	0	4	1	6
Oshana	0	0	1	0	1
Oshikoto	2	2	0	1	5
Otjozondjupa	0	0	2	0	2
Intermediate Hospital Oshakati	0	0	0	1	1
Intermediate Hospital Rundu	0	0	0	0	0
Windhoek Central Hospital	1	0	2	0	3
Zambezi	2	2	1	2	7
Total	**12**	**12**	**17**	**20**	**61**

Key challenges experienced were the late reporting and at times non-reporting of accidents, lack of firmness and objectivity by supervisors when analysing and making recommendations on accident reports involving subordinates.

3.5 Electronic Records Management

The Ministry of Health and Social Services started with the implementation of the Electronic Records Management System. As part of this process, a new file plan is being developed. Meanwhile, the approved file plan has already been distributed to all directorates and hospitals. The existing tracking system that is in place is used to tract the documents within the Ministry.

CHAPTER 4: FINANCE AND LOGISTICS

4.1 FINANCIAL MANAGEMENT

4.1.1 MoHSS Budget Allocation and Expenditure

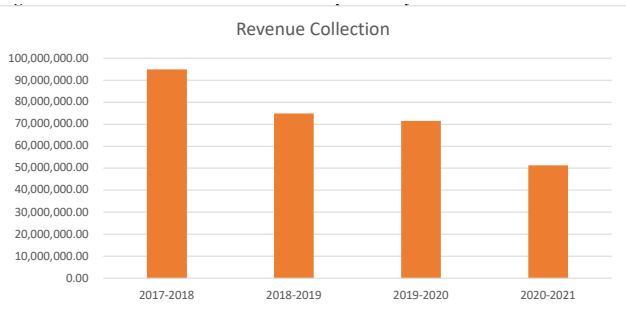
The total budget allocation for the Ministry for the 2020/21 Financial Year was N$8,051,876,000, out of which N$7,813,446,000 (97%) was allocated to the operational budget and N$238,430,000 (3%) to the development budget. An amount of N$8,175,412,645 was spent on the operational budget, representing a budget execution rate of 105%.

With regard to the developmental budget, an amount of N$ 243,009,663 was spent, reflecting a budget execution rate of 102% and a budget variance of N$4.5 million (2%). On aggregate, the vote performed relatively well given the fact that the major variance on spending was mainly due to increased expenditure on remuneration to respond effectively to the COVID-19 Pandemic. The overall budget execution stood at 105%.

4.1.2 Revenue Collection

Total revenue collected for the year ended 31 March 2021 stood at N$51,265,921. As it has been the case for a number of years, revenue collected from the provision of health services remained the largest source of revenue, accounting for 53% of the total revenue with retention revenue coming in second at 11%. There has been a downward trend in revenue as shown in Figure 6. The decline could be attributed to adverse economic growth during the year under review and the impact of the COVID-19 pandemic on the income of citizens which affected their ability to pay for services.

Figure 6: Trend in revenue collection over the past four years



4.1.3 Audit Reports

For the third consecutive year, the Office of the Auditor General expressed an Unqualified Audit Opinion for the Financial Statements of the Ministry, and that the Financial Statements are prepared, in all material respects, in accordance with Section 12 and 13 of the State Finance Act, 1991 (Act No. 31 of 1991) and relevant legislation.

4.2 PROCUREMENT AND LOGISTICS

4.2.1 Procurement and Tender Administration

Procurement activities to a total amount of N$3,557,483,650.46 were carried out during the period under review.
The division were facing on the following challenges:

- Limited knowledge of the Public Procurement Act, 2015 (Act No. 15 of 2015) at all levels.
- Shortage of staff members with understanding of procurement process.
- Late submissions of procurement requests, resulting in ineffective procurement.

4.2.2 Contract Management

All long-term contracts had Service-Level Agreements in place and suppliers were monitored and profiled to ensure that the Ministry achieved its goals and objectives in accordance with the Public Procurement Act and Regulations. Table 10 shows contracts that were awarded during 2020/2021 and 2021/022 Financial Years.

Table 10: Contract issued during the period of 2020/2021 and 2021/2022

No.	Procurement Number	Description of the Procurement	Running Period	Current Status	Company Recommended	Value of the Contract
1.	A13-41/2013	Rendering of Catering Services to the MoHSS Kavango and Zambezi Regions	01 Feb 2020 to 31 Mar 2022	Valid	Pamo Trading	N$5,514,725.88 N$14,944,679.37
					OKG Food services	N$1,658,785.77 N$1,243,761.93
					Kunene Catering Services	N$5,619,014.82
					Nutrifoods	N$6,026,111.28
					Tulipamwe Catering services	N$7,666,090.92
					Independence Catering	N$19,771,618.05
					Seal Catering Services	N$5,619,014.82
					Clouds Trading Enterprises	N$2,681,981.73
2.	NCS/DP/13-203/2018	Rendering of Security Services to the MoHSS	01 Oct 2020 to 30 Sept 2024	Valid	Vicmac Security	N$63 885 600.00
					Ombandje Security	N$36 573 120.00
					Namibia Protection	N$9 982 125.20
					Omeya Investment	N$20 738 851.20
					Mukwe Security Service	N$57 360 441.60
					Nelito Trading	N$15 582 663.36
					Ovakautjivi Trading	
					Windhoek Security	N$8,154 432.00
					Khaibasen Security	N$16 673 040.00
					Independent Security	N$35 553 600.00
					Shikuvule Trading	N$9 328 867.20
					Premier Security	N$16 601 760.00
					Triple One	N$40 098 240.00
3.	G/ONB/1307TO-14/2018	Supply, delivery and installation of Dental Equipment	01 Jun 2019 to 31 May 2021	Not Valid	Nghandiza	
4.	NCS/DP/1303GO-32/2018	Provision of Meals to Erongo Region	01 Oct 2018 to 31 March 2022	Valid	Pamo Trading	N$4,765,339.53
5.	NCS/EP/1309FO-80/2019	Provision of Meals to Khomas Region	01 April 2019 to 31 March 2022	Valid	Pamo Trading	N$34,305,981.93
6.	NCS/EP/1309FO-80/2019	Provision of Meals to Otjozondjupa Region	01 Oct 2019 to 31 March 2022	Valid	Tulipamwe Catering	N$3,657,017.34
7.	NCS/DP/1303HO-342/2018	Provision of Meals to Onandjokwe Hospital	01 Oct 2021 to 31 March 2022	Valid	Clouds Trading	
8.	NCS/ONB/1304HO-33/2018	Rendering of Laundry Services for Khomas Region	01 Aug 19 to 30 July 2021	Not Valid	Supreme Laundry	

9.	NCS/ONB/1304GO-35/2018	Rendering of Laundry Services for Erongo Region For the period of three (3) years	01 Jul 19 to 31 Jul 2021 (Already reminded to revise the specs)	Not Valid	Supreme Laundry	
10.	NCS/ONB/13-7/2019	Leasing of (45) Photocopy Machines for the MoHSS For the period of three (3) years	03 Feb 2020 to 31 Jan 2023	Valid	Hash	
11.	W/ONB/13-06/2019	Supply and delivery of Plastic Bags For the period of two (2) years	Feb 2020 to 31 Jan 2022 Already reminded to revise the specs on 06 Aug 2021	Valid	Tia's Medical M & M Invest	
12.	G/OIB/1313MS-1/2019	Supply and delivery of Male Condoms, Central Medical Stores	27 Jan 2020 to 27 Jan 2022	Valid	Supreme	
13.	G/ONB/1313MS-12/2019	Supply and Delivery of Tablets and Capsules to MoHSS for a period of one (1) year	01 Nov 2019 to 30 Oct 2022 Already reminded to revise the specs on 17 March 2021	Not Valid	Mozart Medical Sup Strategic Partners Erongo Agencies Cospharm Investments Supremo Pharm Geka Pharma Dore Pharmaceutical Fabupharm Products Nampharm Shipanga Medical Sup	N$517,535.90 N$4,289,072.21
14.	G/ONB/1313MS-13/2019	Supply, delivery of Gloves and Sterilization Materials	Running period not indicated (Already reminded to revise the specs on 17 March 2021)	Not Valid	Zeruk Trading Flolhuda Trading Mr Investment Galen Investment Cereal Investment Erongo Agencies Bio Dynamics Nampharm	
15.	G/ONB/1313MS-14/2019	Supply and delivery of Pharmaceutical Injection	01 Nov 2019 to Oct 2022 Already reminded to revise the specs on 17 March 2021	Valid	Mozart Medical Sup Cosparm Pharm Erongo Agencies Nampharm Dore Pharmaceutical	
16.	G/ ONB/1309FO-18/2019	Supply and delivery of pharmaceutical products	Running period not indicated on the submission	Valid	Genmed	N$362,092.50
17.	G/ ONB/1309FO-17/2019	Supply and Delivery of Cleaning Materials For a period of 18 Months	01 Jun 2020 to 30 Nov 2021 Already reminded to revise the specs on 16 March 2021	Valid	M&M Investment Nelito Investment Muno Trading Rendez vouz Invest Africhem investment	N$3,026,019.60 N$4,987,457.82 N$1,512,120.25 N$188,367.14
18.	W/ ONB/1308PF-22/2019	Construction of Pre-Fab Laboratory, Pharmacy and septic theatre at Mariental Hospital	Once off Purchase	Valid	Nami Prefab	
19.	W/ ONB/1308PF-23/2019	Construction of the Neonatal Unit at Swakopmund hospital	Once off Purchase	Valid	Shatty Construction	
20.	G/ONB/1303WS-1/2020	Supply and delivery of Radioisotopes and Radiopharmaceutical to the Ministry of Health and Social Services	01 November 20 to 30 Oct 2022	Valid	SJV. Medical Supplies Black Stone Investment	N$9,273.60 N$12,562,589.72

21.	W/ONB/1312HI-2/2020	Construction of Malengalenga PHC and Clinic and Staff accommodation in the Zambezi Region	Once off Purchase	Valid	Elyangadja Investment / JV Omidi Trading cc	
22.	W/ONB/1312HI-3/2020	Installation of the Network Infrastructure in 35 Hospital	Only for six months	Valid	Green Enterprise Giga Solution	N$12,295,420.29
23.	G/ ONB/13003WS-4/2020	Supply and delivery of Orthopaedic Materials	01 Feb 2021 to 31 Jan 2022	Valid	Supremo Pharmaceutical	N$8,289,323.88
24.	G/ONB/1309FO-5/2020	Supply and delivery of Hospital forms, Financial	None	Canc elled	No bidder	
25.	G/ONB/1309FO-6/2020	Supply and delivery of Linen to the Ministry	None	Canc elled	No bidder	
26.	NCS/ONB/13-07/2020	Leasing of 54 Photocopier Machines to the Ministry Oshikoto Regional Office, Omuthiya District Hospital, Tsumeb District Hospital, Onandjokwe District Hospital Onyaanya PHC, Onayena PHC, Okankolo PHC, Onandjokwe PHC Kunene Region Khorixas District Hospital and Outjo District Hospital Hardap Region Aranos Health Centre Regional Office Rehoboth Health Centre and Mariental Hospital Otjozondjupa Regional Health Directorate Otjozondjupa Regional Health Directorate, Human Resources Otjiwarongo Hospital, Okahandja Hospital, Okahandja Social Services, Okakarara Hospital and Grootfontein Office of the Executive Director Windhoek Khomas Region Policy Planning and Human Resources Development Health Information and Research Finance and Procurement Division: Stores and Asset Management Windhoek Central Hospital Atomic Energy and Radiation Authority Zambezi Region Katima Mulilo Hospital Erongo Region Ohangwena Region Engela Hospital and Ongha Health Centre Omusati Region Outapi, Tsandi, Okahao Hospital and Oshikuku Primary Health Care Offices Intermediate Hospital Rundu	01 Feb 2021 to 31 Jan 2023	Valid Valid	G Tech Office Equip Namibia Office Equipment	N$2,707,708.64
27.	G/DP/1303RU-394/2020	Supply and delivery of Medical Gases to the Ministry	01 Mar 2021 to 28 Feb 2024	Valid	Intaka Technology	N$3,195,684.00
28.	A13-67/2010	Supply and Delivery of Medical Gases to the Ministry	01 May 2021 to 31 Oct 2022	Valid	Intaka Technology	

29.	G/OIB/CPB-03/2020	Supply and delivery of ARV's to the Ministry	01 Jun 2021 to 31 May 2022	Valid	Nampharm	
30.	G/ONB/1312 H1-11/2020	Supply and delivery of Computers, Laptops, Printers, Scanners, ICD Projectors and MS Software to the Ministry of Health and Social Services	01 Jul 2021 to 30 Jun 2023	Valid	Leni-In Investment Business Connexion Prime Innovative Tech	N$4,361,455.50 N$2,544,720.00
31.	NCS/ONB/13-12/2020	Leasing of Photocopiers for the Ministry of Health and Social Services List Regions, Directorates and Hospitals Training Centres Keemanshoop Regional Health Training Centre Oshakati Regional Health Training Centre Katima Mulilo Hospital, Dr R. N. Kamwi Regional Health Training Centres Social Welfare Services and Head Office Directorate Primary Health Care Primary Health Care, Katutura Hospital Minister's Office and Human Resources (HR) CMS Procurement Rundu Hospital Ohangwena Eenahana and Okongo Hospital	01 November 2021 to 30 October 2024	Valid	G-Tech Office Equip Tista Trading	N$140,400.00 N$3,929,556.00

4.2.3 Challenges

- Limited number of goods and services on contracts or with service-level agreements.
- Non-existence of Contract Management Subdivision/Sections at the Regional/hospital levels
- Shortage of staff members with understanding and knowledge of contract management
- Delays in submission of performance agreements for contracts awarded
- Delays, non-submission or incomplete progress reports from some Directorates/Regions/ Hospitals
- Non-compliance with the terms and conditions of the contract by some contractors, where no Service level agreement is signed or with no penalty clauses
- Delays of contractors' payments in violation of payment period stipulated in the contracts.
- Inadequate office equipment for staff members, especially ITC equipment is a major challenge.
- Lack of training for the staff member dealing with contract management in the Ministry

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4.2.4. Stocktaking

The Stock Control and Inventory Management functions have been decentralised to National, Regional Directorates and the five (5) Referral Hospitals, namely Windhoek Central, Intermediate Hospital Katutura, Intermediate Hospital Oshakati, Intermediate Hospital Rundu, and Intermediate Hospital Onandjokwe.

Each of these Directorates/Hospitals is responsible for the management of all inventories under its care in terms of accounting and reporting thereof.
Total number of stock control points in the MoHSS: 78
Total number of distribution accounts in the MoHSS: 683
Closed Stock Control Points: 12

Fifty-two (52) stocktaking reports were received and submitted to the Ministry of Finance (MoF) and were approved, which constituted a 66.67% submission rate for the 2020/2021 Financial Year. The less than expected submission

was mainly due to challenges experienced due to COVID-19 that saw a number of stocktaking exercises being called off.

Table 11: Summary of the stocktaking reports classifications received during the reporting period

DESCRIPTION	TOTAL VALUE IN N$
Equipment and Stock	N$ 460,646,233.87
Surpluses	N$- NIL
Deficiencies	N$ 75,554.31
Worn and Damaged	N$ 1,207,505.78
Obsolete and Redundant	N$- ZERO

4.2.5 The following challenges were experienced:

- Updated closed stock control list not implemented by Ministry of Finance (Treasury);
- Untrained stocktaking board members;
- Non-submission of stocktaking reports;
- Manual submission of stocktaking reports.
- COVID-19 pandemic
- Stocktaking exercise not undertaken as prescribed by Treasury Instructions

4.3 INTERNAL AUDIT

The Internal Audit Division in the MoHSS is responsible for ensuring that the Ministry's financial and operational activities comply with relevant laws and regulations, and that resources are used efficiently and effectively to achieve its objectives. This function typically carried out by a team of internal auditors who are independent of the areas they audit, and who report directly to the Ministry's Executive Director.

4.3.1 Internal Audits Conducted

The Division planned to conduct audits as per its approved audit plan. However, the majority of completed assignments were investigations, which made it difficult to implement the audit plan fully. The following areas were audited:

4.3.2 Pharmaceuticals

Theft in pharmaceutical items was detected and the necessary steps to be taken were recommended to the institutions. A review was also conducted on the procurement of items on an emergency basis. These suppliers were awarded based on the shortest quoted delivery period. However, it was found that suppliers frequently failed to comply with delivery periods as quoted. Moreover, there is also no contract management in place that would ensure timely delivery of goods, thereby contributing to stockouts. There were also no enforcement mechanisms, such as penalties or blacklisting of under-performing suppliers, for non-compliant with delivery terms.

4.3.3 Transport

An investigation into procurement within the transport function revealed that orders, invoices and vehicles sent to suppliers for service were not properly verified. In some cases, invoice dates, order dates and dates vehicle were taken to supplier were identical. In other instances, invoice dates predated the date the vehicle was taken to the supplier. Vehicles were also found missing batteries and other accessories. Furthermore, there were no vehicle files documenting repairs and maintenance history. A key issue identified was the absence of segregation of duties, which must be addressed as raised in the audit reports.

4.3.4 Regional Reviews on Revenue, Transport and Infrastructure

The Internal Audit Division also visited regional directorates and the audit revealed the following:
Revenue: Cashbooks are not regularly updated, and funds collected during weekends were not transferred timely. Surpluses were not deposited as required.
Transport: There was a difference between the Master list at National Level and the one at Regional Level. This suggests that not all vehicles are properly accounted for. Expired vehicle licences were also raised as one of the factors hampering service delivery. Additionally, t drivers often failed to sign trip authorities, raising accountability issues during investigations or disciplinary processes. Infrastructure: Regular inspections were not carried out and budget constraints made it difficult to timely repair and maintain facilities.
Recommendations were provided for remedial actions and to strengthen controls.

4.3.5 Challenges experienced:

The Division always has to put aside planned audit activities to conduct investigations, which resulted in limited audits being conducted. These investigations also take more time than aud

CHAPTER 5: PUBLIC HEALTH SERVICES

5.1 School Health

Community-based Healthcare, Outreach and School Health Services are programmes aimed at achieving universal primary healthcare in line with the overall objectives of national health. These programmes extend coverage of services and increase the number of potential beneficiaries by bringing more people, including learners, under the direct influence of development activities. Each of these programmes is cross-cutting and designed to support all other health initiatives. They play a major role in the realisation of the objectives of the Primary Healthcare Directorate and the Ministry as a whole.

The School Health Programme focuses on promoting and strengthening health services for all school-going children, empowering them with the knowledge and skills they need to make informed decisions about their health and well-being, thereby improving their quality of life.

5.1.1 Programme Overview/Performance

- The Community-based Healthcare Programme conducted seven (7) stakeholder engagements, exceeding the four (4) meetings initially planned.
- Only two National School Health Task Force Committee meetings were successfully held in June and September 2020, out of the four planned.
- The School Health Indicators in the DHIS2 were monitored, and only 86 schools were visited and 2,220 Grade 1 and 1,279 Grade 6 school children examined.
- A meeting was held with ALMA to discuss the implementation of the Neglected Tropical Diseases Programme and plan training on the Monitoring and Evaluation of the programme.
- No Health Promoting School Initiative assessments were carried out nationally, but Omaheke Region managed to do internal assessments at all its 44 schools.
- Ethical approval was obtained from the MoHSS Ethics Committee to conduct the Menstrual Health Management Knowledge, Attitude and Practices study. The study was successfully conducted in the Khomas, //Kharas, Omaheke, Kunene, Ohangwena, Kavango West and Zambezi Regions. The study report is available.
- Awareness was created at school level on the promotion of clean water, sanitation, hygiene and handwashing.

5.1.2 The following challenges were experienced:

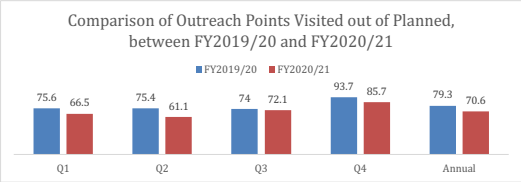
- The National School Health Task Force Committee meeting could not take place due to competing activities.
- The Health Promoting School Initiative is ongoing; however, the programme was severely negatively affected by the Covid-19 pandemic.
- Monitoring of key indicators for Neglected Tropical Diseases is ongoing. However, the Monitoring Dashboard is not updated regularly.
- The planned orientation of 35 healthcare workers on the revised School Health Policy could not be implemented because the School Health Policy was not yet approved.
- There were inadequate resources to implement activities such as technical support visits and evaluation of schools for HPSI.

5.2 Outreach Services

Outreach is a comprehensive and integrated community programme involving health, agricultural and economic activities undertaken by individuals, families and groups within the community. CBHC deals with all health-related matters affecting the communities directly. Clinics, health centres and mobile outreach services as well as a number of specific community-based health interventions are the primary healthcare services directly involved with communities and as such they are part of CBHC. The Outreach points (visited by Outreach Teams), clinics and health centres are situated in the community. They are the primary level of healthcare within a health district and provide a direct link between the formal health system and the community. Outreach services aim to provide the same high-quality and essential package of services as offered at fixed clinics.

5.2.1 Programme overview/performance

Figure 7. Comparison of Outreach Points Visited out of Planned, between FY2019/20 and FY2020/21



The Outreach Services programme managed to visit 79% of Outreach Points during the FY2019/20, whereas only 71% were visited during FY2020/21, as shown in Figure 1. In both years, the programme managed to reach 94% and 86% of outreach points, respectively in the fourth quarters.

- All the CHWs (592) from nine regions were still deployed under the COVID-19 funding until the end of March 2021. A motivation was submitted to have the CHWs permanently deployed.
- Only 7,820 (70.6%) outreach points were visited out of the 11,084 expected. Optimisation of the community health workers towards the fight against COVID-19, as well as other communicable and non-communicable diseases, was ongoing.
- Awareness was created at community level on the promotion of clean water, sanitation, hygiene and handwashing.
- A concept note was drafted for the implementation of a demonstration project regarding the vitamin A and zinc/ ORS supplementation through the CBHC Programme. Funding is now available and the project will start in the next financial year.

5.2.2 The following challenges were experienced:

- Due to COVID-19, the planned stakeholder meetings specific to community-based healthcare could not be conducted.
- All the CHWs (592) from nine regions were only deployed under the COVID-19 funding until the end of March 2021 and there was a need for their permanent employment.
- Lack of funds for CHWs refresher trainings.
- Shortage of staff: The Chief Health Program Officer's position has not been filled since his departure in April 2015. This place the Sub-Division's coordination of activities in difficult position as there is no one to fully play such a role.
- Lack of financial resources: Budgetary cuts have negatively affected the implementation of CBHC and School Health Programme activities. The Global Fund Programme has stopped funding the CHBC Programme, leading to an inability to support the coordination mechanisms of the regional CHBC activities. The Maternal and Child Survival Programme (MCSP) ceased its operations in June 2018, leading to a significant cut in support to the Community Health Workers Programme.
- Lack of programme staff at regional and district levels. The delayed implementation of the Ministry's restructuring process continues to negatively affect the implementation of the programme activities at all levels.

Non-deployment of graduate Community Health Workers (HEWs) since their graduation in July 2017.

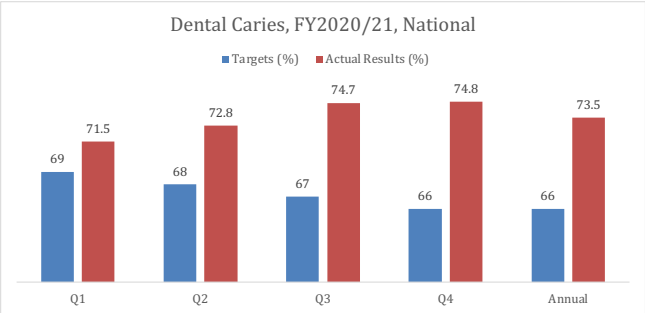
5.3 Oral Health and Dental Services

Oral diseases contribute significantly to the burden of non-communicable diseases, affecting the quality of life of individuals and the community at large. According to the National Oral Health Baseline Survey (2011), the average unmet treatment need for dental caries among the Namibian population stood at 78%, with children under the age of 12 s recording the highest rate (89%) compared to adults (79%). This is partly attributed to the acute shortage of oral health personnel, especially in the remote areas, which limits access to oral health services.

In efforts to in improve quantity and quality of services, the MoHSS has introduced a dental internship programme.

Out of a total number of 137,771 dental visits, 101,216 (73.5%) patients with dental caries were attended to.

Figure 8: Prevalence of Dental Caries, by Quarter, April 2019-March 2020.



As shown in Figure 8, the lowest prevalence of dental caries was experienced during the first quarter. There was a steady increase in the prevalence of dental caries over the year and the quarterly and annual targets were never achieved.

- Community-based oral health education and other promotion activities were done sporadically, because outreach and mobile dental services were suspended due to COVID-19.
- Ongoing monitoring through HIS for data quality and programme performance was done, which informed the provision of restorative and prosthetic materials and regions were advised to procure and repair or maintain essential dental equipment.
- The SOPs for annual dental facility readiness assessment for accreditation and renewal was not yet done, but it was an ongoing activity with HPCNA. Annual inspections are conducted by the HPCNA to ensure the accredited training facilities are adhering to the rules and regulation of the internship programme. Although SOPs are not developed for facility assessment, there is a checklist available that facilities may use to ensure that they maintain their accreditation.

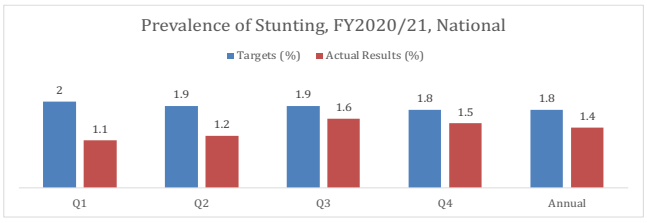
5.3.1 The following challenges were experienced during the reporting period:

- Nineteen (19) interns were under training, 18 interns were on waiting list.
- The costed dental service decentralisation plan was not yet developed.
- Mobile dental trucks are in a poor condition.
- The dental equipment needed replacement and quotations were being sourced. The concept note for the use, maintenance and servicing of the mobile trucks was being formulated.
- Inadequate human resources at regional and district level to plan, organize and coordinate oral health activities partly due to an outdated staff establishment list.
- Poor infrastructure of dental facilities. Among 35 district hospitals, only seven met a minimal requirement of a standard dental clinic. The rest need upgrading of infrastructures including buildings and equipment.
- Lack of materials, essential instruments/ equipment for dental clinical activities.
- Lack of technical know-how for maintenance and repair of dental equipment.

5.4 Food and Nutrition

Malnutrition is a major public health concern in Namibia as a result of widespread poverty and food insecurity. The Micro-Nutrient Deficiency Control and Food Standards Programme focuses on the prevention, control and treatment of vitamin A deficiency, iodine deficiency and iron-deficiency anaemia. These deficiencies are addressed through universal salt iodisation strategy, vitamin A supplementation, and food-based dietary interventions. This involves setting food standards and legislation regarding food fortification initiatives in the country. Out of a total of 581,243 children under five were measured for height against age, and 7,837 (1.4%) were found to be stunted.

Figure 9: Institutional Stunting Prevalence by Quarter, April 2020 – March 2021

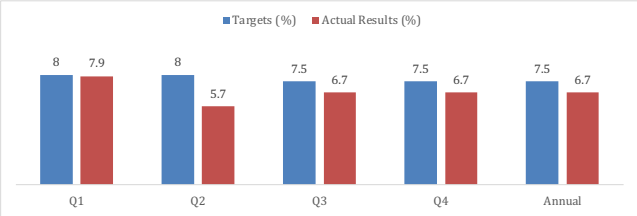


As shown in Figure 9, the targets for a reduction in stunting levels were achieved over the four quarters. Over 500,000 children under five years of age were measured for their height and the highest prevalence of institutional stunting were found in the third quarter.

5.4.1 Micronutrient malnutrition

There were 7,021 (6.7%) pregnant women with haemoglobin (Hb) < 10g/dl reported out of a total number of 89,915 women whose Hb was tested at the first ANC visit.

Figure 10: Haemoglobin levels of pregnant women, by Quarter, April 2020 – March 2021

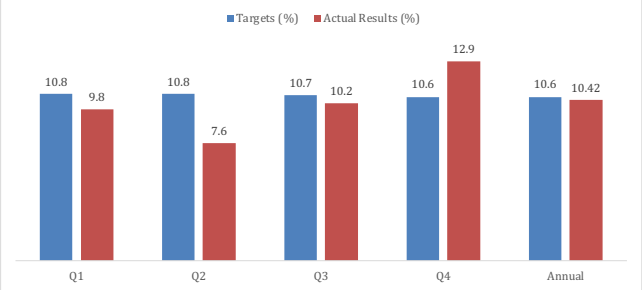


The proportion of pregnant women with haemoglobin levels below 10 g/dl ranged from 6-8% over the one-year period, with the highest prevalence in the first quarter, as shown in Figure 4. However, the Micronutrient programme achieved its targets per quarter, as well as the annual target.

5.4.2 Malnutrition

Malnutrition case fatality rate among children under five years of age was monitored, and found 11 deaths (5.1%) out of 214 reported cases in the second quarter.

Figure 11: Institutional Malnutrition Case Fatality by Quarter, April 2020 – March 2021



As shown in Figure 11, the malnutrition case fatality was the highest in the fourth quarter.

5.4.3 Early Initiation of Breastfeeding

Only 19,330 (85%) infants were put to the breast within 30 minutes after birth (early initiation of breastfeeding), out of 22,777 live births.

Figure 12: Early Initiation of Breastfeeding, by Quarter, April 2020-March 2021

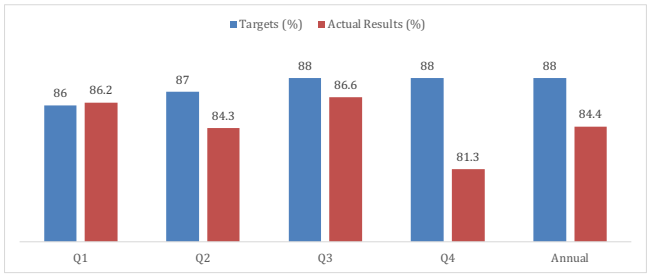


Figure 12 shows that the highest prevalence of early initiation of breastfeeding was recorded in the first quarter, at 86%. The quarterly and annual targets were not achieved during the rest of the year.

5.4.4 The following milestones were achieved:

- IYCF messages for radio and television were developed for the Right Start Campaign, and were broadcast on both platforms. Brochures and flipcharts were also developed, printed and distributed to all districts and regions.
- Collaboration with the Office of the Prime Minister and World Food Programme (WFP) continued to finalise the Food and Nutrition Security Policy. A consultant was recruited through the WFP to revise the Policy objectives and strategic measures to ensure SMART objectives. The Policy was disseminated through regional consultative meetings to the Regional Councils. Input and comments received during the consultation meetings were incorporated into the document. Submission of the final policy document to Cabinet for approval was planned for the following financial year.
- Monthly Food and Nutrition Security Multi-Stakeholder Meetings were conducted with OPM, NPC, MURD, MAWLR, UNICEF and WFP.
- Social mobilisation and awareness and health promotion about personal hygiene and sanitation were done as part of COVID-19 related activities. Messages for awareness were submitted to the IEC Division for dissemination.
- Eighty-six per cent (89,915 out of 104,120) of pregnant women were screened for iron deficiency at their first ANC visit. Brochure on anaemia was developed.
- Twenty-four (24) health workers from surveillance

sites were trained on growth monitoring and nutrition surveillance.

- A total of 142,020 children under five years were screened for weight, while 142,958 were screened for height through growth monitoring and nutrition promotion. Of these, 2,283 children were found to be stunted, 2,623 underweight and 1,147 wasted.
- A total number of 84,429 children were screened during the Expanded Outreach and African Vaccination Week:
    - 1,051 children with malnutrition were identified, treated and referred;
    - Vitamin A supplements were given to 59,490 children;
    - A total number of 11,032 children were dewormed;
    - An estimated N$1,912,632.66 CERF funds was utilised.
- Nineteen (19) Metric Tonnes of Ready-to-Use Supplementary Food were procured through the Central Emergency Response Fund (CERF) via the World Food Programme and delivered to districts for further distribution to health facilities. The Deputy Minister of Health and Social Services, Dr Esther Muinjangue, formally accepted the therapeutic food during a handover ceremony from the Government of Brazil.

5.4.5 The following challenges were experienced:

- The COVID-19 pandemic and subsequent restrictions resulted in delays in the implementation of programme activities.
- Due to the pandemic, technical experts were unable to visit Namibia to assess the feasibility of analysing blood specimens from the NAMPHIA study to determine micronutrient deficiencies.
- Blood specimens were spoiled and destroyed because of a power failure at NIP, resulting in the Micronutrient Deficiency Study being infeasible.
- The Micronutrient Guideline could not be finalised due to staff shortages and financial constraints.
- Not all babies could be breastfed within 30 minutes after birth due to health conditions of the mother or the baby.
- Inadequate staff both in numbers and expertise at all levels to carry out the necessary nutrition intervention activities.
- High staff turnover and rotation at operational level and as a result, trained staff members were not available to implement food and nutrition interventions.

5.5 Reproductive and Child Health

The Reproductive and Child Health Subdivision contributes to the reduction of maternal, new-born and child morbidity and mortality through the implementation of a minimum package of maternal, neonatal, child and adolescent health and family planning services. These interventions aim to improve health outcomes for mothers and children.

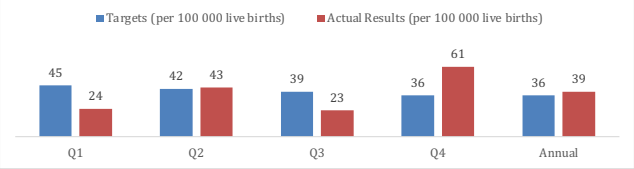
The Integrated Management of New-born and Childhood Illnesses Programme provides quality child health services at all levels of the healthcare system and achieves universal coverage of high impact child survival interventions with a focus on equity. It focuses on the reduction of morbidity and mortality associated with major diseases in children under five years and contributes to their healthy growth and development.

5.5.1 Safe Motherhood and New-born Care

Safe Motherhood, New-born Care and PMTCT Programme contributes to a reduction of maternal, new-born and child morbidity and mortality through the implementation of a minimum package of maternal, neonatal, child and adolescent health and family planning services. The Programme provides quality obstetric care during pregnancy, childbirth and post-natal period, as well as quality new-born care services at all levels of the health care system to reach every new-born with evidence-based lifesaving neonatal interventions. The prevention of mother-to-child transmission of HIV services are integrated in the safe motherhood services.

Thirty-five (35) maternal deaths out of 90 355 live births were reported (38.7 per 100,000 live births) during the reporting period.

Figure 13: National Maternal Mortality Quarter, April 2020 - March 2021,



As seen in Figure 13, the quarterly targets for maternal mortality were achieved in quarters 1 and 3, but the

highest rate of maternal mortality was reported in the fourth quarter.

Table 12: Comparison of Maternal Mortality between FY2019/20 and FY2020/21

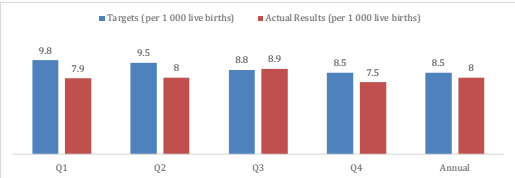
Period	Live birth	Maternal death	Maternal Mortality
Apr to Jun 2019	20,087	10	49.9
Apr to Jun 2020	20,812	5	24
Jul to Sep 2019	19,747	10	50.6
Jul to Sep 2020	23,227	10	43
Oct to Dec 2019	18,338	4	21.8
Oct to Dec 2020	21,623	5	23
Jan to Mar 2020	20,246	14	69.1
Jan to Mar 2021	24,693	15	61
April 2019 to March 2020	78,418	38	48.5
April 2020 to March 2021	90,355	35	38.7

The data shows that there was a reduction in maternal deaths in the current financial year, compared to the previous year.

5.5.2 New-born Health

Seven hundred and twenty-seven (727) or 8 per 1,000 live birth deaths of new-born infants out of 90,355 live births were reported.

Figure 14: National New-born Mortality Quarter, FY2020/21

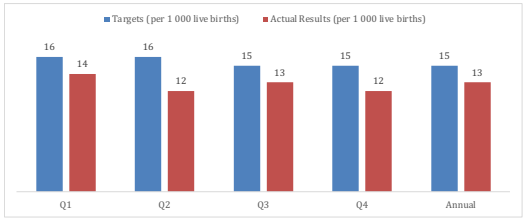


As seen in Figure 14, the quarterly targets for neonatal deaths were achieved in quarters 1, 2 and 4, but the highest rate of neonatal deaths was reported in the third quarter.

5.5.3 Infant Health

Three hundred and thirty-seven (337) deaths (13 per 1,000 live births) of infants out of 90,355 live births were reported.

Figure 15: National Infant Mortality for FY2020/21

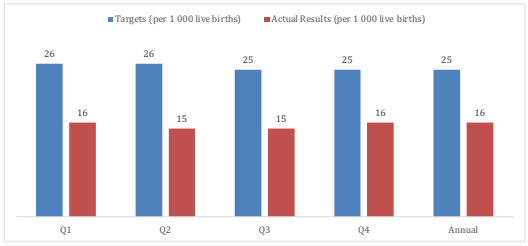


As seen in Figure 15, the quarterly targets for infant mortality were achieved in every quarter.

5.5.4 Child Health

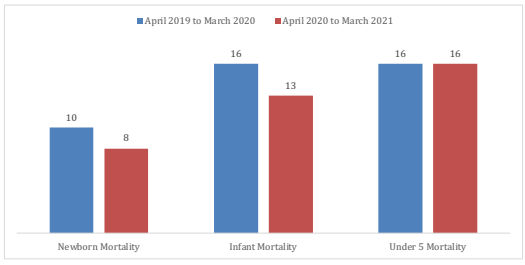
One thousand, one hundred and forty (1,440 deaths) or 16 per 1,000 live births out of 90,355 live births were reported among children under 5 years.

Figure 16: National Under 5 Mortality for FY2020/21



As seen in Figure 16, the child mortality rates stayed the same over the year, although the quarterly targets were achieved.

Figure 17: National New-born, Infant and Under 5 Mortality for FY2019/20 and FY2020/21



As shown in Figure 17, there was a reduction in the new-born and infant mortality rates, whereas under 5 mortalities stayed the same compared to the previous financial year.

- A total of 40 health workers were trained in Maternal, New-born and Child health services quality of care improvement, 16 Healthcare Workers trained on KMC and 57 healthcare workers trained as ToTs on Perinatal Death

Surveillance and Response, and immediate care during labour and childbirth. This resulted in hospitals providing targeted interventions to address preventable maternal and new-born deaths.

- No training conducted on Lifesaving Skills this year to date due to COVID-19 restrictions and competing activities.
- An introduction was done for the WHO Labour Care Guide (the next generation partograph). The LCG is designed to guide the monitoring and documentation of the well-being of women and babies and the progress of labour, guide skilled health personnel to offer supportive care throughout labour to ensure a positive childbirth experience for women, assist skilled health personnel to promptly identify and address emerging labour complications, prevent unnecessary use of interventions in labour and support audit/quality improvement of labour management.
- Twenty-one (21) out of 35 (60%) hospitals in nine regions were implementing interventions to reduce maternal and neonatal deaths within 24 hours. These hospitals were implementing quality of care improvement with five measures/ indicators, which include an indicator on proportion of neonatal deaths within 24 hours per month. Reports from these hospitals indicate low proportion of neonatal deaths in most implementing hospitals. Thus, this activity was ongoing and progressing well, as a total of two onsite national field visits were conducted and this resulted in better understanding of expected interventions to focus on to ensure compliance with indicators aimed at reducing deaths around the time of birth.
- CHWs were trained to conduct household Community Based Maternal and New-born Care, which include follow up of mothers and neonates who delivered within a week post discharge from the hospital. During these visits, CHWs provided health education on danger signs during pregnancy, delivery and postnatal period and when to seek care immediately to the nearest health facility when any of the danger sign is present. Provided education on importance of breastfeeding, and good nutrition for both the mother and baby.
- The national integrated ECD campaign reached 1.29 million people (54% of the population) through television with prime-time adverts, as well as long-form panel discussions and an ECD TV series. Through radio, 1.8 million people (75% of the population) were reached, with the regular airing of #RightStart adverts in 11 languages, as well as long-form discussions and ECD call-ins. Newspapers reached 40,000 people on a weekly basis with an ECD insert promoting learning through play and child stimulation. The #RightStart Social Media increased month by month, with the latest figures showing monthly reach at 366,560 for the Facebook page (15% of the population). The #RightStart website was visited 25,000 times in the last month, and localized searches for the phrase 'early childhood development' has increased by 80%.

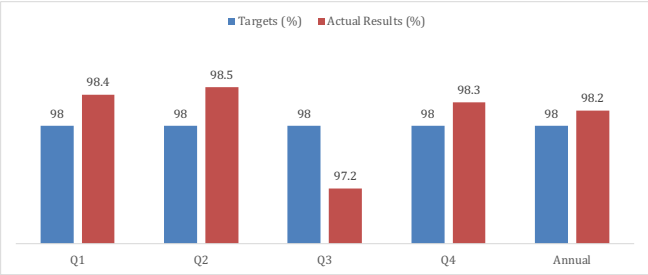
5.5.5 The following challenges were experienced:

- QI Collaborative third learning session not scheduled due to COVID-19 vaccine deployment plan and training.
- IMNCI trainings not conducted due to budgetary constraints. On-the-job training was provided during the supervisory support visit (SSV) conducted in all the regions to staff to follow the IMNCI guidelines and provide quality health services to the under 5-year-olds.
- Competing priorities hindered effective implementation of programme activities.
- Inadequate supportive supervision done after training as well as on the job monitoring due to competing priorities.
- Budgetary constraints in regions not supported by donor funding leads to these regions not being able to implement some programmes.

5.5.6 Prevention of Mother-to-Child Transmission (PMTCT) of HIV Infection

The programme is responsible for monitoring the percentage of HIV exposed babies born free of HIV. Over 98% of infants were born HIV negative.

Figure 18: National Percentage of HIV exposed babies born free of HIV, April 2020 - March 2021



As seen in Figure 18, the PMTCT programme achieved the quarterly and annual targets of 98%, except in quarter 3. The programme planned to roll out the P-Tracker system to 44 additional sites.

- All regions reported HIV retesting of pregnant women and 30,510 pregnant women were retested during pregnancy. Of these, 708 (2.3%) were HIV positive. During the financial year, 97.3% (14,826/15,238) of HIV positive pregnant women received ART.
- Infant risk assessment is done and higher risk infants are tested within 48 hours and NAT is also done for HIV exposed infants followed up at PNC settings. A total of 12,863 HEIs were tested and 165 (1.3%) tested HIV positive, while 98.7% (12,698) were negative. Ninety-four percent (12,551/13,294) of infants born to HIV positive mothers received ARV prophylaxis at delivery.
- The National Roadmap for the Elimination of Mother-to-Child Transmission of HIV and Congenital Syphilis, 2020-2024 which aims to have Namibia certified Gold Status by 2024, was launched. The National Validation Committee was also inaugurated and trained.
- P-Tracker equipment was procured and installed at 44 additional sites and a total of 283 PMTCT sites had a functional Ptracker system to date. This represents 76% of 365 PMTCT sites in Namibia.

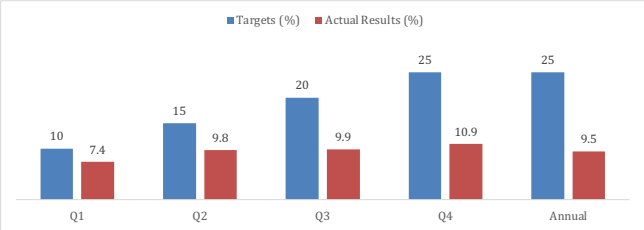
5.5.7 The following challenges were experienced:

- Incomplete documentation of infant ARV prophylaxis at maternity remains a challenge.
- COVID-19 restrictions resulted in scheduled activities to be cancelled or postponed.
- Human resources constraints – shortage of trained staff, turnover and staff rotation affected quality of PMTCT/EID service delivery/ data quality.
- Declining Donor funding for Maternal and New-born Health.
- Inadequate re-testing of breastfeeding women and HEIs beyond 6 weeks and of HEIs at 9 and 18 months;
- Poor viral load monitoring among pregnant women.
- Data recording and reporting issues, especially in L&D and EID settings.
- Weak/inadequate interventions for PMTCT prongs 1 and 2.
- P-tracker has been rolled out to 283 PMTCT sites of all the14 regions, and the Program is still experiencing a major challenge with data entry.
- Among the challenges pertaining to data entry include:
  - Staff shortage and rotation at facility level
  - Overburdened staff
  - Competing national health data systems
  - Inadequate management support and mentorship at facility levels
- Frustration over system performance:
  - Poor network connections
  - Unstable server connection (data server hosted at OPM)
  - Inability to view clients and reports for facilities using the offline version of the system
  - Resistance and lack of commitment for some healthcare workers.

5.5.8 Family Planning, Adolescent Health, and Cancers of the Reproductive Systems

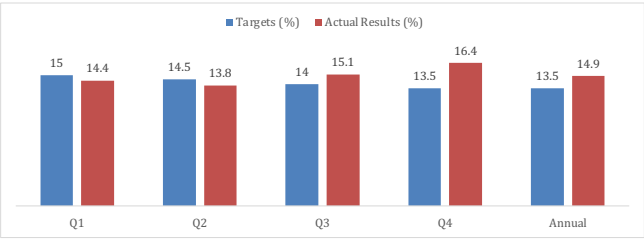
Family Planning, Adolescent Health Services and Reproductive Cancers Programme provides quality adolescent friendly sexual and reproductive health services, as well as quality sexual reproductive healthcare, and also promotes and supports family planning activities. A total of 18,052 (2.7%) women out of 661,135 aged 15-49 years started a contraceptive method at a Family Planning First Visit.

Figure 19: National Women aged 15-49 years of age who started any contraceptive method at Family Planning First Visit, FY2020/21



As seen in Figure 19, the quarterly targets for women aged 15-49 years who started family planning was not achieved, and the lowest prevalence was experienced in quarter 1, with a steady increase over the next three quarters. Fifteen thousand, five hundred and sixteen (15,516) out of 104,120 (14.9%) pregnant women who attended first ANC visit were teenagers.

Figure 20: National Teenage Pregnancy, FY2020/21



As seen in Figure 20, the quarterly targets for teenage pregnancy were achieved for the first two quarters of the financial year, but there was a steady increase in the last two quarters, with the highest prevalence of 16% in the fourth quarter.

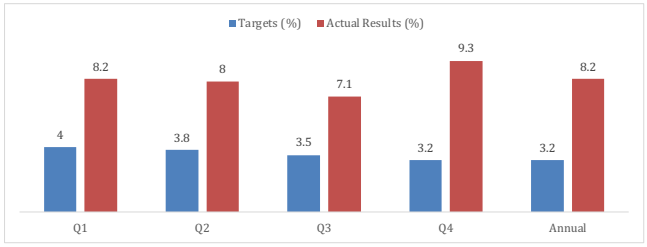
The following challenges were experienced:

- Stockouts of Family Planning commodities were experienced.
- Scheduled activities were not conducted due to COVID-19 restrictions.
- Training of peer counsellors, SRHR/HIV and SGBV data review at national and sub-national level not done due to lack of funding.
-

5.5.9 Cancers of the Reproductive Systems

Monitored case fatality rate of cervical cancer and 82 (8.2%) deaths out of 1,001 cervical cancer cases were reported in the Financial Year 2020/21.

Figure 21: National Cervical Cancer Case Fatality, FY2020/21



As shown in Figure 21, the cervical cancer case fatality was very high in comparison with the quarterly targets over the reporting period.

- An HPV Introduction Plan was developed. A proposal for additional funding was drafted and submitted to the Finance Directorate. The HPV Concept Note includes an M&E Framework for vaccine monitoring and targets 9-14-year-old girls.
- Regular cervical cancer screening was only done in 63 health facilities. Fifty-eight (58) health facilities offered VIA and 249 healthcare workers were trained, including 27 medical officers, and all the 14 regions were implementing VIA.
- Regular cervical cancer screening was only done in 63 health facilities. VIA trainings could not be conducted due to lack of funding.
- The introduction of HPV vaccine was deferred to the following financial year depending on the availability of funds.
- Due to COVID-19, pre-service institutions were not yet consulted on the inclusion of VIA, Cryotherapy and LLETZ in pre-service education.
- There were no financial resources from MoHSS-PHC budget allocated to sustain the programme of Family Planning and Cancer of the Reproductive Tract in the financial year 2019/2020, thus 99.55% of funds for the year was supported by the donor organisations.
- The funds received from donor organisations targeted some regions only, thus it was a challenge to cover all regions with the same activities.
-

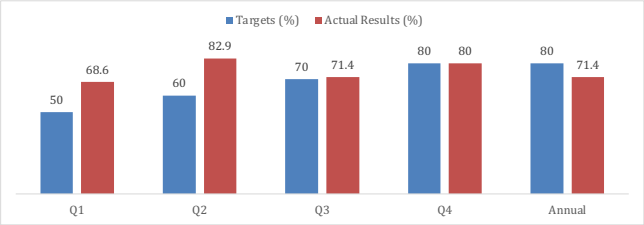
5.5.10 Expanded Programme on Immunisation (EPI)

The Expanded Programme on Immunisation aims to reduce mortality and morbidity in children and women

of reproductive age due to vaccine-preventable diseases and to eliminate and eradicate vaccine-preventable diseases.

Only twenty-five (25) out of 35 districts achieved 90% and above in the first dose Measles and Rubella (MR1) coverage. The overall national MR1 coverage is 71.4%.

Figure 22: Percentage of Districts achieving 90% and above MR1 National Coverage, FY2020/21



The Figure 22, above shows the routine Measles/Rubella coverage over the reporting period. As indicated, the EPI programme achieved the quarterly targets, but not the annual target.

- COVID-19 Vaccine Task Force established and plans underway for procurement of vaccine and social mobilisation for introduction of vaccine.
- Namibia participated at the event that marked the certification of the African Region declared Wild Polio Virus free on 26 August 2020.
- A costed implementation plan for the introduction of COVID-19 vaccine was developed, as well as a costed social mobilisation strategy.

5.5.11 The following challenges were experienced:

- Inadequate funds from both MoHSS and Development partners for districts to implement Periodic Intensification of Routine Immunisation (PIRI) activities such as Maternal and Child (MCH) days
- The stockout of some antigens experienced at the Central Medical Stores (CMS) resulted in interruption of immunisation service in facilities.
- The delay in submission of complete monthly immunisation reports contributed to the country poor performance in timeliness of reporting
- The economic down turn experienced in the country affected the outreach services implementation thereby contributing significantly to the poor immunisation performance in the country.
- The immunisation data quality issues at all levels experienced during the reporting year compromised the reliability of the immunisation data.
- Insufficient funding for training to upgrade knowledge and skills.
- Competing priorities and ad hoc activities hampering effective implementation of planned activities.
- Lack of data verification at district level that compromised quality and reliability of data.
- Lack of supervision at subnational level.
- Lack of effective vaccine management at all levels.
- The district population figures continued to affect some district immunisation coverages.

5.5.12 Non-Communicable Diseases (NCDs)

The Non- Communicable Diseases Programme focuses on reducing morbidity and mortality due to Non-communicable Diseases and Conditions (NCDCs) through improved control and surveillance of NCDCs and their risk factors, as well as through effective health prevention, case management and promotion actions.

5.5.13 Implementation of NCDs Plan

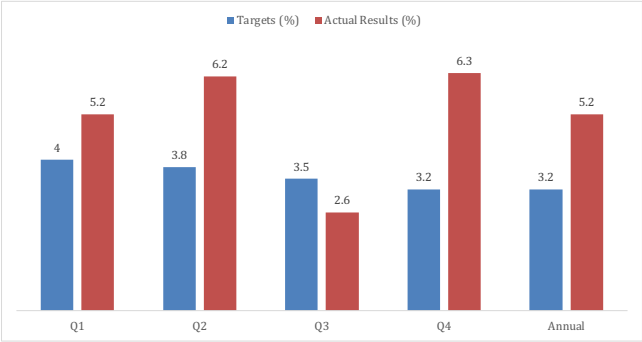
- The Multi-Sectoral Coordination Mechanism was formulated, outlining the functions of various sectors/stakeholders regarding NCDs.
- The NCCP will be disseminated once finalised and approved.

5.5.14 Incidences and prevalence of different NCDs

5.5.14.1 Hypertension

Case fatality rate of hypertension was monitored and in total, 87 deaths out of 1,674 hypertension cases (5.2%) were reported.

Figure 23: National Hypertension Case Fatality, FY2020/21



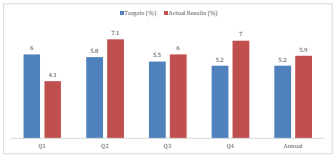
As shown in Figure 23, it was only in Quarter 3 that the target was achieved.

- Training Curriculum for HCWs was drafted according to the Hypertension Module in the PEN Guideline.
- A MoU facilitated between MoHSS, Primary Care International (PCI) and Letshego, to start with Project on NCDs prevention, care and management.

5.5.14.2 Diabetes Mellitus

Case fatality rate of diabetes mellitus was 2.6%, representing 7 deaths reported out of the 272 diabetes mellitus cases.

Figure 24. National Diabetes Mellitus Case Fatality, FY2020/21



As seen in Figure 24, the NCD Programme achieved the target for the first quarter, but not for the other quarters. COVID-19 may have contributed to these deaths.

- Health promotion sessions were coordinated, including prevention and risk factors of Diabetes Mellitus to communities by CHWs. Awareness raising was done on Diabetes Mellitus through electronic media, as part of the commemoration of World Diabetes Day.
- Curriculum for Healthcare Professionals on the PEN Guideline was developed.
- A WHO Rapid Assessment on NCDs Management during the COVID-19 response was conducted. The purpose of the assessment was to identify gaps and strengthen the management of patients living with diabetes.
- Rollout of PEN Guideline implementation to other regions could not materialise in the absence of an endorsed MoU between PCI and MoHSS to make funds available.
- Training of healthcare workers could not be done due to lack of funds.
- There were insufficient skilled human resources to prevent and control Non-Communicable Diseases at regional and district levels.
- Stockouts of NCDs medicines was experienced from time to time in most regions, e.g., anti-Hypertensives and anti-Diabetes Mellitus medicines
- Lack of guiding documents, such as the Guidelines on Asthma and Diabetes Mellitus
- Insufficient NCDs equipment, material and supplies, e.g., mammography units, ultrasound machines, glucose strips at district levels to ensure effective service delivery
- Inadequate continuous community sensitisation on NCDs prevention and control – Community Health Workers are not enough to cover all catchment populations in the regions
- Low production and dissemination of NCDs health promotion materials.

5.6 DISEASE CONTROL

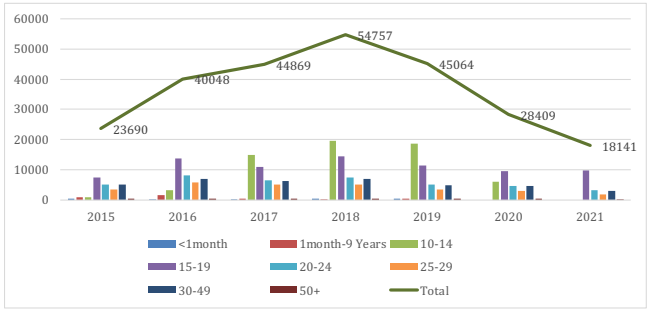
5.6.1 HIV/AIDS

The HIV/STI subdivision plays a crucial role in implementing several prevention and treatment programmes, including HIV testing, HIV treatment, condom distribution, and Male Circumcision, PrEP, CCPP and STI prevention. It coordinates the implementation of HIV prevention and treatment activities by partner organisations throughout the country. In doing so, the subdivision helps to prevent new infection, reduces deaths due to HIV, and works towards controlling the HIV epidemic in Namibia by 2030.

5.6.2 Voluntary Medical Male Circumcision (VMMC)

The programme reached over 150,000 circumcisions since inception. The MC coverage has been rising since inception, from about 23% to over 50%. The programme has reached more men than boys aged 10 to 19, while those older than 20 remain slow in the service uptake.

Figure 25: Cumulative male circumcisions done since 2015

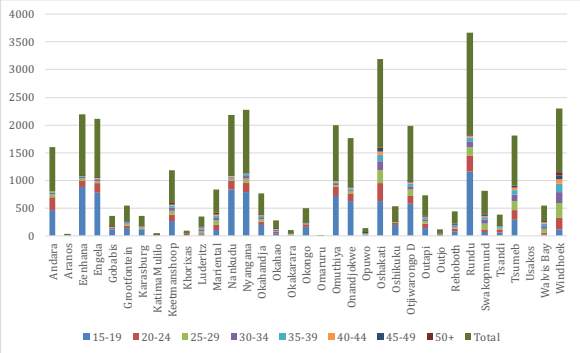


There has been a steady increase in the number of men aged 15-49 years seeking VMMC services. There

has been a sharp increase from 23,690 circumcisions recorded in 2015 to 54,757 recorded in 2018. The programme recorded the lowest of 18,000 circumcisions in 2021. This low uptake is attributed to the COVID-19 pandemic's restrictions.

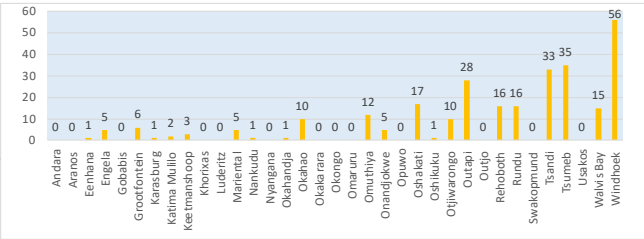
Kavango East, Kavango West and Khomas Regions were the best performing regions during the period under review. The programme adjusted strategies due to COVID-19 regulations to ensure continued service provision. More outreach campaigns were organised to bring services closer to the people. Furthermore, the programme continued to conduct quality improvement exercises to ensure safe male circumcision services are provided.

Figure 26: Number reached with VMMC services per district



The table above shows the high-performing districts of Rundu (1,832), Oshakati (1,592) Windhoek (1,149), Nyangana (1,138), Eenhana (1,097), and Engela (1,055). District level high performance is a result of the support from MoHSS District and Regional Management Teams. This support has assisted the programme greatly and needs to be commended. There is a need to continue to lobby for RMTs for continued support and subsequent integration into PHC.

Figure 27: Number of adverse events per district, 2020/21



Adverse events were recorded during the period under review. The graph shows adverse events (AEs) recorded per district with the highest AEs recorded in the Windhoek (56) district followed by Tsumeb (35) and Outapi (28). The rest of the districts had relatively lower numbers. It is interesting to note that some of the high performing district such as Rundu and Nyangana recorded low AEs.

Individual districts may record high AEs rates, however, the AEs rate is very low at national level due to the ongoing support from the Quality Assurance team and good programme management. Continuous quality improvement remains one of the strategies to improve service provision and enhance service providers' capacity.

5.6.3 VMMC capacity building

Capacity enhancement is a critical component of the VMMC programme implementation and a vital contributor to high-quality service provision. During the pandemic period, online trainings sessions were conducted. In the Kavango East and West Regions, 20 community mobilisers were trained to conduct community mobilisation. Clinic services training was also made available online.

Figure 28: Circumcised vs Uncircumcised male population by age group

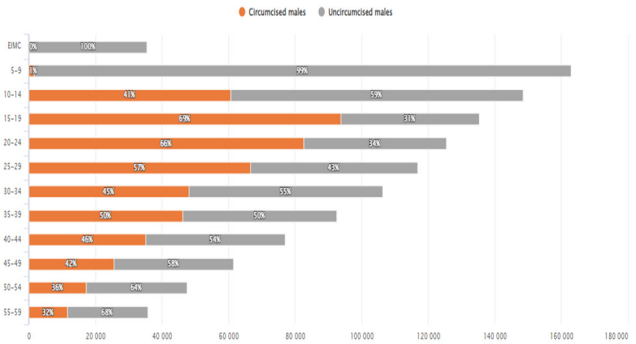


Table 13: National VMMC saturation by region, 2020/2021

	EIMC	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	15-29	10-29	15-34	10-34
Namibia	0	1	41	65	62	53	45	50	45	41	36	32	60	55	57	53
!Karas	0	0	24	39	36	36	34	37	33	30	25	23	37	33	36	34
Erongo	0	1	33	39	44	48	48	56	52	47	40	36	43	41	44	42
Hardap	0	1	23	31	28	26	22	27	24	22	20	18	29	27	27	26
Kavango East	0	3	52	127	107	81	63	73	67	62	56	50	106	91	97	86
Kavango West	0	0	24	68	58	45	37	47	45	44	40	35	58	48	53	46
Khomas	0	1	36	49	59	62	58	64	58	51	43	38	56	51	57	52
Kunene	0	3	48	58	59	58	57	64	63	63	61	59	59	55	58	56
Ohangwena	0	1	38	67	70	43	25	21	18	15	13	12	68	59	58	53
Omaheke	0	0	36	52	58	55	52	72	70	67	62	56	55	49	54	50
Omusati	0	1	65	99	77	49	34	36	33	30	26	24	76	73	67	66
Oshana	0	0	51	79	76	63	48	45	38	33	27	23	73	67	67	63
Oshikoto	0	1	45	62	63	42	30	29	26	23	19	17	63	58	56	54
Otjozondjupa	0	1	32	46	47	46	44	60	59	57	54	48	46	42	46	43
Zambezi	0	0	57	95	90	63	42	35	29	25	21	18	84	76	75	71

- Delays in the recruitment process and retaining skilled staff proved challenging due to staff attrition.
- A reduction in donor funding remains a significant challenge.
- Inadequate funding for Demand Creation activities.
- Slow integration of VMMC services into routine PHC services.

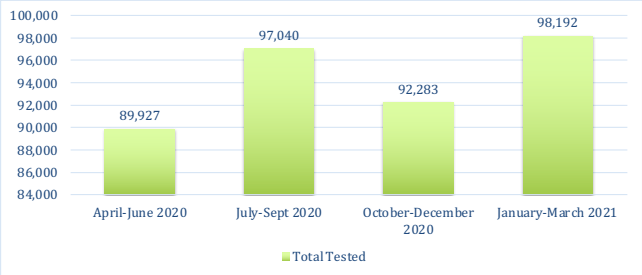
5.6.4 HIV Counselling and Testing

The HIV Testing Services (HTS) programme continued to make tremendous progress, as witnessed through its most recent programmatic results related to the UNAIDS fast-track targets. According to the Spectrum model (2020), 90% of people living with HIV now know their status. (). However, the remaining 10% shows a disproportionate gap among men, key populations, and high-risk young people aged 15-24.

To adequately address this gap in the immediate future, the programme is implementing targeted and streamlined HIV case identification interventions aimed at reaching high-risk individuals. These interventions include Index Contact Testing (ICT) and Optimised Provider-Initiated Testing and Counselling (PITC). Additionally, the programme has refined its approach to focus on finding high-risk individuals using programmatic results and recency testing data to identify hotspots and deliver targeted prevention and treatment services. HIV self-testing has also been recently introduced, serving both to create demand for HTS and to provide an alternative to traditional facility-based testing.

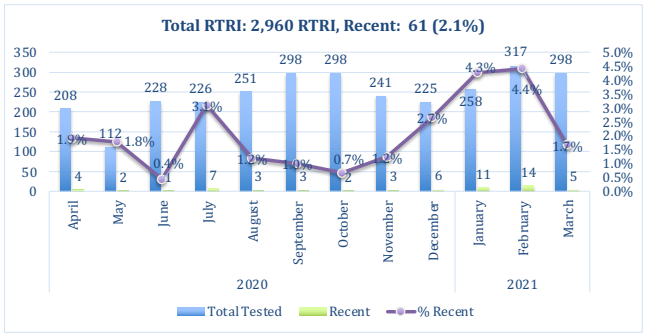
Between 1 April 2020 and 30 March 2021, a total of 377, 442 clients (74% Females and 26% Males) were counselled, tested, and received their HIV results. This represents a 7% decline in HIV testing volume compared to the previous year (1 April 2019-30 March 2020). The overall HIV positivity yield for the period under review was 2.3% (2% Female and 2.9% Male), compared to 2.8% (2.5% Female and 3.5% Male) in the previous year.

Figure 29: Clients counselled, tested and HIV yield by quarter (April 2020-March 2021)



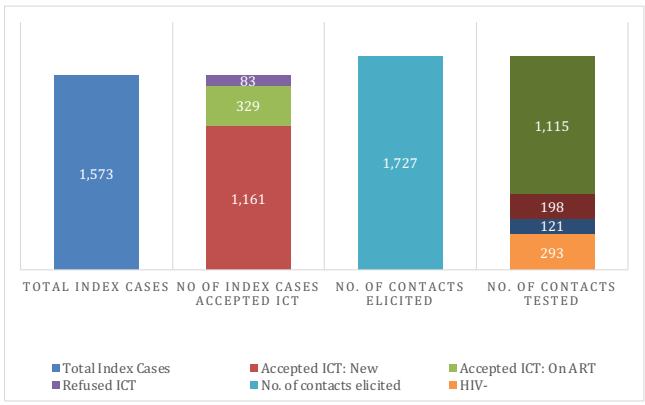
During the period under review, a total of 2,960 clients were tested for recent HIV infection, of which 61 (2.1%) tested "recent" i.e., they contracted HIV within 12 months prior to receiving HIV testing.

Figure 30: Number of clients tested for Recency, number and percentage of clients tested recent by month



During the period under review, the programme conducted an Index Contact Testing (ICT). About 95% of the Index cases accepted ICT (74% new and 20.9% On ART) and 1,727 contacts were elicited of which 23% were tested for HIV (7% HIV+ and 17% HIV-) and 11.5% were known positives. However, a huge number of contacts were not tested for HIV 1,115 (65%).

Figure 31 : ICT cascade for seven regions (Erongo, //Kharas, Kavango East and West, Khomas, Oshikoto, Otjozondjupa), Oct 2020-March 2021



Thirty-five thousand (35,000) HIVST assays were procured and distributed to several regions in Namibia. The majority (43%) of the HIVST kits were distributed within antenatal care (ANC) rooms to pregnant and breastfeeding mothers, 8% and 7%, respectively. HIVST kits were also distributed to Index and STI client. The remaining (38%) of the HIVST kits were distributed to "other" clients that are not necessarily the primary targets for this testing modality.

- Low contact testing despite high acceptance of index cases for ICT
- Unavailability of electronic database for ICT

and HIVST kit distribution

- Delayed reporting from sub-national levels
- Limited budget allocation to scaling up recency testing in Namibia
- Limited implementation of activities due to COVID-19 restrictions

5.6.5 HIV Treatment, Care and Support

5.6.5.1 Patients on ART in Public Health Facilities

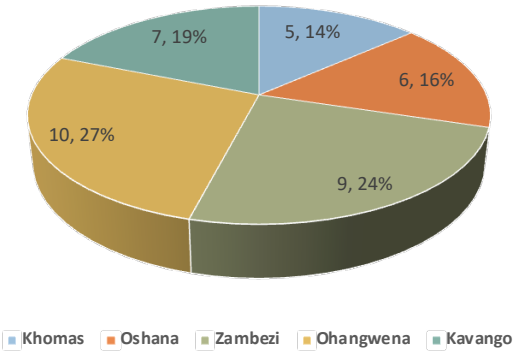
With the adoption of the test and treat strategy, the treatment, care and support programme is targeting to put all people who test HIV positive on Antiretroviral Therapy (ART), to ensure that 95% of all people living with HIV (PLHIV) in Namibia are on treatment by 2022. To achieve this target, the programme has been scaling up HIV care and treatment by improving accessibility to ART through NIMART and differentiated service delivery (DSD), while also promoting adherence to the antiretroviral therapy (ART). ART services have been decentralised to 98% health facilities all over the country through NIMART strategy.

By the end of the reporting period, 409 health facilities were providing ART treatment, care and support. A total of 184,822 (87%) of patients were actively on ART, of whom 178,631 (86%) are adults and 6,191 (59%) were children. This achievement is attributed to the rollout of the NIMART strategy countrywide, the implementation of DSD, and a strong mentoring programme. Viral suppression rate among patients on ART is 75%.

Following the outbreak of COVID-19, the programme adopted the multi-months dispensing strategy, issuing patients with four-month supply of ARVs. This approach enabled decongestion of the ART facilities, thereby supporting the implementation of social distancing mechanisms and decrease in loss to follow-up. The programme also continued with the transition to the preferred Dolutegravir (DTG)-based regimen and 80% of adult patients have been transitioned to DTG-based regimen, which has a high barrier to the development of resistant mutations.

The Paediatric Treatment and Care Services adopted programmes to provide psychosocial support for adolescents and young people living with HIV. The Paediatric programme scaled up the Community Adolescent Treatment Supporters (CATS) model to three more regions, raising implementing Health Facilities to 38 in five regions. A total of 90 NATS were trained, of whom 84 remained active. A total of 1,674 beneficiaries have been enrolled under the NATS care in 11 health facilities across the first two regions (Oshana and Khomas only).

Figure 32: Chart reflecting % of health facilities with NATS programme by region



5.6.5.2 Challenges experienced:

- Sustaining skilled staff proved to be a challenge due to staff attrition.
- Inability to recruit and fill available vacancies due to financial constraints.
- Poor viral load monitoring in certain regions.
- The programme could not dispense six-month supply of ARVs due to logistical issues at CMS
- COVID-19 restrictions impacted trainings and peer support meetings.

5.6.6 TB and HIV co-infection and other opportunistic infections

TB is a leading killer among HIV-infected people. HIV increases susceptibility to development of TB disease. Timely ART initiation and successful immunologic restoration can help prevent the development of TB. HIV and TB are a deadly pair. The goal of TB/HIV collaborative activities is to reduce the burden of TB and HIV in populations affected by both diseases by expanding the scope of TB and HIV programmes. The MoHSS has introduced the LF TB-LAM in the revised National TB guidelines (4th edition of 2019) to improve TB diagnosis, especially among the PLHIV who are seriously ill.

Out of a total of 184,822 patients currently on ART, 157,334 were screened for TB. Out of those 157,334 screened, 156,968 were TB-negative without any sign and symptoms. Only 366 were TB-positive.

Out of 2,169 patients who were initiated on ART as new during the reporting period, 1,965 were screened for TB and 1,690 started on TPT.

- Oshikoto Region has not yet trained in TBLAM as well as in 3HP
- Low TPT initiation among children under five.
- Low 3HP uptake in some regions
- Some children still fall through the cracks and do not get tested due to parental refusal, especially when parents are HIV positive.
- Absence of CTX indicator to monitor the uptake.

5.6.7 National TB Control Programme

The National TB and Leprosy Programme (NTLP) operates at national, regional, district, and community levels. At the national level, the NTLP is a subdivision within the Directorate of Special Programmes and led by a Chief Medical Officer. Each of the 14 regions has a Regional TB and Leprosy Coordinator, while each of the 35 districts has a designated District TB and Leprosy Coordinator (DTLC). The third Medium Term Strategic Plan (MTP-III) for TB and Leprosy outlines three key targets:

- To have reduced the incidence of TB from 489/100,000 in 2015 to 321/100,000 by 2021.
- To have reduced TB mortality from 68/100,000 in 2015 to 34/100,000 by 2021.
- To have reduced the incidence of leprosy from 10/1,000,000 in 2016 to 4/1,000,000 by 2021.

Namibia is gradually progressing towards achieving some of these targets through concerted efforts of the MoHSS and partners. The decline in the number of cases notified over the past six years could reflect a decrease in TB incidence in the country, although this cannot be confirmed, considering that the country is estimated by WHO to be missing over a third of its TB cases.

5.6.8 TB Case Notification Rate (CNR)

The Namibia Institute of Pathology (NIP) continued to provide TB laboratory diagnostic services in 2020, while the MoHSS maintained its obligation to make these tests available at no cost to the patients. Through its network of 40 laboratories, of which 33 perform TB tests, NIP performed a total of 70,376 tests. These included 33,243 smear microscopy tests, 30,318 Xpert MTB/RIF tests, 5,822 mycobacterial cultures and 993-line probe assays (LPA) in 2020. The mycobacterial cultures and the LPAs were all performed in one laboratory, the Windhoek Central Reference Laboratory. In terms of infrastructure, NIP maintained 47 Gene-Xpert instruments dedicated to TB and five Bactec MGIT 960 incubators.

Namibia reported 6,537 cases of all forms of TB during the reporting period, with a significant difference of 15.3% reduction in 2019 new and relapse cases. The case notification rate (CNR), based on the burden of all forms of active TB was 263 cases per 100,000, compared to 314 per 100,000 in 2019.The WHO particularly focuses on new and relapse cases of TB as a way of monitoring international epidemiological trends. In this regard, Namibia reported 6,312 new and relapse cases of TB, giving a notification rate of 254/100,000. The number of patients with DR-TB reported in 2020 was 218, which was a significant decrease from 298reported in 2019. A total of 213 DR-TB cases had rifampicin resistance.

The coverage of HIV counselling and testing for TB patients continued to improve: the proportion of TB patients with a known HIV status stood at 99%, prevalence of HIV infection among TB patients has declined to 31% in 2020, and of 1,994 patients who tested HIV positive, 99% were put on ART. Lastly, the number of leprosy cases reported during 2020 indicates an increase from 22 to 27 new cases of leprosy.

- In 2019, WHO estimated 36% of TB cases in the country missing, undiagnosed and untreated. Furthermore, a high number of treatment failures, deaths, lost follow-up cases, and interruptions in Gene Xpert testing, TB culture, TB first- and Second-Line Probe Assay (LPA) testing are negatively affecting the treatment success rate.
- In addition to the above challenges, the programme is heavily depends on donor funding, which has been declining. This has resulted in under-resourcing in relation to human resources (including unfilled positions and an inadequate staff establishment) and financial resources (such as limited resources to conduct community TB care activities).
- Lastly, funding for community field workers under the Global Fund grant was only available until December 2021. These workers are critical human resources for the identification, diagnosis and successful treatment of TB cases.

5.6.9 Treatment Results

The National Tuberculosis and Leprosy Programme (NTLP) launched the results of the Patient Cost Survey and the revised guidelines for the management of drug-resistant tuberculosis (DR-TB). In addition to submitting the Global Fund proposal, which awarded about US$6 million from 2021 to 2023, the programme has equally participated in the application for the Global Fund's COVID-19 mitigation mechanism. Furthermore, the programme has accomplished the following noticeable events:

- Successfully conducted the World TB Day commemoration in the Ohangwena Region.
- Completed the development of the DHIS2 TB Tracker electronic reporting system and phase one rollout (piloted) in six regions.
- Developed the SOP to improve the data reporting from the district and regional levels.
- Temporary appointment of data clerks leading to improved recording and reporting of TPT in all regions.
- Continued support and mentorship visits to sub-national levels, and data review meetings.
- Successfully hosted the National Steering Committee for TB and Leprosy.
- Finalised the Strategic Plan to address TB in Nomadic and Semi-nomadic communities.
- HCWs trained on the revised National Guidelines for the Management of Tuberculosis.

A total of 7,694 (99.8%) patients reported in 2019 were evaluated in 2020. The treatment success rate (TSR) for all forms of TB was 86%, marginally higher than 85% of the 2018 cohort. The highest TSR (88%) was recorded among new bacteriologically positive TB patients. This represents ongoing efforts in the country's TB control efforts.

The treatment success rate for foreign national cases was relatively low at 72%. The death rates remained largely unchanged between 2018 and 2019 cohorts at 7%. The relatively high death rates among HIV positive, smear-negative and smears-not-done TB cases demand better collaboration with other departments for holistic patient care, as a number of these patients could be misdiagnosed cases.

- The programme experienced treatment success rate below 100%, attributed to high treatment failure, death rates, lost follow-ups, including inventible interruptions in Gene Xpert, TB culture, TB first- and second-Line Probe Assay (LPA) testing within the NIP network.
- Lastly, severely under-resourced status in relation to HR (unfilled positions and inadequate staff establishment) and financial resources.

5.6.10 Drug Resistant Tuberculosis

The Ministry of Health Social Services continued to provide facilities for treating DR-TB at no direct cost to the affected Namibians. In 2020, a total of 214 cases were notified as having confirmed drug-resistant TB (DR-TB): 46 had multi-drug resistant TB (MDR-TB), excluding extreme drug-resistant (XDR-TB), 3 had XDR-TB, 154 had rifampicin resistance detected by Xpert MTB/RIF only and 10 had rifampicin monoresistance.

An additional four patients were initiated on second-line anti-TB treatment without confirmation of drug resistance (clinically diagnosed), bringing the total number of notified cases to 218. Of these, 213 cases could be classified as rifampicin-resistant. The national treatment success rate for DR-TB patients declined by 2% to 65% compared to 67% for the 2017 cohort. Lastly, DR-TB death rate increased to 16% and a loss to follow-up rate of 15%.

- The programme experienced high reduction in treatment success rates for the 2018 cohort, possibly due to the retrenchment of specialised healthcare workers (doctors, nurses and CHWs) due to reduction in funding, mainly from the Global Fund since 2018.
- Lastly, high death rate of 16% and a loss to follow-up rate of 15% continued to be a major problem across the country.

5.6.11 Morbidity and Mortality

Namibia has made good strides in addressing TB and HIV at various levels of the healthcare system. The goal of TB-HIV collaborative activities is to reduce the burden of TB and HIV in populations affected by or at risk of suffering both diseases. TB is the commonest life-threatening opportunistic disease among persons living with HIV (PLHIV). The national target to achieve HIV testing rates of more than 95% among TB patients, has been reached. A total of 6,500 (99%) of 6,537 all forms

of TB patients reported in 2020 had a known HIV status.

Also, out of the registered TB cases with a known status, 1,994 (31%) were HIV positive. In addition, there has been an increase in the proportion of HIV+ patients initiated on ART from 97% in 2018 to 99% in 2020, showing that Namibia has made significant progress towards 'HIV test and treat' within the TB programme. Initiation of Cotrimoxazole Preventive Therapy (CPT) remained high at 100% in 2020. Lastly, a total of 4,269 cases were screened and 38 were diagnosed with Diabetes Mellitus.

- Delays in TB diagnosis,
- Unavailability of healthcare services due to COVID-19 and the reduction in community mobilisation (TB awareness and community health services),
- Increasing multi-drug resistance as a consequence of treatment failure or poor compliance, and HIV/TB coinfection.

5.7 NEGLECTED TROPICAL DISEASES (NTDs)

Namibia has no designated NTDs programme, therefore preventive and control activities are implemented by different divisions/programmes within the Ministry, such as Vector-borne Diseases, Epidemiology and Primary Healthcare.

Mapping of disease distribution to guide the development of appropriate strategies was only done for schistosomiasis and STH. Other NTDs are monitored through passive surveillance (DHIS monthly data collection) and receive treatment at facility level.

Mapping of schistosomiasis and STH was initiated in the early 90s together with mass preventive chemotherapy targeting school-going children and affected communities in Kavango East, Kavango West, Zambezi and Omusati regions, but then ceased. This was revived through the support of ENDFUND, which funded the national mapping that started in 2012 and completed in 2015. The programme was further supported by WHO through its free PC drugs.

- Inadequately functioning School Health Programmes at all levels.

5.7.1 National Malaria and Vector-Borne Disease Control Programme

Overall, Namibia is a low malaria transmission country with three distinct zones: Zone 1 (moderate transmission risk), Zone 2 (low transmission risk), and Zone 3 (Malaria risk-free). The risk map based on data from 2016 to 2018 indicated that about a quarter of the total population lives in malaria risk-free areas. One-third live in areas with greater than 5 cases per 1,000 population, while the remainder live in areas with 1-5 cases per 1,000 population.

Table 14: Population distribution by risk zones based on the 2016-18 risk map

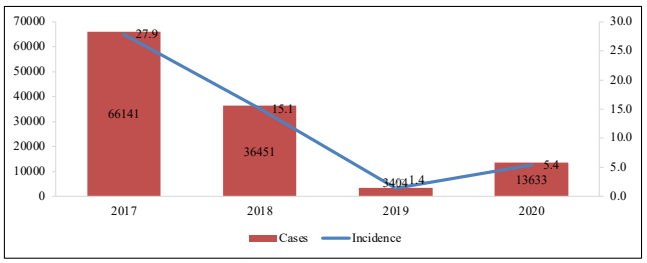
Predicted malaria transmission risk (local incidence per 1000 population)	Populations at risk in 2019 (%)	No. of districts
Zone 1: Moderate Transmission Risk (>5)	801,439(32.0%)	10
Zone 2: Low Transmission Risk (1-5)	1,054,394(42.1%)	14
Zone 3: Malaria risk "free" (<1)	648,665(25.9%)	11

Malaria risk is highest in six northern regions: Ohangwena, Oshikoto, Kavango East and West, Otjozondjupa, and the Zambezi, where the climate is characterised by high temperatures and seasonal rainfall, creating conducive conditions for malaria transmission. Malaria is mainly seasonal, with the risk of outbreaks particularly in Kunene, Omusati, Oshikoto, Oshana, Otjozondjupa, and Ohangwena. In Kavango East and West and Zambezi regions, higher rainfall patterns and water bodies sustain perennial transmission, with peaks and outbreaks during the rainy season. The arid coastal and southern regions of Erongo, Hardap, Khomas and // Kharas are considered low risk or malaria risk-free due to their unsuitable environmental conditions.

5.7.2 Morbidity and Mortality

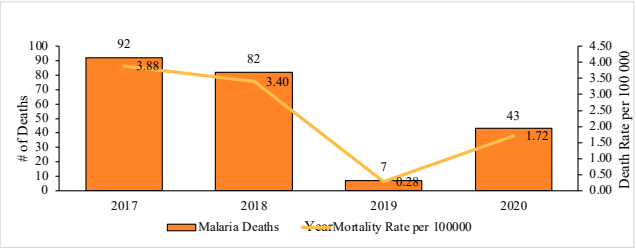
The overall number and incidence of malaria cases increased between 2020 and 2021. The cases and incidence had doubled and were above the National Malaria Strategic Plan (NMSP) 2017-2022 targets of 6,500 cases and 2.6 cases per 1,000 population in 2020 as indicated on the graph below.

Figure 33: Trend of malaria cases and incidence, 2017-2020



The malaria mortality follows a similar trend to cases in 2020 as indicated on the graph below. A total of 43 deaths were reported in 2020 with a mortality rate of 2.1 deaths per 100,000, way above the NMSP targets of 15 deaths and 0.2 deaths per 100,000.

Figure 34: Number of malaria deaths and mortality rate, 2017-2020



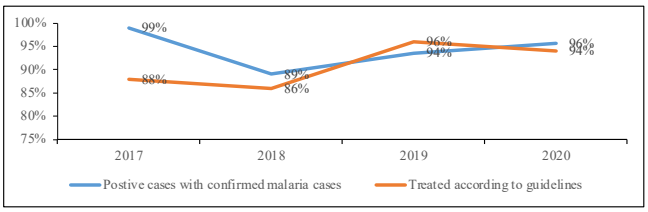
- Inadequate funding to implement the programme's planned activities during 2020/2021 including the strategic plan.
- Cancellation of planned activities due to COVID-19 restrictions, including staff movement.
- Delayed procurement of insecticides and shortage of insecticides and other malaria-related commodities

5.7.3 Malaria diagnosis and case management

The National Malaria Control Policy requires that all suspected malaria cases be confirmed before treatment, either by Rapid Diagnostic Tests (RDTs) or Microscopy. Artemether-Lumefantrine is the recommended first-line anti-malarial medicine for the treatment of uncomplicated malaria. Parenteral Artesunate is the recommended first-line for the management of severe malaria.

The proportion of positive malaria cases with a confirmatory test improved from 89% in 2018 to 96% in 2020. However, there was a drop in the cases treated according to guidelines from 96% to 94% based on the inpatient and outpatient audits as indicated on the figure below.

Figure 35: Trend of malaria cases with a positive diagnostic test and malaria cases treated according to the guidelines; 2017-2020

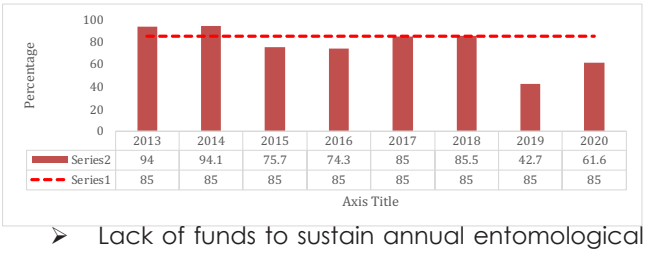


- The changing epidemiology, emergence of P. vivax and P. malaria infections.
- Some Clinical Mentors were unable to conduct the required number of mentorship visits to the districts due to lack of transport and countrywide COVID-19 lockdowns.
- Staff turnover/resignations.
- Stockouts of AL and Primaquine in Kavango East and West and Zambezi Regions due to shortages at Central Medical Stores (CMS).
- Non-adherence of health workers to the national policy on malaria case management resulting in 6% of cases not treated according to the guideline as documented in the technical support visit report of 2019.

5.7.4 Vector control

Malaria vector control in Namibia has relied on the Indoor Residual Spraying (IRS) since the mid-1960s. IRS is conducted in all malaria-endemic regions classified as having low and moderate transmission levels. Winter Larviciding and targeted distribution of LLINs are used as complementary strategies to IRS.

Figure 36: Indoor Residual Coverage Trend from 2013 to 2019



- Lack of funds to sustain annual entomological operations
- Lack of some local authorities' involvement in IRS
- High IRS refusals by the community
- Change in vector behaviour
- Implementation of COVID-19 restrictions

5.7.5 Long lasting Insecticidal Nets (LLINs)

Insecticide treated mosquito nets (ITNs) or Long-Lasting Insecticide Treated Nets (LLINs) are a highly effective means of preventing infection and reducing malaria transmission. Entomological surveillance data collected by the NVDCP in 2018 illustrate that almost one quarter of the vectors caught were Anopheles gambiae ss and An. funetsus ss (prefer to feed on humans and rest indoors) while the rest were An. arabiensis (feed alternately on humans and animals and preferably

rest outdoors). This justifies the use of LLINs to protect populations while indoors.

In 2020, the NVDCP started with procurement of 176,000 PBO nets through the Global Fund to fight AIDS, Tuberculosis and Malaria for the targeted high-risk groups and will continue to procure and distribute replacement LLINs for these groups every three years.

Overall, 11% of the LLINS were distributed to cattle herders, 47% to people living in unsprayable structures, 6% to nomads and 46% to other unprotected risk groups.

- Inadequate funding to fully implement the LLINs distribution guideline.
- LLINS distribution coincided with the IRS campaign with consequent additional pressure on the limited/inadequate resources such as Environmental Health Practitioners (EHPs) and vehicles.

5.7.6 Disease Surveillance

5.7.6.1 HIS

The Health Information Systems Division spearheads the Directorate of Health Information and Research's mandate of coordinating collection, analysis and dissemination of information across service delivery provisions. The office oversees two Sub-Divisions:(1) Data Management and Coordination and (2) Integrated Information Management System, which were strategically structured to ease the operational arrangements that support increased performance and programme responsiveness.

Amidst operational constraints and challenges, the division achieved the following:

- Mobilised funding and successfully implemented DHIS2 Vaccination Tracker module, resulting in the capturing and reporting of vaccination data electronically across all regions.
- Despite the impact of COVID-19, the division maintained the timeline and completeness at least above 60% on average.
- A least five Medical Doctors per region and 15 Nurses were trained on death notification and updating causes of death. As part of the pandemic response, an IDSR module in DHIS2 was enhanced to manage COVID-19 cases. The donor coordination meeting was conducted and as a result, partners mobilised and pledged technical assistance (TA) and financial support for HIS.
- At least two data verification workshops were conducted as part of the HIS statistical report compilation process.
- Shortage of staff.
- Inadequate office space.
- The COVID-19 pandemic hindered the implementation of planned activities.
- Unclear governance framework (lack of dedicated HIS policy, guidelines and SOPs).
- Lengthy procurement procedures/processes, which delayed the procurement of consultants.
- Limitations in the coordination of partner support and activities.
- Limited capacity to generate and use data among users.
- Data backlog, particularly for the e-death notification system.
- High staff turnover was noted at regional and district levels and this has negatively affected the programme performance regarding timeliness of reporting.
- Outdated data collection tools.
- Inability to finalise the 2014-2018 HIS Annual Report due to a lack of staff and competing priorities.

5.7.6.2 Surveillance

This sub-division is responsible for monitoring epidemic-prone diseases and those targeted for eradication or elimination, as one of the key priorities. Mainly done through strategic planning, supportive supervision, training, reporting and the monitoring of disease trends across regions and districts. These strategies are conducted in order to prepare and respond effectively to outbreaks and events of public health concerns.

Output 1: Sensitive surveillance for communicable diseases strengthened

During the 2020/2021 financial year, various activities were carried out to strengthen surveillance as per the set indicators. These included conducting the National Integrated support supervision (ISS), Active case search (ACS), Clinician Sensitisation Meetings, Surveillance Focal Persons' review meetings and Polio committee meetings. These activities were prioritised in the northern regions bordering Angola, which had experienced an

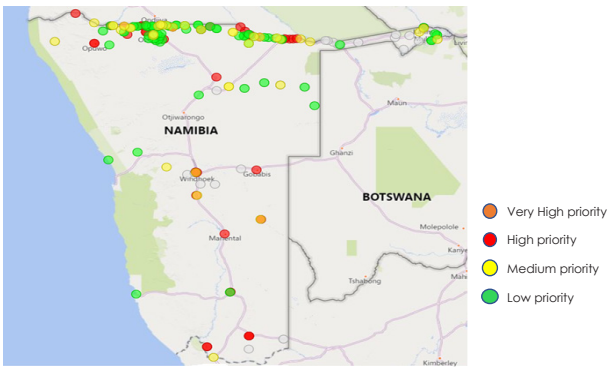
outbreak of circulating Vaccine-Derived Polio Virus Type 2 (cVDPV2), placing Namibia at high-risk, especially due to cross-border movements.

The map below shows that during the 2020/21FY, health facilities in districts bordering Angola were visited more often than those in the country, due to the high-risk profile of the districts. The map also indicates that different priority sites were visited to ensure that potential AFP and other vaccine preventable disease (VPDs) cases are not missed. During the reporting period, a total number of fourteen (14) National ISS and ACS visits were conducted twice in the following districts: Katima Mulilo, Opuwo, Outapi, Oshikuku, Engela, Eenhana, Okongo, and Windhoek, with emphasis on polio surveillance and vigilance on the risk of importation of cVDPVs, especially from Angola and Zambia.

As depicted in the map below, health facilities and departments were categorised as Very High Priority, High Priority, Medium Priority and Low Priority, depending on factors such as patients flow, population density, geographical risk (slums, informal settlements, refugee camps) and proximity to cross-border activityarea.

A total of 56 health facilities, including district hospitals, health centres, clinics and physiotherapy units, were visited to conduct active case searches through retrospective patient record reviews.Bottom of Form

Figure 37: Health facility visited by priority level, Namibia, 2020/2021



In line with the polio eradication agenda, the global standards for polio eradication requires countries to monitor Acute Flaccid Paralysis (AFP) detection rate and stool adequacy rates. The following maps show the AFP surveillance performance in terms of detection rate and stool adequacy rates over the period.

Figure 38: Non-Polio AFP detection rate by region, Namibia, 2020/21 FY

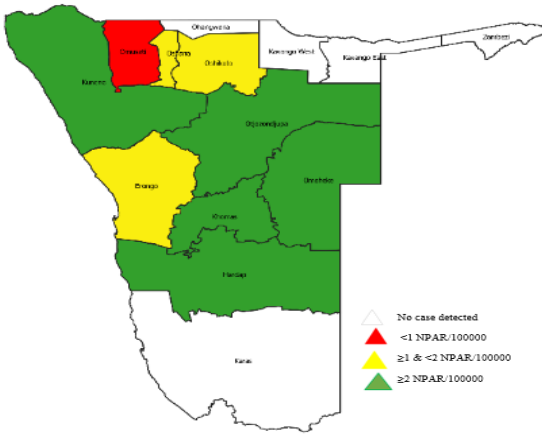
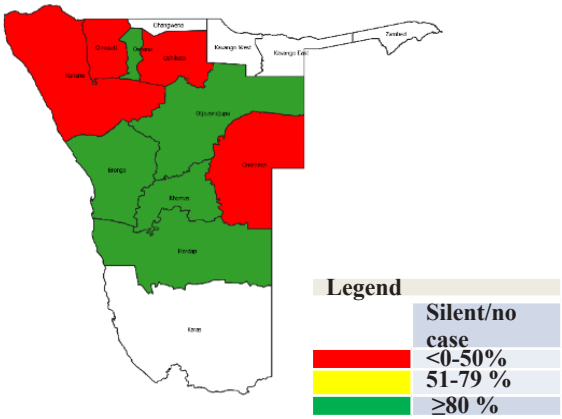


Figure 39: AFP Stool Adequacy rate by region, Namibia, 2020/21



As part of the polio programme coordination, the following technical committees are put in place to support MoHSS with the implementation of polio eradication strategies in the country:

- National Certification Committee (NCC)
- National Polio Expert Committee (NPEC) and
- National Taskforce on Laboratories (NTF)

The NCC comprises medical specialists from the private sectors and health scientists from academia. All polio committee meetings were conducted as planned. The National Certification Committee (NCC) held two meetings and the Annual Polio Progress Report of 2018 was finalised, approved, signed off and submitted to WHO in May 2021.

The National Polio Expert Committee (NPEC) also conducted meetings, during which all seven (7) AFP cases that had been inadequately investigated in the

regions were reviewed and classified according to the polio classification scheme. The National Taskforce on Laboratories (NTF) held one meeting during the reporting period to discuss the laboratory containment issues.

During the period under review, the Integrated Disease Surveillance and Response (IDSR) weekly reporting, including the timeliness and completeness of reports for AFP, Measles and NNT to WHO, achieved a performance of 96%. The regions also performed well, achieving the timeliness and completeness for IDSR weekly reporting beyond the target of 80% amidst COVID-19 outbreak, as indicated in the table below for the 2020-2021 reporting period.

Table 15: Timeliness and Completeness of the weekly IDSR and databases for case-based diseases from the regions and to WHO, Namibia, 2020/2021 FY.

Level of submission	Completeness	Timeliness
Regions to National level	98%	92%
National level to WHO	98%	96%

Outputs 2: Neglected Tropical Disease (NTD) surveillance enhanced

Globally, there are twenty (20) NTDs; however, Namibia has only seven (7), which include: rabies, scabies, soil transmitted helminths, schistosomiasis, leprosy, trachoma and snake bite. For the purpose of better collaboration and improved functionality, a national NTD focal team comprising three staff members from the Epidemiology Division (HIRD), Vector borne Control (DSP) and School Health (PHC) Divisions, has been officially appointed and formalised.

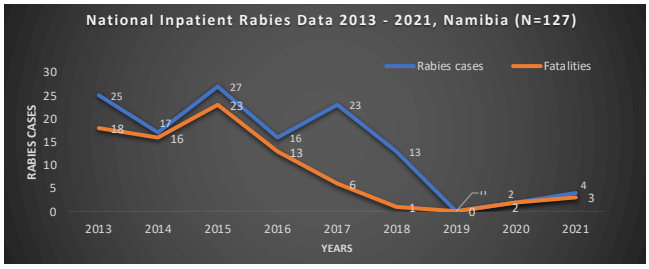
5.7.6.3 Scabies

Scabies remains one of public health concerns in the country as cases have increased over the past years, especially in the Kavango East Region due to a lack of access to clean water in certain areas. As depicted in the 1,544 case were reported in 2020/21 with Kavango East accounting for 91% (1,405/1,544) of all cases. These cases were also reported among learners in boarding schools. The Sub-Division provided technical support of case investigation and management and the involvement of the relevant stakeholders such as the National School Taskforce and Central Medical Stores.

5.7.6.4 Rabies

During the period under review, two (2) human rabies cases who demised and both from Rundu District, were reported. Technical support with regard to intensified case detection, was provided. In effort to reduce and prevent incidences of rabies among animals and humans, the Veterinary Services and MoHSS with support from the World Organisation for Animal Health (OIE) are implementing the Phase 2 Namibia Rabies Elimination Project: the "Technical Support for Elimination of Rabies in Dog," funded by the Federal Ministry of Food and Agriculture (BMEL) of the Government of the Federal Republic of Germany, which started in April 2019. The Figure 41 below is indicating the downward trend of rabies since the project has started.

Figure 40: National trend of rabies admissions and fatalities, 2013 – 2021, Namibia



5.7.6.5 Schistosomiasis

The 2021-2030 Road Map for NTDs calls for the elimination of schistosomiasis as a public health problem and the interruption of transmission in humans in selected countries including Namibia by 2030. The six evidence-based recommendations for the elimination of morbidity and interruption of disease transmission include expansion of preventive chemotherapy to all in need, including adults and preschool-aged children. The latest MDA was provided in 2019. There were some hot spots such as Kavango West, which reported three cases, while Erongo had one case for the period under review.

5.7.6.6 Trachoma

The elimination strategy is summarised by the acronym "SAFE", which means Surgery for advanced disease, Antibiotics to clear C. trachomatis infection, Facial cleanliness and Environmental improvement to reduce transmission. The World Health Assembly adopted Resolution WHA51.11 in 1998, targeting the global elimination of trachoma as a public health problem with a new set date by 2030. The DHIS2 did not record

a single case of Trachoma for the period under review.

5.7.6.7 Soil-Transmitted Helminths

In the absence of data collection tools for STHs, the MoHSS' DHIS2 under OPD reporting system showed a large number of reported intestinal worms, not just for the period under review, but consistently over the past five years. This calls for surveys using microscopy techniques, chiefly to detect types of soil-transmitted helminths as well as other parasitic worms.

5.7.6.8 Other NTDs

The MoHSS completed a WHO baseline survey on the country's overview of capacities for arbour viral diseases surveillance (epidemiological and entomological) and control. This survey revealed lack of arbovirus surveillance and control plan(s) and guideline(s) at national and subnational levels. The WHO feedback on how to address the identified gaps as set out in the questionnaire was still pending.

Output 3: Influenza Sentinel Surveillance established

In response to the World Health Assembly Resolution WHA22.47, the Influenza Surveillance has been put high on the ministerial agenda and therefore the search continued to identify a suitable infrastructure to serve as a sentinel site. The National Protocol for Influenza Sentinel Surveillance was finalised.

5.8 Epidemiology

5.8.1 Epidemic preparedness and response

During the period under review, Hepatitis E outbreak which started in 2017 continued to be protracted. However, there was a notable decline in the number of cases compared to the previous years. COVID-19 pandemic, which started in March 2020, continued into the financial year under review. By 31 March 2021, the country reported a total of 44,365 COVID-19 cases. In efforts to enhance response, an Incident Management System (IMS) was implemented. Incident Managers were appointed for both Hepatitis E and COVID-19 during the reporting period.

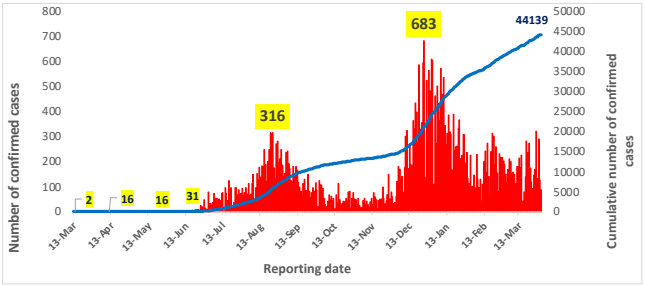
Incident management system is an emergency management structure and a set of protocols that provides an approach to guiding government agencies, the private sector, non-governmental organisations and other actors to work in a coordinated manner primarily to respond to and mitigate the effects of all types of emergencies. The incident management system may also be used to support other aspects of emergency management, including preparedness and recovery.

A total number of 514 Hepatitis E cases were reported during the period under review, bringing the cumulative number to 8,068. During this reporting period, one (1) life was lost, bringing the cumulative number of deaths to 66, of which 27 were maternal deaths. As depicted in the epidemiological curve below, there had been significant decline in the number of Hepatitis E cases during this reporting period.

COVID -19 Outbreak

Following the declaration of the COVID-19 outbreak in March 2020, by 1 April 2020, Namibia reported 14 confirmed cases and by 31 March 2021, 44,139 cases were reported. As depicted in Figure 43 below, the country experienced two waves during this reporting period. The first wave started towards the end of June 2020 that peaked on 23 August 2020, with 316 cases followed by a decline at the beginning of October 2020. Then, a second wave started at the end of November 2020, peaked on 25 December 2020 with 683 cases, and cases started dropping mid-February, which plateaued till the end of the reporting period.

Figure 41: COVID -19 Epidemic Curve 13 March 2020 to 13 April 2021, Namibia



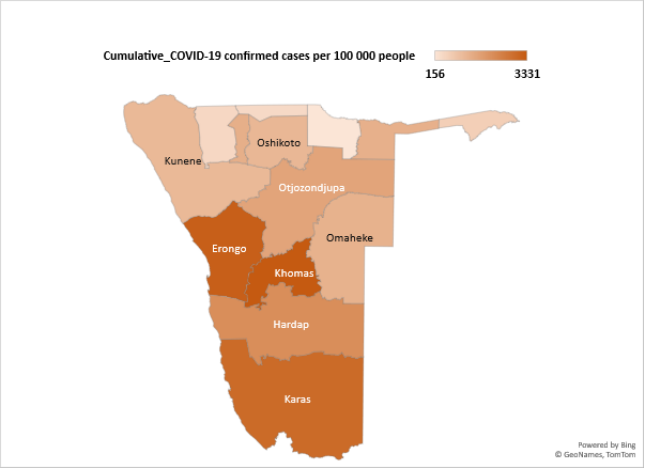
The table below highlights the number of COVID-19 cumulative confirmed cases and fatalities and recoveries by region. During the period under review, the country reported 44,139 cumulative number of confirmed cases, 523 deaths (1.18% Case Fatality Rate) and 41,848 recoveries. Khomas Region accounted for 36.9% (16132/44139) of cases, followed by Erongo Region with 18% (7965/44139).

Table 16: COVID-19 confirmed cases, deaths and recoveries by region for 2020/2021 and cumulative

Region	Cumulative Positive	Alive	Cumulative deaths	Case Fatality Rate	Recovered
Erongo	7965	7863	102	1.28	7637
Hardap	2013	1984	29	1.44	1795
//Kharas	2747	2712	35	1.27	2619

Kavango East	1753	1730	23	1.31	1670
Kavango West	187	185	2	1.07	179
Khomas	16312	16130	182	1.12	15591
Kunene	1261	1249	12	0.95	1059
Ohangwe-na	1113	1097	16	1.44	1043
Omaheke	1010	996	14	1.39	969
Omusati	1180	1172	8	0.68	1153
Oshana	2790	2759	31	1.11	2669
Oshikoto	2479	2464	15	0.61	2372
Otjozond-jupa	2642	2598	44	1.67	2430
Zambezi	687	677	10	1.46	662
Total	**44,139**	**43,616**	**523**	**1.18**	**41,848**

Figure 42: Namibian Map of COVID-19 prevalence rate per 100 000 people by region



Suboptimal performance due to reallocation of staff to COVID-19 response activities.

- Only eight out of 35 districts could be supported through Active Case Search supervisory visits due to periodic restrictions of COVID-19 Outbreak waves.
- Inadequate human resources during peak times of COVID-19.
- Data inconsistency in NTDs due to limitation of data collection tools.
- Inadequate funding for the NTDs programme. A sentinel site could not be established due to a lack of infrastructure and human resources.

Multidisciplinary integrated support supervision visits were conducted in different regions for both Hepatitis E and COVID-19 to strengthen capacity for response activities in all areas. Intra-Action Reviews (IAR) were carried out for COVID-19 to identify gaps, lessons learnt and best practices in order to improve the response.

Training sessions for SURGE staff and orientation for permanent staff were conducted both virtually and physically, where feasible, including simulation exercises.

Staff members, including Field Epidemiology and Laboratory Training Programme (FELTP) residents, were deployed to different regions to support outbreak response activities. COVID-19 surveillance training was conducted at National, Regional and District levels through both face-to-face workshops and online sessions. Over 1,465 participants benefited from the trainings. The response team worked with WHO in coordinating, designing and implementing integrated online training, through which over 635 people were trained.

The COVID-19 situation dashboard was developed in collaboration with the Namibia Statistics Agency (NSA) and other partners, and was launched on 01 June 2020. It aimed to provide the public with the up-to-date information on the COVID-19 situation, in addition to the daily situation report (SITREP) and daily update.

Support for the outbreak response was received from partners such the Robert Koch Institute in Germany; the Centre for Disease Control and Prevention (US Government); the United Nations Development Programme (UNDP); the World Health Organisation (WHO); and Old mutual, which provided electronic equipment (laptops, phones, printers and tablets).

5.8.2 Field Epidemiology and Laboratory Training Programme (FELTP)

Six Cohort VI residents continued with the field placements. All of these residents had been actively involved in COVID-19 response at the national level and in their respective assigned regions. Seven Cohort VII residents are continuing with didactic sessions.

The programme continued to receive financial support from the US-CDC through CDC/MoHSS Cooperative Agreement. During this reporting period, additional funding was received from US-CDC, through the African Field Epidemiology Network (AFENET). This funding supported the recruitment of three staff members specifically for the FELTP programme: the Resident Advisor (RA), the Mentor and the Administrative Officer.

This marks the first time the programme has staff fully dedicated to its operations. The programme also started the process of registering AFENET as an entity in country.

5.9 ENVIRONMENTAL HEALTH SERVICES

Environmental health is one of the four divisions and serves as the preventive backbone within the Primary Healthcare Directorate. It is responsible for quality of life as determined by physical, biological, social and psychosocial factors in the environment. The division is also responsible for assessing, correcting, controlling and preventing those environmental factors that have the potential to adversely affect public health.

The Public and Environment Health Act was activated to govern the COVID-19 national response after the state of emergency. However, the accompanying regulations were yet to be finalised. The programme provided input into the development of the COVID-19 regulations at various stages of the pandemic.

COVDI-19restrictionsaffectedprogramme implementation, as travelling was estricted, internationally,nationally as well as regionally. As stated, international consultants for already planned activities were unable to enter the country and activities were either cancelled or postponed indefinitely. Planned assessments, surveillance and supervisory visits, as well as face-to-face trainings or meetings, had to be cancelled to effectively curb the spread of the virus. Thus, social mobilisation within communities was hindered due to Covid19 restrictions. House-to-house visits by CHWs was also reduced for prevention purposes.

The programme participated in COVID-19 management. It issued 600 Hazardous Licences to registered companies that have been doing disinfection during the COVID-19 pandemic throughout Namibia. Sixty-eight handwashing containers were purchased in 2020 and distributed to clinics and ports of entry. Additionally, seventy-four handwashing baskets were purchased during the pandemic and distributed to schools in Ohangwena, Kunene, Kavango East and West, Omaheke and Hardap regions.

Supervisory visits conducted to scale up Community-Led Total Sanitation (CLTS) and Urban-Led Total Sanitation (ULTS). In the same vein, the Ministry advocated for the inclusion of Persons with Disabilities (PWDs) in the design of sanitation facilities.

Many instruments installed and used at ports of entry were donated by the surveillance pillar. The programme also bought 25 tablets for use with the Trusted Travel System, following its inaugurated in June 2020, at all ports of entry. Training on data capturing took place for all Port Health Officers throughout the country.

- Lack of uniform for staff,
- lack of accommodation,
- inadequate office space and
- furniture.

5.10 WATER AND SANITATION

Fifty (50) water tanks were distributed to the regions for handwashing purposes. Reporting for food safety and water quality from the regions was affected by the COVID-19 pandemic. There was staff shortage for public and environmental health at the coordination level, hence there was a need to expedite approval for the structure for Public Health to adequately respond to public health challenges.

5.11 PORT HEALTH SERVICES

Thirteen (13) ports of entry were equipped with screening devices for incoming travellers to monitor COVID-19. A standard operating procedure for management of cross-border drivers was developed and adapted by SADC. Standard operating procedures for quarantining travellers and for assessing quarantine facilities were also developed.

The following challenges were experienced:

- Fewer numbers of HIV-negative pregnant women were retested for HIV. This may be due to low attendance of ANC follow-up visits and failure to update ANC registers when retesting was done.
- While reporting of HIV-positive pregnant women who had VL assessments was increasing, the reported numbers were still lower than expected. Reporting on VL suppression was limited due to delayed laboratory result turnaround times, resulting in missing VL information at the time of reporting.
- Incomplete data from some regions at the time of reporting and errors in data entry affected data quality.
- Training for peer counsellors under the Adolescent Friendly Health Services (AFHS) initiative was not done due to lack of funding.
- The National Immunisation Technical Advisory

Group had not yet been established.

- Technical support for improved MR1 denominator estimation was not provided due to competing priorities.
- The SRHR/HIV and SGBV Data Review was not conducted due to lack of funding.
- Mobile dental trucks were in a poor condition, with dental equipment requiring replacement. The procurement process was initiated.
- There was a delay in getting the signed MoU for the PCI project on NCDs care and management.
- The publication of the Namibian Standard Treatment Guidelines (2nd Edition) and Essential Medicines List (EML) was delayed, hindering alignment with PEN Guideline for standardised use of medicines.
- The sector experienced resource shortages such as human resources, access to essential medicines and critical technologies at the primary care level.

5.12 ATOMIC ENERGY AND RADIATION

This section provides an overview of regulatory matters within the context of the Atomic Energy and Radiation Protection Act, (Act No. 5 of 2005).

Applications involving the use of radiation in Namibia can broadly be classified into three categories:

- Radiation-generating equipment such as X-ray equipment, linear accelerators, X-ray Fluorescence (XRF) devices;
- The use of radioactive materials, such as sealed sources and radioisotopes; and
- The extraction and processing of ore with high concentration of radioactive material.

As illustrated in Figure 45 below, the applications are predominantly medical, followed by the use of sealed sources in industry and mining. While medical facilities such as dental and diagnostic radiology account for more than 50% of the total, the radiological risk in these areas is generally predictable and controllable, owing to administrative and engineering controls under regulatory oversight. Other facilities, such as radiotherapy, nuclear medicine departments and uranium mines, are few in number, but they present higher radiological risks and security threats.

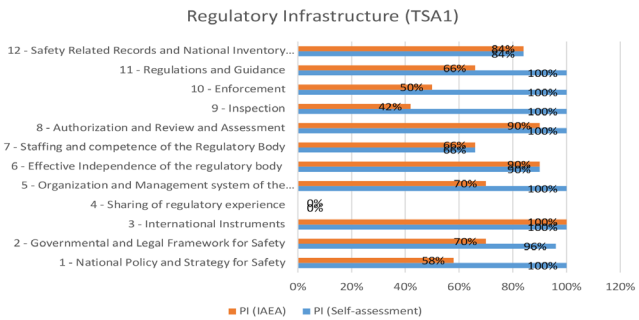
The National Radiation Protection Authority, established under the Atomic Energy and Radiation Protection Act, regularly assesses its performance against internal standards recommended by the International Atomic Energy Agency (IAEA) in terms of the seven Thematic Safety Areas (TSA). This self-assessment is augmented with an independent assessment by the IAEA experts, providing an objective view of the performance. As of March 2021, the performance status following both the self-assessment and independent assessment of the regulatory infrastructure is shown below.

As shown below, the NRPA is performing relatively well in the Thematic Safety Area 1 (Regulatory Infrastructure); Thematic Safety Area 2 (Occupational Radiation Protection); and Thematic Safety Area 3 (Medical Exposure). However, performance is less impressive in Thematic Safety Area 4 (Public Exposure); Thematic Safety Area 6 (Education and Training); and Thematic Safety Area 7 (Emergency Response and Preparedness). Performance in Transport Safety (TSA 7) is relatively good owing to the fact that most of the performance elements are not relevant to the Namibia context.

5.12.1 Regulatory Mechanism

The legislative and regulatory infrastructure has been the highest priority since the enactment and operationalisation of the Act and it is therefore not surprising that the performance is relatively good. As shown in the Figure 45 below, the score is high for all elements with exception of Staffing and Competence of the Regulatory Body and Sharing of Regulatory Experience.

Figure 43: The score for the regulatory body and sharing of regulatory experience

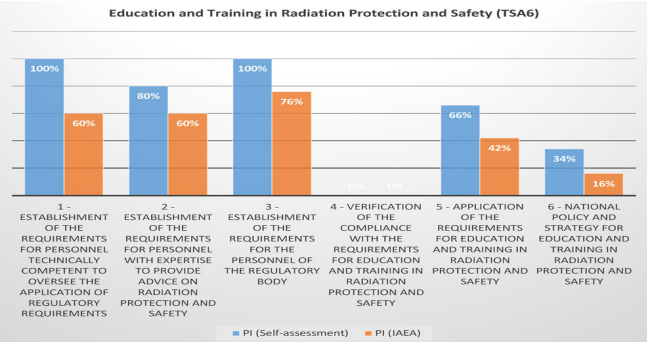


These aforementioned are known challenges of the NRPA, especially the staffing capacity which was far below the scope of regulation. Progress was underway to join the Forum of Nuclear Regulatory Bodies in Africa and to establish the SADC Nuclear Regulators Forum which are both forums that would enhance sharing of regulatory experience. Other key areas included effective independence of the regulator which requires key policy and legal interventions for improvement.

5.12.2 Occupational Exposure

The occupational radiation protection theme is also one that has enjoyed high priority and for which the NRPA has built substantial institutional capacity over the years as demonstrated by the performance shown in Figure 43 below.

Figure 44: Education and training in radiation protection and safety (TSA6)

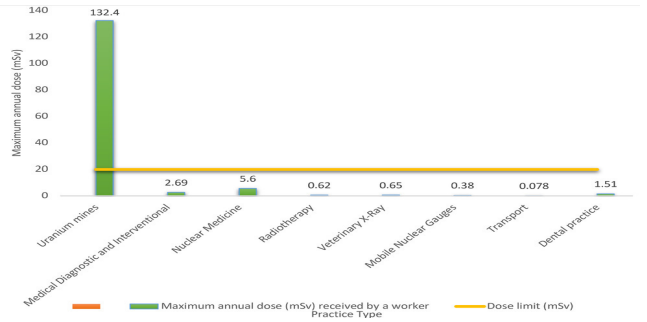


During the reporting period, there were approximately 2,000 individuals, whom, as part of their employment, were exposed regularly to radiation, of which 60% were in the uranium mining industry. The regulatory requirements oblige that all workers who are radiologically exposed under controlled conditions be monitored for their exposure, such that the annual radiation dose is limited to 20 mSv and be optimised.

The National Radiation Protection Authority monitors only about 15 % of the total facilities, while the rest are monitored by foreign dosimetry services providers or through n-house services of the respective mines.

Figure 44 below illustrates the level of radiation exposure incurred during 2020, relative to the prescribed annual dose limit.

Figure 45: The level of radiation exposure incurred during 2020, relative to the prescribed annual dose limit



Some areas that need improvement include Requirements for Monitoring and Recording of Occupational Exposure and Protection of Workers in Existing Exposure Situations. Many of the activities under the elements could not be attended due to inadequate number of personnel.

5.13 HEALTH PROMOTION AND EDUCATION

One of the most important aspects of Primary Healthcare is empowering communities with accurate information that enables individuals to take charge of their own health. The current Financial Year has seen progress in promoting community involvement in health promotion. The recently produced Advocacy, Communication and Social Mobilisation Strategy has been distributed to the regions for implementation, and an orientation workshop was conducted. A total of nine regions participated in the workshop. The strategy aims to guide health promotion activities and has been developed for use by both government and non-governmental institutions.

The Health Promotion and Education division collaborated with the Directorate of Tertiary Healthcare and Clinical Support Services to commemorate the Anti-microbial Resistance Week from 18-24 November 2020. The division provided support with messaging, design and layout, as well as on the arrangements with the Government Communication Centre to host discussions and launch the event. The division worked on the social media posters that were shared on the Ministerial Facebook and Instagram platforms.

Through the Risk Communication and Community Engagement (RCCE) Pillar of the COVID-19 response, the Primary Healthcare Directorate played a significant role in ensuring the implementation of consistent public awareness activities as the pandemic evolved. During this period, over one million copies of printed materials in all Namibian local languages were produced and distributed countrywide. Radio jingles were aired on different radio stations in all local languages. There have been video clips produced and aired on the national television.

Following approval from the Logistics and Finance Pillar to work with NBC, the RCCE commenced with the airing of the special broadcasts on COVID-19. The live programme was hosted at the Oshana NBC offices. The first TV programme aired on 7 January 2021 at 19:00, and the interview panel included representatives from Oshana, Ohangwena and Omusati regions. The discussion focused on adherence COVID-19 health regulations. A repeat of this programme was streamed

on the NBC Facebook on 08 January 2021.

During the period under review, several health-related events have been commemorated. These included World Health Day, Breastfeeding Week, Hepatitis E Awareness, Mental Health Day and Handwashing Day. The commemoration of these days enabled the directorate to specially focus on sharing the prevention management messages for each particular health issue.

The commemoration of the health events was low-key, primarily due to the COVID-19 health regulations, which made it impossible to host public gatherings where the general public could participate. Regional supervisory visits made by Primary Health Care officials revealed that there was limited activity in commemorating health events at regional level. The absence of health promotion officers contributed to this challenge. Additionally, the national IEC division faces a lack of equipment to effectively respond to the ministerial health promotion needs.

5.14 DISABILITY PREVENTION AND REHABILITATION

The Division Disability Prevention and Rehabilitation (DPR) is responsible for the national coordination, regulation and development of health services aimed at preventing the occurrence of physical, visual, hearing, and mental disability and impairments, and executing rehabilitation interventions for persons who acquired temporal and permanent disabilities. Healthcare services around the country are coordinated under Division DPR, these include, but not limited to, Orthopaedic Technical Services, Physiotherapy and Occupational therapy, Audiology, Eye Care, and Mental Health Services in the Ministry of Health and Social Services.

Table 17: Performance dashboard for Disability Prevention and Rehabilitation (DPR)

Key Indicators of Performance -2020/2021	Base-line (from)	Annual 2020/2021 Target (to)	Actual Annual 2020/2021 Targets Achieved
Number of patients provided with wheel-chairs	466	500	342
% Progress in developing the Mental Health Bill	90%	100%	98%
Number of patients provided with prosthetics and orthotics assistive products	7,513	7,500	10,678
% Progress in finalizing the OTS policy	85%	90%	90%
% Progress in finalizing the guidelines on wheelchairs and accessories	85%	90%	90%
% Progress in finalizing the guidelines on visual impairment.	75%	77%	77%

5.14.1 Blindness Prevention

Eye screening aimed at operation and removal of cataracts is decentralised to the regions and was ongoing. Preliminary investigation to determine the endemicity of Trachoma in Namibia was conducted in Zambezi, Ohangwena and Kunene Regions with support of WHO. Reports on this process were compiled and are available. There has been a 75% progress made on the development of the guide for the rehabilitation of visually impaired. The post of health programme officer for blindness prevention at the National level was vacant.

5.14.2 Orthopaedic Technical Services (Ots)

The program has planned to achieve the following:

- To oversee the review of OTS tender specifications for orthopaedic materials and supplies.
- Develop OTS legislation, including reviewing of OTS Policy
- Monitor the provision of countrywide orthotics and prosthetics services
- Facilitate training of OTS staff members countrywide, both short- and long-term

5.14.3 The following targets were met:

- The final recommendations for the Prosthetics and Orthotics profession for registration with the

Allied Health Professions Council was included in the HPCNA regulations and submitted.

- A total of 10,678 new upper and lower limb prostheses and other assistive products were fitted and provided to patients.
- The Draft Orthopaedic Technical Services (OTS) policy was expected to be finalised in the financial year (2022/2023).

5.14.3 Besides the met targets, the following challenges were experienced:

- Insufficient rehabilitation professionals at all levels
- Lack of accreditation of adequate facilities for training of interns (physiotherapists, prosthetics and orthotics)
- Long waiting lists for clients in need of wheelchairs and other assistive products in district hospitals
- Insufficient budget allocation to procure materials and supplies to manufacture assistive devices

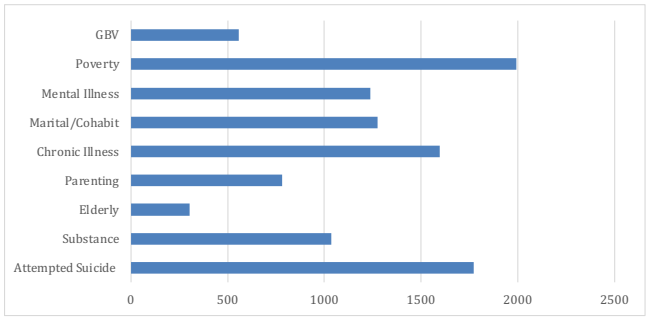
5.15 SOCIAL WELFARE

The Directorate of Social Welfare Services is mandated to create an enabling environment to provide quality healthcare and social services, develop, manage and sustainably use health and social services resources for the attainment of outcomes and goals within the framework of the national policies, legislation, development plans and Vision 2030. Through this, the Directorate establishes programmes and projects that provide equal care to all while allowing people to retain their independence, control and dignity.

5.15.1 Family Welfare

Poverty was ranked highest among social problems attended to by regional social workers, followed by persons with chronic illness and suicide attempts. Poverty cases could be due to people who needed material and food support and people who lost their income due to COVID-19. People with mental illness and marital, cohabitation and relationship problems were 4th and 5th respectively. The top 10 social problems attended to are depicted in Figure 45.

Figure 46: Top 10 problems attended to

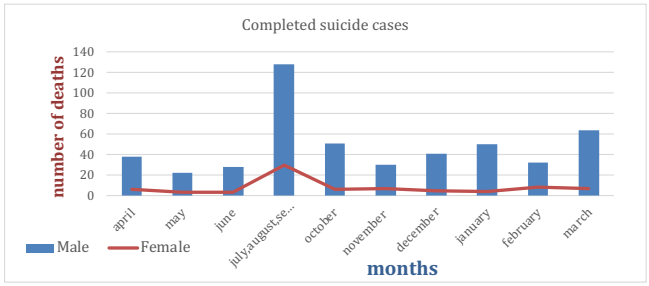


As part of the COVID-19 emergency response, preference had to be given to the drafting of psychosocial support guides and tools for psychosocial support services to people infected and affected by COVID-19. Psychosocial Support Forms and Guides in Social Work Case Management were prioritised in order to provide proper guidance and support to the social workers in very uncertain circumstances.

5.15.2 Suicide prevention

National, regional and district social workers conducted prevention of suicide activities in communities and a total of 4,613 community members were reached. Social workers attended to 1772 attempted suicide cases, while the Namibian Police attended to 564 completed suicide cases.

Figure 47: Completed Suicides



Source: NAMPOL

The Final Draft National Strategic Plan on the Prevention of Suicide 2020/21-2024/25 was developed and internal and external stakeholders started to implement activities as planned.

Regional social workers provided activities on the prevention of suicide in communities, churches and schools in line with the Strategic Plan.

COVID-19 pandemic made it impossible to continue delivering social welfare service as usual. All social

welfare activities were integrated in COVID-19 response. Development partners re-directed their resources (budget and human resources) towards the COVID-19 response.

5.15. 3 Substance Abuse Prevention, Drug Control and Rehabilitation

Due to the COVID-19 pandemic's onset in March 2020, no client was admitted at Etegameno Rehabilitation and Resource Centre (ERRC) until October 2020. The COVID-19 regulations indicate that a treatment centre may only admit half of its bed capacity; thus, provision was only made for eight (8) clients per intake in a 16-bed facility. Psychosocial therapy was provided to seven inpatient clients at ERRC by a multi-disciplinary team.

During the period when ERRC was unable to admit patients, members of the team assisted with COVID-19-related activities at the two shelters for homeless people in Windhoek. Services provided included nursing care, occupational therapy, counselling and group work sessions by social workers, and assistance to solicit food for the homeless. At one time, the ERRC facility was also utilised as a quarantine facility for a highly pregnant and vulnerable woman.

5.15.4 The following challenges were experienced:

Social workers could not provide face-to-face counselling and educational intervention to the family due to COVID-19 regulations. Moreover, only one in-patient treatment program was done during the financial year. The main donor for the training to social workers and other key stakeholders on programs related to harm reduction, withdrew from Namibia.

The social workers in the regions provided alcohol and drug abuse counselling sessions with clients they dealt with through COVID-19, either in quarantine or isolation facilities and when they had inventions with the families.

5.15.5 Community-Based Social Welfare Services

Due to the COVID-19 Pandemic, many social welfare services were directed to people affected and infected by the Corona virus. In order to provide technical guidance and support to operational social workers, staff members of the Directorate of Social Welfare services worked physically on the ground and worked endlessly to develop the following guidelines:

- Psycho-social support services to COVID-19 clients;
- Bereavement services to families of COVID-19-related deaths;
- Pre-and post-test counselling of COVID; and
- Psycho-social support services to health workers.

The Ministry developed training materials and facilitated on line training with social workers and other members of the COVID-19 response team on psycho-social support services

A private organisation was contracted to conduct a pre- and post-assessment on readiness of health facilities to implement integrated response on GBV. The assessment was conducted at nine (9) facilities in Kavango Regions and seven (7) facilities in Omaheke Region. The findings of the assessment will serve as a guiding tool to monitor implementation of the Clinical Handbook for survivors subjected to GBV or Intimate Partner Violence. These facilities will serve as pilot facilities to strengthen integration of GBV in health service delivery. Forty (40) health workers from sixteen (16) health facilities in Omaheke Region were trained as Trainer of Trainers (TOTs) on the Clinical Handbook for survivors subjected to GBV or Intimate Partner Violence.

Only one (1) National Welfare Board meeting was conducted due to COVID-19 regulations on restriction of gatherings and lockdown. Thirteen Welfare Organisations (WOs) were registered as shown in Table 18 below.

Table 18: Number of welfare organisations registered

Region	Number
Khomas	9
Ohangwena	1
Erongo	1
Hardap	2

As a result of the COVID-19 pandemic, social welfare services did not continue as usual. A lot of manpower

was put into the pandemic and national level staff worked at operational level to assist in the response. As a result, some of the programs were neglected, although they were integrated with COVID-19 outreach services. Registration of treatment centre for alcohol and drug abuse could not be realised due to activities and involvement of staff in the COVID-19 pandemic response, and the applicant did not meet the minimum requirements for registration.

Regional Welfare Committees could not conduct all four required meetings due to the COVID-19 pandemic. Applicants in the Regions had challenges to get access to auditing firms in their regions to obtain a letter, which is a requirement in the registration process.
No inspections to registered welfare organisations could be conducted due to involvement in other important activities in DSWS.

CHAPTER 6: TERTIARY HEALTH CARE & CLINICAL SUPPORT SERVICES

6.1 CLINICAL SUPPORT SERVICES

- The Division Clinical Support Services provides clinical support and technical assistance to the MoHSS through its four (4) subdivisions: Medical Equipment Management, Medical Laboratory Services, Radiographic Services, and Ambulance Management Services. Main achievements and constraints of these functional units are given below.

6.2 Medical Equipment Management

6.2.1 Type of equipment acquired, distribution, maintenance and obsolete (written off)

The overall objective of Medical Equipment Management (MEM) is to put in place an effective national management system for the acquisition and utilisation of medical equipment in hospitals, health centres and clinics. The Subdivision has the responsibility for four (4) key activities in the area of Health Technology Management (HTM), which are:

- Policy development
- National infrastructure development
- Human resources development
- Financial planning

6.2.2 Achievements:

- Prepared Request for Proposal (RFP) for the acquisition of high-tech medical equipment and submitted to Ministry of International Relations and Cooperation (MIRCO).
- Facilitated procurement and installation of a 3-D Computed Tomography (CT) simulator for the Radiotherapy Department at the AB May Cancer Care Centre.
- Conducted training of end-users for the use of medical equipment that was procured in the previous year.
- Received and installed donated child and maternal health equipment at Windhoek Central Maternity Ward.
- Facilitated servicing and maintenance of high-tech medical equipment at WCH.
- Successfully procured and allocated twelve (12) CTG machines to various health facilities.
- Thirty (30) Anaesthetic machines were procured for selected health facilities.
- Procured twelve (12) ICU monitors for selected health facilities.
- The following equipment was procured and installed at various isolation units to contain COVID 19 pandemic:
    - Eighty (80) ICU monitors,
    - One hundred and eighteen (118) ICU ventilators,
    - fifteen (15) Hyper lights,
    - one hundred and fifty-four (154) patient monitors,
    - fifty-four (54) ECG machines,
    - fifty – three (53) suction machines,
    - one (1) Blood gas analyser,
    - four (4) High Flow Respirators and
    - four (4) Anaesthetic machines.
- Received a donation of various medical equipment from Neo for Namibia, such as CPAPs, Baby warmers, and Phototherapy lights for Maternity Wards at Windhoek Central Hospital, Intermediate Hospitals Katutura and Onandjokwe.
- Received a donation from WHO of one thousand (1,000) pocket pulse oximeters and thirty (30) patient monitors to contain COVID-19 pandemic.
- Received a donation from Bank of Namibia of twenty-three (23) transport ventilators to contain COVID 19 pandemic.
- Received a donation from Chinese Embassy of twenty (20) CPAP to contain COVID 19 pandemic.
- Received a donation from First National Bank of fifteen (15) CPAP and twenty-five (25) ICU monitors to contain COVID-19 pandemic.
- The India High Commission has committed to donate the Tele-Cobalt System together with a simulator and a recording verifying system for the Radiation Therapy Department at AB May Cancer Centre.
- Received a donation from Anatech Namibia of five (5) Blood gas analysers for the ICU department.
- Staff members were trained on the application of CT Simulator machine and hyper lights.

The following challenges were experienced:

- The donation for the Tele Cobalt System for Oncology Department was delayed due to the

COVID-19 pandemic.

- Inventory audit was not conducted in Hardap and Omaheke Regions, due to the COVID-19 pandemic and its regulations.
- Notification of awards were issued to medical equipment companies to procure maternity equipment, such as Infusion pumps, Incubators, Infant Warmers, Phototherapy lights, and CTG machine. However, purchase order could not be issued due to lack of funding.
- Notifications of awards were issued to medical equipment companies to procure ventilators, ICU monitors, patient monitors, theatre beds and orthopaedic beds. However, purchase orders could not be issued due to funding constraints.

6.2.3 Planned Preventive Maintenance

- Technicians and Handymen at WCEW repaired and maintained all medical equipment that they were able to repair. However, life-supporting equipment, and those on contract for repair and maintenance, as well as equipment for which there were no spare parts were sent to external companies.

6.2.4 Recommendations and way forward

- Submit motivation to Directorate: Finance and Procurement for sufficient budget allocation to procure spare parts, tools, testing devices and accessories, hence reduce equipment downtime.
- Submit motivation for the allocation of funds for medical equipment manufacturer training, to enable technicians and engineers to perform complex repairs.
- Submit motivation for the allocation of sufficient funds for the replacement of obsolete high-tech medical equipment.
- Acquire a computerised medical equipment management system to manage medical equipment to reduce failures, downtime, support costs, manage user errors, and improve patient care quality, safety, and utilisation.
- Compile and submit a motivation for the Ministry to consider logistic investments, related to devoted transportation of medical equipment to ensure safe handling and moving of equipment from one health facility to the other.

6.3 Medical Laboratory Services (MLS)

- Medical Laboratory Services is responsible for all operational, administration and financial matters relating to the Namibia Institute of Pathology (NIP) and the Blood Transfusion Service of Namibia (NAMBTS), both of which are autonomous entities. The Medical Laboratory Services Unit also sets standards and does compliance inspections of all the medical laboratories in the country.

6.3.1 Achievements

- MLS has ensured payment of NAMBTS and NIP for services rendered to MoHSS through verification of correctness of accounts in liaison with regional management teams and referral hospitals. MLS kept records and prepared statistical reports on trends in expenditure for both NIP and NAMBTS.
- Provided relevant support to implementation of the new guidelines/Algorithm for the diagnosis and treatment of Mycobacterium Tuberculosis (TB) in Namibia.
- The NIP invoices generated during the year were verified before payment and any anomalies encountered were addressed by liaising with the NIP, Regional Management Teams (RMTs) and the Division: Finance and Procurement at the MoHSS.
- Eight (8) medical laboratories were recommended by the inspection team of the Subdivision to start performing COVID-19 testing.
- Facilitated issuing of permits for the import and export of Human Plasma for/to NAMBTS.
- NAMBTS maintained its accreditation with Africa Society of Blood Transfusion (AfSBT). NAMBTS was the first in Africa to be accorded this status.
- A total of ten (10) permits were issued to the Cape Windhoek Fertility clinic for import and export of human tissues.
- The Oshakati NAMBTS blood bank started with 24-hour services.
- MLS staff facilitated training of NIP Staff on Strengthening of laboratory Management

towards Accreditation (SLMTA). Those who completed training were in the process of writing up their Improvement Projects (IPs).

- MLS was coordinating the development of Laboratory Guidelines and Regulations. The MLS team engaged I-Tech to assist either financially or with the use of their expertise to develop the document.

- The shortage of group "O" blood, especially during the festive season was still being experienced, measures should be taken to mitigate the situation.
- The MLS could not carry out the annual medical laboratory and blood banks quality inspections due to financial constraint and lockdown measures that were imposed due to COVID-19.
- There was a lack of specialised blood refrigerators at blood banks across the country for Cold chain maintenance for blood and blood components.

6.4 Radiographic Services

The main function of Radiographic Services is to promote and encourage collaboration between staff and management in order to ensure efficient service delivery in the Radiography departments in Public Health facilities. Ensuring a consistent and uniform standard output through quality control measures and continuous coordination of skills development are also imperative functions of the Subdivision. The subdivision, in collaboration with the Subdivision: Medical Equipment Management (MEM), ensures Radiology departments are equipped with state-of-the-art imaging equipment. The Regional services remain the link for regional radiography departments with National level. It is of utmost importance that the relationship between National level and radiographic staff members including Regional Management Teams are strengthened in order to ensure that continuous standardized service provision is maintained in all departments.

6.4.1 Achievements

- Participated in Webinars on Regulatory Requirements for Medical Exposure by invitation of the Directorate: Atomic Energy and Radiation Protection Authority.
- Provided administrative support to Walvis Bay, Outjo, Grootfontein, Gobabis, Mariental and Tsandi District Hospitals on drafting of Annual plans and Radiation Management Plans.
- Prepared Request for Proposal (RFP) for the acquisition of high-tech medical equipment and submitted to Ministry of International Relations and Cooperation (MIRCO).
- Facilitated and attended training of end-users of medical equipment that was procured in the previous year.
- Facilitated servicing and maintenance of high-tech medical equipment at WCH.
- Facilitated recruitment of radiography staff. All Radiographer and Radiographic Assistant vacancies approved by OPM were filled in fourteen (14) regions. The filling of these vacant positions was ongoing.
- Procurement/replacement of X-ray digitiser or upgrade to digital technology at Gobabis District Hospital.
- Facilitated the procurement, delivery and installation of a digital X-ray machine for Okahao District Hospital.
- Lüderitz District Hospital received a brand-new digital X-ray machine.
- Applications training of newly and previously installed X-ray equipment was completed.
- Bid evaluation of a PACS/RIS system completed; however, one of the bidders contested the outcome of the award.
- Ongoing communication with the Indian High Commission regarding the impending donation of a Cobalt Radiation Therapy Unit.
- Radiography Staff supplied with protective gear (PPEs, face shields, and masks) for protection against ongoing COVID-19 pandemic. Facilitated distribution of protective gear to all imaging departments.
- Chief Radiographer was appointed as member of Ministerial Restructuring Committee and completed duties as assigned in this regard.
- Procurement of a Computerised Radiography system for Aranos Health Centre.
- Staff member(s) attended Regional Emergency Preparedness and Response meetings with Erongo RMT concerning COVID-19 and formed part of Social Mobilisation Subcommittee of Risk

Communication and Community Engagement (RCCE).

- Liaised with Khorixas administration staff for replacement of the X-ray tube. Tube was replaced in July 2020 and services resumed.
- Consultative meeting held with COVID-19 case managers in Swakopmund and Walvis Bay on protocol of patients requiring x-rays.
- Held virtual meeting with radiography staff to discuss lessons learned in mitigating COVID-19.
- Developed information related to COVID-19 (Frequently Asked Questions and Answers as well as Stigmatisation).

6.4.2 Constraints and challenges

- Not all equipment required was procured due to limited budgetary allocation.
- Various technical vacancies could not be filled.
- No provision for Sonography/Sonographer positions made. There is only one Sonographer position, attending to referrals locally and nationally. Input given to ongoing Restructuring on this matter.
- Delays from Indian High Commission regarding the donation of a Telecobalt Radiation Therapy Unit. Follow-up communication done on the progress, awaiting feedback.
- Appropriate and sufficient equipment remains a challenge, for instance various departments were still struggling with old, limping and outdated technology, specifically the following health facilities: Grootfontein, Indira Gandhi, Khorixas, Nyangana, Onandjokwe, Opuwo, Outjo, Swakopmund, Tsandi, WCH and IHK.
- No supervisory support visits could be conducted under the then anomalies. Support provided via virtual meetings, telephonic communication, email, text messaging and WhatsApp Group.
- Lack of mobile X-ray machines remains a predicament. Most departments could not perform Ward Radiography or attend to some emergencies (e.g., patients on oxygen). Only six (6) departments had functional mobile x-ray units throughout the country.
- Effective communication is a challenge as some departments still fail to communicate to National Level when services were affected or interrupted.

6.5 PHARMACEUTICAL SERVICES

Provision of pharmaceutical services is coordinated through four main instruments, namely Pharmaceutical Control and Inspection (PC&I); National Medicines Policy Co-ordination (NMPC) and Central Medical Stores (CMS). Budget for pharmaceuticals and clinical supplies is depicted in Table 20.

Table 19: Pharmaceutical Accounts

Item	Year	Annual Allocation	YTD Expenditure	% Expenditure
1. Pharmaceutical Services	2021/2022	1,441,699,600.00	1,441,461,303.12	100%
2. Pharmaceutical and	2021/2022	1,416,529,500.00	1,436,329,642.60	101

In the 2021/2022 Financial Year the Pharmaceutical Services was allocated N$1441 billion from the overall Ministerial budget and there was an over-expenditure of 1%, the Ministry also received donations worth N$240 million.

6.5.1 Pharmaceutical Control and Inspection

Inspections and Licensing Unit is responsible for ensuring that all outlets that keep medicines comply with the Medicines and Related Substances Control Act, 2003 (Act 13 of 2003) through inspections. It also ensures that pharmaceutical distributors comply with WHO Good Distribution and Warehousing Practices and pharmaceutical manufacturers to WHO current Good Manufacturing Practices (cGMP). It is also responsible for issuance of permits for international controlled medicinal substances.

Achievements are summarised in Tables 21 and 22 below.

Table 20: Inspections carried out

Type of Facility	NUMBER INSPECTED
Community Pharmacy	21
Private Clinics	4
Wholesaler/Distributor	13

State Health Facilities	3

Table 21: Licenses and permits processed

LICENCE/PERMIT	NUMBER ISSUED
Section 31(1) – Nurse Practitioner	9
Section 31(5)(c) – Import Licences	288
Schedule 5 Permit (Veterinary Medicines)	10
Sections 29(15)(b) and 29(23)(b) Permit (Psychotropic and Narcotic substances)	588

- A total of 588 narcotic and psychotropic permits were processed.
- Processed 288 section 31 (5) (c) (Import licenses).
- Ten (10) schedule 5 permits (for veterinary use) processed.
- Nine (9) licences were issued for nurse practitioners.
- Participated in two (2) Zazibona GMP inspections (Virtually).
- Inadequate financial resources to carry out GMP inspections, as well as all other inspection activities. The sub-division could not travel out of Windhoek due to COVID-19 pandemic restrictions.
- Inadequate human resources and absence of expertise on medical devices. There is a need for pharmacists at major port of entries. There is an urgent need to develop capacity for GMP inspections.
- Insufficient legal instruments to use such as spot fines.
- Slow progress to the amendment of the Medicines and Related Substances Control Act, 2003 (Act No.13 of 2003). The amendment process has been ongoing since 2015, but has not been finalised yet due to financial constraints.
- Unstable and slow internet connection.

Furthermore, the following Recommendations are Proposed

- Fast track the approval of the proposed NMRC secretariat structure to enable recruitment of new staff to expand the regulatory services to the ports of entry.
- Prioritise the review of the Medicines and Related Substances Control Act (13 of 2003) to include flexible legal instrument for Medicines Inspectors.
- Policy review to enable NMRC to have access to fees paid by clients for inspection of pharmaceutical manufacturing facilities.

6.5.2 National Medicines Policy Co-Ordination (NMPC)

The National Planning Commission and Cabinet endorsed the National Medicines Policy (NMP) and its implementation plan, and a taskforce was established to finalise the pharmaceutical information systems manual. The E-Tools for pharmaceutical services were upgraded, and capacity building trainings were conducted, including basic mentorship skills development training and trainings on the electronic tools.

The National Action Plan for Antimicrobial Resistance was launched, and a national technical working group for Antimicrobial Resistance was established, with set terms of references. The annual national pharmaceutical services supportive supervisory visits to health facilities were conducted, and resolutions from the pharmacists' forum were approved and disseminated to all implementing stakeholders.

Additionally, the first annual data validation visits to health facilities were conducted to assess the quality of data that is being submitted by the facilities, and the STGs and NEMList documents were finalised, published and launched during the reporting period. Feedback reports on the findings of the visits were compiled and disseminated to the regions and other relevant offices, and a report was presented at the annual pharmacists' forum, where resolutions were drafted and submitted for endorsement.

- Budgetary constraints hindered the progress of activities
- Strained staff complement

6.5.3 Central Medical Stores (CMS)

6.5.3.1 Distribution activities

- There has been an increase in the value of distributed stock (N$ 1 301 757 318) of about

14%, in comparison to stock distributed the previous Financial Year 2020/2021) (N$ 1 134 428 285) and this was brought about by increased demand due to advent of COVID-19 outbreak.

- Ninety-five percent (95%) of stock was delivered to facilities on time.
- Value of Goods Distributed: N$ 1 301 757 318.
- Value of Goods Received: N$ 1 465 010 987.
- CMS average Service Level to facilities was 65 %
- CMS acquired/procured a new truck (horse) valued at 2.2 million, which allows CMS to deliver stock efficiently to facilities
- The discussion for the building of the new CMS continued, especially for finding a site for the building of the new CMS
- Apart from the one truck that was acquired/ procured during the Financial Year (FY) 2021/2022, the remainder of the four (4) CMS Fleet remain aging and this hampers CMS on time delivery to facilities, due to truck being breaking down on the road. CMS has requested the Ministry for the procurement of additional two (2) 30-tonne delivery truck, valued at average cost of N$ 3.5 million each, of which the total would be about N$7 million.
- The discussion for the building of the new CMS continued, especially for finding a site for the building of the new CMS, although nothing was concluded at the time during the reference FY.
- The storage space for CMS is continue to decrease, especially with the advent of the COVID-19 outbreak. The need for medium term additional storage while acquiring for long term new CMS building remains a necessity.
- Recruitment of staff on the 2019 approved structure, could not take place as the Divisions have to wait for posts to be cleared for recruitment. This has negatively affected CMS operations, as most posts where the staff resigned or transferred out, could not be refilled, resulting on CMS to operate at only at 65% staff complement, which hampered efficiency at CMS.

6.5.4 Procurement activities FY 2021/2022

- Only 54 % of CMS items were procured on contracts
- The 46 % of items were procured on request for quotations
- Payment for suppliers has improve from previous years, as such delayed payment was not a major complaint from the suppliers.
- The threshold of N$ 25 million has hampered CMS capacity to enter into long term contracts with suppliers to procure sufficient and deliver medicines and clinical supplies to the health facilities.
- Lack of long-term pharmaceutical and clinical supplies products contracts form CPBN, continue to hamper and contributes to inefficiency on the delivery of medicines and related supplies to facilities.
- Due to price increase of goods brought about by increased demand on medicines and medical consumables as result of an increase on the world population increase in morbid due the effects of the COVID-19 outbreak.
- Due to the COVID-19 outbreaks, some suppliers could not supply at contract prices, and as a result some suppliers cancelled some items from their contracts, which forced some items to be procured on a request from quotation, and therefore limited the items on contract to be 54% only. Delays due to global COVID-19 restrictions lockdowns continued to cause disruptions in the supply chain during the FY 2021/2022.

6.6 REFERRAL HOSPITALS

6.6.1 Windhoek Central Hospital

Since the acquisition of the Windhoek Central Hospital in 1984, it has since built a reputation of establishing an effective referral system with various specialised services that are beneficial to the Namibian population.

Being a Public Entity, Windhoek Central Hospital produces reports each financial year to share information about the hospital services available to the Namibian population for transparency as well as account for the expenditures related to the budgetary provisions of various programmes assigned to the hospital each financial year. This report highlights the planned actions carried out during the period of review as appearing in the action plan 2020/2021.

Specialised Services (e.g., Major Health Conditions attended to)

The Department of Surgery

This is the mother department covering surgical disciplines and subspecialties. It covers services at both the Windhoek Central Hospital and Katutura Intermediate Hospital, with six specialists and twelve medical officers. The department plans to resume face to face academic activities, implement a program for training surgeons locally, and acquire equipment for provision of services, especially for vascular surgery, through the Ministry of Health and Social Services. Vascular Surgery currently does most of its procedures at the Lady Pohamba Private Hospital at an astronomical cost to the state.

The department intends to renovate and expand the surgical conference room at the Katutura Intermediate Hospital, acquire equipment for Hepatobiliary Surgery, increase the number of operating days of the surgical firms at the Katutura Intermediate Hospital, get theatre rooms dedicated to only laparoscopic surgery, and plan workshops for training in new surgical techniques. Mitigation Strategies/Recommendations include purchasing and provision of equipment for subspecialist surgical cases, encouraging surgeons-in-training to consider subspecialist training, increasing calls done by interns, liaising with the Health Professions Councils of Namibia, looking for international sources of funding for research, and increasing the site of the surgery conference room and renovating it.

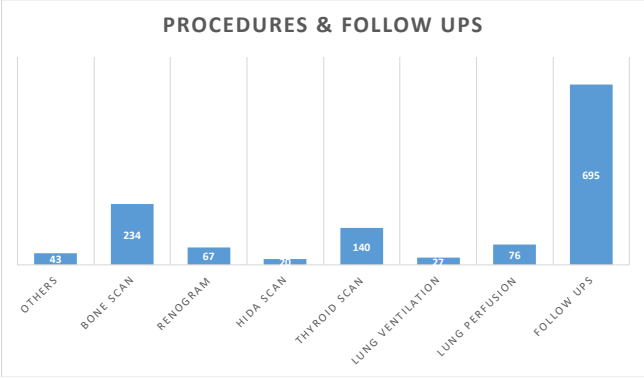
Nuclear medicine

Nuclear Medicine is a medical specialty that uses radioisotopes for the diagnosis and treatment of diseases. There are two nuclear medicine facilities in the public sector: Windhoek Central Hospital and Intermediate Hospital Oshakati. The department employs two nuclear medicine physicians, three nuclear medicine technologists, four nurses, a radiation physicist and two hygiene officers. For the 2020/21 Financial Year, the department was allocated with only N$1 878,000. An open bidding tender was advertised from 16 June to 17 July 2020 and was awarded to SJV Medical Supplies and Blackstone Investments for an amount of N$13,500,000. The award was meant for the procurement of cold kits, isotopes, clinical supplies and transportation of radioactive materials for a period of two years (2020/21-2022/23).

Table 22: Equipment Current Status

Equipment	Status	Service / Repair	Remark
SPECT / CT (D670)	Active	19 Feb 2021 (Repair & full service)	It is in optimal working condition. Next service is due Feb 2022.
SPECT (DH-V NuCline)	Not Active	23 April 2021 (Repair and partial service)	Last service was in April 2021. It is not in optimal working condition. Detectors vertical movement is impaired. Not optimal for clinical use.
DC - Capin-Tech CRC 55TW	Active	Not com-mis-sioned	It is in good working condition. It has not been commissioned. Key hardware, software and QC source still pending.
Digital Area Monitor-Ludlum 375/2	Active	Infor-mation about service / repair not avail-able	It is in working condition (optimal state cannot be established) – service required.

Figure 48: Statistical Presentation of Patients



The Department of Nuclear Medicine has successfully employed a nuclear medicine technologist graduate, acquired the DC CapinTech CRC 55TW dose calibrator, treated 10 thyroid cancer patients, repaired and restored SPECT/CT (D670) and SPECT (DH V NuCline), and had its first intake of interns-physics students in 2019.

The Cardiac Catheterisation Laboratory

This is shared between adult cardiology, paediatric

cardiology, vascular, hepato-biliary, and vascular and neurosurgical services. The theatre needs a dedicated paediatric cardiac theatre and cardiopulmonary bypass circuit to perform parallel adult and paediatric operations. Quality assurance is ensured by the Boston/Children Heartlink led International Quality Improvement Collaborative (IQIC) for congenital heart surgery. Planned activities for the year were dictated by the COVID-19 situation.
Key achievements included the significant potential of the paediatric cardiac service to achieve future self-sufficiency, and the establishment of Namibia as the third country in Africa to have a functional paediatric surgical programme. The MoHSS successfully introduced complex transcatheter interventions, secured 95% of essential critical care medications, reduced operational costs, and attracted donations from three entities in 2019. Medtronic provided funding for team members to attend the SA heart congress, and financial data was collected from the accounting department.

Although the pandemic made it difficult to execute the original goal of treating more than100 children with cardiac heart disease patients per annum, the international feedback on the publication has been humbling.

The most significant ongoing challenges is limited human resource capacity, shortages in specialised hardware and equipment, the absence of a specialised Paediatric ICU, and the bureaucratic hurdles in procurement processes. Mitigation strategies include training exchanges agreements and collaborations with experienced institutions, as well as local training initiatives.

Paediatric Surgery

This unit receives referrals from all regions in Namibia. The main paediatric surgical ward is located in 9 East at Windhoek Central Hospital, and conducts daily ward rounds for neonates admitted with surgical pathologies. The department currently manages neonatal cases, suspected intestinal obstruction, caustic ingestion, suspected paediatric oncological conditions, CVP insertion, long-term port/broviac line insertion, children with chronic illnesses, and general surgeries. Planned activities for the year include a bi-annual, two weekly operating campaign of complex paediatric surgical cases, inviting Prof Daniel Sidler and Dr C De Vos, starting with outreach programs into the regions, and secure a second theatre in the main operating suite.

The Department of Paediatric Surgery at Windhoek Central Hospital has achieved a number of key achievements, such as a weekly outpatient's clinic, 90% of all state neonates referred to the centre with congenital anomalies, Multidisciplinary meetings, discussions with the management on availing a dedicated paediatric surgical theatre, and 90% of all congenital paediatric surgical pathologies being operated at WCH.

Early referral to Windhoek has decreased morbidity of surgical complications, but there were still challenges such as lack of instruments and medical equipment, human resource capacity, consumables, MRI scans, Dedicated Paediatric Intensive Care Unit, corridor between maternity theatre and main theatre, red tape in getting instruments and consumables, unsafe transfer of neonates, and long waiting time for ambulance services.

The Department of Neurosurgery

This department manages conditions of the brain and spine, including traumatic brain injuries, brain and spine tumours and hydrocephalus. It is currently staffed by two Namibian specialists, two Cuban specialists and two medical officers. It has an outpatient clinic, theatre lists, emergency services and teaching and training of interns and medical students.

Key achievements include establishment of an academic roster for the training of intern doctors, establishment of a monthly outreach service to Oshakati Intermediate Hospital, and adoption of the policy of early and aggressive treatment of hydrocephalus. MoHSS has invested in young Namibian doctors pursuing specialist training.

The COVID-19 pandemic has affected the number of operations at Windhoek Central Hospital, with over 60 patients waiting for brain and spine operations on the waiting list. Mitigation strategies include provision of weekly Neurosurgery lists, a dedicated Neurosurgical ward, the purchase of a microscope, neurosurgical drill and neuro endoscopy machine, the increase of anaesthesia consultants, and the addition of two

more medical officers. However, emergency cases still continue to be seen and treated.

The Department of Orthopaedics

The Department of Orthopaedics at the Windhoek Hospital Complex serves as the national referral unit for the country, receiving and attending to a variety of Orthopaedic ailments from all regions and towns. Katutura Intermediate Hospital is the admission hospital for most Orthopaedic trauma cases. Windhoek Central Hospital provides specialized care of Orthopaedic patients.

Table 23: Budget proposal for urgently needed orthopaedic equipment for Windhoek Central Hospital

Equipment	Quantity	Unit cost (N$)	Total
Traction operating table	1		
Power surgical drill	2	436,324.00	872,648.00
Power drills small	1	208,816.23	208,816.23
Small fragment set	2	883,257.00	1,766,514.00
Large fragment sets	1	792,675.50	792,675.50
Dynamic Hip screw set	1	704,597.00	704,597.00
Tibial Nailing set	1	297,450.90	297,450.90
Femoral Nailing set	1	521,501.43	521,501.43
Large 6.5/7.3 Cannulated screw set	1	200,786.00	200,786.00
Cannulated screw set 4 mm	1	176,490.00	176,490.00
Cannulated screw set 2 mm	1	189,257.00	189,257.00
Cannulated screw set 2 mm	1	189,257.00	189,257.00
Mini fragment set	1	123,970.09	123,970.09
Large external fixator set	2	59,635.34	119,270.68
Small external fixator set	2	100,150.94	200,301.88
K-wire set	2	98,620.00	197,240.00
Titanium Elastic Nail set	1	255,602.00	255,602.00
Arthroscopy set	1		0.00
Large basic orthopaedic set	1		
Dermatome	2		00
Mesher	2		00
Humbly knife	2		00
Amputation set	2		00
Plaster Saw	2		00
Tourniquet machine double cuff	2	11,099.58	11,099.58
Tourniquet cuff different sizes	2	50,000.00	50,000.00
Shoulder set			
Autoclave	1	200,000.00	200,000.00
Hip positioners			00
Femoral distractors			
Locking plate set (upper limb)	1	122,881.53	122,881.53
Locking plate set (lower limb)	1	101,725.13	101,725.13
			9,703,364.97

The Windhoek Central Hospital Intensive Care Unit (ICU) is an eight-bed facility providing critical care to the entire population. It adopts a multidisciplinary approach and provides in- and out-patient haemodialysis, ultrafiltration and plasmapheresis. The unit also serves as a training facility for nurses, intern doctors, medical officers and other healthcare professionals.

Activities for 2020-2021 included strengthening governance, quality improvement, and enhancing the effective management of critically ill patients, infection control, and oversight of both in-patient and out-patient haemodialysis and plasmapheresis services.

Table 24: Quarterly achievements

	QUARTER 1 APRIL-JUN	QUARTER 2 JULY-SEPT	QUARTER 3 0CT-DEC	QUARTER 4 JAN-MAR	TOTAL
COVID	0	1	1	4	6
AFP	4	1	0	0	5
DIABETES	3	2	0	1	6
PNEUMONIA	1	3	4	10	18
MALARIA	17	0	0	2	19
HEP E	2	1	1	0	4
HEP B	0	0	0	0	0
PANCREATITIS	1	0	1	0	2
RENAL FAILURE	3	3	4	6	16
DISCHARGES	48	67	81	77	273
ADMISSION	80	75	201	96	452
HAI CONFIRMED	0	0	4	0	4
DEATHS					
OTHERS	11	12	16	9	48
MATERNAL	0	2	2	0	4
PROCEDURE					
DIALYSIS					
PATIENTS	16	4	24	36	80
SESSIONS	25	5	80	113	223
PLASMAPHERESIS					
PATIENTS	1	0	0	0	1
SESSIONS	5	0	0	0	1
OPERATIONS	0	0	8	0	8

Quarterly Dialysis

Dialysis sessions fell in the second quarter due to lockdown and reduced referrals, but services resumed in the 3rd quarter. Doctor shortages and mitigation strategies have been implemented to prevent infection spread. ICU now has a strict one patient to one nurse policy.

Key achievements during the COVID-19 epidemic included intern training, student training, junior medical officers, operating theatres, and local anaesthesia.
The unit was able to prevent progression to renal failure, treat cancer sufferers, continue staff training, and delegate colleagues to help in the COVID-19 response.

Number of specialists per discipline

The Division Windhoek Central Hospital has total number of 1910 approved posts on its staff establishment. The critical skill shortage positions remain vacant because of high skill technical job requirement, scare scale and remunerative package; example Engineer, Clinical Technologist, Physiotherapy, Speech Therapy/ Audiologist and Dietician.

Staffing

The outbreak of COVID19 pandemic has greatly influenced the recruitment plan and work plan activities. More essential health professional job categories positions are filled on a temporary or permanent basis, because of the great demand that the pandemic has placed. The Staff Establishment which does not complement the demand and retaining these health professionals still remained a crucial challenge.

Appointments during 2020/2021

Table 25: Appointments

Staff Category	Appointed during 2020/2021	Staff Category	Appointed during 2020/2021
Registered Nurse	59	Occupational Therapist	**1**
Enrolled Nurse	46	Orthopaedics Asst.	**2**
Medical Officer	25	Orthopaedics Technician	**2**
Specialist	2	Clinical Psychologist Intern	**2**
Cleaner	19	Health Programme Office	**4**
Administrative Officer	1	Health Asst	**6**
Medical Intern	78	Pharmacist	**9**
Clinical Psychologist	3	Pharmacist Asst	**2**
Human Resource Practitioner	2	Pharmacist Trainee	**20**
Physiotherapist	1	Diagnostic Radiographer	**2**
Clinical Technologist	2	Nuclear Radiographer	**1**
Radiation Radiographer	1		
TOTAL			**310**

Medical Staff of Windhoek Central Hospital

One of the objectives of Vision 2030 is to develop a diversified, competent and highly productive human resources and institutions, fully utilising human potential, and achieving efficient and effective delivery of customer-focused services which are competitive not only nationally, but also regionally as well as meeting international standards of the WHO and WCH is about to realise this objective as shown in the table below.

Table 26: Specialist, medical officers list of WCH per Section

	No of Nam	No of Non- Nam	Number of Specialist per section
Medical Superintendent			
Specialist			
Radiology	2	1	3
Neurologist	1	1	2
Surgery	1	2	3
Subspecialist	1		1
Subspecialist Paediatric Surgeon	1		1
Subspecialist Vascular Surgeon	1		1
Subspecialist Neonatologist		1	1
Paediatrics - Snr	1		1
Subspecialist Paediatric Cardiology	1		1
Cardiac-Anaesthetist	1		1
Subspecialist Cardiothoracic -	1	1	2
Subspecialist Paediatric Surgeon	1		1
Internal Medicine	1	1	2
Nuclear Medicine	2		2
Radiation/Oncologist	2		2
Obs. & Gynae		2	2

ICU	1	1	2
Ophthalmology	4		4
Psychiatry	2		2
Urologist	2		2
Anaesthetics	1	1	2
Orthopaedic – Surgeon	2		2
Arthroplasty		1	1
Spinal		1	1
Dermatology	2		2
Chief Medical Officers	1	2	3
Senior Medical Officers	12	1	13
Medical Officers	71	23	94
Total	114	39	

Mental Health

The Social Service Department's main aim is to provide all patients/clients with effective and efficient psychosocial services. All patients are to be treated with respect at all times, have their values, culture, religion, and dignity respected at all times, shall be listened to, and heard, privacy shall be ensured during consultation and each patient's confidentially of session notes ensured.

With nine (9) staff members serving WCH, including Mental Health Unit and the Forensic Unit during the year (April 2020-March 2021), social workers anxiously battled with patient to staff ratio to deliver psychosocial services to the WCH community.

Bed Occupancy Rate

Table 27: Bed occupancy rate at WCH, Financial Year April 2020- March 2021

Wards	Bed Occupancy Rate
8 West Paediatric Oncology	158%
Postnatal	144%
Prem unit	136%
MHU Ground F A	136%
4 West Onc	101%
MHU Rehab	100%
3 West Surgery	96%
MHU First Floor	93%
8 East Onc	91%
MHU Ground FB	89%
ANW	82%
2 West Gynae	78%
ICU Main	70%
MHU Ward C	68%
7 East ENT	67%
4 East Medic	60%
MHU Male B	59%
9 West Paediatrics	58%
1 West Cardiac	57%
MHU Male A	52%
6 West Ophthalmology	48%
9 East Paediatrics	46%
MHU Maximum	44%
3 East Thoracic	43%
7 West Orthopaedics	40%
MHU Ward D	22%
Covid-19 Prefab	17%
1 East Surgery	12%
Covid-19ICU	11%
MHU Ward E	11%

Challenges experienced:

The hospital is facing multiple challenges, including a shortage of essential medical equipment and insufficient space capacity in various departments. The inadequate equipment and poor maintenance compromise the quality and time spent in the hospital. The hospital also experienced shortage of support staff, which affects customer care and hospital hygiene.

The infant and maternal mortality rate is increasing, and emergency referrals from elsewhere are posing a challenge. Lack of dedicated neurosurgical ward and equipment has resulted in fragmented care and suboptimal service delivery. The hospital needs to procure essential equipment, including a microscope, neurosurgical drill, and endoscope, to decrease the expenditure incurred from referring patients to the private sector.

6.6.2 Onandjokwe Hospital

Onandjokwe Intermediate Hospital lies within latitude S 170 54'42'' and longitude E 016 0 02'29'' at an altitude of 1122m above sea level. It is situated in Oniipa Constituency within Onandjokwe Health District under Oshikoto Administrative Region in Northern Namibia. The hospital is one of the only four intermediate hospitals in the country and one of the oldest hospitals in Northern Namibia.

The hospital was built by Finnish Missionaries in 1908. Today, after about 110 years since its inception, the hospital is still standing and delivering services to

the community. In the year 2015, the Hospital was transitioned from ELCIN Church to become 100% under the government administration. The year 2018 marks exactly 110 years of the Hospital existence and it continues to stand tall as a historical monument in Southern Hemisphere.

The catchment population is about 86,000 (Onandjokwe District Population) based on Household and Population Census of 2011. With the official bed capacity of 520, the hospital serves as a referral point for five district hospitals, namely Omuthiya and Tsumeb in Oshikoto Region, but also Eenhana, Engela and Okongo District Hospitals from neighbouring Ohangwena Region. Within the District, the hospital serves as a referral point for three health centres and eight clinics. The hospital accommodates PHC programs for the district, serving about 42 outreach points. With the above information in mind, the actual catchment population is more than the quoted above.

Table 28: Number of cases per department

	2017/2018	2019/2020	2020/2021
General Surgery	2059	1219	1279
Gynaecology	1035	754	1292
Obstetrics (C/S)	1318	1512	1692
Orthopaedics	0	137	86
Ophthalmology	100	203	0

The table above shows that a total of 2,984 (70.3%) of all the cases came from the Department of |Obstetrics and Gynaecology. The number of gynaecological cases as well as obstetrics were not deterred by COVID-19 lockdown. Patients continued to come to the hospital. This explains why the number of operations under local anaesthesia is rising. Of the gynaecological cases, 586 were incomplete abortions, 77 uterine fibroids, and 59 ectopic pregnancies.

Number of specialists per discipline

A total of 38 new staff members were recruited during the reporting year. There were 35 health professionals and 3 administrative support staff recruited during the reporting period. The overall vacancy rate for key health professionals in the hospital decreased from 40.41% during the previous year to 35.38% during FY 2020/2021% as shown in the table below. New posts that were created around the third quarter of 2019/2020 and most posts are not filled.

Table 29: Post filled rate per job category based on staff establishment

Professionals Categories	No. of approved posts	No. of posts filled	Number of vacancies	Vacancy rates %	Remarks
Medical Superintendent	1	1	0	0	
Senior Specialist *	1	0	1	100	Newly created posts
Specialist (Surgeon)	2	0	0	100	Two Specialists resigned
Specialist (Pediatrician)	1	1	0	0	
Specialist (Gynecologist)	1	1	0	0	
Specialist (Internal medicine)	1	0	1	0	
Specialist*	15	0	15	100	Newly created posts
Senior Medical Officer	17	1	16	94.1	16 newly created posts
Dentist	7	7	0	0	
Dental Therapist	2	1	1	50	1 newly created post
Medical Officers	45	35	10	22.22	Posts advertised
Chief Pharmacist	1	0	1	100	
Pharmacist	7	1	6	85	Posts advertised
Senior Pharmacist Assistant	5	4	1	20	
Pharmacist Assistant	15	7	8	53.3	
Physiotherapist	2	0	2	100	
Radiographer	7	5	2	28.6	Posts advertised
Senior Radiographic Assistant	2	0	2	100	
Radiographic Assistant	2	2	0	0	
Chief Health Prog. Officer	2	1	1	50	
Senior Health Prog. Officer	5	1	4	80	
Chief Registered Nurse	5	0	5	100	
Senior Registered Nurse	19	10	9	47.4	
Registered Nurse	186	126	60	47.62	45 vacant posts newly created posts
Enrolled Nurse	181	141	40	22.1	27 newly created posts
Ophthalmic Clinical Officer	5	2	3	40	3 newly created posts
Total	**537**	**347**	**190**	**35.38%**	

Attrition Rates in the Public Service

Attrition of workers has been a challenge to the hospital; most of employees leave the service through resignation, retirement, and demise. During the reporting period, the hospital lost forty-four (44) staff members of which thirty-one (31) staff members were from key occupational categories. The table below compares the number of staff losses to recruitment of some key occupational categories.

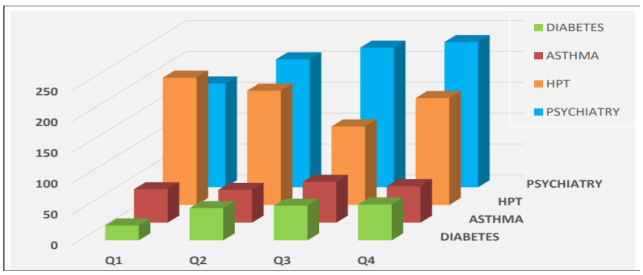
Table 30: Comparison of selected staff categories lost and recruited during 2020/2021

Professional Category	Number Recruited	Number of staff lost
Specialist	**0**	**2**
Medical Officer	**10**	**4**
Radiographer	**1**	**1**
Registered Nurse	**29**	**9**
Enrolled Nurse	**6**	**12**
Pharmacist	**0**	**1**
Senior Pharmacist Assistants	**0**	**0**

There is a slight improvement on recruitment of key health professionals, especially registered nurses relative to the staff loss for the same period. The hospital lost more enrolled nurses compared to what was recruited; the main reason was that some enrolled nurses went for further study to become Registered Nurse.

Mental Health

Figure 49: Quarterly trend of new cases of non-communicable diseases 2020/2021



The number of new cases of mental disorders (psychiatry) demonstrated an upward trend during the period of lock-down. Mental disorders and alcoholic complications affected more males while female clients were more likely to be admitted with hypertensive crises. Pneumonia seemed to affect gender almost equally. Among male patients, incidents of mental disorders went up by (9.6%), CCF (6.7%) and diabetes (17.1%) during the lock down as indicated in the figure and table above. The number of mentally ill patients were noted to be rising. One of the reasons for this could be the lockdown situation which limited social interactions.

Bed Occupancy Rate

Neonatal Intensive Care Unit (NICU) of Onandjokwe Intermediate Hospital was extremely overwhelmed. Those five beds available could only cater for 73 patients a year at rate of a maximum hospital stay of five days. Most international recommendations for NICU bed cots are based on 2-2.5 beds per 1000 livebirths for a Level 2 hospital. Onandjokwe is a Level 2 hospital with more than 7000 deliveries. The recommended number of NICU beds would be 17.5 equivalent to 18 beds. This would provide adequate bed occupancy rate, room for proper disinfection and all Infection Prevention and Control (IPC) protocol to be observed. Lack of a staff changing room, wash basin for utilities, and erratic supplies of consumables should be addressed if the outcome is to change in the next report.

- Lockdowns put some activities on hold, including aerosol generating procedures.
- Shortage of Dental Surgery Assistants hampered clinical work and outreach services.
- The hospital focused on school outreach service towards the end of the year.
- The dental department is hosted in small, old dilapidated buildings with overcrowding issues amid the pandemic.
- Two separate dental rooms make it difficult to monitor and supervise activities.
- There is no office to keep important documents and records, and for effective administrative duties.
- Shortage of human resources, mainly doctors.
- Inadequate equipment, including the microscope used for cataract surgery.
- Erratic supplies of ocular medications.
- A growing list of patients waiting for cataract surgery, currently at 496.
- No cataract surgery campaign this year due to COVID-19 restrictions.
- Space at the eye clinic is congested, and there is no adequate space to properly arrange instruments and gain adequate distancing amid COVID-19.
- The CR-System and X-ray equipment were not serviced, leading to the NRPA not issuing a license.
- Lack of fluoroscope machine and Bucky machine.
- Philips Bucky machine, which was received from Otjiwarongo, is not yet installed.
- No security officers, leading to staff members carrying money inside and outside the hospital without security.
- Annual budget allocation is inadequate, even with an increasing number of staff.
- Lack of CT scan, leading to patients being referred to a private institution with a high expenditure.
- Procurement delays.
- COVID-19 pandemic put a burden on the available staff.
- Hospital lost two specialists and a pharmacist, and some key positions were unable to be filled.
- Staff establishment is non-responsive to services provided by the hospital, severely affecting nursing, administrative support, and finance services.

6.6.3 Rundu Hospital

Rundu Intermediate Hospital is a B1 Class Referral Hospital situated in North-East Namibia at the border with Angola. It is an intermediate referral hospital for three hospitals in the Kavango East and West Regions, acts as a district hospital for 45 health centres and clinics within Rundu district, and is a referral hospital for Katima Mulilo District Hospital in the Zambezi Region. It caters

for both in- and outpatients and offers services in the five main branches of health care. The hospital's staff establishment for doctors is 23 and the workload per year involves 20,000 admissions, 95,000 inpatient days, 100,000 outpatient/casualty visits, more than 3,000 theatre operations and 6000 deliveries. Rundu Hospital has 27 doctors in employment and is accredited to train dental interns.

The Hospital Staff Establishment for doctors is 23, comprising positions of 12 medical officers, five senior medical officers, four specialists, one chief medical officer and one medical superintendent. However, according to the Workload Indicators for Staffing Norms (WISN) criteria Rundu Intermediate Hospital needs 78 doctors for it to function efficiently. Since its upgrade from a District Hospital to an Intermediate Hospital the staff establishment remained the same.

The annual budget allocation is N$ 187,625,743.00 and the total outstanding balance is N$796,708.60. The WISN criteria for staffing for professionals showed that the current staff establishment does not reflect actual requirements. The hospital has been serving an ever-increasing number of patients yearly due to the workload and increased economic activity. Through initiatives, the hospital has positioned itself to fulfil the vision and mission of the MoHSS and prepare to fight the emerging Covid-19 pandemic.

Specialised Services (e.g., Major Health Conditions attended to)

Intermediate Hospital High Care Ward dialysis unit has two (2) dialysis machines that cater for (10) chronic renal failure patients. In addition, up to four (4) patients per week require dialysis for acute renal failure. Last year, there were 15 patients on dialysis, of which one recovered and discharged and three died.

The following achievements were realised:

- All machines are functioning well
- The clinical materials used in dialysis are always available; when not in stock, buy-outs are always prepared.
- On-the-job-training offered and additional four staff members are doing dialysis in the wards
- Time to time refresher courses offered by staff in the ward.

The following challenges were experienced:

- Shortage of staff in the ward resulting in work overload and fatigue.
- No specialized dialysis unit resulting in the same high care ward nurses conducting dialysis and continuing to nurse other critically ill patients in the ward
- Not enough dialysis machines to cope with potential patients.
- lack of nephrology specialist in the hospital

It was recommend to:

- train all nurses in high care ward on dialysis
- Add at least two (2) dialysis machines to cater for all patients
- recruit a Nephrology Specialist

Mental Health

- Mental conditions also increased from 24 cases to 25 cases and this is mainly due to substance abuse (Alcohol &Drugs).
- The family members tend to give up on their love ones with psychosis and do not see the need to get assistance. The challenge comes when these patients have to be discharged via their relatives and they are not taken back and the community also rejects them as they are also seen as witched or they are bad luck.
- Medical social workers do therapeutic counselling for the relatives to understand the importance of the treatment and that it has to be completed before the patient is discharged from the hospital and to be continued at their nearest clinic where they are residing.

Bed Occupancy Rate

Rundu Hospital was originally built as a 250-bed hospital. Its capacity has increased to 330 beds with the completion of the TB Ward. The new maternity and neonatal complex are nearing completion and various other projects planned for the future include an intensive care unit (ICU), Orthopaedic Centre of Excellence, expansion of casualty and OPD and construction of a dialysis centre.

Table 31: OPD, Bed Occupancy Rate and Maternity

Indicators	Value
Total number of patients seen at OPD	29 571 (69% 1ST visits, 31% Follow up)
Total Number of Hospital admissions	15 382
Bed Occupancy Rate	57 %
Average Length of stay	4.2
Crude Death Rate	4 %
Total Deliveries	7 532
Total births	**7 652 (98% Live births, 2% Stillbirths)**

Neonatal Unit Annual Statistics

It consists of three wards that admit paediatric medical cases, from the age of Zero (0) day to 12 years old. These are the paediatric ward with a bed capacity of 45 and the neonatal unit and IVU each with 15 bed capacity. We admit also infectious disease in IV Unit.

Table 32: Neonatal Unit Annual Statistics

KPI	Q1	Q2	Q3	Q4	Annual
Premature deaths	8	7	13	13	**41**
Congenital abnormalities	6	5	15	11	**37**
No peri/NND	25	22	18	15	**80**
Bed occupancy rate	91%	121%	160%	168%	**135%**
Average length of stay	5.9	4.2	6.1	7.9	**24.1**
Early/neonatal death	2	0	7	5	**14**
Late/neonatal death	3	2	4	1	**10**
No. of babies on CPAP	60	91	50	60	**261**
No. of babies on kangaroo mother care	27	33	33	26	**119**
No. of BBA	2	2	1	2	**7**

The Rundu Hospital Maternity ward serves as the referral unit for the three North-East regions, namely Kavango East and West and Zambezi Region, as well as Calai in Angola. It is the only unit which manages complicated deliveries such as caesarean section and assisted deliveries in the region. ANC, labour and delivery and postnatal wards are combined in one ward with a bed capacity of 35, which is grossly insufficient to cater for the needs of the population. The new 120-bed capacity maternity wing still awaits completion.

- Inadequate staffing as per staff establishment remains as a challenge, and it leads to staff exhaustion and poor performance.
- Inadequate patient space as the bed occupancy is always above 150%.
- Poor supervision of staff to due to overflowing of patients and this leads to poor patient care.
- Inadequate medical equipment such as blood pressure (BP) apparatus
- Short supply of commodities, e.g., ARV drugs, vaccines (Polio) and PPE such as gloves, aprons, etc.

6.6.4 Oshakati Intermediate Hospital

Intermediate Hospital Oshakati (IHO) is a 750-bed capacity hospital, but beds in use are 885, with occupancy rate of 56%. The hospital serves Oshakati District in Oshana Region. It has a catchment population of approximately 203,094 according to the Housing and Population Census 2011 Report. It also serves as a referral hospital for the regions of Oshana, Omusati, Ohangwena, Oshikoto, and Kunene.

Intermediate Hospital Oshakati delivered specialised treatment and services as per tables below.

Table 33: Number of patients who received specialised diagnostic services

No. of patient receiving:	2019/2020	2020/21
CT scan	2515	4176
Radio iodine therapy	0	12
Nuclear follow-up patients		589
Sonar investigation	15,972	14,177
Operating theatre diagnostic procedures		-
No. of pts referred to private facilities (OMP/Oxis-Xray)		0
IVP done	153	137
Specialized outreach services conducted	0	-
Colonoscopy	-	-
Vascular Surgery	-	-
Lung Surgery	-	-
Neonatal Surgery	-	-

Table 34: Patients who received specialised treatment

Patients receiving specialized treatment	2019/2020	2020/21
Hip and knee replacement	4	1
Reconstruction surgery	-	-
Patients received dialysis	-	-
Neurosurgery performed	-	-

The following achievement were achieved:

- Two registered nurses obtained diploma in Operating Theatre Technique
- Received new warm touch/electrical blankets
- Received new theatre attires different sizes in total =302
- Received new theatre shoe covers in total = 208
- Received new accessories for the Marquette Anaesthetic Machines
- Received a new Neuro Surgery Electrical Drill

The following challenges were experienced:

- Staff shortage, especially for theatre. Shortage of many consumable items
- Shortage of theatre attire
- No emergency theatre
- Inadequate theatre space as number of patients increases day by day.

Number of specialists per discipline

The following Section, Sub-sections and services are headed by specialist: Paediatrics, Internal Medicine, Neurology, Dermatological services, Intensive care unit (ICU), Mental health services, Surgical Services, Obstetrics and Gynaecology Services, Anaesthetic Services, Orthopaedic Services and Radiology Services.

Table 35: Appropriate and Responsive staff establishment 2020/21

Total positions on staff establishment	Positions filled	Vacant	Positions filled additional to staff establishment	Posts filled rate	Vacancy rate
1,556	1,057	499	51	67%	32%

Table 36: Total key health professionals' vacancies 2020/21

Total positions on staff establishment	Positions filled	Vacant	Positions filled additional to staff establishment	Posts filled rate	Vacancy rate
1,585	1,071	514	92	67.6%	32.4%

Table 37: Key Health professionals' vacancies 2020/21 segregated

Professional categories	No. of posts approved	No. of posts filled	No. of vacancies	Vacancy rate %
Medical Officers	82	55	27	33
Specialists	42	16	26	62
Registered Nurses	433	309	124	29
Enrolled Nurses	331	214	117	35
Pharmacist	30	6	24	80
37	37	6	31	84
Radiographers	18	11	7	39
Radiographic Assistants	3	3	0	0
Social Workers	10	5	5	50
Physiotherapists	6	1	5	80
Occupational Therapists	5	4	1	20
Dentists	7	3	4	57

Mental Health

For the past two years, the department has been actively participating in the intra-regional and inter-regional mental health outreach programmes. Many outreach visits were conducted to district hospitals in nearby regions and to hospitals far from Oshakati, such as Rundu, Swakopmund and Walvis Bay Hospitals.

Moreover, the department is one of the most active in participating in various teaching activities within the hospital, such as teaching and supervising nursing and medical students, intern doctors and nursing staff.

The Mental Health Department has also been conducting radio talks in local languages, focusing on mental health promotion and prevention of mental illness. It has organised family conferences; delivered selected mental health topics to the community and different organisation; and celebrated World Mental Health Day together with the community.

- Delay in completion of renovation of the psychiatry wards
- Shortage of staff (psychiatrist, medical officers and nurses, especially male nurses)
- Not having psychologist and social worker under the department
- Erratic supply of medicines
- Patients escaping from the ward by jumping over the wall.
- Space for outpatient service is limited.
- High number of students coming to the department compared to doctor ratio

Bed Occupancy Rate

Table 38: Bed capacity by service section

Wards	Ward type	Bed capacity	Actual beds
z		901	947
ICU	Adult & Paediatric	6	6
Ward 1 (Private)	Adult & Paediatric	41	39
Ward 2 (Ophthalmology)	Adult & Paediatric	45	43
Ward 3A (General Surgery, Plastic Surgery, Neurology)	Adult Male	45	60
Ward 3B (Dental, ENT, Urology, Oncology)	Adult Male	45	45
Ward 4 (Gynaecology)	Adult Female	45	47
Ward 5 (Orthopaedics)	Adult Male	45	48
Ward 6A (ENT, General Surgery, Urology, Oncology, Neurology)	Adult Female	40	36
Ward 6B (Orthopaedic, Dental and Plastic Surgery)	Adult Female	40	37
Ward 7 (Medical)	Adult Male	52	51
Ward 8 (Medical)	Adult Female	45	40
Ward 9 (Surgical)	Paediatric Male & Female	45	52
Ward 43A (Medical)	Paediatric Male & Female	20	31
Ward 43B (Medical)	Paediatric Male & Female	45	55
Ward 11A (TB Complex)	Adult Female	44	44
Ward 11B (TB Complex)	Adult Male	44	44
Ward 14 (ANC)	Adult Female	25	25
Ward 14 Post	Adult Female	59	70
W-14 Neonatal Unit	Paediatric Male & Female	30	34
Ward 16A (Psychiatry)	Adult Male	70	70
Ward 16B (Psychiatry)	Adult Female	70	70

The hospital faced a multitude of challenges that threatened the quality of healthcare provision. One major issue was the shortage of medical personnel, including doctors, nurses, and clinical technologists, which led to increased waiting times and overcrowding in non-emergency cases. Another challenge was the inadequate supply of essential equipment, diagnostic and monitoring tools, medications, and clinical materials, which severely hindered the hospital's ability to provide quality care. The hospital was also facing issues in the management of its facilities and infrastructure. The dilapidated state of accommodation facilities, scattered old buildings, and lack of maintenance posed a risk to both staff and patients.

Additionally, the hospital faced budget constraints, which made it difficult to acquire infection prevention and control commodities. Moreover, the procurement processes were slow, and there was an inadequate supply of stationery and linen supplies, which resulted in delays and inefficiencies. The report further highlighted specific challenges in different departments, such as the maternal and child health department's shortage of skilled staff and inadequate space for patients, and the dental department's shortage of assistants, consumable materials, and equipment.

The hospital also faced challenges in waste management and infection control, as well as negative attitudes among healthcare workers and problems with customer care services. Overall, the hospital requires urgent attention to address its challenges, including the need for more staff and resources, essential equipment and materials, proper infrastructure, and efficient management processes. Without immediate intervention, the hospital's ability to provide quality healthcare will continue to decline, affecting the well-being of the community it serves.

6.6.5 Katutura Hospital

Intermediate Hospital Katutura (IHK) is a referral and training hospital located in the Khomas Region. It initially had a bed capacity of 843, according to the Ministry of Health and Social Services Health Information System. However, during the COVID-19 pandemic, an additional 258 beds were added to accommodate the increased demand. These included a 46-bed unit at Old NIP, a partially converted 96-bed unit for dialysis, a 70-bed stepdown facility, and a repurposed nurses'

home hall with 46 beds. There were plans to convert the nurses' hall back to its original purpose, which would bring the total bed capacity to 1,055, but it stood at 1,101. The average Bed Occupancy Rate during the reporting period under review was 120%.

IHK serves as a significant training hospital in the country, providing practical training for various health-related and non-health-related fields. Enrolled Nurses, Registered Nurses, post-graduate courses like Critical Care Nurses, Operating Theatre and Recovery Nursing, Advanced Midwifery, Paediatric Nurses, Health Promotion, Trauma Nursing Care, HIV/AIDS courses, medical students, interns, Social Work interns, Psychology interns, Nutritionist interns, Pharmaceutical students and interns, Emergency Practitioners students (Ambulances), Radiology students, Dental students and interns, Dental Assistants, Registrars in Anaesthetics, and soon-to-start Surgery and Internal Medicine are among the fields currently undergoing training at IHK.

In addition to medical students, the hospital also offers internships to non-medical students in fields such as plumbing, electrical, administrative support, and related areas.

The hospital provides a wide range of services, including General Surgery, Orthopaedics, Internal Medicine, Critical Care, Head Injury, Paediatric Care, Maternal Care, TB Care, Emergency Medicine, Dental Care, Radiology Services, Physiotherapy, Occupational Therapy, Operating Theatre Services, and Chinese Acupuncture.

Top ten conditions by inpatient discipline as per the hospital Health Information System

Surgery

- Unspecified injury to the head 240
- Unspecified appendicitis 79
- Other and unspecified intestinal obstruction 60
- Acute appendicitis with generalized peritonitis 55
- Traumatic pneumothorax 51
- Injury on blood vessels of head NEC 40
- Gastrointestinal hemorrhage, unspecified 32
- Acute Cholecystitis 29
- Abscess liver 28
- Acute appendicitis, other and unspecified 28

Internal Medicine

- Disorientation unspecified 274
- Personal history of self-harm 227
- Essential (primary) hypertension 207
- Tuberculosis of lung without mentioning of 170

Bacteriological or histological confirmation

- Pneumonia unspecified 153
- Gastroenteritis and colitis of unspecified origin152
- Unspecified Diabetes Mellitus 149
- Corona Virus infection unspecified 124
- Status Epilepticus unspecified 95
- Congestive heart failure 94
- Cerebral infection unspecified 91
- Chronic renal failure 86

Gynecology

- Spontaneous abortion, complete or unspecified without complication 1166
- Cervix uteri unspecified 123
- Submucous leiomyoma of uterus 86
- Female pelvic inflammation disease unspecified74
- Tubal pregnancy 70
- Unspecified abortion, incomplete without 47

Complications

- Developmental ovarian cyst 39
- Threatening abortion 33
- Abnormal uterine and vaginal bleeding 27

Unspecified

- Puerperal sepsis 26
- Missed abortion 22

Dental

- Fracture of mandible 72
- Cellulitis and abscess of mouth 14
- Fracture of malar and maxillary bones 3
- Recurrent oral aphthae 2
- Dental caries unspecified 1
- Major salivary gland unspecified 1
- Mouth unspecified 1
- Stomatitis and related lesions 1

Orthopedics

- Fracture of femur part unspecified 181
- Fracture of shaft of tibia 137
- Pertrochanteric fracture 56
- Fracture of lateral malleolus 42
- Pain in limb 39
- Fracture of other parts of lower leg 36
- Multiple fracture of forearm 33
- Fracture of lower end of humerus 33
- Fracture of neck part unspecified 31
- Uunspecified injury of head 31

Pediatrics

- Respiratory distress syndrome of newborn 212
- Pneumonia unspecified 153
- Gastroenteritis and colitis of unspecified origin 152
- Neonatal Jaundice unspecified 135
- Febrile convulsions 102
- Other low birth weight 94
- Unspecified injury to the head 90
- Unspecified severe protein energy malnutrition 85
- Fracture of lower end humerus 76
- Sepsis of newborn due to other and unspecified streptococci 71
- Hydrocephalus unspecified 61

Number of specialists per discipline

- Obs. & gynae 3
- Surgery 2
  - Emergency Medicine 1
  - Pediatrics 6
  - Internal Medicine 3
  - Neurology 1
  - Anesthesia 1
  - ENT 1

More inpatient wards were added to the facility without adjusting the nursing staff structure or, at very least, allowing all vacant nursing positions to be filled. These are admission wards that were constructed during the COVID-19 pandemic. This has caused exhaustion among the staff as they have had to work increased overtime. As a result, both patient and staff safety could have been compromised, e.g., needlestick injuries, cross infection and safety concerns.

The average nurse-to-patient ratio is 1:18, especially in the Paediatric wards, which is abnormally high. Additionally, the ratio of Registered Nurses to student nurses is 1:8 in the maternity ward, while the recommended ratio should be one registered nurse to two student nurses.

To meet the licensing requirements set by the HPCNA, either more registered nurses need to be employed beyond the current staffing structure, or the number of students allowed to undertake practical training at the hospital should be reduced.

Shortage of the nurses' uniforms

This affects the professional image of the nurses as well as their confidence.

Archive system

At the moment, the Intermediate Hospital Katutura lacks an electronic Archive system. As such files cannot be traced and it costs the Ministry a lot of funds, especially when they are required for court cases.

Patient files

The hospital retrieves its patient's files from Document Warehouse and currently they are being stored at the Nurse's home sitting room. Due to lack of a proper archiving storage system, this contributes to the difficulty of the retrieval process of patients' files in the hospital.

Parking

The Intermediate Katutura Hospital is currently facing a shortage of parking spaces, resulting in people being compelled to utilize unsafe areas for parking. Consequently, incidents of motor vehicle break-ins have been reported. Therefore, there is an urgent need for additional parking space to address these issues effectively.

Procurement Process

The Procurement process is long and tedious and for many times, operations of the hospital are delayed and prolonged. A recommendation, is that the process should be revisited and revised to accommodate the timely need of the hospital emergencies.

Insufficient budget allocation

The budget allocated to the hospital is insufficient in relation to the hospital's minimum demand.

Quality Assurance

The mandate of the Quality Assurance (QA) Division is to achieve acceptable levels of quality through developing a continuous mechanism for monitoring quality, setting standards, measuring performance and improving quality.

Quality Management

The Quality Management program is supporting several Quality improvement initiatives to address identified gaps in the provision of quality healthcare services. The program supported the implementation of three Quality Improvement Collaborative (QICs), namely:

- Maternal and New-born Care Quality Improvement Collaborative (MaNICare),
- HIV QICs to address HIV Care and treatment program quality gaps i.e., Namibia Linkage to care, Viral load Suppression and
- Ending TB (NamLiVE) and Namibia Project for Retention of Patients on ART (NAMPROPA) Namibia Continuity of care, Viral load suppression & TPT completion (NamCOVIT\

Below are some of the outcomes on the indicators monitored during the financial year 2020/21.

Figure 50: Proportion of women diagnosed with severe Pre-Eclampsia correctly managed with MgSO4 per month

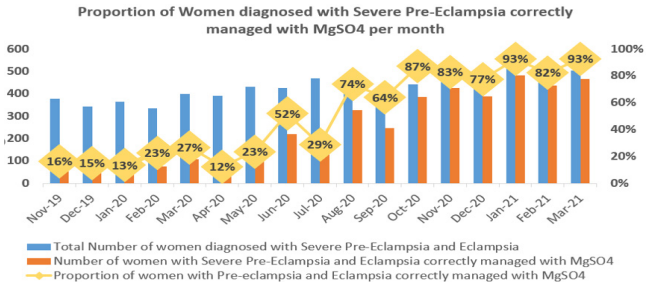


Figure 51: Proportion of deliveries with fully completed partogram per month

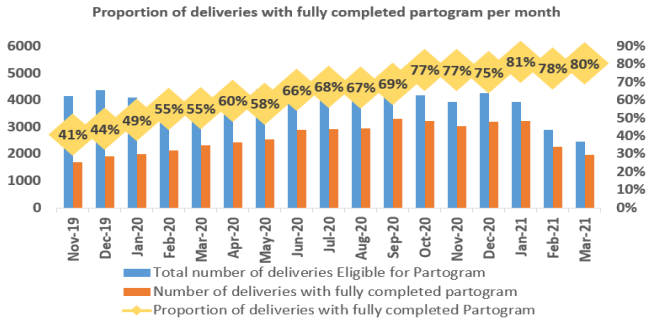
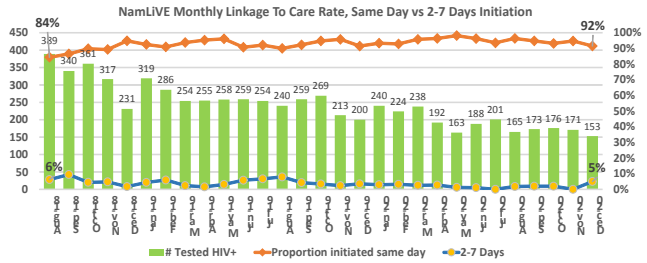


Figure 52: NamLIVE Monthly linkages to care rates, same day vs. 2-7 days initiation



Development of Quality-of-Care documents

The Division QA developed the following National documents during the Financial Year:

- National Hospital and Primary Health Care Quality Standards
- National Quality Policy and Strategy (NQPS)
- National Surgical, Obstetric, and Anaesthesia Plan (NSOAP)

Infection Prevention and Control (IPC)

Healthcare-associated infection (HAI) remains a major challenge for patient safety worldwide. The MoHSS is implementing Infection Prevention and Control measures as per the National guidelines. The national Infection Prevention and Control Steering Committee meets quarterly to discuss issues affecting IPC in the country.

The programme conducts monthly audits of several IPC indicators, such as hand hygiene practices, waste management, surgical site infection (SSI), to mention but a few.

Most facilities scored more than 80% in compliance with infection control measures. The SSI rate remained below 1%. The Programme was leading the IPC Pillar during the COVID-19 Response.

The following achievements were realised:

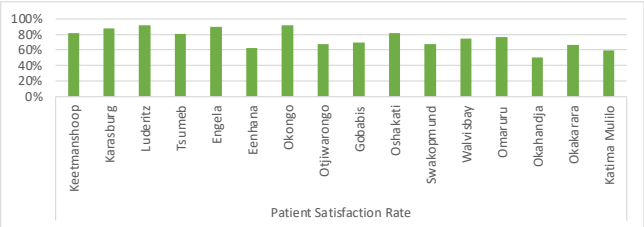
- Monitoring and assessment of IPC capacity in the public and private healthcare system:
  - Initial assessment of 44 hospitals including 9 private sector, self-assessed for their readiness in IPC in COVID-19.
- Review and update of existing national IPC guidance:
  - The standard operating procedure (SOP) for IPC was developed in the context of COVID-19 as well training materials for IPC.
- Online IPC training was conducted as part of the WHO/MoHSS integrated training on COVID19, CDC/MoHSS IPC-Case management training reaching over 400 health care professionals.
- Face-to-face training was conducted for health and social workers from MoHSS, NGOs; Correctional facilities, Ministry of Defence, Training Institutions and volunteers.
- Trained Emergency responders from Namibian Defence Force (NDF) and Motor Vehicle Accident (MVA), and City of Windhoek on IPC measures and appropriate use of PPE.
- Police officers were trained in handling human remains of persons dying of COVID-19.
- NDF volunteers trained on safe burial practices in COVID-19
- A total of 7/14 Correctional facilities visited and guided on the recommended IPC activities and a practical demonstration on donning and doffing of PPE was conducted.

Quality Nursing Services and Maternal and Neonatal Care

The programme continued to support Nursing and Midwifery Services activities nationally. External Clinical Patient Records Audit was conducted in selected regions. Sixteen out of thirty-five district hospitals were visited and audited for compliance to Quality-of-Care standards. Most facilities scored over 70% which is below the Quality-of-care Standards requirements. Facilities are implementing Quality Improvement activities to improve on gaps identified.

Quarterly external patient satisfaction surveys were conducted to review service provided to patients admitted and at out-patient units in selected facilities.

Figure 53: Results from consumers for facilities visited during the financial year



6.11.5 Conclusion

The Division Quality Assurance managed to implement all activities as per the Annual Plan with the overall score of 96%.

- Understaffed Division and no Quality Assurance structures at regional, district and facility level
- Budget cuts have affected some of the planned activities for the division
- Poor performance on quality-of-care indicators by some district hospitals

CHAPTER 7: CONCLUSION AND THE WAY FORWARD

In 2020, Namibia, like many other countries, faced the challenge of managing the COVID-19 pandemic. The government of Namibia implemented several measures to contain the spread of the virus and mitigate its impact on public health and the economy.

During the same year, Namibia's health sector aimed to improve various aspects of healthcare through several initiatives. One of the key focus areas was capacitation of all stakeholders, including the Project Management Unit (PMU), Procurement Committee (PC), Bid Evaluation Committee (BEC), management, coordinating units, and user directorates/hospitals. The goal was to ensure that these stakeholders understood the procurement process and requirements outlined in the Public Procurement Act of 2015.

Plans underway to standardise specifications for goods and services through the establishment of technical specification committees. These committees would be responsible for defining and implementing standardised specifications, thus streamlining procurement processes.

There are also plans to ensure that procurement activities in the health sector prioritised long-term contracts as part of a strategy to provide sustainable solutions. Restricted bidding was proposed for distributors and manufacturers as a short-term solution, rather than relying heavily on requests for quotations and small-value procurements from suppliers.

The integration of primary healthcare (PHC) services remain an ongoing effort. Lobbying the Health Professions Council of Namibia to approve task-shifting, specifically extending the scope of practice for enrolled nurses, is planned. This initiative would help address the shortage of healthcare professionals and improve service delivery.

Efforts must be intensified to strengthen collaboration between tuberculosis (TB) and HIV services by integrating them into a comprehensive service approach. Intensive mentoring support must be conducted for healthcare sites facing major challenges, ensuring they receive the necessary guidance and resources.

An intensive demand-creation campaign will be launched to promote awareness and encourage the use of healthcare services among the population. In response to the COVID-19 pandemic, the Namibian government launched an extensive public awareness campaign to educate the population. This included disseminating information on preventive measures, such as hand hygiene, wearing masks, and practicing social distancing.

To improve patient care in theatre settings, the focus was on strengthening in-service training for healthcare professionals. The management of the healthcare institutions pledged to provide all necessary items and equipment to ensure the functionality of maternity theatre rooms nationwide. Adherence to aseptic standards and rules must be prioritised to minimise the number of post-operative septic cases.

To address staffing challenges, plans are underway to increase the number of enrolled nurses and registered nurses, thereby reducing the need for extended shifts and improving patient care. The prevalence of occupational health risks will be addressed by providing healthcare professionals with radiological safety gear, such as lead gowns, glasses, and dosimeters. Furthermore, the management of the healthcare institutions was committed to expediting the construction of a new theatre complex, which would enhance the capacity to deliver quality healthcare services.

NOTES

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