



REPUBLIC OF NAMIBIA
MINISTRY OF HEALTH AND SOCIAL SERVICES

Health Care Workforce Status Report 2022



The *2022 Health Care Workforce Status Report* was prepared by the Ministry of Health and Social Services, Republic of Namibia, with support from Meeting Targets and Maintaining Epidemic Control (EpiC) - a global project funded by the President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID). The project in Namibia is implemented by Open Development.

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Acknowledgements

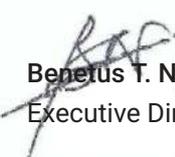
The Ministry of Health and Social Services (MoHSS) extends its sincere appreciation to the different organizations and persons that contributed to the development and finalization of the *2022 Health Care Workforce Status Report*.

First and foremost, the MoHSS recognizes the Department of Policy Development and Resource Management, under Mr. Jeremia Nghipundjwa's leadership, for its support and guidance in developing the Status Report. Special appreciation also goes to Dr. Joyce T. Shatilwe, Ms. Anna Isaacs, Ms. Karoline Shoombé, and the Human Capital Management System team at National level, they championed the development of the Status Report, including overseeing the payroll verification exercise, which constituted the main source of data for the Report.

This *2022 Health Care Workforce Status Report* would not have been possible without the support and commitment of the regional and hospital Human Resource Management (HRM) teams that included the Deputy Directors, Chiefs, Seniors, and Human Resource Practitioners. The HRM teams spearheaded the payroll verification exercise and worked diligently with the MoHSS National-level team to carefully review and validate the staff establishments for the preparation of the Status Report.

The MoHSS also appreciates different stakeholders who contributed to the Status Report, particularly the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) that provided data on the donor-funded positions used in this report. Much appreciation is extended to the United States Agency for International Development (USAID), Centers for Disease Control and Prevention (CDC), the World Health Organization (WHO), and the International Training and Education Center for Health (I-TECH) Namibia for graciously accepting to review and provide insightful feedback that ensured the report is of good quality and responsive to the different users.

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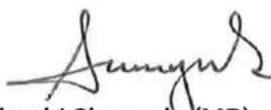
Foreword

In order to ensure greater efficiency and productivity in the provision of public health care services, the Ministry of Health and Social Services' (MoHSS) aims to provide high-quality, fit-for-purpose health care workers (HCWs) who are equitably distributed and appropriately positioned. In that regard, the MoHSS has invested in timely and accurate health workforce data to inform decision-making and strategic planning.

This *2022 Health Care Workforce Status Report* is the first of its kind for Namibia. It will be produced annually, at the beginning of the Government planning cycle, and will provide a snapshot of the staffing situation for both Government- and donor-funded HCWs in the public health sector. For 2022, HCW data had to be obtained directly from MoHSS headquarters, regions, and donors, and was compiled and analyzed by the Directorate of Human Resources (DHR).

The implementation of a human resource information platform, known as the integrated Human Resources Information System (iHRIS), is underway in the MoHSS, with support from PEPFAR and USAID. iHRIS will provide real-time data for decision-makers on the status of the ministerial staff members and assist the MoHSS to generate reports like this one to inform future annual planning and routine human resource (HR) management.

I encourage the MoHSS, including all heads of departments, directorates, and divisions, including hospitals and regional executive committee members, health facility – in - charges, and heads of cadres, to fully utilize the findings and data provided in the *2022 Health Care Workforce Status Report* and to support the implementation of iHRIS to enable future HCW data collection and analysis. The Ministry will be better equipped with the critical information needed to align health workforce investments to meet current and future health needs.



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Minister of Health and Social Services



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Acronyms

AIDS:	Acquired Immune Deficiency Syndrome
AGYW:	Adolescent Girls and Young Women
ART:	Antiretroviral Therapy
C-19RM:	Covid 19 Response and Management
CBTBC:	Community Based TB Control
CDC:	Centers for Disease Control and Prevention
CHRP:	Chief Human Resource Practitioner
DHR:	Directorate of Human Resources
DOT:	Directly Observed Therapy
EEC/ECG:	Electroencephalography/Electrocardiography
EPiC:	Meeting Targets and Maintaining Epidemic Control
GFATM:	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HCMS:	Human Capital Management System
HCW:	Health Care Workers/Workforce
HIV/AIDS:	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HPCNA:	Health Professions Council of Namibia
HR:	Human Resources
HRH:	Human Resource for Health
HRM:	Human Resources Management
HRP:	Human Resource Practitioner
ICT:	Information and Communication Technology
IEC:	Information Education and Communication
iHRIS:	integrated Human Resource Information System
I-TECH:	The International Training and Education Center for Health
M&E:	Monitoring and Evaluation
MOHSS:	Ministry of Health and Social Services
NCHE:	National Council of Higher Education
NSFAF:	Namibia Students Financial Assistance Fund
OMA:	Office, Ministry, or Agency
OPM:	Office of the Prime Minister
PEPFAR:	President's Emergency Plan for AIDS Relief
RMTs:	Regional Management Teams
SHRP:	Senior Human Resource Practitioner
TB:	Tuberculosis
UHC:	Universal Health Coverage

USAID: United States Agency for International Development
VMMC: Voluntary Medical Male Circumcision
WCH: Windhoek Central Hospital
WHO: World Health Organization

Definition of Key Terms

Staff Establishment: All the posts that were approved by the Public Service Commission and allocated to a certain Office, Ministry, or Agency (OMA).

List B / Fixed / Approved Staff Establishment: Approved posts by the Office of the Prime Minister (OPM).

Temporary Establishment: Posts approved by OPM to cater for short-term needs (not more than a year), for example, to deploy seasonal spray operators or for COVID-19 national response and preparedness.

List C / Additional to the approved staff establishment: Caters for those HCWs that are hired to fill critical needs that arise in between restructuring exercises for which there is no vacancy on the approved establishment.

Funded post: A post on the staff establishments for which budget provision has been made.

Unfunded post: A post for which provision has not been made in the budget.

Vacancy: A post that is not filled on the approved or temporary staff establishment.

Excess staff: HCWs appointed above the approved staff establishment in a specific department or directorate.

Health Assistant: This job category includes Community Counsellors, Community Health Workers/Health Extension Workers, Nursing Assistants, and Health Assistants under Cleaning Services. The Personnel Administration Measures for Health Assistants provides four different job descriptions for the above categories, and these will have to be differentiated in the iHRIS.

Compensatory Reduction: When a department or directorate abolishes (gives up) some approved posts to create new posts. It could be a result of the approved post no longer being needed, yet there is a critical need for other posts.

Out of Adjustment: When a staff member does not qualify for a certain post, he/she can be carried out of adjustment against a post until such a time that he/she qualifies for appointment in the post. A staff member cannot be carried out of adjustment with a higher salary in a lower post.

Retirement: The termination of a staff member's service when he/she reaches the retirement age of 60-67.

Resignation: Is a voluntary termination of service by a staff member.

Affirmative Action: This is a requirement by the Employment Act for employers to take measures to ensure that persons in designated groups (racially disadvantaged, women, persons with disability) enjoy equal employment opportunities at all levels of employment and are equitably represented in the workforce.

Directly Observed Therapy (DOT) Point: A location where a trained health care worker provides the prescribed tuberculosis (TB) drugs and watches as the patient swallows every dose.

Roving: HCWs that provide services at multiple facility sites on a regular basis.

Occupational Segregation: Occurs when one demographic group is overrepresented or underrepresented in a certain job category.

Executive Summary

Until the finalization of iHRIS, the Ministry of Health and Social Services (MoHSS) currently does not have an electronic information system for managing its health care workforce. This made human resource management cumbersome and access to comprehensive health care worker (HCW) data difficult and time consuming. To ensure easy access to HCW data by key policy makers and stakeholders, the MoHSS prepared the *Health Care Workforce Status Report*. The report is the first of its kind and is a comprehensive look at the staffing situation in public health facilities, including both Government- and donor-funded HCWs, at all levels of the health service delivery system. The report compares current staffing levels with the staff establishment/s, enabling decision-makers to identify key staffing challenges across cadres, regions, and health facility types. The report synthesizes HCW data in the form of tables, charts, and maps that target different health policy makers and planners and presents the information in one document which will be availed both electronically and in print format.

Objectives of the Report

The *Health Care Workforce Status Report* has five objectives, namely to:

- Establish the level of HCW staffing against the staff establishments to identify staffing gaps across HCW categories.
- Compare staffing levels across departments, directorates, regions, hospitals, and facilities to identify geographic staffing gaps.
- Understand the contribution of the donor-funded health workforce when aligned to Government posts.
- Gauge the capacity of the approved staff establishment to take on or absorb the HCWs currently working within the public health system.
- Present a high-level gender analysis of the public health sector staffing and highlight gender disparities if any.

Methodology used to Develop the Report

The *Health Care Workforce Status Report* was prepared by the Ministry's Directorate of Human Resource (DHR) with technical support from the USAID-funded Meeting Targets and Maintaining Epidemic Control (EpiC) project, in collaboration with key health development partners, including: the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM), the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), and the U.S. Centers for Disease Control and Prevention (CDC).

The data for the report was compiled from several sources and from different points in time, due to fragmentation in HCW data management systems. The data on Government HCWs was obtained directly from the regions and the MoHSS headquarters following the payroll verification exercise which resulted in updated staff establishments as at 31st July 2022. Data on donor-funded HCWs was obtained from the United States Government through PEPFAR, GFATM, and from the volunteer desk for the Cuban volunteers. The data for the GFATM-funded HCWs and Cuban volunteers reflect staffing levels as of 30th September 2022, and for PEPFAR, as of 1st October 2021. The data was aggregated, cleaned and validated in consultation with the regional and hospital Human Resource Practitioners before it was analyzed for the report.

Key finding and Implications

Currently, the MoHSS has a total of 19,976 staff members, and of these, 81 percent are government-funded while 19 percent are donor-funded. PEPFAR funds 17 percent of the HCWs while GFATM and the Cuban volunteers constitute 2 percent. This raises sustainability concerns in case donor funding is no longer available given that these HCWs play a pivotal role in the delivery of services contributing to HIV/AIDS epidemic control and the attainment of UHC goals. Theoretically, there are 21,138 posts in the approved staff establishment that could take on or absorb the HCWs currently deployed within the public health system; however, this would require additional analyses on: (1) availability of funding, (2) service needs which must be objectively and systematically determined, and (3) location of the established posts versus where the posts are needed.

Currently, the government-funded HCWs are managed using three staff establishments: (1) the 'approved' (List B) staff establishment which is the fixed and main establishment; (2) the 'temporary' staff establishment which caters for short time needs, such as the Covid-19 volunteer posts; and (3) the 'additional' (List C) staff establishment which caters for those HCWs that are hired to fill critical needs that arise in between restructuring exercises for which there is no vacancy on the approved staff establishment. Managing the three staff establishments is cumbersome. The existence of List C is an indication that the approved staff establishment is not well aligned to the health services need.

MoHSS could explore streamlining the three staff establishments through either a sector wide compensatory reduction exercise (creating required posts and abolishing uncritical posts within the approved staff establishment) or conducting cadre specific restructuring considering service needs. This is particularly critical for the Health Assistants who are the highest number on the temporary staff establishment and those recruited are additional to the approved staff establishment. They are also among donor-supported positions.

A significant number of the Government funded Health Assistants work at the community level and are referred to as Health Extension Workers. However, the staff establishments do not differentiate between the Health Assistants that work at facility level from those that work at the community level which makes their disaggregation for planning difficult. The Government could consider having two distinct positions for the Health Assistants that work at the facility and those that work in the community.

When the current staffing was compared to the approved staff establishment, a variation in staffing levels was noted across regions, directorates, facilities, and HCW cadres. Across the Regions, the staffing levels range from as low as 46 percent in Kavango East to 68 percent in Oshana. The staffing levels for the Intermediate Hospitals and Windhoek Central Hospital is at an average of 71 percent while at the national level, six directorates have less than 50 percent of their approved posts filled. Very low staffing levels were also noted among HCW cadres in nutrition and dietetics, eye care, pharmacy, medical technology, psychology, physiotherapy, and occupational therapy. This finding calls for more targeted recruitment to improve staffing levels in the understaffed regions, directorates, facilities, and cadres to alleviate work pressure and improve availability and quality of services.

There is gender disparity with respect to senior leadership positions in the Ministry. Males are mainly in the middle to executive management posts while females occupy most of the lower management and technical levels. This is despite 72 percent of the health workforce being female. This suggests a need for continued affirmative action to minimize gender disparity.

1. Introduction to the Health Care Worker Status Report

1.1 Purpose of the Health Care Workforce Status Report

The *Health Care Workforce Status Report* is one of the interventions that the MoHSS DHR is implementing to improve access to HCW information for evidence-based decision making. Cognizant of the fact that HCW data is dynamic, the report provides a snapshot of the staffing situation at a given time. The *Health Care Workforce Status Report* will be published annually at the start of the annual planning cycle in October to inform the MoHSS planning process. The *Health Care Workforce Status Report* provides a comprehensive look at the staffing situation in public health facilities¹, including both Government- and donor-funded HCWs, at all levels of the health service delivery system. The report synthesizes HCW data in the form of tables, charts, and maps that target different health policy makers and planners, and presents the information in one document that will be availed both electronically and in print format to ease data sharing. The report compares current staffing levels with the staff establishments, enabling decision makers to identify key staffing challenges across cadres, regions, and health facility types.

1.2 Objectives of the Health Care Workforce Status Report

The Health Care Workforce Status Report has five objectives, and these are to:

- Establish the level of HCW staffing against the staff establishment/s to identify staffing gaps across HCW categories.
- Compare staffing levels across departments, directorates, regions, hospitals, and facility types to identify geographic staffing gaps.
- Understand the contribution of the donor-funded health workforce when aligned to Government posts.
- Gauge the capacity of the approved staff establishment to take on or absorb the HCWs currently deployed within the public health system.
- Present a high-level gender analysis of the public health sector staffing and highlight gender disparities if any.

Annexures to the *Health Care Workforce Status Report* provide additional, detailed staffing information by post designation (see Annex 1) as well as by health center and clinic (Annexes 2 and 3) to inform HCW planning and management decisions.

1.3 Intended Audience for the Report

The report is intended to be used by policy makers and planners in both Government and health sector partner organizations. In Government, the *Health Care Workforce Status Report* targets policy makers and planners in all Government OMAs that influence HCW decisions, including the Ministry of Finance, Office of the Prime Minister (OPM), Ministry of Labor, Industrial Relations, and Employment Creation; National Council of Higher Education (NCHE), the Health Professions Council of Namibia (HPCNA), and Namibia Students Financial Assistance Fund (NSFAF). For the MoHSS, the report targets all heads of departments, directorates, and divisions, including hospital and

¹ The Government HCW data presented in this report only includes posts in public facilities and does not include HCWs in mission and private facilities. Government-funded HCWs deployed to mission facilities may be included in future Status Reports.

regional executive committee members, health facility in charges, and heads of cadres. The report will also provide critical information to professional associations, training institutions, and academia to inform the production of the health workforce. The report also targets development partners, implementing partners, and civil society.

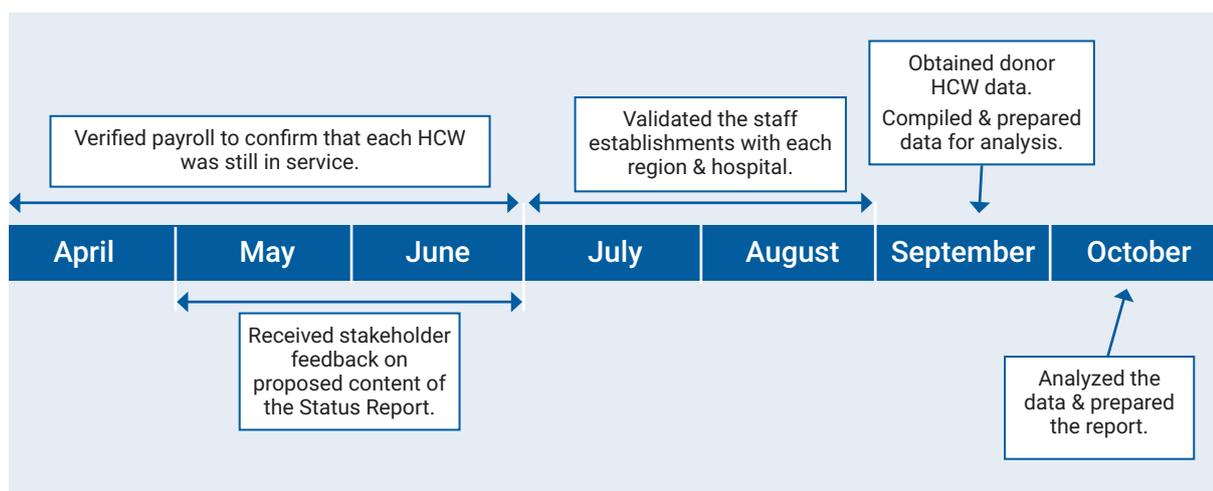
1.4 How the HCW Status Report was Prepared

The *Health Care Workforce Status Report* was prepared by the MoHSS DHR with technical support from the USAID-funded EpiC project, in collaboration with key health development partners, including GFATM, PEPFAR, and the CDC.

This report compiled data from several sources and from different points in time. Efforts to get harmonized data from one source was not possible due to fragmentation of HCW data management systems. The data on Government HCWs was obtained directly from the regions and the MoHSS headquarters, as at 31st July 2022. The DHR and EpiC project team worked closely with the regions to ensure that the data was of good quality in terms of accuracy, completeness, and timeliness. The process of cleaning the data leveraged a recent health sector-wide payroll verification exercise and entailed the DHR team working individually with each region and hospital to validate the data. Data on donor-funded HCWs was obtained from three donors - the United States Government through PEPFAR, GFATM, and the Government of Cuba. The data for the HCWs supported by GFATM and the Government of Cuba reflect staffing levels as at 30th September 2022, and for PEPFAR, as at 1st October 2021. The key steps that were implemented in preparing the *Health Care Workforce Status Report* are summarized in Figure 1 and explained in detail in the Report Methodology (Annex 4).

In future reports, the primary source of HCW data will be an in-house, human resource management information system, the integrated Human Resources Information System (iHRIS). Implementation of iHRIS within the MoHSS is underway with support from USAID/EpiC and, in 2023, will provide real-time data for decision makers, inclusive of Government and key development partner HCW data.

Figure 1: Key Steps in Preparing the HRH Status Report



1.5 Coverage of the Health Care Workforce Status Report

At national level, the Health Care Workforce Status Report covers the executive management and all directorates.

Detailed analysis of HCW status covers those public health facilities for which detailed staff establishment lists were obtained. Table 1 below summarizes the number and type of facilities covered in this report. This consists of all the public hospitals in the regions and mission/private facilities that have donor-funded HCWs.

Table 1: Summary of Health Facilities

No.	Region	Deferral Hospital	District Hospital	Health Center	Clinic	DOT Point	Rehabilitation Center	Total
1	Erongo		4	2	18		1	25
2	Hardap		3	3	13			19
3	Karas		3	5	17		1	26
4	Kavango East	1	2	2	16			21
5	Kavango West		1	6	20			27
6	Khomas	2		4	15			21
7	Kunene		3	2	26			31
8	Ohangwena		3	1	40			44
9	Omaheke		1	1	15			17
10	Omusati		4	6	44	3		57
11	Oshana	1		7	21			29
12	Oshikoto	1	2	8	23			34
13	Otjozondjupa		4	4	20	5		33
14	Zambezi		1	5	34			40
	Total	5	31	56	322	8	2	424

1.6 Interpretation of Data in the Health Care Workforce Status Report

To facilitate interpretation of the results, different cadres deployed in the health sector were grouped by HCW category and subcategory. Annex 6 provides a detailed mapping of how cadres were grouped into HCW categories. In addition, a four-point color-coded scale is used throughout the report to reflect the status of the different staffing levels. This scale was agreed upon through discussion with the DHR team since there were no benchmarks to use as reference. The scale is summarized in Table 2 below.

Table 2: Color Coded Scale for Interpreting Staffing Levels

Staff Level Range	Definition of Staffing Level	Colour code	Symbol
90 percent and above	Very good		
70 - 89 percent	Good		
50 - 69 percent	Fair		
Less than 50 percent	Very low		

2. Staffing Level Analysis by HCW Category

This section of the report presents the MoHSS staffing levels, according to the staff establishment, by HCW category. It is intended to provide a high-level summary of the overall HCW situation in the public health sector to inform policy makers of cadre specific staffing gaps—the vacancies on the staff establishments where approved posts are unfilled.

2.1 Staffing Level by Type of Staff Establishment

As at 31st July 2022, the MoHSS had a total of 25,502 posts (see Table 3). Of the established posts, 21,138 were on the approved staff establishment (List B) which is the fixed and main establishment for the MoHSS. Another 1,759 HCWs were additional to the approved staff establishment (List C). An additional 2,605 HCWs were on the 'temporary' staff establishment which is use for hiring HCWs for a year or less. This staff establishment currently supports HCWs who were recruited to support Covid-19 related services and seasonal spray operators.

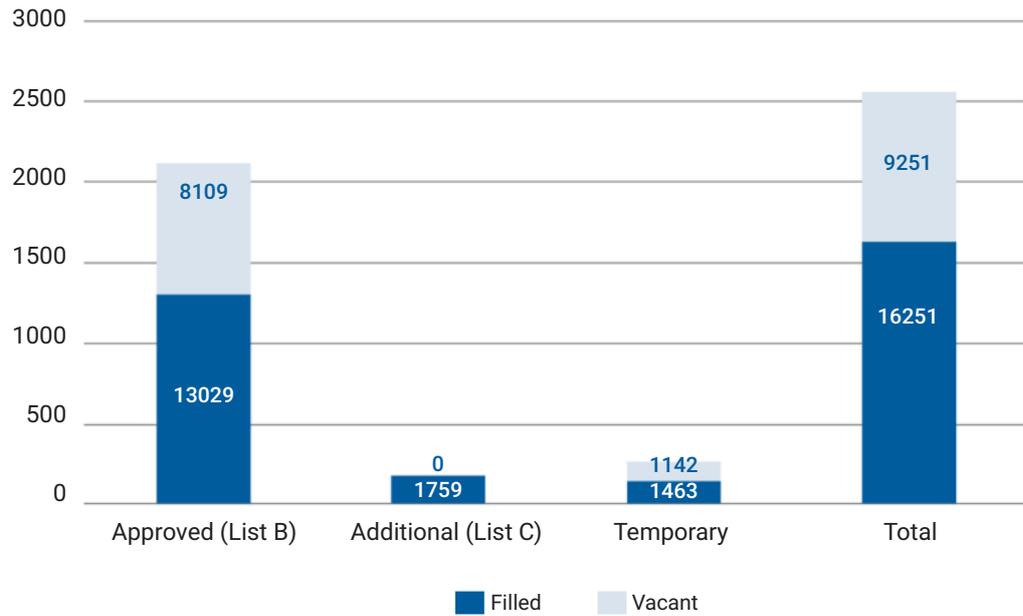
Table 3: Government HCW Staffing Levels by Type of Staff Establishment

Establishment List	No. of HCW Posts	No. Filled	No. Vacant	% Filled
Approved (List B)	21,138	13,029	8,109	62%
Additional (List C)	1,759	1,759	-	100%
Temporary	2,605	1,463	1,142	56%
Total	25,502	16,251	9,251	64%

HCWs recruited as additional to the approved staff establishment are those hired to address a critical need for which there are no vacancies on the 'approved' staff establishment. In that case, the MoHSS seeks approval from the Office of the Prime Minister to hire HCWs in addition to the 'approved' staff establishment. The majority (93 percent) of the HCWs that additional to the staff establishment were Health Assistants (1,335) and professional interns (301). The high number of Health Assistants could indicate a higher need for the post than is provided for in the 'approved' staff establishment and may be attributed to programming shifts with a greater focus on community level services.

As shown in Figure 2, of the 21,138 posts on the MoHSS approved staff establishment, 13,029 (62 percent) were filled, while 1463 (56 percent) out of the 2,605 posts on the temporary staff establishment were filled. The vacancies on the approved establishment are mainly due to funding constraints and difficulties finding and recruiting certain cadres on the market. The high vacancy rate for the temporary staff establishment could be because the establishment is expiring on 30th September 2022. Additional staff posts are staff hired above the approved and temporary establishments to address critical staffing gaps that emerge before the next restructuring exercise and therefore do not have unfilled or vacant posts.

Figure 2: Government HCW Staffing Levels by Type of Staff Establishment



2.2 Staffing Level by Type of Staff Establishment and HCW Category

While 36 percent (9,251) of the approved posts are vacant, the vacancy rate varies drastically by the type of cadre. To ease analysis of vacancies across the staff establishments, the different cadres deployed in the health sector were first grouped by HCW category and subcategory. Annex 6 provides a detailed mapping of how cadres were grouped into HCW categories. For the purpose of this analysis, Health Assistants were separated out from Clinical Cadres, so as not to distort the findings.

Table 4 outlines the approved posts by HCW category across the three staff establishments. The detailed staffing levels by HCW category and subcategory by type of staff establishment are then presented in Tables 5-7.

Table 4: Government Posts by HCW Category and Staff Establishment Type

HCW Category	Key Cadres in Category	Approved Posts (List B)	Additional Staff (List C)	Temporary Posts	Total
Administrative Support	Accountants, Administrators, Statistician, Data Clerks & Managers, Human Resource Practitioners, ICT cadres, Auditors, Learning and Development Officers etc.	2,403	15	120	2,538
Clinical Cadres	Medical officers, specialists, dental cadres, eye care, pharmacy, nurses, nutrition and dietetics, psychology, medical technology, health program officers, professional interns, health assistants, etc.	11,278	363	997	12,638
Environmental Health Cadres	Environmental Health Officers and Assistants	352	1	100	453
Health Assistants	Senior Health Assistants and Health Assistants	387	1336	650	2373

HCW Category	Key Cadres in Category	Approved Posts (List B)	Approved Staff (List C)	Temporary Posts	Total
Health Program Officers	Health Program Officers, M&E Advisors, M&E Managers, M&E Officers, Surveillance M&E Officers, Programme Coordinators, Grant Managers, etc.	1,321	1	410	1,732
Other Professionals	Architects, Engineers, Surveyors	34			34
Senior Management	Deputy Directors, Deputy Executive Directors, Directors, and Executive Directors	121			121
Social Workers	Social Workers	343		68	411
Support Staff	Cleaners, Cooks, Drivers, Laborers, Laundry Attendants, Messengers, Mortuary Assistants, Porters, Security Staff, Works Inspectors, etc.	4,899	43	260	5,202
Grand Total		21,138	1,759	2,605	25,502

Table 5: Staffing Levels by HCW Category on the Approved Staff Establishment

Category/Subcategory	No. of Posts	No. Filled	No. Vacant	Percent Filled	Comment
Administrative Support	2,403	1,218	1,183	51%	Fair
Assistant Librarian	2	2	0	100%	Very Good
Public Relations Officers	1	1	0	100%	Very Good
Internal Auditors	8	7	1	88%	Good
Switch Board Operators	66	56	10	85%	Good
Accountants	162	116	46	72%	Good
ICT Cadres	25	16	9	64%	Fair
Administrators/Data Clerks	1,530	877	653	57%	Fair
Human Resource Practitioners	494	141	353	29%	Very low
Health Information and Research	98	2	96	2%	Very low
Learning and Development Officers	15		15	0%	Very low
Policy analyst	2		2	0%	Very low
Clinical Cadres	11,278	7,572	3,706	67%	Fair
Nurses	8,120	5,897	2,223	73%	Good
Medical Officers	845	583	262	69%	Fair
Radiation Therapy/Radiographer	236	161	75	68%	Fair
EEG/ECG Technical Assistant	6	4	2	67%	Fair
Specialists	230	141	89	61%	Fair
Dental Cadres	246	143	103	58%	Fair
Ambulance Officer/Emergency Care	318	155	163	49%	Very low
Orthopedic	66	30	36	45%	Very low

Category/Subcategory	No. of Posts	No. Filled	No. Vacant	Percent Filled	Comment
Pharmacy	804	356	448	44%	Very low
Medical Technology	22	9	13	41%	Very low
Occupational Therapy	115	41	74	36%	Very low
Physiotherapy	66	19	47	29%	Very low
Psychology	25	6	19	24%	Very low
Eye Care	147	23	124	16%	Very low
Nutrition and Dietetics	31	4	27	13%	Very low
Acupuncturist	1		1	0%	Very low
Environmental Health Cadres	352	218	134	62%	Fair
Health Assistants	387	303	84	78%	Good
Health Program Officers	1,321	171	1,150	13%	Very low
Other Professionals	34	7	27	21%	Very low
Senior Management	121	48	73	40%	Very low
Executive Directors	1	1	0	100%	Very Good
Directors	27	23	4	85%	Good
Deputy Executive Directors	4	2	2	50%	Fair
Deputy Directors	89	22	67	25%	Very low
Social Workers	343	188	155	55%	Fair
Support Staff	4,899	3,304	1,595	67%	Fair
Total	21,138	13,029	8,109	62%	Fair

While the staffing levels for the clinical HCWs at 67 percent is fair, there are several critical clinical subcategories with very low staffing levels, such as cadres in Acupuncture, Nutrition and Dietetics, Eye Care, Psychology, Physiotherapy, Occupational Therapy, Medical Technology, Pharmacy, Orthopedic, and Ambulance Officer/Emergency Care. It is worth noting that only 40 percent of the Senior Management posts are filled.

Table 6: Staffing Levels by HCW Category on the Temporary Staff Establishment

Category/Subcategory	No. of Posts	No. Filled	No. Vacant	Percent Filled	Comment
Administrative Support	120	104	16	87%	Good
Clinical Cadres	997	289	708	29%	Very low
Emergency Care Practitioner	136		136	0%	Very low
Emergency Care Practitioner (Intermediate)	136	4	132	3%	Very low
Enrolled Nurse	136	174	-38	128%	Very Good
Medical Officer	136	1	135	1%	Very low
Pharmacist	45	3	42	7%	Very low
Registered Nurse	408	107	301	26%	Very low
Environmental Health Cadres	100	21	79	21%	Very low
Environmental Health Assistant	100	17	83	17%	Very low
Environmental Health Practitioner		4	-4		
Health Assistants	650	586	64	90%	Very Good
Health Program Officers	410	261	159	64%	Fair
Social Workers	68	11	57	16%	Very low
Support Staff	260	191	69	73%	Good
Cleaner	120	126	14	90%	Very good
Driver / Operator Driver	60	34	26	57%	Fair
Porter/Laborer/Sewing and Laundry Attendant	60	31	29	52%	Very low
Total	2,605	1,463	1,152	56%	Fair

Table 7: Staffing Levels by HCW Category Additional to the Approved Staff Establishment

Category/Subcategory	No. of Posts
Administrative Support	15
Clinical Cadres	363
Medical Officers	27
Nurses	17
Pharmacy	16
Ambulance Officer/Emergency Care	1
Dental Cadres	1
Professional Interns	301
Environmental Health Cadres	1
Health Assistants	1,336
Health Program Officers	1
Support Staff	43
Total	1,759

3. Staffing Level Analysis by Location

This section of the report assesses the extent to which posts within the approved staff establishment lists are filled across departments, directorates, regions, and facilities. It is intended to provide a high-level summary of the overall HCW situation in the public health sector to inform policy makers of geographic specific staffing gaps—the vacancies in the staff establishment where approved posts are unfilled.

3.1 Staffing Levels by Department, Directorate, Region, and Intermediate Hospital

Outlined below are a series of figures, tables, and maps to present the staffing levels—approved posts, filled posts, and vacancies—for departments, directorates, intermediate hospitals, and regions. At the National level, most of the directorates under the Department of Policy Development and Resource Management have very low staffing levels (see Figures 3 and 4). The staffing levels for intermediate hospitals are good (Figure 5), while in the regional directorates the level varies from fair to good, with Hardap and Kavango East Regions having very low overall staffing levels (Figure 6). When looking more closely at the distribution of doctors, for example, Kavango East and Kavango West, Zambezi, and Karas regions also have low staffing levels (Figure 7).

Figure 3: HCW Staffing Levels by Department

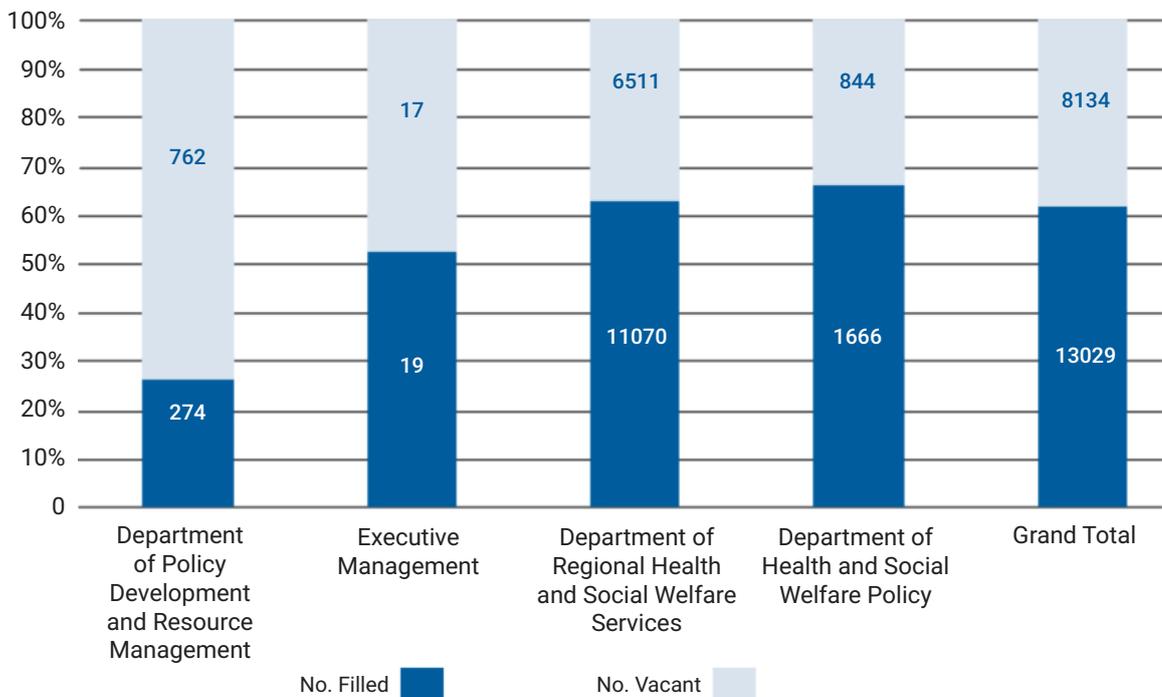


Figure 4: MOHSS National Level Staffing Levels by Directorate

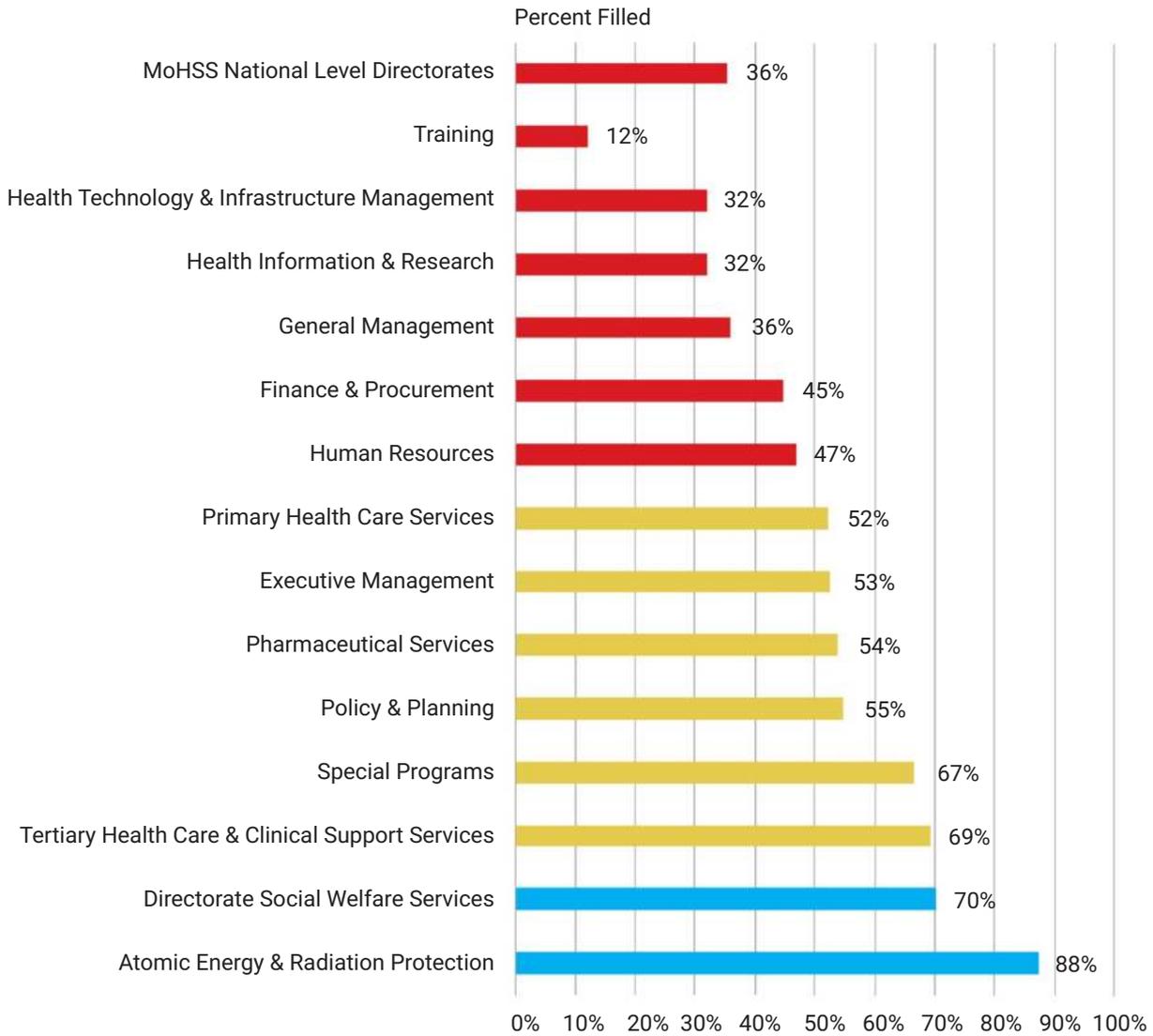


Figure 5: Staffing Levels in Five Referral Hospitals

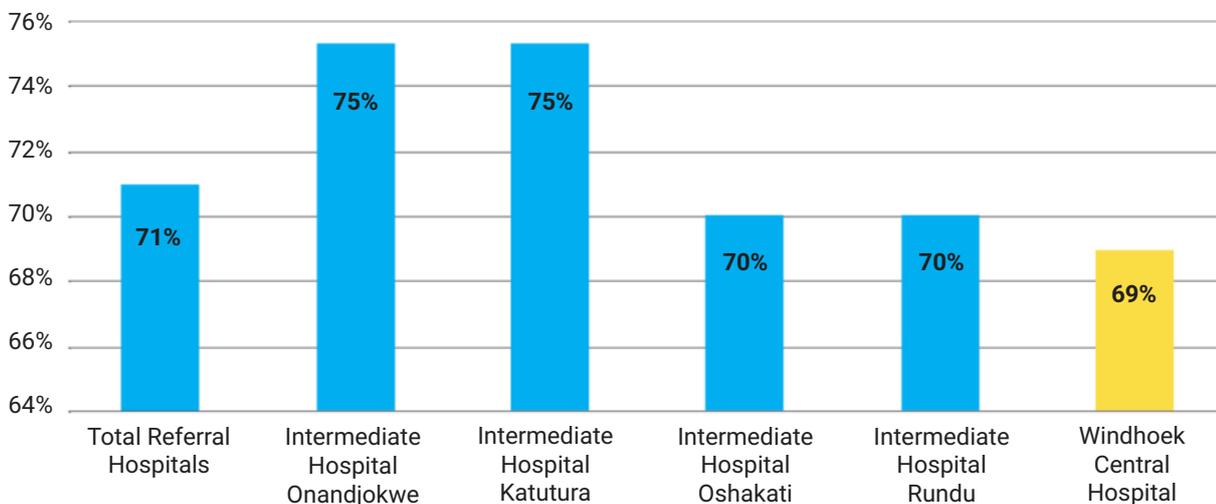


Figure 6: Map of HCW Staffing Levels across Regions

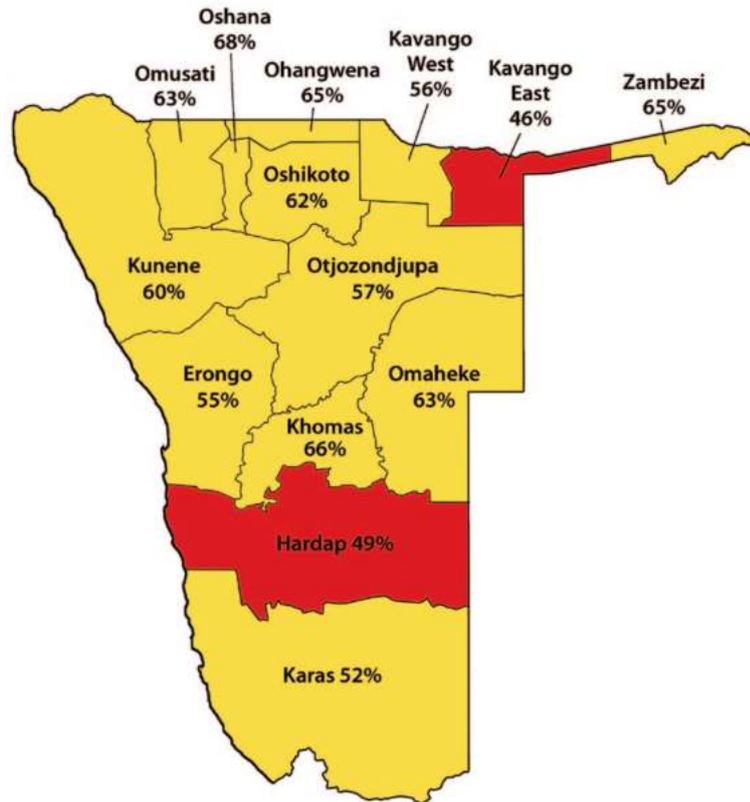
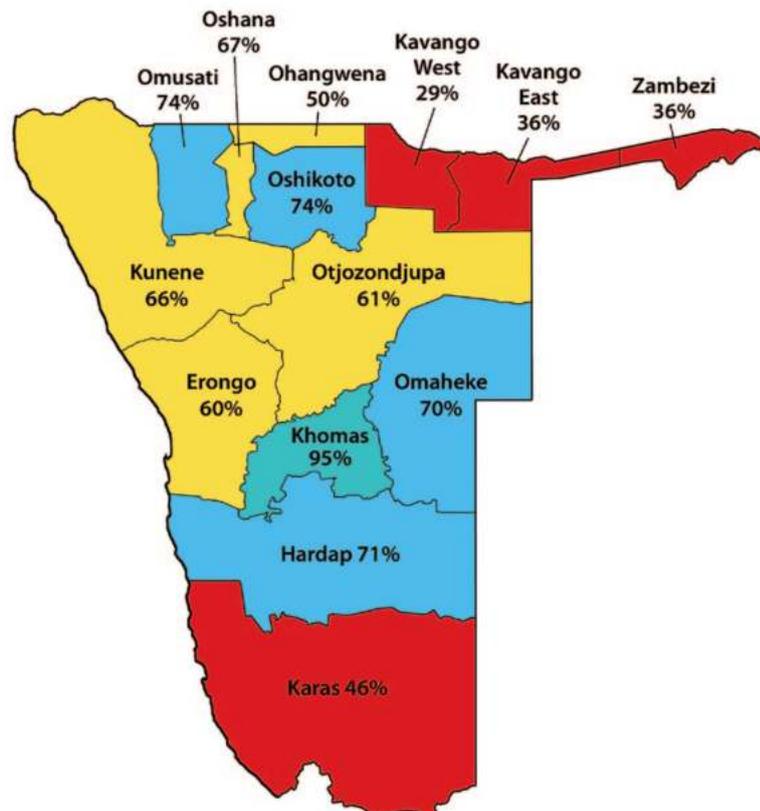


Figure 7: Map of Doctors (Medical Officer and Specialists) Staffing Levels across Regions



3.2 Staffing Levels by District Hospitals, Health Centers, and Clinics by Region

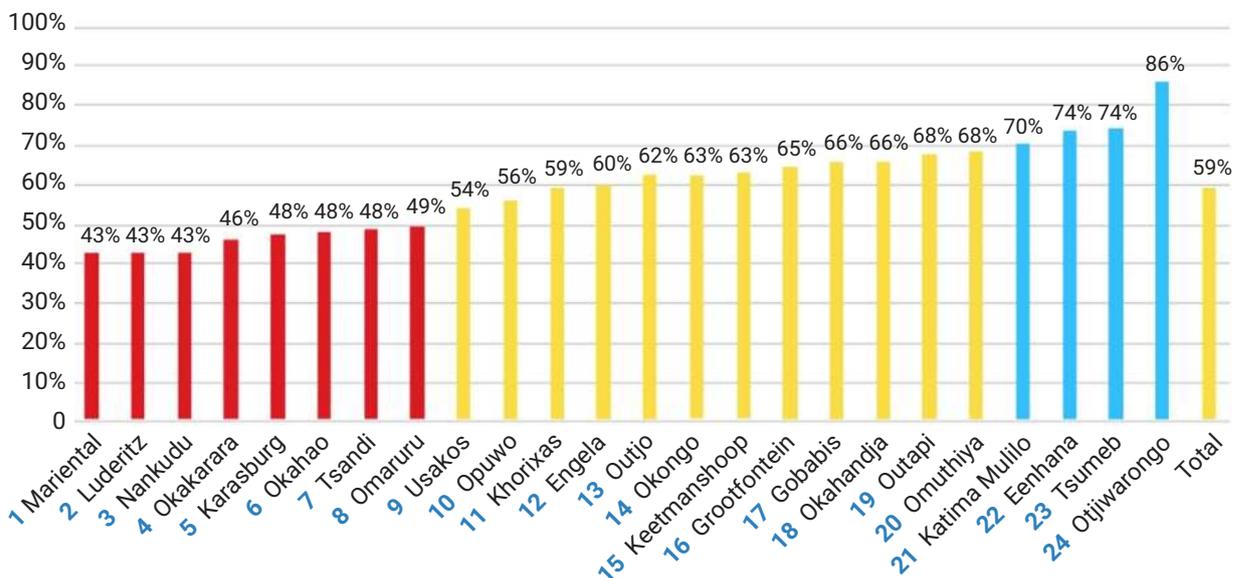
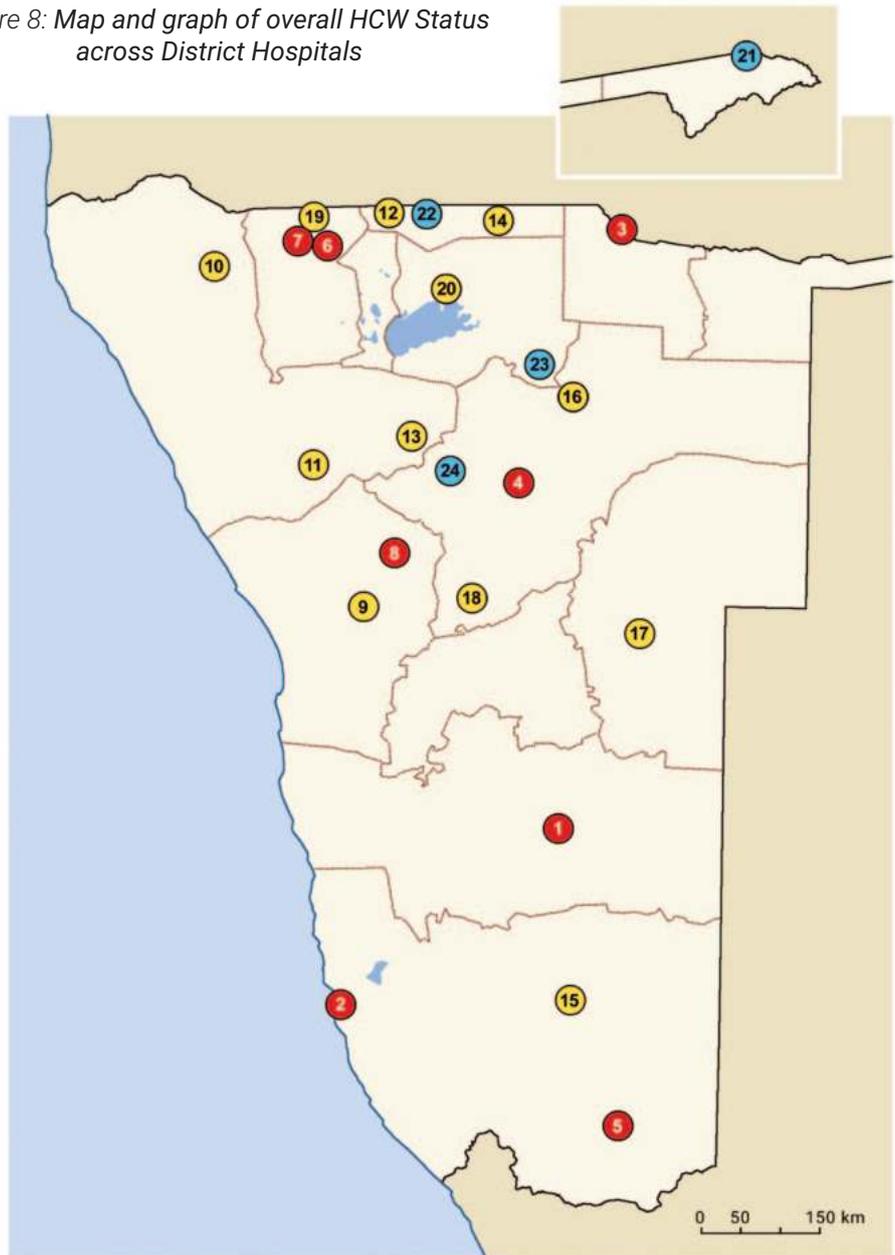
Staffing levels were compared at three key service delivery levels at the regional level—district hospitals, health centers, and clinics.² The results of this comparison are summarized in Table 8. The staffing levels vary by region and facility level. Overall, the facilities in Hardap region have very low staffing levels compared to other regions and the situation is particularly poor in the district hospital and health centers. Ten of 14 regions (71 percent) have fair staffing, while only three have good staffing, and none of the regions has very good staffing overall. The overall staffing for all the regions for district hospitals and health centers is fair with staffing for clinics being good. The staffing levels also vary across district hospitals with Mariental, Luderitz, Nankundu, Okakarara, Karasburg, Okahao, Tsandi, and Omaruru having very low staffing levels. The detailed staffing for the district hospitals is presented in Figure 8.

Table 8: Staffing Levels for District Hospitals, Health Centers, and Clinics by Region

Region	District Hospitals	Health centers	Clinics	Facility Total
Hardap Region	43%	44%	61%	49%
Karas Region	54%	51%	56%	54%
Kavango West Region	43%	74%	66%	61%
Erongo Region	51%	78%	62%	64%
Otjozondjupa Region	66%	66%	60%	64%
Kunene Region	59%	73%	64%	65%
Zambezi Region	70%	50%	77%	66%
Ohangwena Region	65%	65%	73%	68%
Oshikoto Region	71%	64%	70%	68%
Kavango East Region	No district hospital	70%	67%	69%
Omaheke Region	66%	67%	75%	69%
Omusati Region	56%	83%	73%	70%
Khomas Region	No district hospital	80%	77%	79%
Oshana Region	No district hospital	78%	93%	86%
Overall staffing	59%	69%	70%	66%

² It was not possible to accurately estimate the number of Government HCWs deployed primarily at the community level, since community was not indicated as a duty station in the Government staff establishment. It is worth noting, however, that some of the Government HCWs who provide community health services are counted against the health facilities to which they report.

Figure 8: Map and graph of overall HCW Status across District Hospitals



4. Donor-Funded Health Workforce Analysis

This section of the report provides additional background information on HCWs supported by three donors—PEPFAR, GFATM and the Government of Cuba. The HCWs have been aligned to Government posts to inform annual Government planning.

4.1 Overview of Donor-Funded HCWs

Donors support 3,725 HCWs (see Table 9). As shown in Figure 9, the Government funds 81 percent of the filled posts, while PEPFAR funds 17 percent of the HCWs, and GFATM and the Cuban volunteers constituent less than 2 percent. Recruitment to fill the 36 GFATM posts that are currently vacant is in advanced stages.

The Government supports the majority of HCWs in all regions, though the donors play a significant role in a few regions such as in Kavango East, Khomas, Oshana, Oshikoto, and at the National level (see Figure 10). PEPFAR-funded HCWs are mostly working at the community level. For those working within a facility, PEPFAR and the Cuban volunteers mostly support HCWs attached to hospitals, while GFATM supports HCWs at clinics and health centers as well as District Hospitals.

Donors support nearly half of the country's Health Assistants, which includes community level cadres, and a significant percentage of administrative support, most of which are data-related positions (see Figure 11). A detailed breakdown of what each donor supports in provided below.

Table 9: Summary of HCW Situation in the MoHSS

Funder	No. of HCW Posts	No. Filled	No. Vacant	%. Filled
Government	25,502	16,251	9,251	64%
PEPFAR	3,397	3,397	-	100%
GFATM	272	236	36	87%
Cuban volunteers	92	92	-	100%
Total	29,263	19,976	9,287	68%

Figure 9: Number of Filled HCWs Supported by Government and Donors

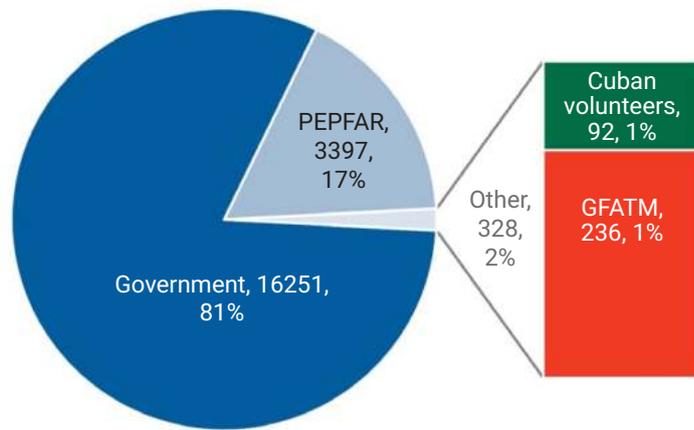


Figure 10: Number of HCWs Supported by Government and Donors by Region

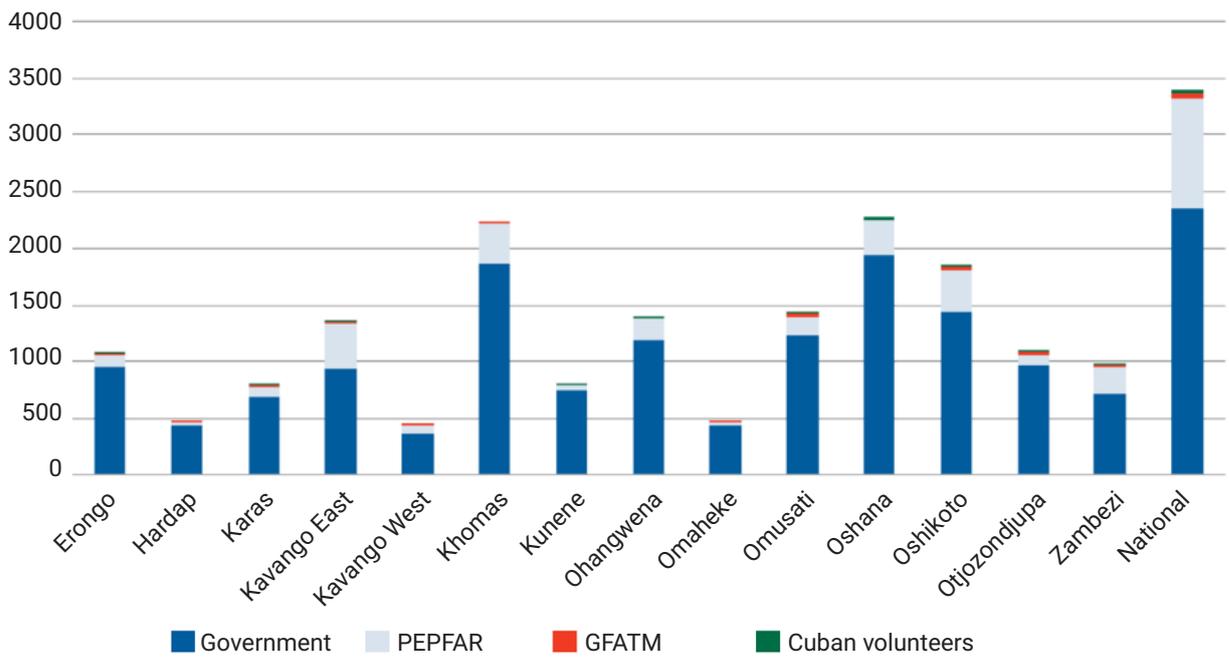
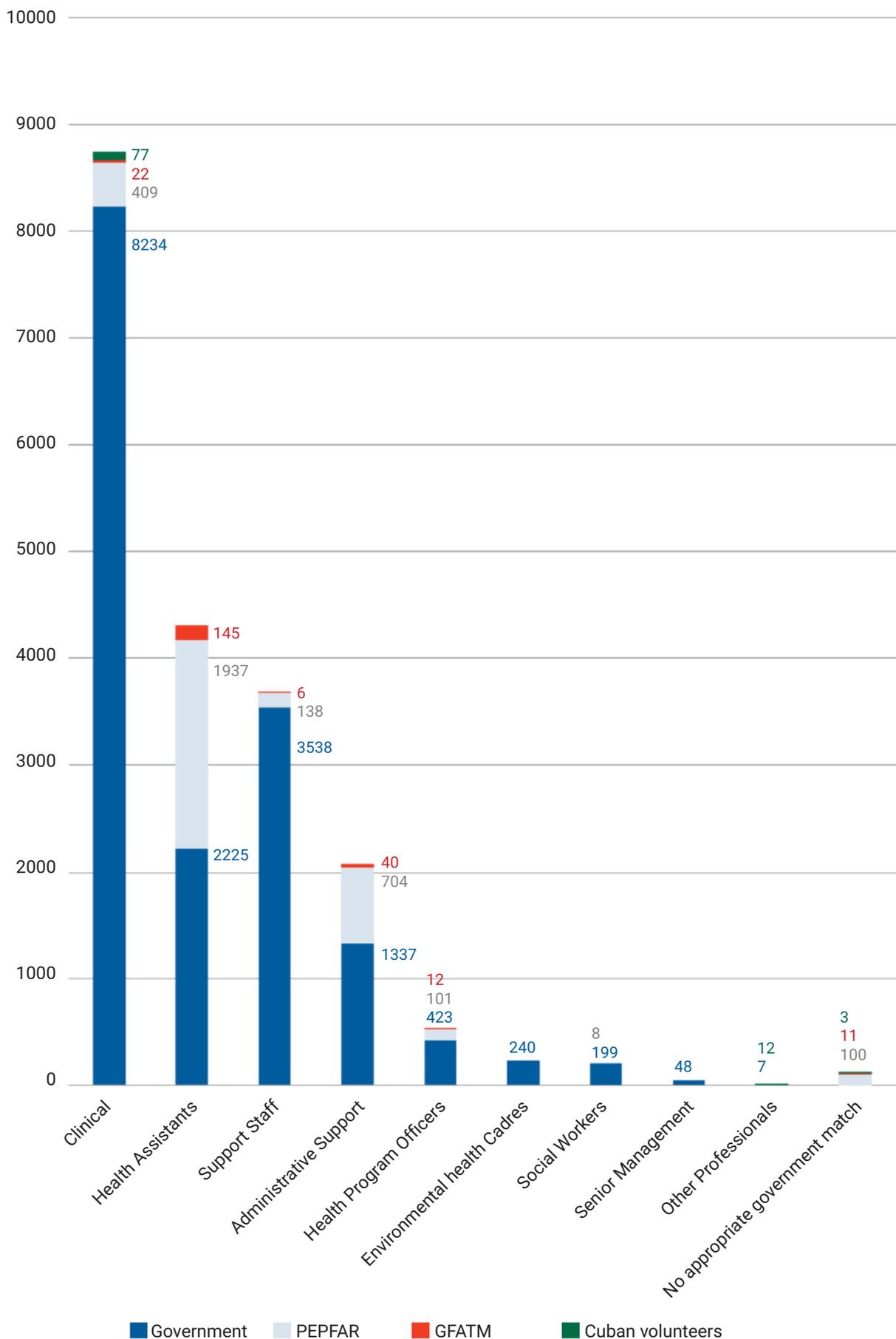


Figure 11: Number of HCWs Supported by Government and Donors by HCW Category

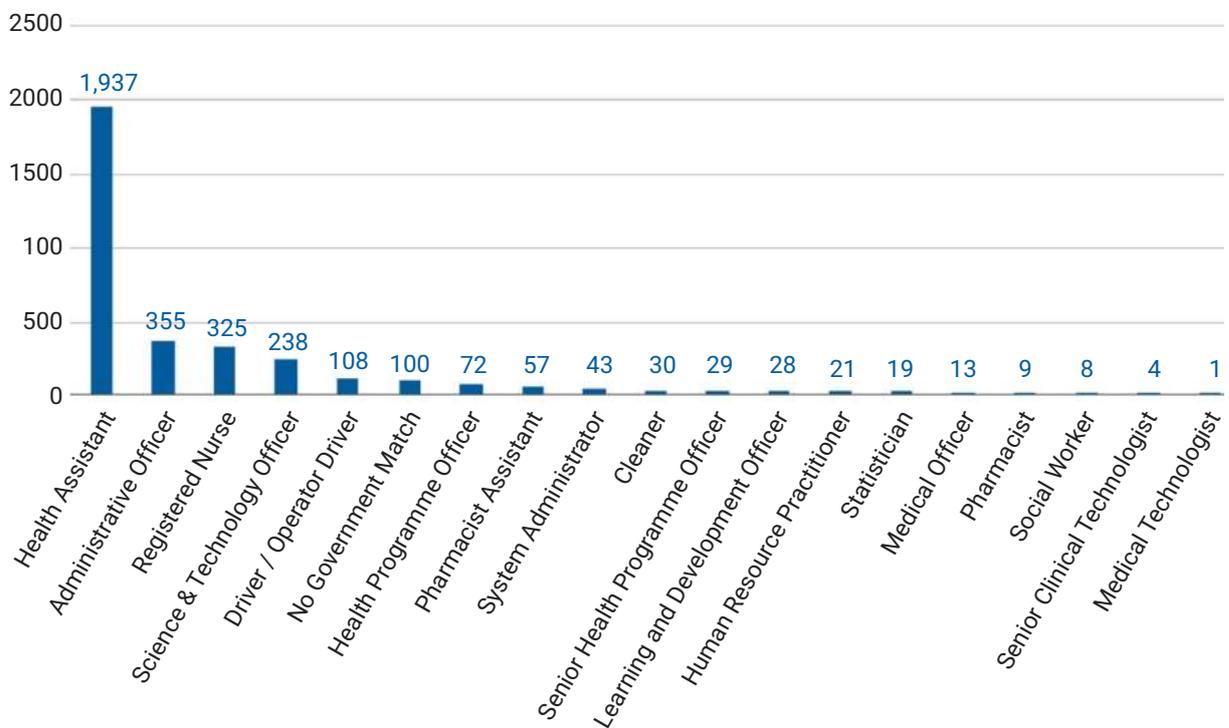


4.2 Overview of PEPFAR-Funded HCWs

PEPFAR supports a total of 3,397 of the HCWs in the public health sector. The PEPFAR supported HCWs are deployed at all levels of health system, from the community level to the MoHSS National level. Because PEPFAR reporting utilizes standard job titles across countries that do not always align with Government titles, the PEPFAR supported HCWs were mapped against their government counterparts where possible to enable comparison with the government HCWs (see Annex 4). Using this mapping, the PEPFAR supported HCWs are summarized by job category in Figure 12.

Most of the PEPFAR supported HCWs are equivalent to Health Assistants (case managers for social services, case workers, child/youth development workers, community health workers, lay workers providing adherence support, linkage navigators, nursing assistants, other community-based cadres, peer educators, and testing and counseling providers) and Administrative Officers (data capturers, data clerks, and logistics managers).

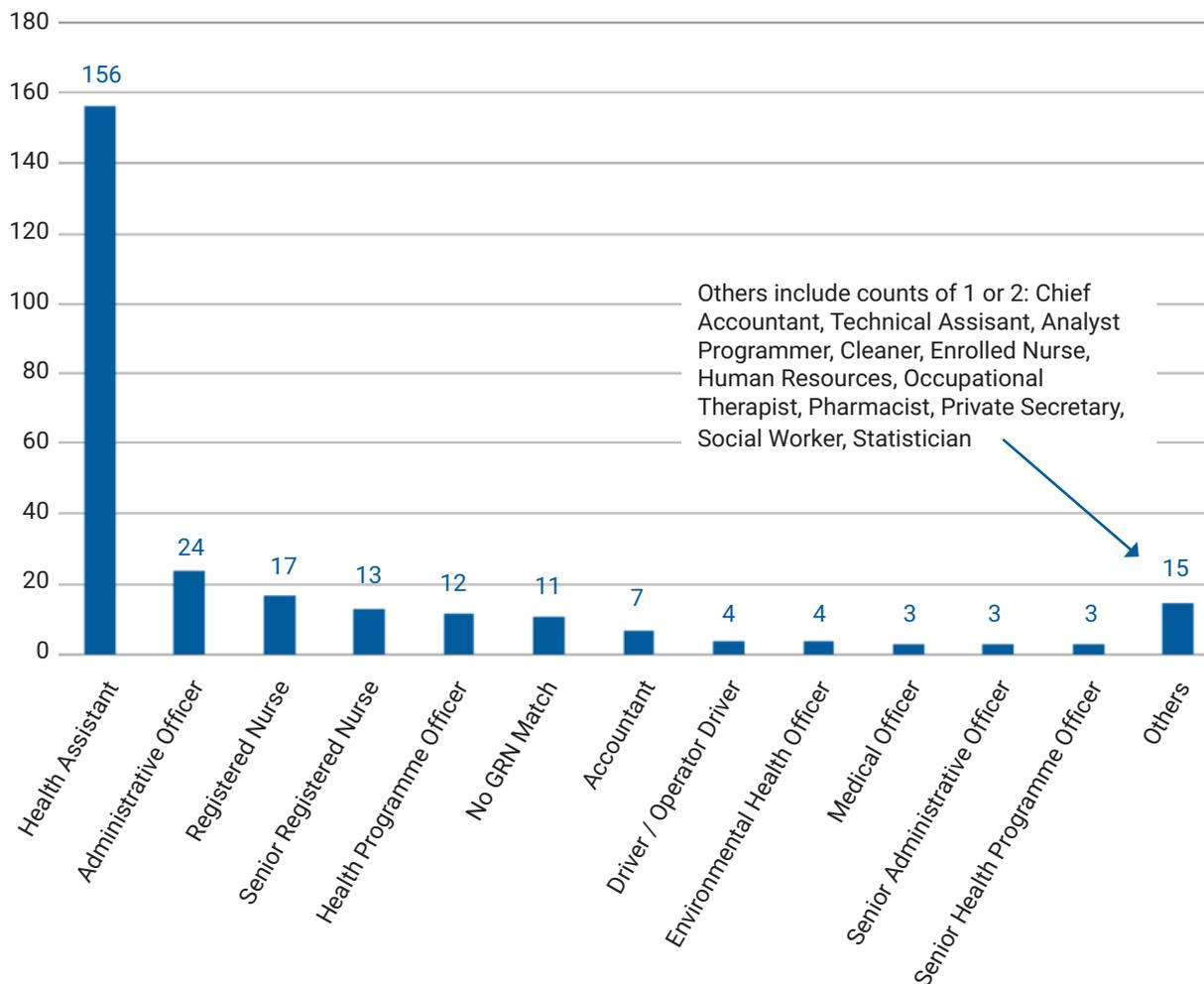
Figure 12: Number of PEPFAR Supported HCWs by Government Job Category



4.3 Overview of GFATM-Funded HCWs

The GFATM-funded HCWs were also mapped against the government job categories to ease comparison of the HCW data across the different HCW funding sources. As shown in Figure 13, most of the GFATM-funded HCWs are Health Programme Officers (grant managers, M&E managers, M&E officers, programme coordinators, surveillance M&E officers) Nurses, Administrative Officers (administration and finance officers, administration officers, assistant procurement, data analyst, data clerk, M&E data entry officers, TB data clerks, and Voluntary Medical Male Circumcision (VMMC) data clerks), and Health Assistants (Community Counsellors, Health Assistants, TB Field Promoters).

Figure 13: Number of GFATM Supported HCWs by Government Job Category



4.4 Overview of Cuban Volunteers

The MoHSS has a total of 92 volunteers from Cuba and as shown in Figure 12, the majority of the volunteers are specialists (59 percent), pharmacists (16 percent), and biomedical engineers (13 percent). The specialists include dentists, anesthetists, physicians, gynecologists, maxilo facial surgeons, pediatricians, surgeons, dermatologists, and prosthodontists among others. The 92 volunteers are working in different hospitals across the country as summarized in Table 10 below, with the majority of the volunteers located in Windhoek Central Hospital and Intermediate Hospital Oshakati.

Figure 14: Details of the Cuban Volunteers by HCW Category

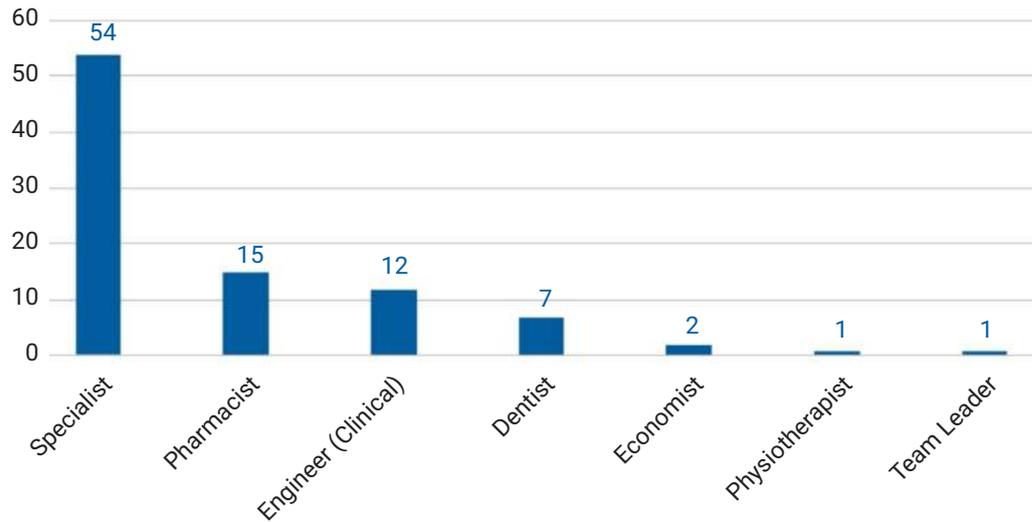


Table 10: Details of the Cuban Volunteers by HCW Duty Station

No.	Location	Specialists	Pharmacists	Biomedical engineers	Dentists	Economists	Physiotherapists	Team leader	Total	Percent
1	Windhoek Central Hospital	14	2	5					21	23%
2	Intermediate Hospital Oshakati	14	2	2					18	20%
3	Intermediate Hospital Rundu	5	2	1					8	9%
4	Katima Mulilo District Hospital	4	1	1	1				7	8%
5	Keetmanshoop District Hospital	4	1		1				6	7%
6	Walvis Bay District Hospital	5			1				6	7%
7	Intermediate Hospital Onandjokwe	4	1						5	5%
8	Opuwo District Hospital	1	1	1	1		1		5	5%
9	MoHSS-National Level		1			2		1	4	4%
10	Otjiwarongo District Hospital	1	1	1	1				4	4%
11	Engela District Hospital	1	1						2	2%
12	Oshikuku St Martin District Hospital		2						2	2%
13	Swakopmund District Hospital	1		1					2	2%
14	Eenhana District Hospital				1				1	1%
15	Grootfontein District Hospital				1				1	1%
	Total	54	15	12	7	2	1	1	92	
	Percent	59%	16%	13%	8%	2%	1%	1%		

5. Analysis of HCWs against the Approved Staff Establishment

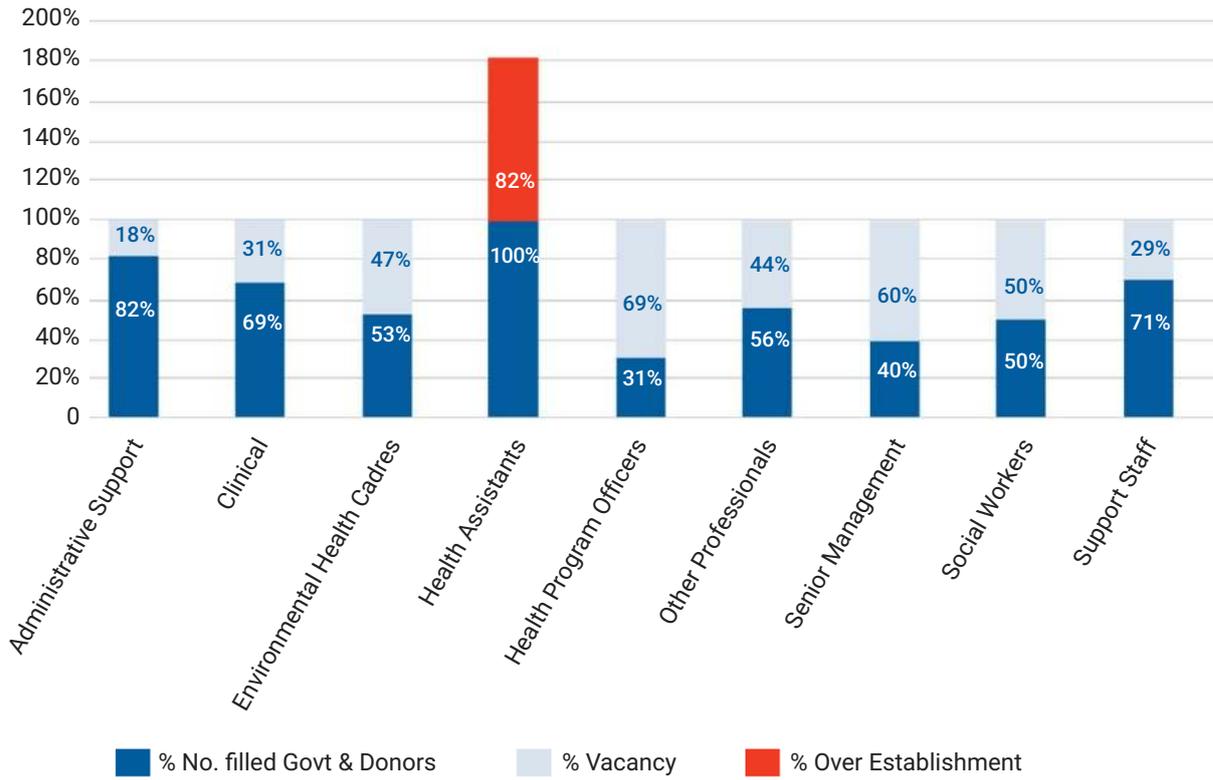
Together, the Government and donors support a total of 19,976 HCWs out of the 21,138 posts on the approved staff establishment (see Table 3). To gauge the capacity of the approved staff establishment to take on or absorb the HCWs currently deployed within the public health system, an analysis of the approved staff establishment (List B) was compared to all the Government HCWs currently deployed on the three Government staff establishments (List B, C and temporary) as well as the donor-funded HCWs. The results of this analysis by HCW category are presented in Figure 15 below.

The analysis shows that, overall, the approved staff establishment has the capacity to take on all HCWs that are currently working in the MoHSS irrespective of funding source. With this, the approved staff establishment would be 95 percent filled. However, with this integration, the established posts for the clinical cadres, specifically health assistants and the health information and research cadres, would be surpassed. Given that the total number of Health Assistants currently in service is nearly six times more than the established posts, this would mean that the approved staff establishment is inadequate to absorb them all. The staff establishment for Health Assistants would have to be objectively reviewed based on health service need which is expected to increase with a greater focus on primary health care and a shift in service delivery models. Similarly, HCWs like professional interns and the donor-funded HCWs that did not match any of the Government job titles during the mapping exercise would need to be provided for based on the health service needs.

It is important to note that this is a hypothetical analysis aimed at exploring alternative approaches to streamlining the management of all the HCWs in the MoHSS and to generate discussion around sustainability. This is particularly critical given the significant proportion of donor-funded HCWs that are providing health services at different levels of service delivery. The decision to integrate all or some of the current HCWs onto the approved staff establishment would be dependent on (1) availability of funding, (2) service needs which must be objectively and systematically determined, and (3) location of the established posts versus where the posts are needed.

The integration or mainstreaming of the staff establishment would be conducted in the short to the medium term. This exercise would entail conducting assessments to objectively determine: (1) the MoHSS HCW needs in the context of Universal Health Coverage, and (2) where to redeploy the current HCWs to be responsive to service needs. The mainstreaming process would also entail conducting a sector-wide compensatory reduction exercise to abolish and create posts based on need, but within the approved staff establishment on one part, and conducting a cadre specific restructuring exercise for those cadres whose established posts are too few.

Figure 15: Analysis of HCWs against the Approved Staff Establishment by HCW



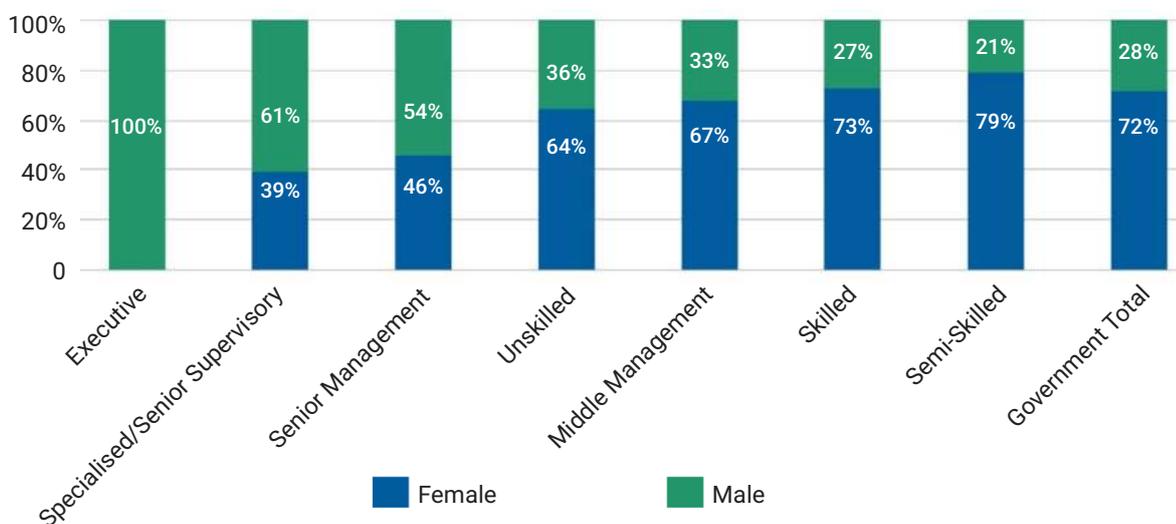
6. High-Level Gender Analysis of the Public Health Workforce

This section of the report presents a high-level gender analysis of the MoHSS. It is intended to inform policy makers of any gender disparities in the health care workforce. The Government HCW data was disaggregated by sex to quickly identify gender inequality issues, if any. This analysis was done by management level using the affirmative action classification of public sector job grades for doctors (Medical Officers and Specialist) the Government salary grades. The results of this analysis are presented in Figure 16 and Figure 18 below.

There is a visible trend in terms of clustering of the HCWs according to management level. Males are mainly in the middle to executive management posts while females occupy the lower management and technical levels. This is despite 72 percent of the health workforce being female. Specialists tend to skew more heavily towards males versus females (see Figure 17), suggesting that continued affirmative action to minimize this disparity during enrollment or funding for specialist training is necessary.

When the data was disaggregated by salary grade, a similar trend was noted as shown in Figure 18 below. The males are occupying the high grades of Grade 1 to Grade 3 which are held by Directors, Deputy Directors, Chief Medical Officers, and Specialists. The males are also highest in grade 11 which is held by cadres like Security Officers, Mortuary Attendants, Ambulance Officers, and Radiotherapy/Radiology cadres. On the other hand, the females are occupying Grades 8, 7, 10, and 13 which are mainly held by Nurses, Social Workers, Health Assistants, and Cleaners. The segregation of workers by sex into specific occupations is influenced by many factors including gender norms that define caring as female work and highly technical work in health as suitable for males³.

Figure 16: Government HCWs Disaggregated by Gender and Management Level



³ World Health Organization. (2019). Delivered by women, led by men: a gender and equity analysis of the global health and social workforce. World Health Organization. <https://apps.who.int/iris/handle/10665/311322>.

Figure 17: Current Doctors (Medical Officer and Specialists) Disaggregated by Gender

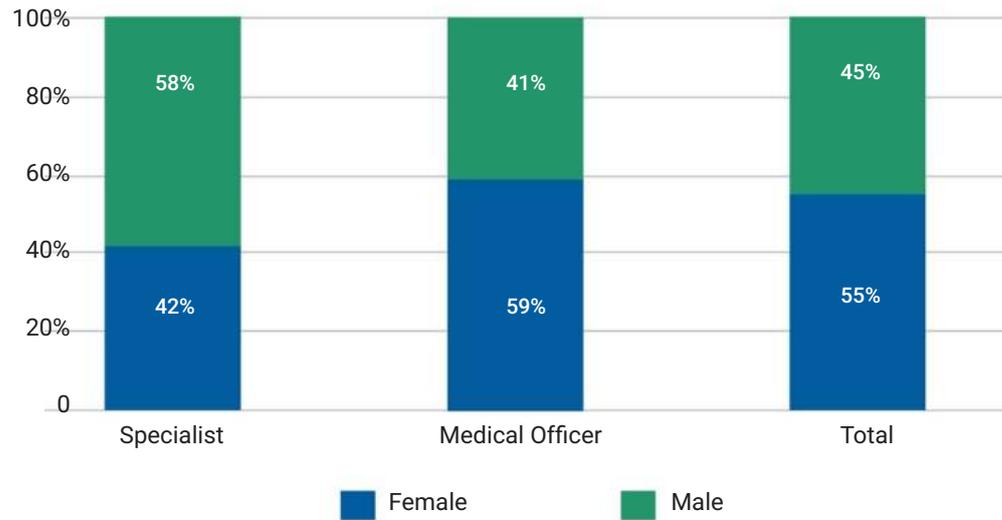
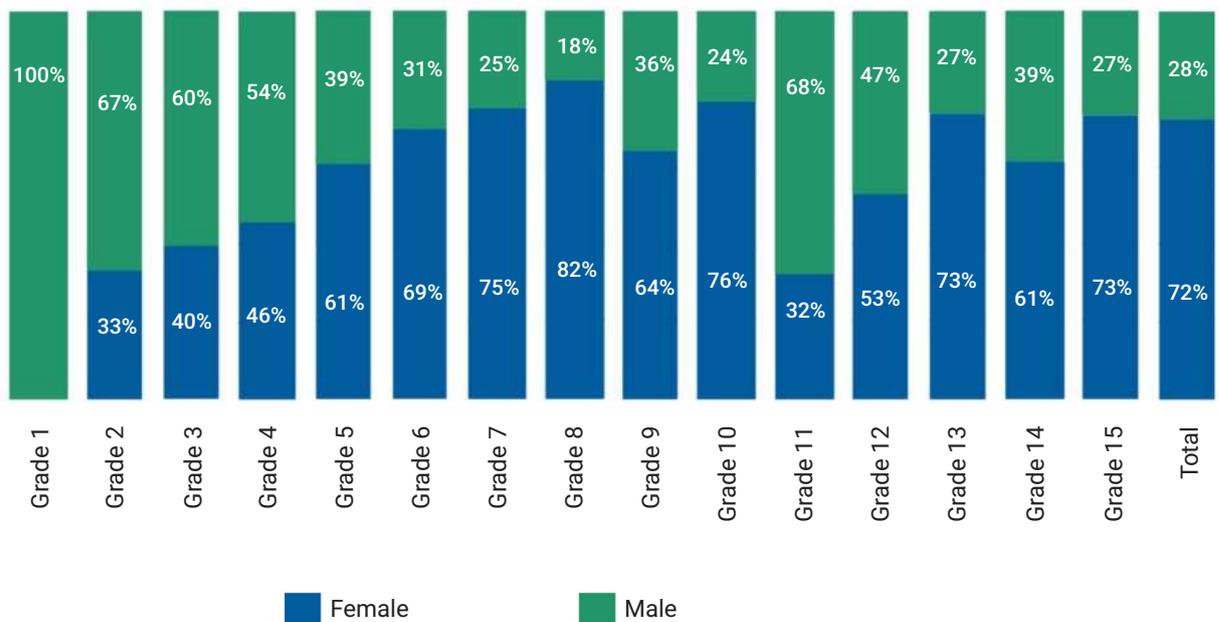


Figure 18: Government HCWs Disaggregated by Gender and Salary Grade



Annexes

Annex 1: HCW Staffing Levels for the Approved Staff Establishment List B by Post Category

No.	Job Category	Grade	No. of Posts	No. Filled	No. Vacant	Percent Filled	Comment
1	Accountant	8	114	89	25	78%	Good
2	Accounts Assistant	11	9		9	0%	Very low
3	Acupuncturist	8	1		1	0%	Very low
4	Administrative Officer	12	1,178	712	466	60%	Fair
5	Artisan	10	89	34	55	38%	Very low
6	Artisan Foreman	9	7	2	5	29%	Very low
7	Artisan Handyman	13	301	76	225	25%	Very low
8	Assistant Librarian	10	2	2	0	100%	Very good
9	Boiler Operator	14	56	10	46	18%	Very low
10	Chief Accountant	6	9	6	3	67%	Fair
11	Chief Administrative Officer	8	91	55	36	60%	Fair
12	Chief Architect	5	1	1	0	100%	Very good
13	Chief Clinical Technologist	7	1	1	0	100%	Very good
14	Chief Computer Technician	9	2	1	1	50%	Fair
15	Chief Control Officer	8	1	1	0	100%	Very good
16	Chief Dental Services	4	2	2	0	100%	Very good
17	Chief Dentist	4	16	3	13	19%	Very low
18	Chief Dietician	6	4	1	3	25%	Very low
19	Chief Engineer	5	5	1	4	20%	Very low
20	Chief Engineering Technician	7	41	1	40	2%	Very low
21	Chief Environmental Health Practitioner	7	65	23	42	35%	Very low
22	Chief Health Programme Officer	6	345	45	300	13%	Very low
23	Chief Human Resource Practitioner	6	21	7	14	33%	Very low
24	Chief Internal Auditor	6	2	2	0	100%	Very good
25	Chief Medical Officer	3	30	21	9	70%	Good
26	Chief Medical Physicist	5	2		2	0%	Very low
27	Chief Medical Superintendent	2	1	1	0	100%	Very good
28	Chief Medical Technologist	6	1	1	0	100%	Very good
29	Chief Occupational Therapist	5	3	3	0	100%	Very good
30	Chief Optometrist	5	3		3	0%	Very low
31	Chief Orthotist / Prosthetist	5	1		1	0%	Very low

No.	Job Category	Grade	No. of Posts	No. Filled	No. Vacant	Percent Filled	Comment
32	Chief Pharmacist	5	16	8	8	50%	Fair
33	Chief Physiotherapist	5	1	1	0	100%	Very good
34	Chief Psychologist	5	1	1	0	100%	Very good
35	Chief Public Hygiene	6	1		1	0%	Very low
36	Chief Quantity Surveyor	5	1	1	0	100%	Very good
37	Chief Radio Attendant	12	1	1	0	100%	Very good
38	Chief Radiographer	6	28	10	18	36%	Very low
39	Chief Registered Nurse	6	47	34	13	72%	Good
40	Chief Science and Technology Officer	5	10		10	0%	Very low
41	Chief Security Operations Officer	6	1		1	0%	Very low
42	Chief Security Orderly	10	1	1	0	100%	Very good
43	Chief Social Worker	6	29	20	9	69%	Fair
44	Chief Speech Therapist	5	2		2	0%	Very low
45	Chief Statistician	6	4		4	0%	Very low
46	Chief System Administrator	6	2	1	1	50%	Fair
47	Chief Technical Assistant	12	1		1	0%	Very low
48	Chief Works Inspector	7	42		42	0%	Very low
49	Cleaner	15	2,201	1,832	369	83%	Good
50	Clinical Engineer	8	1		1	0%	Very low
51	Clinical Psychologist	6	6	4	2	67%	Fair
52	Computer Technician	11	6	5	1	83%	Good
53	Control Administrative Officer	6	35	24	11	69%	Fair
54	Control Health Programme Officer	5	83	16	67	19%	Very low
55	Control Registered Nurse	5	4	3	1	75%	Good
56	Control Social Worker	5	6	2	4	33%	Very low
57	Control Works Inspector	6	1		1	0%	Very low
58	Cook	14	106	71	35	67%	Fair
59	Dental Surgery Assistant	11	68	40	28	59%	Fair
60	Dental Technician	8	4	4	0	100%	Very good
61	Dental Therapist	8	40	11	29	28%	Very low
62	Dentist	5	110	83	27	75%	Good
63	Deputy Director	4	89	22	67	25%	Very low
64	Deputy Executive Director	2	4	2	2	50%	Fair
65	Dietician	9	25	3	22	12%	Very low
66	Director	3	27	23	4	85%	Good
67	Driver / Operator Driver	12	427	327	100	77%	Good
68	EEG & EGG Technical Assistant	12	6	4	2	67%	Fair

No.	Job Category	Grade	No. of Posts	No. Filled	No. Vacant	Percent Filled	Comment
69	Emergency Care Practitioner (Basic)	11	172	103	69	60%	Fair
70	Emergency Care Practitioner (Intermediate)	10	113	39	74	35%	Very low
71	Emergency Care Technician	7	33	13	20	39%	Very low
72	Engineer	6	26	4	22	15%	Very low
73	Engineering Technician	9	88	5	83	6%	Very low
74	Enrolled Nurse	10	3,654	2,533	1,121	69%	Fair
75	Environmental Health Assistant	12	92	87	5	95%	Very good
76	Equipment Attendant	15	153	109	44	71%	Good
77	Executive Director	1	1	1	0	100%	Very good
78	Health Assistant	13	377	294	83	78%	Good
79	Health Programme Officer	8	471	38	433	8%	Very low
80	Housemother	13	60	33	27	55%	Fair
81	Human Resource Administrator	11	274	16	258	6%	Very low
82	Human Resource Practitioner	8	150	98	52	65%	Fair
83	Internal Auditor	8	6	5	1	83%	Good
84	Kitchen Supervisor	13	21	8	13	38%	Very low
85	Labourer	15	302	219	83	73%	Good
86	Learning and Development Officer	8	15		15	0%	Very low
87	Lithographic Operator	13	1	1	0	100%	Very good
88	Medical Officer	5	634	495	139	78%	Good
89	Medical Physicist	7	5	3	2	60%	Fair
90	Medical Rehabilitation Officer	10	33	11	22	33%	Very low
91	Medical Superintendent	3	5	2	3	40%	Very low
92	Medical Technologist	9	3	1	2	33%	Very low
93	Messenger	15	19	12	7	63%	Fair
94	Mortuary Assistant	11	72	44	28	61%	Fair
95	Nuclear Radiographer	7	7	6	1	86%	Good
96	Occupational Therapist	7	48	17	31	35%	Very low
97	Occupational Therapist Assistant	12	4	1	3	25%	Very low
98	Ophthalmic Assistant	8	8	4	4	50%	Fair
99	Ophthalmic Clinical Officer	8	62	13	49	21%	Very low
100	Optometrist	8	22	1	21	5%	Very low
101	Orthopaedic Assistant	10	22	8	14	36%	Very low
102	Orthopaedic Technologist	8	28	18	10	64%	Fair
103	Orthotist / Prosthetist	8	6		6	0%	Very low
104	Pharmacist	7	243	97	146	40%	Very low
105	Pharmacist Assistant	10	338	186	152	55%	Fair

No.	Job Category	Grade	No. of Posts	No. Filled	No. Vacant	Percent Filled	Comment
106	Physiotherapist	8	44	9	35	20%	Very low
107	Physiotherapist/Occupational and Speech Therapy	6	3	1	2	33%	Very low
108	Policy Analyst	6	2		2	0%	Very low
109	Porter	14	174	134	40	77%	Good
110	Private Secretary	9	31	20	11	65%	Fair
111	Psychological Counsellor	8	20		20	0%	Very low
112	Psychologist	6	17	1	16	6%	Very low
113	Public Relations Officer	6	1	1	0	100%	Very good
114	Pupil Pharmacist Assistant	12	1		1	0%	Very low
115	Radiation Physicist	5	10	10	0	100%	Very good
116	Radio Attendant	13	8	7	1	88%	Good
117	Radiographer	7	107	84	23	79%	Good
118	Radiographic Assistant	11	64	46	18	72%	Good
119	Registered Nurse	8	4,112	3,109	1,003	76%	Good
120	Science & Technology Officer	8	12	2	10	17%	Very low
121	Security Operations Officer	8	1		1	0%	Very low
122	Security Orderly	12	4		4	0%	Very low
123	Senior Accountant	7	30	21	9	70%	Good
124	Senior Administrative Officer	10	225	85	140	38%	Very low
125	Senior Artisan Foreman	8	10	3	7	30%	Very low
126	Senior Boiler Operator	13	9		9	0%	Very low
127	Senior Cleaner	14	223	146	77	65%	Fair
128	Senior Clinical Technologist	8	9	3	6	33%	Very low
129	Senior Dental Technician	7	3		3	0%	Very low
130	Senior Dental Therapist	7	3		3	0%	Very low
131	Senior Dietician	7	2		2	0%	Very low
132	Senior Engineering Technician	8	5	1	4	20%	Very low
133	Senior Health Assistant	12	10	9	1	90%	Very good
134	Senior Health Program Officer	7	1		1	0%	Very low
135	Senior Health Programme Officer	7	421	72	349	17%	Very low
136	Senior Housemother	12	14	6	8	43%	Very low
137	Senior Human Resource Practitioner	7	49	20	29	41%	Very low
138	Senior Labourer	14	42	14	28	33%	Very low
139	Senior Medical Officer	4	175	64	111	37%	Very low
140	Senior Medical Physicist	6	4	1	3	25%	Very low
141	Senior Medical Rehabilitation Worker	8	9	3	6	33%	Very low
142	Senior Medical Technologist	8	1		1	0%	Very low

No.	Job Category	Grade	No. of Posts	No. Filled	No. Vacant	Percent Filled	Comment
143	Senior Mortuary Assistant	10	27	9	18	33%	Very low
144	Senior Occupational Therapist	6	8	4	4	50%	Fair
145	Senior Ophthalmic Clinical Officer	7	28	5	23	18%	Very low
146	Senior Optometrist	6	24		24	0%	Very low
147	Senior Orthopaedic Technologist	7	2		2	0%	Very low
148	Senior Orthotist / Prosthetist	6	7	4	3	57%	Fair
149	Senior Pharmacist	6	65	28	37	43%	Very low
150	Senior Pharmacist Assistant	9	141	37	104	26%	Very low
151	Senior Physiotherapist	6	18	8	10	44%	Very low
152	Senior Porter	13	4	4	0	100%	Very good
153	Senior Psychological Counsellor	7	1		1	0%	Very low
154	Senior Radiographic Assistant	10	8		8	0%	Very low
155	Senior Registered Nurse	7	303	218	85	72%	Good
156	Senior Science & Technology Officer	6	24		24	0%	Very low
157	Senior Security Operations Officer	7	1		1	0%	Very low
158	Senior Security Orderly	11	26	19	7	73%	Good
159	Senior Sewing and Laundry Attendant	13	4	2	2	50%	Fair
160	Senior Social Worker	7	73	32	41	44%	Very low
161	Senior Specialist	3	22	3	19	14%	Very low
162	Senior Speech Therapist/Audiologist	7	1		1	0%	Very low
163	Senior Statistician	7	13		13	0%	Very low
164	Senior System Administrator	7	2		2	0%	Very low
165	Sewing And Laundry Attendant	14	58	36	22	62%	Fair
166	Social Worker	8	235	134	101	57%	Fair
167	Specialist	4	208	138	70	66%	Fair
168	Speech Therapist/Audiologist	8	7	2	5	29%	Very low
169	Statistician	8	35		35	0%	Very low
170	Switchboard Operator	14	65	55	10	85%	Good
171	Switchboard Superintendent	13	1	1	0	100%	Very good
172	System Administrator	9	13	9	4	69%	Fair
173	Technical Assistant	13	5	3	2	60%	Fair
174	Workhand	14	181	117	64	65%	Fair
175	Senior Environmental Health Practitioner	8	78	12	66	15%	Very low
176	Environmental Health Practitioner	9	112	96	16	86%	Good
177	Works Inspector	7	11		11	0%	Very low
178	Works Inspector	8	55	1	54	2%	Very low

No.	Job Category	Grade	No. of Posts	No. Filled	No. Vacant	Percent Filled	Comment
179	Control Environmental Health Practitioner	5	4		4	0%	Very low
180	Control Medical Technologist	5	1		1	0%	Very low
181	Senior Works Inspector	8	2		2	0%	Very low
	Total		21,138	13,029	8,109	62%	Fair

Annex 2: HCW Staffing Levels Compared across Health Centers and Regions

Facility Name	No. of Approved Posts	No. Filled	No. Vacant	Percent Filled	Comment
Directorate Erongo Region					
Karibib Health Centre	16	12	4	75%	Good
Kuisebmond Health Centre	28	22	6	79%	Good
Section Sunshine Rehabilitation Center	1	1	0	100%	Very good
Directorate Erongo Region Total	45	35	10	78%	Good
Directorate Hardap Region					
Health Centre Aranos	51	20	31	39%	Very low
Health Centre Maltahohe	43	21	22	49%	Very low
Health Centre Rehoboth	83	36	47	43%	Very low
Directorate Hardap Region Total	177	77	100	44%	Very low
Directorate Karas Region					
Bethanie Health Centre	24	12	12	50%	Fair
Noordoewer Health Centre	19	10	9	53%	Fair
Directorate Karas Region Total	43	22	21	51%	Fair
Directorate Kavango East Region					
Health Centre Nkarapamwe	20	13	7	65%	Fair
Health Centre Rundu	30	22	8	73%	Good
Directorate Kavango East Region Total	50	35	15	70%	Good
Directorate Kavango West Region					
Health Centre Mpungu	33	24	9	73%	Good
Health Centre Rupara	28	18	10	64%	Fair
Mupini Health Centre	35	29	6	83%	Good
Directorate Kavango West Region Total	96	71	25	74%	Good

Facility Name	No. of Approved Posts	No. Filled	No. Vacant	Percent Filled	Comment
Directorate Khomas Region					
Katutura Health Centre	133	110	23	83%	Good
Khomasdal H/C	31	19	12	61%	Fair
Okuryangava Health Centre	45	38	7	84%	Good
Directorate Khomas Region Total	210	168	42	80%	Good
Directorate Kunene Region					
Kamanjab Health Center	17	10	7	59%	Fair
Okangwati HealthCenter	20	19	1	95%	Very good
Sesfontein Health Centre	8	4	4	50%	Fair
Directorate Kunene Region Total	45	33	12	73%	Good
Directorate Ohangwena Region					
Ongha Health Centre	37	24	13	65%	Fair
Directorate Ohangwena Region Total	37	24	13	65%	Fair
Directorate Omaheke Region					
Health Centre Otjinene	21	14	7	67%	Fair
Directorate Omaheke Region Total	21	14	7	67%	Fair
Directorate Omusati Region					
Elim Health Centre	17	15	2	88%	Good
Indira Gandhi Health Centre	32	27	5	84%	Good
Mahenene Health Centre	25	18	7	72%	Good
Okalongo Health Centre	27	23	4	85%	Good
Omona Watjihozu Health Centre	22	21	1	95%	Very good
Onesi Health Centre	32	24	8	75%	Good
Directorate Omusati Region Total	155	128	27	83%	Good
Directorate Oshana Region					
Ondangwa Health Centre	76	61	15	80%	Good
Oshakati Health Centre	72	55	17	76%	Good
Ou Nick Health Centre	33	25	8	76%	Good
Directorate Oshana Region Total	181	141	40	78%	Good

Facility Name	No. of Approved Posts	No. Filled	No. Vacant	Percent Filled	Comment
Directorate Oshikoto Region					
Health Centre Okankolo	41	27	14	66%	Fair
Health Centre Onayena	39	25	14	64%	Fair
Health Centre Onyaanya	38	24	14	63%	Fair
Directorate Oshikoto Region Total	118	76	42	64%	Fair
Directorate Otjozondjupa Region					
Mangetti Dune Health Centre	23	17	6	74%	Good
Okondjatu Health Centre	8	3	5	38%	Very low
Osire Health Centre	16	7	9	44%	Very low
Otavi Health Centre	30	24	6	80%	Good
Directorate Otjozondjupa Region Total	77	51	26	66%	Fair
Directorate Zambezi Region					
Bukalo Health Centre	19	11	8	58%	Fair
Health Centre Sangwali Community	15	8	7	53%	Fair
Health Centre Sibbinda Community	16	6	10	38%	Very low
Directorate Zambezi Region Total	50	25	25	50%	Fair
Health Center Total	1,305	900	405	69%	Fair

Annex 3: HCW Staffing Levels Compared across Clinics and Regions

Facility Name	No. of Approved Posts	No. Filled	No. Vacant	Percent Filled	Comment
Directorate Erongo Region					
DRC Clinic	14	0	14	0%	Very low
Tubusis Clinic	5	1	4	20%	Very low
Narraville Clinic	11	4	7	36%	Very low
Spitzkoppe Clinic	5	2	3	40%	Very low
Utuseb Clinic	7	3	4	43%	Very low
Coastal Clinic	9	4	5	44%	Very low
Omaruru Clinic	6	3	3	50%	Fair
Hakhaseb Clinic	9	5	4	56%	Fair
Okongue Clinic	5	3	2	60%	Fair
Walvis Bay Clinic	10	6	4	60%	Fair
Okombahe Clinic	6	4	2	67%	Fair

Facility Name	No. of Approved Posts	No. Filled	No. Vacant	Percent Filled	Comment
Arandis Clinic	9	7	2	78%	Good
Otjimbingwe Clinic	9	7	2	78%	Good
Uis Clinic	7	6	1	86%	Good
Henties Bay Clinic	9	8	1	89%	Good
Tamariskia Clinic	13	12	1	92%	Very good
Mondesa Clinic	18	17	1	94%	Very good
Omatjette Clinic	6	6	0	100%	Very good
Directorate Erongo Region Total	158	98	60	62%	Fair
Directorate Hardap Region					
Mayte Clinic	5	2	3	40%	Very low
Gibeon Clinic	10	5	5	50%	Fair
Stampriet Clinic	4	2	2	50%	Fair
Gochas Clinic	71	36	35	51%	Fair
Klein Aub Clinic	40	23	17	58%	Fair
Mariental Clinic	17	11	6	65%	Fair
Schlip Clinic	10	7	3	70%	Good
Kalkveld Clinic	4	3	1	75%	Good
Aranos Clinic	4	4	0	100%	Very good
Hoachanas Clinic	3	3	0	100%	Very good
Maltahohe Clinic	12	12	0	100%	Very good
Rehoboth Clinic	4	4	0	100%	Very good
Rietoog Clinic	3	3	0	100%	Very good
Directorate Hardap Region Total	187	115	72	61%	Fair
Directorate Karas Region					
Gabis Clinic	4	0	4	0%	Very low
Rosh Pinah Clinic	42	6	36	14%	Very low
Ariamsvlei Clinic	5	3	2	60%	Fair
Warmbad Clinic	4	3	1	75%	Good
Koes Clinic	11	9	2	82%	Good
Berseba Clinic	6	5	1	83%	Good
Luderitz Clinic	13	11	2	85%	Good
Karasburg Clinic	8	7	1	88%	Good
Aus Clinic	4	4	0	100%	Very good
Aussenker Clinic	4	4	0	100%	Very good
Daan Viljoen Clinic	5	5	0	100%	Very good

Facility Name	No. of Approved Posts	No. Filled	No. Vacant	Percent Filled	Comment
Oranjemund Clinic	5	5	0	100%	Very good
Directorate Karas Region Total	111	62	49	56%	Fair
Directorate Kavango East Region					
Takawasa Clinic	9	4	5	44%	Very low
Shamaturu Clinic	8	4	4	50%	Fair
Divundu Clinic	7	4	3	57%	Fair
Baramasoni Clinic	5	3	2	60%	Fair
Mashare Clinic	5	3	2	60%	Fair
Ndama Clinic	10	6	4	60%	Fair
Omega Clinic	5	3	2	60%	Fair
(blank)	31	20	11	65%	Fair
Ncaute Clinic	6	4	2	67%	Fair
Kaisosi Clinic	15	11	4	73%	Good
Mutjiku Clinic	4	3	1	75%	Good
Sauyemwa Clinic	13	10	3	77%	Good
Kayengona Clinic	6	5	1	83%	Good
Shadikongoro Clinic	6	5	1	83%	Good
Biro Clinic	4	4	0	100%	Very good
Kangongo Clinic	4	4	0	100%	Very good
Directorate Kavango East Region Total	138	93	45	67%	Fair
Directorate Kavango West Region					
Ncuncuni Clinic	5	2	3	40%	Very low
Mburu-uru Clinic	14	7	7	50%	Fair
Nankudu Clinic	10	5	5	50%	Fair
Yinsu Clinic	6	3	3	50%	Fair
Gcaruhwa Clinic	5	3	2	60%	Fair
Nepara Clinic	5	3	2	60%	Fair
Mpora Clinic	14	9	5	64%	Fair
Katjinakatji Clinic	6	4	2	67%	Fair
Mile 30 Clinic	6	4	2	67%	Fair
Erago Clinic	10	7	3	70%	Good
Gcwatjinga Clinic	4	3	1	75%	Good
Mangetti Clinic	4	3	1	75%	Good
Muveve Clinic	4	3	1	75%	Good
Kapako Clinic	6	5	1	83%	Good

Facility Name	No. of Approved Posts	No. Filled	No. Vacant	Percent Filled	Comment
Nzinze Clinic	6	5	1	83%	Good
Mile 10 Clinic	5	5	0	100%	Very good
Sharukwe Clinic	5	5	0	100%	Very good
Directorate Kavango West Region Total	115	76	39	66%	Fair
Directorate Khomas Region					
Wanaheda Clinic	15	9	6	60%	Fair
Robert Mugabe Clinic	21	14	7	67%	Fair
Maxwilili Clinic	17	12	5	71%	Good
Donkerhoek Clinic	11	8	3	73%	Good
Otjomuise Clinic	19	15	4	79%	Good
Baumgartsbrunn Clinic	4	4	0	100%	Very good
Dordabis Clinic	4	4	0	100%	Very good
Goreangab Clinic	16	16	0	100%	Very good
Groot Aub Clinic	4	4	0	100%	Very good
Directorate Khomas Region Total	111	86	25	77%	Good
Directorate Kunene Region					
Seringkot Clinic	6	0	6	0%	Very low
Opuwo Clinic	23	8	15	35%	Very low
Erwee Clinic	9	4	5	44%	Very low
Onjuva Clinic	9	4	5	44%	Very low
Terrace Bay Clinic	9	4	5	44%	Very low
Anichab Clinic	4	2	2	50%	Fair
Otjomuru Clinic	6	3	3	50%	Fair
Otuani Clinic	4	2	2	50%	Fair
Khorixas Clinic	9	5	4	56%	Fair
Queen Sofia Clinic	13	8	5	62%	Fair
Etoto Clinic	11	7	4	64%	Fair
Fransfontein Clinic	6	4	2	67%	Fair
Ombombo Clinic	9	6	3	67%	Fair
Epupa Clinic	10	7	3	70%	Good
Otjokavare Clinic	10	7	3	70%	Good
Ohandungu Clinic	7	5	2	71%	Good
Bergsig Clinic	4	3	1	75%	Good
Oruvandjei Clinic	8	6	2	75%	Good
Otjondeka Clinic	4	3	1	75%	Good

Facility Name	No. of Approved Posts	No. Filled	No. Vacant	Percent Filled	Comment
Outjo Clinic	8	6	2	75%	Good
Anker Clinic	5	4	1	80%	Good
Otjiu Clinic	11	9	2	82%	Good
Etanga Clinic	14	12	2	86%	Good
Ongongo Clinic	7	6	1	86%	Good
Otjimuhaka Clinic	15	13	2	87%	Good
Orumana Clinic	7	7	0	100%	Very good
Directorate Kunene Region Total	228	145	83	64%	Fair
Directorate Ohangwena Region					
Ohalushu Clinic	6	2	4	33%	Very low
Onanghulo Clinic	6	2	4	33%	Very low
Ohaukelo Clinic	5	2	3	40%	Very low
Epembe Clinic	4	2	2	50%	Fair
Onamafila Clinic	6	3	3	50%	Fair
Omuhongo Clinic	9	5	4	56%	Fair
Oshikunde Clinic	5	3	2	60%	Fair
Ondobe Clinic	13	8	5	62%	Fair
Edundja Clinic	8	5	3	63%	Fair
Omboloka Clinic	8	5	3	63%	Fair
Ekoka Clinic	6	4	2	67%	Fair
Eudafano Clinic	6	4	2	67%	Fair
Ohangwena Clinic	6	4	2	67%	Fair
Okambembe Clinic	6	4	2	67%	Fair
Olukula Clinic	6	4	2	67%	Fair
Oshandi Clinic	3	2	1	67%	Fair
Omundundu Clinic	10	7	3	70%	Good
Oshaango Clinic	7	5	2	71%	Good
Epinga Clinic	4	3	1	75%	Good
Hamukoto Wakapa Clinic	4	3	1	75%	Good
Omundaungilo Clinic	4	3	1	75%	Good
Onambutu Clinic	4	3	1	75%	Good
Ongulayanetanga Clinic	4	3	1	75%	Good
Omungwelume Clinic	9	7	2	78%	Good
Okatope Clinic	5	4	1	80%	Good
Onekwaya Clinic	5	4	1	80%	Good
Ongenga Clinic	15	12	3	80%	Good

Facility Name	No. of Approved Posts	No. Filled	No. Vacant	Percent Filled	Comment
Engela Clinic	19	16	3	84%	Good
Onamukulo Clinic	8	7	1	88%	Good
Okongo Clinic	10	9	1	90%	Very good
Eenhana Clinic	13	12	1	92%	Very good
Endola Clinic	15	14	1	93%	Very good
Omauni Clinic	7	7	0	100%	Very good
Onangolo Clinic	4	4	0	100%	Very good
Directorate Ohangwena Region Total	250	182	68	73%	Good
Directorate Omaheke Region					
Tjaka Ben-Hur clinic	4	0	4	0%	Very low
Borderpost Clinic	11	4	7	36%	Very low
Corridor Clinic	5	3	2	60%	Fair
Otjimanangombe Clinic	5	3	2	60%	Fair
Omitara Clinic	6	4	2	67%	Fair
Leonardville Clinic	4	3	1	75%	Good
Witvlei Clinic	4	3	1	75%	Good
Sendingplaas Clinic	17	14	3	82%	Good
Aminuis Clinic	7	6	1	86%	Good
Epako Clinic	17	15	2	88%	Good
Eiseb Block Clinic	5	5	0	100%	Very good
Epukiro Post 3 Clinic	6	6	0	100%	Very good
Onderombapa Clinic	4	4	0	100%	Very good
Tallismanus/Rietfontein Clinic	5	5	0	100%	Very good
Directorate Omaheke Region Total	100	75	25	75%	Good
Directorate Omusati Region					
Onamatanga Clinic	4	1	3	25%	Very low
Amarika Clinic	4	1	3	25%	Very low
Etilyasa Clinic	5	2	3	40%	Very low
Odimbwa Clinic	5	2	3	40%	Very low
Eendombe Clinic	4	2	2	50%	Fair
Oluteyi Clinic	4	2	2	50%	Fair
Onkani Clinic	4	2	2	50%	Fair
Okatseidhi Clinic	4	2	2	50%	Fair
Olutsiidhi Clinic	4	2	2	50%	Fair
Omuthitugwonyama Clinic	4	2	2	50%	Fair

Facility Name	No. of Approved Posts	No. Filled	No. Vacant	Percent Filled	Comment
Ongulumbashe Clinic	4	2	2	50%	Fair
Sheetekela Clinic	4	2	2	50%	Fair
Oshaala Clinic	5	3	2	60%	Fair
Uutsathima Clinic	5	3	2	60%	Fair
Omutundungu Clinic	5	3	2	60%	Fair
Outapi Clinic	11	8	3	73%	Good
Eunda Clinic	4	3	1	75%	Good
Nujoma Eya Clinic	4	3	1	75%	Good
Onaanda Clinic	4	3	1	75%	Good
Otamanzi Clinic	4	3	1	75%	Good
Othika Clinic	4	3	1	75%	Good
Epoko Clinic	4	3	1	75%	Good
lipandayaamiti Clinic	4	3	1	75%	Good
Okathitu Clinic	4	3	1	75%	Good
Omagalanga Clinic	4	3	1	75%	Good
Onamandongo Clinic	4	3	1	75%	Good
Oshitudha Clinic	4	3	1	75%	Good
Onawa Clinic	6	5	1	83%	Good
Tsandi Clinic	15	13	2	87%	Good
Ogongo Clinic	11	10	1	91%	Very good
Eengolo Clinic	4	4	0	100%	Very good
Okahao Clinic	11	11	0	100%	Very good
Onhelewa Clinic	4	4	0	100%	Very good
Ruacana Clinic	5	5	0	100%	Very good
Okando Clinic	4	4	0	100%	Very good
Olupandu Clinic	5	5	0	100%	Very good
Omakange Clinic	5	5	0	100%	Very good
Directorate Omusati Region Total	190	138	52	73%	Good
Directorate Oshana Region					
Ehafo Clinic	12	10	2	83%	Good
Enkono Clinic	8	7	1	88%	Good
Ekamba Clinic	9	8	1	89%	Good
Okaukamasheshe Clinic	9	8	1	89%	Good
Ompundja Clinic	11	10	1	91%	Very good
Eloolo Clinic	28	26	2	93%	Very good
Eheke Clinic	16	15	1	94%	Very good

Facility Name	No. of Approved Posts	No. Filled	No. Vacant	Percent Filled	Comment
Onamutayi Clinic	18	17	1	94%	Very good
Okaku Clinic	27	26	1	96%	Very good
Eluwa Clinic	12	12	0	100%	Very good
Okaukuejo Clinic	4	4	0	100%	Very good
Uukwiyuushona Clinic	14	14	0	100%	Very good
Directorate Oshana Region Total	168	157	11	93%	Very good
Directorate Oshikoto Region					
Clinic Olukupa	4	0	4	0%	Very low
Onakazizi Clinic	7	3	4	43%	Very low
Elombe Clinic	10	5	5	50%	Fair
Elavi Clinic	15	8	7	53%	Fair
Ontunda Clinic	34	19	15	56%	Fair
Omuthiya Clinic	47	30	17	64%	Fair
Oshigambo Clinic	10	7	3	70%	Good
Onkumbula Clinic	17	12	5	71%	Good
Hedimbi Clinic	11	8	3	73%	Good
Amilema Clinic	13	10	3	77%	Good
Omuntele Clinic	22	17	5	77%	Good
Tsumeb Clinic	5	4	1	80%	Good
Clinic Catherine Bullen	17	14	3	82%	Good
Onyuulaye Clinic	12	10	2	83%	Good
Lombard Clinic	8	7	1	88%	Good
Onanke Clinic	9	8	1	89%	Good
Onamishu Clinic	14	13	1	93%	Very good
Oshalongo Clinic	5	5	0	100%	Very good
Tsintsabis Clinic	5	5	0	100%	Very good
Directorate Oshikoto Region Total	265	185	80	70%	Very good
Directorate Otjozondjupa Region					
Okamatapati Clinic	5	1	4	20%	Very low
Etunda Clinic	6	2	4	33%	Very low
Kombat Clinic	5	2	3	40%	Very low
Okakarara Clinic	9	4	5	44%	Very low
Okahandja(Clinic Nau-Aib) Clinic	11	6	5	55%	Fair
Kalkveld Clinic	7	4	3	57%	Fair
Tsumkwe Clinic	14	8	6	57%	Fair

Facility Name	No. of Approved Posts	No. Filled	No. Vacant	Percent Filled	Comment
Coblentz Clinic	5	3	2	60%	Fair
Omatako Clinic	5	3	2	60%	Fair
Otjituuo Clinic	5	3	2	60%	Fair
Otjonzundu Clinic	10	7	3	70%	Good
Ovitoto Clinic	7	5	2	71%	Good
Orwetoweni Clinic	15	11	4	73%	Good
Grootfontein Clinic	12	9	3	75%	Good
Okarondu Clinic	4	3	1	75%	Good
Gam Clinic	6	5	1	83%	Good
Directorate Otjonzondjupa Region Total	126	76	50	60%	Fair
Directorate Zambezi Region					
Kaenda Clinic	8	3	5	38%	Very low
Ngoma Clinic	9	4	5	44%	Very low
Kasheshe Clinic	4	2	2	50%	Fair
Impalila Clinic	11	7	4	64%	Fair
Chetto Clinic	6	4	2	67%	Fair
Schuckmansburg Clinic	7	5	2	71%	Good
Batubaja Clinic	4	3	1	75%	Good
Choi Clinic	8	6	2	75%	Good
Isizi Clinic	4	3	1	75%	Good
Kabbe Clinic	4	3	1	75%	Good
Kanono Clinic	4	3	1	75%	Good
Lisikili Clinic	4	3	1	75%	Good
Mafuta Clinic	4	3	1	75%	Good
Mbalasinte Clinic	4	3	1	75%	Good
Mavuluma Clinic	10	8	2	80%	Good
Chinchimani Clinic	6	5	1	83%	Good
Ngweze Clinic	13	11	2	85%	Good
Katima Mulilo Clinic	14	12	2	86%	Good
Ibbu Clinic	4	4	0	100%	Very good
Itomba Clinic	4	4	0	100%	Very good
Linyanti Clinic	4	4	0	100%	Very good
Lusese Clinic	4	4	0	100%	Very good
Masokotwane Clinic	4	4	0	100%	Very good
Muyako Clinic	4	4	0	100%	Very good
Sachona Clinic	4	4	0	100%	Very good

Facility Name	No. of Approved Posts	No. Filled	No. Vacant	Percent Filled	Comment
Sesheke Clinic	4	4	0	100%	Very good
Directorate Zambezi Region Total	156	120	36	77%	Good
Clinic Total	2,303	1,608	695	70%	Good

Annex 4: Report Methodology

Collection and preparation of the Government HCW data.

The data on government HCWs was obtained directly from the Human Resource Practitioners responsible for maintaining the staff establishment in the regions and the MoHSS headquarters as at 31st July 2022. The process of cleaning the Government data leveraged the sector-wide payroll verification exercise and entailed the DHR team working individually with each region and hospital to validate the data.

The MoHSS has undergone several restructuring exercises since 2003 when the staff establishment was last published in hard copy form. In total, the MoHSS has been restructured five times in 2005, 2013, 2015, 2018, and 2019. However, communication of the changes made on the staff establishment and implementation of the new staff establishment varied across regions and hospitals. As a result, many of the regions and hospitals did not update their Excel-based staff establishments considering all the restructuring exercises. Therefore, as part of the data quality assurance process, the MoHSS National level HR team worked with the regional HR teams that included Chief Human Resource Practitioners, Senior Human Resource Practitioners, and Human Resource Practitioners responsible for maintaining the staff establishments to validate their staff establishments based on the different restructuring recommendations. At least two human resource staff from each region and hospital traveled to the MoHSS National level and worked individually with the HR team at the MoHSS over a period of two days to validate their staff establishments. At the end of this exercise, all the three types of staff establishments including List B (approved establishment), List C (additional) and the Temporary staff establishment for the 14 regions, four intermediate hospitals, WCH, and the 13 directorates at the MoHSS National level were validated and confirmed as accurate.

Once all the staff establishments had been validated, the establishments were updated to capture all staff changes that occurred between 30th April 2022 and 31st July 2022 when the payroll verification was completed. This entailed deleting HCWs that had left the service for various reasons such as retirement, resignation, transfers out, deaths, abscondment, among others, and adding HCWs on the establishment resulting from new appointments and transfers in. The MoHSS National level HR team ensured that all changes made on the staff establishment were supported with approved documentation such as appointment letters and confirmation of transfers. With these staff changes incorporated, the staff establishments were updated to reflect the staffing status as at 31st July 2022.

Collection and preparation of the Donor-Funded HCW data.

Data on donor-supported HCWs was obtained by the government through data requests to the GFATM and PEPFAR. Data on the Cuban volunteers was provided by the MoHSS. The data presented for HCWs supported by GFATM and PEPFAR reflects staffing levels as at 29th September 2022 and 1st October 2021, respectively. The newly recruited GFATM HCWs that were to assume duty in October were not included in the analysis because the revised data was received after data analysis had started. To ease comparison of the donor HCW data to the Government data, PEPFAR and GFATM HCW job titles were mapped against the equivalent Government job categories where that was possible.

Table 11: How PEPFAR HCWs Were Mapped onto Government Jobs

No	PEPFAR Job Title	PEPFAR Job Description	Title Aligned to GRN Job Categories	GRN Job description
1	Case Manager for Social Services	Provides services and referrals to improve a client's access and remove barriers to recommended HIV prevention, testing, counseling, care, and treatment services or social services.	Health Assistant	Mobilizes communities and households for preventive, promotive and rehabilitative primary health care interventions; provide first aid and limited curative interventions; referral of patients for medical care.
2	Case Worker		Health Assistant	Provides routine manual labour such as cleaning of government buildings and offices, hospitals, laundries, etc.
3	Child/Youth Development Worker	Acts to advance the overall wellbeing of children and youth clients.	Health Assistant	
4	Cleaner	Performs general housekeeping tasks.	Cleaner	
5	Community Health Worker	A formally trained community health worker that is recognized by the country government.	Health Assistant	Same as above
6	Data Capturer		Administrative officer	Performs routine tasks of administration.
7	Data Clerk	Files or retrieves documents, assists in audits, and collects information.	Administrative officer	
8	Data Manager	Develops and governs data-oriented systems.	Statistician	Develops, coordinates, and standardizes applied statistical methods or systems.
9	Doctor	Studies, diagnoses, treats, and prevents illnesses, diseases, and injuries.	Medical officer	Performs patient assessment, examination, diagnosis, and treatment.
10	Driver		Driver/Operator Driver	Drives vehicles (to supply transport services for passengers and goods.
11	Epidemiologist	Collects and/or analyzes HIV epidemiologic data at the above-service delivery level.	Science and Technology Officer	Facilitates science and technology research. Identifies science projects and facilitates the conducting of national research programs
12	Fleet Manager		Senior driver	
13	Human Resource Manager	Plans, directs, and coordinates policies concerning personnel.	Human Resource Practitioner	Involved in human resources planning and development, recruitment, selection and provisioning of staff and staff maintenance.
14	Information Systems Manager	Performs the day-to-day functions of systems administration and management.	Systems Administrator	Investigates and advises on appropriate computer hardware and software Designs the functionalities of specific systems.

No	PEPFAR Job Title	PEPFAR Job Description	Title Aligned to GRN Job Categories	GRN Job description
15	Information Systems Officer	Performs the day-to-day functions of systems administration and management.	Systems Administrator	
16	Laboratory Manager	Responsible for the operations and management of one or more laboratories.	Medical Technologist	Oversees and co-ordinates laboratory services and operations.
17	Laboratory Technologist/ Technician	Performs clinical tests on specimens.	Clinical Technologist	Performs diagnostic and/or corrective medical procedures on patients.
18	Lay worker providing adherence support	Provides support to clients living with HIV with navigating and managing their medical treatment.	Health Assistant	Mobilizes communities and households for preventive, promotive, and rehabilitative primary health care interventions; provides first aid and limited curative interventions; referral of patients for medical care.
19	Linkage Navigator	Links clients living with HIV to medical services.	Health Assistant	
20	Logistics Manager	Supervises the movement, distribution, and storage of supplies and materials.	Administrative Officer	Responsible of requisitioning, preparing, dispatching, identifying, inspecting, preserving, storing, maintaining, and issuing of stock and the taking of stock.
21	M&E Advisor	Designs and implements PEPFAR monitoring and evaluation activities.	Senior Health Program Officer	Responsible of planning, development, organization, and monitoring & evaluation of health service programs and health training/education activities.
22	M&E Officer		Health Program Officer	
23	Mentor		Senior Health Assistant	
24	Nurse	Provides treatment, support, and care.	Registered Nurse/Enrolled nurse	Applies advanced nursing care practices with regard to patient-care.
25	Nursing Assistant	Provides basic nursing and personal care to clients according to care plans established by more skilled, trained, or educated health professionals.	Health Assistant	Applies elementary nursing care practices with regard to the provision of safe patient-care.
26	Other clinical provider not listed	Any clinical worker that does not fit any of the other categories.		
27	Other community-based cadre	Any other community-based worker that does not fit any of the other categories.	Health Assistant	Mobilize communities and households for preventive, promotive, and rehabilitative primary health care interventions.

No	PEPFAR Job Title	PEPFAR Job Description	Title Aligned to GRN Job Categories	GRN Job description
28	Other Professional Staff	Staff who collects and/or analyzes HIV epidemiologic data at the above-service delivery level.	Science and Technology Officer	Facilitates science and technology research. Identifies science projects and facilitates the conducting of national research programs.
29	Other Supportive Staff not listed (e.g. receptionist)	Any Supportive Staff worker that does not fit any of the other categories.	Other Supportive Staff	
30	Peer Educator	Delivers education sessions on various health topics either to targeted groups or to members of the community at large who are their peers.	Health Assistant	Offer health education and assistance to members of the communities in order to improve basic health care.
31	Pharmacist	Stores, preserves, compounds, and dispenses medicinal products and counsels on the proper use and adverse effects of drugs and medicines.	Pharmacist	Assesses and determines pharmaco-therapeutic needs of patients. Verifies and fills prescriptions. Provides diagnosis and treatment of minor ailments.
32	Pharmacy Assistant	Performs a variety of tasks associated with dispensing medication under the guidance of a pharmacist or other health professional.	Pharmacy Assistant	Performs bulk compounding, repackaging, and labelling of medicines, and dilution and packing of antiseptics and disinfectants. Distributes stock to pharmacies, wards, and clinics.
33	Pharmacy Manager	Responsible for the operations and management of one or more pharmacies.	Pharmacist	
34	Social Worker	Works with individuals and their families to assess their current health and wellness situation and problems and recommend/refer types of supportive services.	Social Worker	Identifies psycho-social problems, needs, and circumstances in individual, family, or group. Plans, drafts, and applies therapy programs.
35	Technical Advisor	Expert in a particular field of knowledge hired to provide detailed information and advice, and support capacity building of people working in that field.	No GRN match	
36	Testing and Counseling Provider	Provides HIV testing and counseling services.	Health Assistant	Works in facility-based settings to provide a variety of counselling and support services to members of the communities; performs rapid diagnostic testing and/or counselling for priority diseases and psycho-social conditions.
37	Mapping of PEPFAR-Supported HCWs against Government Job Titles	Designs training and assessment tools and conducts training/courses.	Learning and Development Officer	Creates training facilities; Identifies training needs; Conducts trainings and promotes functional/in-service training.

Figure 19: Mapping of PEPFAR-Supported HCWs against Government Job Titles

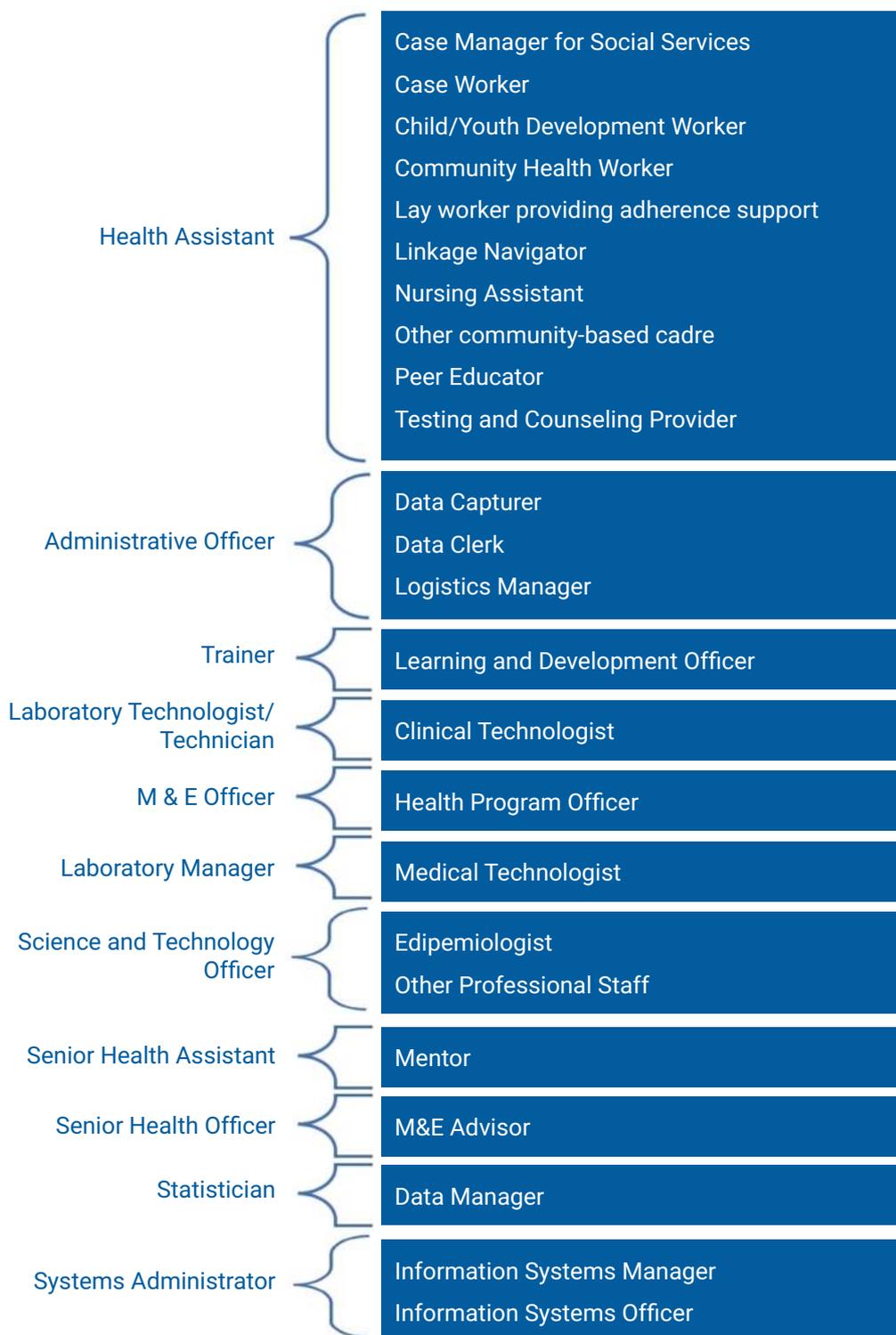


Table 12: How GFATM HCWs were Mapped onto Government Jobs

Government Job category	GFATM Job Title
Accountant	Finance and Administration Officer Finance Officer Financial Expert
Administrative Officer	Administration Officer Assistant Procurement Data Analyst Data Clerk M&E Data Entry Officer TB Data Clerk VMMC Data Clerk
Analyst Programmer	System Analyst
Chief Accountant	Finance Controller Financial Controller
Environmental Health Officer	Environmental Health Practitioner
Health Program Officer	CBTBC Project Officer Grant Manager M&E Manager M&E Officer Programme Coordinator Surveillance M&E Officer Clinical Mentor Surveillance Officer M&E Officer Senior M&E Officer Information and Education Communication (IEC) Focal Person Regional Coordinator Senior Programme Officer C19-RM Adolescent Girls and Young Women (AGYW) Regional Coordinator AGYW Coordinator TB District Supervisor
Medical officer	Clinical Mentor Medical Officer
Procurement Officer	Administrators
Registered Nurses Senior Registered Nurse	Registered Nurses VMMC Registered Nurse VMMC Registered Nurse Anti-Retroviral Therapy Senior Registered Nurse Senior Registered Nurse VMMC Senior Registered Nurse
Statistician	Data Manager

Data analysis.

The Government and donor data was compiled in one Excel sheet and validated for accuracy and consistency. Data analysis was done in Microsoft Excel by running a frequency table using the “pivot” function. Data is presented as charts, tables, and maps and key findings are highlighted.

Report writing.

Report writing was done concurrently with data analysis and incorporated the feedback received from the MoHSS and other stakeholders. The report was validated in a half-day workshop with the MoHSS team before it was finalized and printed.

Limitations of the report.

The data from the government and donor-funded HCWs presented in the report are from different time periods which makes comparison of the data difficult. This limitation will be mitigated once all donor HCW data is entered into the iHRIS and becomes the only source of data for the HCW status report.

The HCW status report presents the staffing situation for only the public health sector excluding information on the staffing situation in the private health sector. This is due to limited access to HCW data for the private sector. Future HCW Status Reports will address this issue by conducting primary data collection of private sector staffing data and with time including the private sector data in the iHRIS. The report did not assess disparities representation of persons with disabilities due to limited data, but this will be considered in the 2023 report.

Annex 5: Summary Mandates for the MoHSS Directorates

No	Directorates	Functions
1	Atomic Energy & Radiation Protection	Oversee atomic energy inspection and authorization, radiation regulations, nuclear applications.
2	Finance and Procurement	Financial management: budgeting and budget control, accounts payable, payroll and daily subsistence, allowances management and asset management. Manage procurement of goods/services/supplies. Develop relevant policies and guidelines to ensure efficient and effective utilization of resources. Ensure compliance of the Ministry to the State Finance Act, Public Procurement Act, and the relevant regulations and financial policies and directives.
3	General Management	Oversee general services (provision of general services, utilities, record management); fleet management (fleet acquisition, transport management, fleet repairs and maintenance, and fuel cards administration); legal support services; and security and risk management.
4	Health Technology and Facility Management	Manage physical facility planning (capital projects planning, budgeting, and contract management) and maintenance. Develop, monitor, and review health facilities standards and norms. Oversee health technology assessment and quality control. Oversee implementation of health facilities regulations (hospitals registration and health facilities licensing, user fees).
5	Health Information and Research	Manage health information services (data management services and integrated information services) and information technology (data center, infrastructure, application systems development, and maintenance and ICT support services). Oversee disease surveillance, emergency preparedness, and health research.
6	Special Programs	Design, manage and direct policy development, strategic planning, resource mobilization co-ordination, facilitation, and monitoring and evaluation of the national response across sectors. Oversee special programmes including HIV/AIDS control, Tuberculosis control and Malaria control.

No	Directorates	Functions
7	Human Resources	<p>Lead the formulation, implementation, monitoring, and evaluation of human resource policies, strategic plans.</p> <p>Manage human resources development and capacity building (pre-service, in-service, and continuous education and training).</p> <p>Manage staffing, industrial relations, performance management, human resource information management system, affirmative action, and employee wellness.</p>
8	Tertiary Health Care and Clinical Support Services	<p>Oversee clinical support services including radiographic services, medical laboratory services, medical equipment services, and ambulance services management.</p> <p>Oversee Windhoek Central Hospital Services.</p>
9	Pharmaceutical Services	<p>Oversee Pharmaceutical Services (central medical stores, national drug policy coordination, pharmaceutical control, and inspection).</p> <p>Coordinate drug control.</p>
10	Policy and Planning	<p>Oversee the formulation, implementation, monitoring, and evaluation of health policies, health financing and strategic plans. Generate evidence for policy decisions.</p> <p>Develop multilateral and bilateral cooperation for the health sector and promote public private partnerships. Coordinate partners and stakeholders in the health sector.</p> <p>Oversee decentralization of Health and Social Services.</p>
11	Primary Health Care Services	<p>Oversee the implementation of primary health care policies and services including:</p> <ul style="list-style-type: none"> Public Health and Environmental Health (occupational health services, environmental inspection and monitoring, public hygiene) Family Health (reproductive and child health, food and nutrition, oral health and dental services, community-based health care, and school health) Information, education, and communication (IEC) services Disability prevention and rehabilitative services
12	Social Welfare Services	<p>Oversee the developmental social welfare services including family welfare programmes, substance abuse prevention, drug control and rehabilitation programme, specialised social services, human security promotion and prevention of social problems, and social welfare information services.</p>
13	Training	<p>Responsible for in service training and continuous professional development.</p>

Annex 6: List of Categorized Government Cob Categories

Job Category	Grade	Categorization	Subcategory	Affirmative Action Classification
Accountant	8	Administrative Support	Accountants	Skilled
Accounts Assistant	11	Administrative Support	Accountants	Semi-Skilled
Acupuncturist	8	Clinical	Acupuncturist	Skilled
Administrative Officer	12	Administrative Support	Administrators	Semi-Skilled
Analyst Programmer	9	Administrative Support	ICT	Skilled
Artisan	10	Support Staff	Artisans	Semi-Skilled
Artisan Foreman	9	Support Staff	Artisans	Skilled
Artisan Handyman	13	Support Staff	Artisans	Unskilled
Assistant Librarian	10	Administrative Support	Assistant Librarian	Semi-Skilled
Boiler Operator	14	Support Staff	Boiler Operators	Unskilled
Chief Accountant	6	Administrative Support	Accountants	Specialized/Skilled/ Senior Supervisory
Chief Administrative Officer	8	Administrative Support	Administrators	Skilled
Chief Architect	5	Other Professionals	Architects	Specialized/Skilled/ Senior Supervisory
Chief Clinical Technologist	7	Clinical	Medical Technology	Skilled
Chief Computer Technician	9	Administrative Support	ICT	Skilled
Chief Control Officer	8	Administrative Support	Administrators	Skilled
Chief Dental Services	4	Clinical	Dental Cadres	Middle Management
Chief Dentist	4	Clinical	Dental Cadres	Middle Management
Chief Dietician	6	Clinical	Nutrition and Dietetics	Specialized/Skilled/ Senior Supervisory
Chief Engineer	5	Other Professionals	Engineers	Specialized/Skilled/ Senior Supervisory
Chief Engineering Technician	7	Support Staff	Engineering Technicians	Skilled
Chief Environmental Health Officer	7	Environmental Health	Environmental Cadres	Skilled
Chief Environmental Health Practitioner	7	Environmental Health	Environmental Cadres	Skilled
Chief Health Programme Officer	6	Health Program Officers	Health Program Officers	Specialized/Skilled/ Senior Supervisory
Chief Human Resource Practitioner	6	Administrative Support	Human Resource Practitioners	Specialized/Skilled/ Senior Supervisory
Chief Internal Auditor	6	Administrative Support	Internal Auditors	Specialized/Skilled/ Senior Supervisory
Chief Medical Officer	3	Clinical	Medical Officers	Senior Management
Chief Medical Physicist	5	Clinical	Radiation Therapy/ Radiographer	Specialized/Skilled/ Senior Supervisory
Chief Medical Superintendent	2	Clinical	Medical Officers	Senior Management

Job Category	Grade	Categorization	Subcategory	Affirmative Action Classification
Chief Medical Technologist	6	Clinical	Medical Technology	Specialized/Skilled/Senior Supervisory
Chief Occupational Therapist	5	Clinical	Occupational Therapy	Specialized/Skilled/Senior Supervisory
Chief Optometrist	5	Clinical	Eye Care	Specialized/Skilled/Senior Supervisory
Chief Orthotist / Prosthetist	5	Clinical	Orthopedic	Specialized/Skilled/Senior Supervisory
Chief Pharmacist	5	Clinical	Pharmacy	Specialized/Skilled/Senior Supervisory
Chief Physiotherapist	5	Clinical	Physiotherapy	Specialized/Skilled/Senior Supervisory
Chief Psychologist	5	Clinical	Psychology	Specialized/Skilled/Senior Supervisory
Chief Public Hygiene	6	Environmental Health	Environmental Cadres	Specialized/Skilled/Senior Supervisory
Chief Quantity Surveyor	5	Other Professionals	Surveyors	Specialized/Skilled/Senior Supervisory
Chief Radio Attendant	12	Support Staff	Radiation Therapy/Radiographer	Semi-Skilled
Chief Radiographer	6	Clinical	Radiation Therapy/Radiographer	Specialized/Skilled/Senior Supervisory
Chief Registered Nurse	6	Clinical	Nurses	Specialized/Skilled/Senior Supervisory
Chief Science and Technology Officer	5	Administrative Support	Health Information and Research	Specialized/Skilled/Senior Supervisory
Chief Security Operations Officer	6	Support Staff	Security	Specialized/Skilled/Senior Supervisory
Chief Security Orderly	10	Support Staff	Security	Semi-Skilled
Chief Social Worker	6	Social Workers	Social Workers	Specialized/Skilled/Senior Supervisory
Chief Speech Therapist	5	Clinical	Occupational Therapy	Specialized/Skilled/Senior Supervisory
Chief Statistician	6	Administrative Support	Health Information and Research	Specialized/Skilled/Senior Supervisory
Chief System Administrator	6	Administrative Support	ICT	Specialized/Skilled/Senior Supervisory
Chief Technical Assistant	12	Clinical	Medical Technology	Semi-Skilled
Chief Work Inspector	7	Support Staff	Works Inspectors	Skilled
Cleaner	15	Support Staff	Cleaners	Unskilled
Clinical Engineer	8	Other Professionals	Engineers	Skilled
Clinical Psychologist	6	Clinical	Psychology	Specialized/Skilled/Senior Supervisory
Computer Technician	11	Administrative Support	ICT	Semi-Skilled

Job Category	Grade	Categorization	Subcategory	Affirmative Action Classification
Control Administrative Officer	6	Administrative Support	Administrators	Specialized/Skilled/Senior Supervisory
Control Environmental Health Officer	5	Environmental Health	Environmental Cadres	Specialized/Skilled/Senior Supervisory
Control Health Programme Officer	5	Health Program Officers	Health Program Officers	Specialized/Skilled/Senior Supervisory
Control Registered Nurse	5	Clinical	Nurses	Specialized/Skilled/Senior Supervisory
Control Social Worker	5	Social Workers	Social Workers	Specialized/Skilled/Senior Supervisory
Control Work Inspector	6	Support Staff	Works Inspectors	Specialized/Skilled/Senior Supervisory
Cook	14	Support Staff	Cooks	Unskilled
Dental Intern	6	Clinical	Professional Interns	Specialized/Skilled/Senior Supervisory
Dental Surgery Assistant	11	Clinical	Dental Cadres	Semi-Skilled
Dental Technician	8	Clinical	Dental Cadres	Skilled
Dental Therapist	8	Clinical	Dental Cadres	Skilled
Dentist	5	Clinical	Dental Cadres	Specialized/Skilled/Senior Supervisory
Deputy Director	4	Senior Management	Deputy Directors	Middle Management
Deputy Executive Director	2	Senior Management	Deputy Executive Directors	Senior Management
Dietician	9	Clinical	Nutrition and Dietetics	Skilled
Director	3	Senior Management	Directors	Senior Management
Driver / Operator Driver	12	Support Staff	Drivers	Semi-Skilled
EEG & EGG Technical Assistant	12	Clinical	EEG/ECG Technical Assistant	Semi-Skilled
Emergency Care Practitioner (Basic)	11	Clinical	Ambulance officer/ Emergency Care	Semi-Skilled
Emergency Care Practitioner (Intermediate)	10	Clinical	Ambulance officer/ Emergency Care	Semi-Skilled
Emergency Care Technician	7	Clinical	Ambulance officer/ Emergency Care	Skilled
Engineer	6	Other Professionals	Engineers	Specialized/Skilled/Senior Supervisory
Engineer (Clinical)	6	Other Professionals	Engineers	Specialized/Skilled/Senior Supervisory
Engineering Technician	9	Support Staff	Engineering Technicians	Skilled
Enrolled Nurse	10	Clinical	Nurses	Semi-Skilled
Environmental Health Assistant	12	Environmental Health	Environmental Cadres	Semi-Skilled
Environmental Health Officer	9	Environmental Health	Environmental Cadres	Skilled

Job Category	Grade	Categorization	Subcategory	Affirmative Action Classification
Equipment Attendant	15	Support Staff	Equipment Attendants	Unskilled
Executive Director	1	Senior Management	Executive Directors	Executive Director
Health Assistant	13	Clinical	Clinical Assistive Personnel (Health Assistant)	Unskilled
Health Programme Officer	8	Health Program Officers	Health Program Officers	Skilled
Housemother	13	Support Staff	Housemothers	Unskilled
Human Resource Administrator	11	Administrative Support	Human Resource Practitioners	Semi-Skilled
Human Resource Practitioner	8	Administrative Support	Human Resource Practitioners	Skilled
Intern Clinical Psychologist	7	Clinical	Professional Interns	Skilled
Intern Occupational Therapy	8	Clinical	Professional Interns	Skilled
Intern physiotherapy	9	Clinical	Professional Interns	Skilled
Internal Auditor	8	Administrative Support	Internal Auditors	Skilled
Kitchen Supervisor	13	Support Staff	Cooks	Unskilled
Laborer	15	Support Staff	Laborer	Unskilled
Learning and Development Officer	8	Administrative Support	Learning and Development Officers	Skilled
Lithographic Operator	13	Clinical	Radiation Therapy/Radiographer	Unskilled
Medical Intern	6	Clinical	Professional Interns	Specialized/Skilled/Senior Supervisory
Medical Officer	5	Clinical	Medical Officers	Specialized/Skilled/Senior Supervisory
Medical Physicist	7	Clinical	Radiation Therapy/Radiographer	Skilled
Medical Rehabilitation Officer	10	Clinical	Occupational Therapy	Semi-Skilled
Medical Superintendent	3	Clinical	Medical Officers	Senior Management
Medical Technologist	9	Clinical	Medical Technology	Skilled
Messenger	15	Support Staff	Messengers	Unskilled
Mortuary Assistant	11	Support Staff	Mortuary Assistant	Semi-Skilled
No GRN Match		Other with no government equivalent	Other	#N/A
Nuclear Radiographer	7	Clinical	Radiation Therapy/Radiographer	Skilled
Occupational Therapist	7	Clinical	Occupational Therapy	Skilled
Occupational Therapist Assistant	12	Clinical	Occupational Therapy	Semi-Skilled

Job Category	Grade	Categorization	Subcategory	Affirmative Action Classification
Ophthalmic Assistant	8	Clinical	Eye Care	Skilled
Ophthalmic Clinical Officer	8	Clinical	Eye Care	Skilled
Optometrist	8	Clinical	Eye Care	Skilled
Orthopedic Assistant	10	Clinical	Orthopedic	Semi-Skilled
Orthopedic Technologist	8	Clinical	Orthopedic	Skilled
Orthotist / Prosthetist	8	Clinical	Orthopedic	Skilled
Pharmacist	7	Clinical	Pharmacy	Skilled
Pharmacist Assistant	10	Clinical	Pharmacy	Semi-Skilled
Pharmacy intern	9	Clinical	Professional Interns	Skilled
Physiotherapist	8	Clinical	Physiotherapy	Skilled
Physiotherapist/ Occupational and Speech Therapy	6	Clinical	Physiotherapy	Specialized/Skilled/ Senior Supervisory
Policy Analyst	6	Administrative Support	Policy	Specialized/Skilled/ Senior Supervisory
Porter	14	Support Staff	Porter	Unskilled
Senior Private Secretary	9	Support Staff	Private Secretary	Skilled
Private Secretary	13	Support Staff	Private Secretary	Unskilled
Psychological Counsellor	8	Clinical	Psychology	Skilled
Psychologist	6	Clinical	Psychology	Specialized/Skilled/ Senior Supervisory
Public Relations Officer	6	Administrative Support	Public relations Officers	Specialized/Skilled/ Senior Supervisory
Pupil Pharmacist Assistant	12	Clinical	Pharmacy	Semi-Skilled
Radiation Physicist	5	Clinical	Radiation Therapy/ Radiographer	Specialized/Skilled/ Senior Supervisory
Radio Attendant	13	Support Staff	Radiation Therapy/ Radiographer	Unskilled
Radiographer	7	Clinical	Radiation Therapy/ Radiographer	Skilled
Radiographic Assistant	11	Clinical	Radiation Therapy/ Radiographer	Semi-Skilled
Registered Nurse	8	Clinical	Nurses	Skilled
Science & Technology Officer	8	Administrative Support	Health Information and Research	Skilled
Security Operations Officer	8	Support Staff	Security	Skilled
Security Orderly	12	Support Staff	Security	Semi-Skilled
Senior Accountant	7	Administrative Support	Accountants	Skilled
Senior Administrative Officer	10	Administrative Support	Administrators	Semi-Skilled
Senior Artisan Foreman	8	Support Staff	Artisans	Skilled
Senior Boiler Operator	13	Support Staff	Boiler Operators	Unskilled

Job Category	Grade	Categorization	Subcategory	Affirmative Action Classification
Senior Cleaner	14	Support Staff	Cleaners	Unskilled
Senior Clinical Technologist	8	Clinical	Medical Technology	Skilled
Senior Dental Technician	7	Clinical	Dental Cadres	Skilled
Senior Dental Therapist	7	Clinical	Dental Cadres	Skilled
Senior Dietician	7	Clinical	Nutrition and Dietetics	Skilled
Senior Engineering Technician	8	Support Staff	Engineering Technicians	Skilled
Senior Environmental Health Officer	8	Environmental Health	Environmental Cadres	Skilled
Senior Health Assistant	12	Clinical	Clinical Assistive Personnel (Health Assistant)	Semi-Skilled
Senior Health Program Officer	7	Health Program Officers	Health Program Officers	Skilled
Senior Health Program Officer	7	Health Program Officers	Health Program Officers	Skilled
Senior Housemother	12	Support Staff	Housemothers	Semi-Skilled
Senior Human Resource Practitioner	7	Administrative Support	Human Resource Practitioners	Skilled
Senior Laborer	14	Support Staff	Laborer	Unskilled
Senior Medical Officer	4	Clinical	Medical Officers	Middle Management
Senior Medical Physicist	6	Clinical	Radiation Therapy/Radiographer	Specialized/Skilled/Senior Supervisory
Senior Medical Rehabilitation Worker	8	Clinical	Occupational Therapy	Skilled
Senior Medical Technologist	8	Clinical	Medical Technology	Skilled
Senior Mortuary Assistant	10	Support Staff	Mortuary Assistant	Semi-Skilled
Senior Occupational Therapist	6	Clinical	Occupational Therapy	Specialized/Skilled/Senior Supervisory
Senior Ophthalmic Clinical Officer	7	Clinical	Eye Care	Skilled
Senior Optometrist	6	Clinical	Eye Care	Specialized/Skilled/Senior Supervisory
Senior Orthopedic Technologist	7	Clinical	Orthopedic	Skilled
Senior Orthotist / Prosthetist	6	Clinical	Orthopedic	Specialized/Skilled/Senior Supervisory
Senior Pharmacist	6	Clinical	Pharmacy	Specialized/Skilled/Senior Supervisory
Senior Pharmacist Assistant	9	Clinical	Pharmacy	Skilled

Job Category	Grade	Categorization	Subcategory	Affirmative Action Classification
Senior Physiotherapist	6	Clinical	Physiotherapy	Specialized/Skilled/ Senior Supervisory
Senior Porter	13	Support Staff	Porter	Unskilled
Senior Psychological Counsellor	7	Clinical	Psychology	Skilled
Senior Radiographic Assistant	10	Clinical	Radiation Therapy/ Radiographer	Semi-Skilled
Senior Registered Nurse	7	Clinical	Nurses	Skilled
Senior Science & Technology Officer	6	Administrative Support	Health Information and Research	Specialized/Skilled/ Senior Supervisory
Senior Security Operations Officer	7	Support Staff	Security	Skilled
Senior Security Orderly	11	Support Staff	Security	Semi-Skilled
Senior Sewing and Laundry Attendant	13	Support Staff	Laundry Attendant	Unskilled
Senior Social Worker	7	Social Workers	Social Workers	Skilled
Senior Specialist	3	Clinical	Specialists	Senior Management
Senior Speech Therapist/ Audiologist	7	Clinical	Occupational Therapy	Skilled
Senior Statistician	7	Administrative Support	Health Information and Research	Skilled
Senior System Administrator	7	Administrative Support	ICT	Skilled
Senior Work Inspector	8	Support Staff	Works Inspectors	Skilled
Sewing And Laundry Attendant	14	Support Staff	Laundry Attendant	Unskilled
Social Worker	8	Social Workers	Social Workers	Skilled
Specialist	4	Clinical	Specialists	Middle Management
Speech Therapist	8	Clinical	Occupational Therapy	Skilled
Speech Therapist/ Audiologist	8	Clinical	Occupational Therapy	Skilled
Statistician	8	Administrative Support	Health Information and Research	Skilled
Switchboard Operator	14	Administrative Support	Switch Board Operators	Unskilled
Switchboard Superintendent	13	Administrative Support	Switch Board Operators	Unskilled
System Administrator	9	Administrative Support	ICT	Skilled
System Administrator	9	Administrative Support	ICT	Skilled
Technical Assistant	13	Clinical	Medical Technology	Unskilled
Work Inspector	9	Support Staff	Works Inspectors	Skilled
Workhand	14	Support Staff	Workhands	Unskilled

Annex 7: Key Contributors to the Report

No	Name	Title	Organization
1	Mr. Jeremia Nghipundjwa	Deputy Executive Director Policy Development and Resource Management	MoHSS Human Resource Directorate
2	Dr. Joyce T Shatilwe	Director Human Resources	MoHSS Human Resource Directorate
3	Anna Isaacs	Deputy Director Human Resource Management	MoHSS Human Resource Management
4	Karoline Shoombé	Chief Human Resource Practitioner – Human Capital System	MoHSS Human Resource Management
5	Niita Tauya	Chief Human Resource Practitioner – Recruitment	MoHSS Human Resource Management
6	Archelaus Shikemeni	Chief Human Resource Practitioner – Industrial Relations	MoHSS Human Resource Management
7	Chriszelda Apollus	Human Resource Practitioner - Human Capital Management System	MoHSS Human Resource Management
8	Emilia Paulus	Human Resource Practitioner - Human Capital Management System	MoHSS Human Resource Management
9	Illroy Munikonzo	Administrative Officer (HCMS)	MoHSS Human Resource Management
10	Veronika Magongo	Human Resource Practitioner - Human Capital Management System	MoHSS Human Resource Management
11	Elizabeth Kawela	Human Resource Practitioner - Human Capital Management System	MoHSS Human Resource Management
12	Rosetta Podeweltz	Chief Human Resource Practitioner	Windhoek Central Hospital
13	Elina Iihuwa	Human Resource Practitioner	Windhoek Central Hospital
14	Kaarina Egumbo	Human Resource Practitioner	Windhoek Central Hospital
15	Ujandja Veii	Human Resource Practitioner	Intermediate Hospital Katutura
16	Waltraud De Klerk	Chief Human Resource Practitioner	Intermediate Hospital Katutura
17	Leonard Simubali	Senior Human Resource Practitioner	Intermediate Hospital Katutura
18	Albertine Mpinge	Human Resource Practitioner	Intermediate Hospital Onandjokwe
19	Diogenus Kamati	Human Resource Practitioner	Intermediate Hospital Onandjokwe
20	Betty S. Nhinda	Human Resource Practitioner	Intermediate Hospital Oshakati
21	Luiza Sapalo	Human Resource Practitioner	Intermediate Hospital Rundu
22	Tracey Ndaula	Human Resource Practitioner	Intermediate Hospital Rundu
23	Fransina Mashu	Human Resource Practitioner	Erongo Region
24	Frieda Ilungu	Senior Human Resource Practitioner	Erongo Region
25	Martin Ileni	Administrative Officer	Erongo Region
26	Floris Keister	Senior Human Resource Practitioner	Hardap Region
27	Mathilda Julius	Human Resource Practitioner	Hardap Region
28	Silvester Sintago	Human Resource Practitioner	Kavango East Region
29	Angeline Kakororo	Human Resource Practitioner	Kavango East Region

No	Name	Title	Organization
30	Vaino Mbangu	Senior Human Resource Practitioner	Kavango West Region
31	Daniel Kapindali	Human Resource Practitioner	Kavango West Region
32	Agnetha P. Isaaks	Human Resource Practitioner	Kharas Region
33	Suzette Van Wyk	Human Resource Practitioner	Kharas Region
34	Brian Isaacs	Senior Human Resource Practitioner	Khomas Region
35	Petrus Shapwa	Human Resource Practitioner	Kunene Region
36	Lidwina Aipinge	Human Resource Practitioner	Kunene Region
37	Fenni Namupolo	Human Resource Practitioner	Ohangwena Region
38	Leevi Fannie Shapaka	Human Resource Practitioner	Ohangwena Region
39	Juanita Tokwe	Human Resource Practitioner	Omaheke Region
40	Lydia Ndjago	Human Resource Practitioner	Omaheke Region
41	Monika Shilunga	Senior Human Resource Practitioner	Omusati Region
42	Maghanaem Nakasole	Human Resource Practitioner	Omusati Region
43	Maria Sheya	Human Resource Practitioner	Oshana Region
44	Laimi Mbeeli	Senior Human Resource Practitioner	Oshana Region
45	Inali Nangombe	Human Resource Practitioner	Oshikoto Region
46	Donatila N. Iiputa	Human Resource Practitioner	Oshikoto Region
47	Immanuel Oaseb	Human Resource Practitioner	Otjozondjupa Region
48	Abraham Swartz	Chief Human Resource Practitioner	Otjozondjupa Region
49	Gloria Imbuwa	Senior Human Resource Practitioner	Zambezi Region
50	Jannety Chilinda	Senior Human Resource Practitioner	Zambezi Region
51	Shifotoka, Anna	Strategic Information Advisor	CDC, Namibia
52	Michael De Dlerk	Monitoring & Evaluation Advisor	CDC, Namibia
53	Pietersen, Ismelda	Senior HRH Technical Advisor	CDC, Namibia
54	Paulus Amuthenu	Human Resources Manager	GFATM
55	Dr. Norbert P. Forster	Country Director: I-TECH Namibia	International Training & Education Center for Health
56	Jordan Tuchman	Sustainability and Systems Strengthening Advisor	USAID, Namibia
57	Laurabeth Barland Muzart		USAID, Senior Advisor HIV/AIDS Prevention
58	Brantuo, Mary Nana Ama	Health Systems Advisor, Participatory Governance & Policy	World Health Organization
59	Annick Ranirisoa	Health Policy Advisor	Open Development EpiC Project.
60	Oretu Kavari	iHRIS Project Manager	Open Development EpiC Project.
61	Pandu Ipinge	HRH Analyst	Open Development EpiC Project.
62	Grace Namaganda	Senior HRH Advisor	Open Development EpiC Project.

