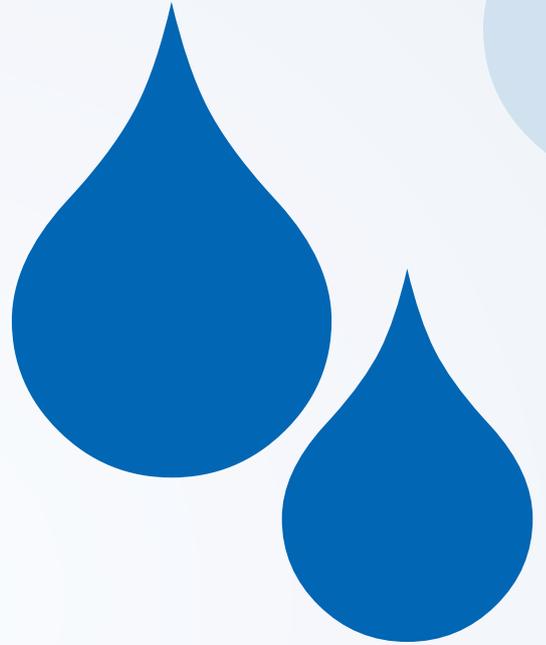




REPUBLIC OF NAMIBIA

MINISTRY OF HEALTH AND SOCIAL SERVICES



2023-2024 ANNUAL REPORT



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LIST OF ABBREVIATIONS AND ACRONYMS

Abbreviation	Full Meaning
AEFI	Adverse Events Following Immunisation
AfSBT	Africa Society of Blood Transfusion
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
BFHI	Baby Friendly Hospital Initiative
PNC	Postnatal Care
ART	Antiretroviral Therapy
CAYLHIV	Children, Adolescents and Youth Living with HIV
CBHC	Community-Based Healthcare
CCBHS	Comprehensive Community-Based Health Services
CDC	Centre for Disease Control
CD4	CD4+ T cells
CEHS	Continuity of Essential Health Services
CHWs	Community Healthcare Workers
CHPO	Chief Health Programme Officer
CMS	Central Medical Stores
CSSD	Central Sterile Services Department
CSE	Comprehensive Sexuality Education
COVID-19	2019 Coronavirus Disease
CT	Computerised Tomography Scan
DHIS-2	District Health Information System-2
DED	Deputy Executive Director
DR-TB	Drug-resistant Tuberculosis
DS-TB	Drug-Susceptible Tuberculosis
DSD	Differentiated Service Delivery
DTG	Dolutegravir
ECHO	Extension for Community Healthcare Outcomes
ECG	Electrocardiogram
ECSA	Emergency Care System Assessment
EHP	Environmental Health Practitioner
EHSP	Essential Health Service Package
EID	Early Infant Diagnosis
EMRS	Emergency Medical Rescue Services
EMS	Emergency Medical Services
EPI	Expanded Programme on Immunisation
ePMS	Electronic Patient Monitoring System
ERRC	Etegameno Rehabilitation and Resource Centre
FELTP	Field Epidemiology and Laboratory Training Programme
FNS	Food and Nutrition Subdivision
FY	Financial Year
GBV	Gender-Based Violence
HCW	Healthcare Worker
HIV	Human Immunodeficiency Virus
HIVST	HIV Self Testing
HRH	Human Resources for Health

HTS	HIV Testing Services
HUILOPs	Housing Units for Independent Low-income Older Persons
ICU	Intensive-Care Unit
ICT	Index Contact Testing
IFMS	Integrated Financial Management System
IPC	Infection Prevention and Control
IRS	Indoor Residual Spraying
IHK	Intermediate Hospital Katutura
IPD	In-patient Department
ITLS	International Trauma Life Support
KPs	Key Populations
LLINs	Long-lasting Insecticide Treated Nets
MaNICare	Maternal and Newborn Care Quality Improvement Collaborative
MD's	Maternal Deaths
MLS	Medical Laboratory Services
MPRC	Ministerial Policy Review Committee
MRI	Magnetic Resonance Imaging
NAEC	National Aids Executive Committee
NamBTS	Namibia Blood Transfusion Service
NND's	Neonatal and Newborn Deaths
NIP	Namibia Institute of Pathology
NIMART	Nurse Initiation and Maintenance of Antiretroviral Therapy
NITAG	National Immunisation Technical Advisory Group
NATS	Namibia Adolescent Treatment Supporters
NIPH	Namibia Institute of Public Health
NDHS	Namibia Demographic and Health Survey
NICU	Neonatal Intensive Care Unit
NMP	National Medicines Policy
NMSNDRC	National Maternal Stillbirth Neonatal Death Review Committee
NRPA	National Radiation Protection Authority
NSF	National Strategic Framework
NSI	Namibia Standards Institute
OIs	Opportunistic Infections
OPD	Out-patient Department
PACS	Picture Archival and Communication System
PCB	Patient Care Booklet
PCI	Primary Care International
PEPFAR	United States President's Emergency Plan for AIDS Relief
PICU	Paediatric Intensive Care Unit
PITC	Provider Initiated Testing and Counselling
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PrEP	Pre-exposure Prophylaxis
PMU	Programme Management Unit
PROSE	Promoting Resilience of Systems for Emergencies
PSEA	Protection from Sexual Exploitation and Abuse
QIS	Quality Information System
QMS	Quality Management System
QSL	Quality Surveillance Laboratory



RRT	Rapid Response Team
RDR	Regional Data Review
RM&E	Response Monitoring and Evaluation
RUTF	Ready to Use Therapeutic Food
SADC	Southern African Development Community
SGBV	Sexual Gender-Based Violence
SOP	Standard Operating Procedures
SRH	Sexual Reproductive Health
STIs	Sexually Transmitted Infections
STICU	Surgical Trauma Intensive Care Unit
SURGE	Strengthening and Utilising Response Groups for Emergencies
TASS	Transforming African Surveillance Systems
TB	Tuberculosis
TIPC	Therapeutics Information and Pharmacovigilance Centre
TPT	TB Preventive Therapy
TWG	Technical Working Group
UHC	Universal Health Coverage
NAIDS	United Nations Programme on HIV/AIDS
UNAM	University of Namibia
UNICEF	United Nations International Children's Emergency Fund
VAA	Vulnerability Assessment Analysis
VMMC	Voluntary Medical Male Circumcision
VPD	Vaccine Preventable Diseases
WASH	Water, Sanitation and Hygiene
WCH	Windhoek Central Hospital
WHO	World Health Organisation



FOREWORD

It is an honour to deliver the Annual Report for the Ministry of Health and Social Services for the fiscal year 2023/2024. This report reflects the collaborative efforts of the Ministry, its partners, and stakeholders to ensure that all Namibians have access to high-quality, equitable, and accessible health and social services. This aligns with our objective of Universal Health Coverage (UHC).

Significant achievements occurred in the latest fiscal year, encompassing enhancements in disease surveillance, improvements in primary healthcare delivery, and sustained investments in health infrastructure. We effectively advanced key objectives, including the formulation and execution of the policy framework for universal health coverage (UHC), the establishment of community-based health systems, and the enhancement of essential service delivery throughout all areas.

Moreover, we achieved substantial advancements in immunisation coverage, maternal and child health programmes, HIV/AIDS treatment, and malaria management. The achievements are attributable to the dedication of our health professionals and the exemplary relationships with development partners, civil society, and the corporate sector.

Nonetheless, we faced persistent challenges that continue to burden our healthcare system. Moreover, there is a rise in non-communicable illnesses, alongside a deficiency of specialised healthcare professionals, deteriorating infrastructure, and limited financial resources. Moreover, outbreaks of diseases such as measles and malaria have emerged, presenting threats that necessitate immediate and coordinated responses.

The Ministry is committed to addressing these issues through targeted investments in health infrastructure, workforce development, digital health technologies, and community health initiatives. The implementation of the universal health coverage policy would serve as a fundamental element to guarantee equal and sustainable access to healthcare by all Namibians.

I extend my sincere gratitude to all health professionals, partners, and stakeholders for their continued dedication and support during this process. We will collaboratively develop a resilient healthcare system that ensures inclusivity for all individuals.



Dr. Kalumbi Shangula
Minister, MP

PREFACE

This Annual Report provides a comprehensive review of the Ministry's performance for the reporting period, outlining strategic priorities, achievements, challenges, and recommendations for the future.

During the reporting period, the Ministry concentrated on four key pillars to strengthen the health system:

1. Human Resource Development and Retention.
2. Expansion and Modernisation of Health Infrastructure.
3. Improvement of Service Delivery.
4. Health Governance Reform and System Strengthening.

These priorities were informed by the overarching goal of advancing Universal Health Coverage (UHC) and improving health outcomes across the country. During the reporting period, the following milestones were achieved:

Policy and Governance

- Formulation of the Universal Health Coverage (UHC) Policy, a significant milestone toward ensuring that all Namibians have access to essential health services without financial hardship.
- Enhanced strategic partnerships, demonstrated through the signing of several Memoranda of Understanding and Cooperation Agreements with local and international stakeholders.

Health Infrastructure Development

- Commissioning of new clinics: Five clinics were completed and commissioned at Oshikulufitu, Shamaturu, Linyanti, Malengalenga, and Gcaruhwa, increasing access to primary healthcare services in underserved areas.
- Commissioning of dialysis units at Oshakati Intermediate Hospital and Katutura Hospital, improving access to specialised renal care.
- Construction of Intensive Care Units (ICUs) at Katima Mulilo and Keetmanshoop District Hospitals to strengthen critical care capacity.

Human Resources for Health

- Maintained a staff complement of over 6,000 employees, with 1,702 additional posts filled during the reporting period to address shortages and strengthen service delivery.
- Continued investment in capacity building, with 235 staff members approved for various training programmes to enhance professional skills and competencies.

Financial and Operational Performance

- Achieved a 100% execution rate for operational budgets, ensuring uninterrupted delivery of essential services.
- Attained an 82% execution rate for development (capital) projects, despite challenges related to timelines and procurement processes.
- Demonstrated financial prudence and accountability through effective resource management, while highlighting the need to reduce medical-related litigation claims, which continue to pose financial risks.

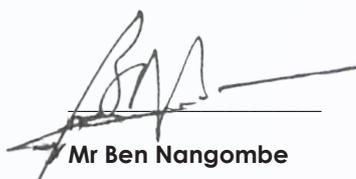
Despite notable progress, the Ministry faced several challenges that impacted the pace and scale of implementation:

- Infrastructure delays due to procurement constraints and budgetary limitations.
- Human resource gaps in specialised fields and high staff turnover in remote areas.
- Increased litigation cases, resulting in significant financial liabilities.
- Rising demand for services, placing pressure on existing facilities and resources.

To consolidate gains and address outstanding challenges, the Ministry will:

- Accelerate implementation of the UHC Policy, supported by regulatory and financing frameworks.
- Strengthen infrastructure development, with a focus on timely completion of projects and improved monitoring systems.
- Enhance human resource strategies, including retention incentives and continuous professional development.
- Improve governance and legal risk management, reducing litigation through proactive measures and quality assurance.
- Ensure efficient budget utilisation, aligning expenditure with strategic priorities for greater impact.

The reporting period reflects the Ministry's resilience and commitment to fulfilling its mandate despite economic constraints and operational challenges. Going forward, strategic partnerships, innovation, and accountability will remain central to building a robust health system that delivers on the promise of Universal Health Coverage for all Namibians.



Mr Ben Nangombe

Executive Director

CHAPTER 1: INTRODUCTION

This annual report presents the activities and outcomes of the Ministry of Health and Social Services (MHSS) for the 2023/2024 financial year. The reporting period was characterised by continued efforts to strengthen health systems and improve the quality of health and social services across Namibia, in line with the draft Universal Health Coverage (UHC) Policy.

The mandate of the Ministry of Health and Social Services (MHSS) under the 2017-2022 strategic Plan was “to oversee and regulate public, private and non-governmental sectors in the provision of quality health and social services, ensuring equity, accessibility, affordability and sustainability”. Significant progress was made in the following areas under the strategic pillars of People Well-Being, Operational Excellence and Talent Management, such as:

- 1) Capacity building of health professionals and support staff.
- 2) Enhancement of service delivery across health and social welfare sectors.
- 3) Drafting of new legislation, currently awaiting Cabinet approval before gazetting.

The report outlines key achievements, challenges and recommendations to inform future planning, policy direction and programme implementation.



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

Throughout the 2023/2024 financial year, the Ministry of Health and Social Services (MHSS) implemented a wide range of preventive, curative and rehabilitative services across the country. These efforts were geared towards strengthening health system performance and increasing access to quality services under Universal Health Care (UHC).

Namibia has reported the following information on performance across key programme areas in health status for all ages. Namibia's life expectancy remains below the African average of 63.6 years (WHO, 2024). In terms of access to services, HIV treatment recorded the highest coverage score, while diabetes care had the lowest level of service access.

Namibia continues to make progress in reducing neonatal and maternal mortality. The neonatal mortality rate currently stands at 19 per 1,000 live births (WHO, 2024). In 2023/2024, a total of 586 neonatal and newborn deaths (NNDs) were recorded out of 83,492 live births, compared to 647 NNDs out of 87,906 live births in the previous year. The majority of NNDs were recorded in the following regions: Oshana, 158 deaths; Khomas, 158 deaths; Oshikoto, 54 deaths; Otjozondjupa, 42 deaths, Omaheke and Erongo, 30 deaths each. According to the DHS2 newborn mortality is 10.8 per 1000 (target: 8 per 1000), equivalent to 498 deaths per year (2023).

The current under-five mortality rate according to the DHS2 for 2023/2024 stands at 23.3 per 1000 (target: 23 per 1000), with 539 deaths per year. The maternal mortality ratio (MMR) decreased from 354 deaths per 100,000 live births in 1985 to 139 per 100,000 live births in 2023. The maternity mortality rate is significantly lower than the African regional average of 442 (WHO, 2024).

There has been a considerable rise in non-communicable diseases such as Diabetes Mellitus, hypertension and various forms of cancer. Cervical cancer is the leading cause of cancer mortality among women, with the highest number of cases reported in the Khomas Region. Recent national data indicate that 740 new cases of Diabetes Mellitus were diagnosed, resulting in 33 reported deaths. Hypertension cases were significantly higher, with 2,036 new diagnoses and 69 related deaths recorded (DHS2).

A total of 9,200 drug-susceptible Tuberculosis (TB) cases were reported in 2023, representing a 6.9% increase from 2022 and a notification rate of 304 cases per 100,000 population. The overall treatment success rate for all TB cases remained at 87%. A total of 420,908 individuals were tested for HIV infection, the majority of whom were women. The overall positivity yield was

7%, with the highest rate recorded in Zambezi region. The HIV recent Infection Study showed 97% long-term infections and 2.7% recent infections. Viral load suppression of more than 90% across most age groups was achieved among people living with HIV/AIDS.

The country continued to report cases of Acute Flaccid Paralysis (AFP) and the needed investigations were conducted. The polio detection rate of 2.4 per 100,000, with stool adequacy at 79%. The measles detection rate was 12.2 per 100,000, with 95% specimen collection.

2.1 POLICY AND LEGAL ENVIRONMENT FOR HEALTH SERVICE DELIVERY

Universal Health Coverage (UHC) Framework

The policy was under development and outlines a clear vision and roadmap to strengthen the delivery of accessible, high-quality health and social services for all, ensuring that no one suffers as a result of financial hardship.

2.2 LEGAL SERVICES

Key achievements

Memoranda of Understanding (MOUs) Concluded:

- Star for Life // MHSS
- Paulia Caring Foundation // MHSS
- EPR Flagship // MHSS
- Addendum for Namcare // MHSS
- China and Namibia cooperation in the field of health

Legislative Work:

Successfully managed the Covid-19 Regulations in accordance with the Public and Environmental Health Act, 2015 (Act No. 1 of 2015).

Case Management

A total of 11 cases or complaints were recorded:

- 5 cases of medical negligence
- 4 labour disputes
- 1 debt recovery matter
- 1 breach of contract

Litigation

An amount of N\$1,358,344.94 was paid out for litigation against the Ministry.

Challenges and shortcomings

The Division experienced several challenges impacting its efficiency and effectiveness. A primary concern was the delayed submission of accident and incident reports, along with other required documentation, by various health facilities. In some cases, requested documents and files were misplaced

or lost, significantly hindering the Office of the Attorney General's ability to provide a robust legal defence for the Ministry.

Additionally, the finalisation of bills and legislative amendments was delayed due to the substantial workload faced by the Office of the Attorney General and legal drafters. It should be noted that these offices are responsible for providing legal services to all ministries and government entities, which further contributes to these delays.

Recommendations

- Increase the staff complement in the Division to ease the workload.

2.3 DEVELOPMENT COOPERATION

Key Achievements

- The initial target was to finalise four (4) Memoranda of Agreement (MoAs); however, seven (7) were successfully completed, exceeding the planned goal.
- One (1) Bilateral National Commission (BNC) session was successfully held during the reporting period.
- Joint Permanent Commission of Cooperation (JPCC): Four (4) JPCC meetings were attended.

Challenges and Shortcomings

Bilateral National Commission (BNC)

According to the Ministry of International Relations and Trade calendar, four (4) BNC sessions were planned. However, only one was held.

The main challenge was the unavailability of Heads of State to chair these sessions due to competing priorities.

Joint Permanent Commission of Cooperation (JPCC)

The target was to attend twelve (12) JPCC meetings, but only four (4) were convened, resulting in a shortfall of eight (8) meetings. The primary challenge was the frequent postponement of these meetings by the Ministry of International Relations and Trade.

Recommendations

- Increase capacity within the legal and administrative units to manage the growing number of agreements.
- Streamline processes for drafting, reviewing, and approving agreements to reduce turnaround time.

2.4 HEALTH INFRASTRUCTURE

During the reporting period, the Ministry made significant progress in expanding and improving

health infrastructure across the country.

Completed Hospital Components

The following hospital components were completed:

- Namibia Institute of Pathology Laboratory at Mariental Hospital
- Keetmanshoop MDR-XDR TB Ward
- Omuthiya Hospital Water Tower Construction
- Okahao Hospital Electrical Upgrade
- Katutura Hospital Casualty Unit
- Onandjokwe Pediatric Ward

Completed and Commissioned Clinics

The following clinics were completed and commissioned:

- Oshikulufitu (Omusati)
- Shamaturu (Kavango East)
- Linyanti and Malengalenga (Zambezi)
- Gcaruhwa (Kavango West)

Additionally, **Onamafila PHC Clinic (Ohangwena)** was completed, although it is not yet functional.

Renovations and Upgrades

To provide a conducive environment in public health facilities, the Ministry undertook major renovations, including:

- Renovation of Erongo RMT Office
- Renovation of MoHSS Head Office PHC Office Block
- Upgrades at Oshakati Hospital Psychiatric Ward
- Installation of new UPS systems and re-earthing at Windhoek Central Hospital
- Alterations of a ward at Keetmanshoop District Hospital for medical internship, including setting up a dialysis unit
- Supply and delivery of a new standby generator at Mariental Hospital, with servicing and relocation of the existing generator to Maltahöhe Health Centre
- Renovations at Katutura Intermediate Hospital (6th and 7th floors)

Specialised Services

To reduce referrals to the private sector, the Ministry continued its programme to establish specialised units in public hospitals:

- Dialysis Units: Commissioned at Oshakati Intermediate Hospital and Katutura Hospital
- Intensive Care Units (ICUs):
 - Established at Katima Mulilo and Keetmanshoop District Hospitals
 - Field ICUs set up at Outapi and Walvis Bay with financial assistance from the U.S. Department of Defence

Projects Under Construction

- PHC Clinics: Onanghulo, Okondjatu and Epupa
- ICUs and related facilities:
 - Oshakati Intermediate Hospital ICU
 - Rundu ICU and Dialysis Unit
 - Gobabis ICU and Operating Theatres
 - Mariental ICU
 - Windhoek Central Hospital Pediatric ICU
- Staff accommodation at Ariamsvlei and Noordoewer
- Aussenkehr Health Centre
- Renovations of:
 - Gobabis District Hospital Operating Theatre
 - Katima Mulilo District Hospital Dental Unit
 - Katutura Hospital 5th Floor
- Construction of Onandjokwe Maternity Ward

Registration of Health Facilities

The Ministry continued to register all new health facilities and process annual renewals. During the reporting period:

- **744 applications** were recorded for new or renewal registrations of private health sector providers

232 consulting rooms for various disciplines were registered, predominantly in urban centers



3.1 HUMAN RESOURCES

3.1.1 Talent Management

Key achievements

- Staffing: 65% of ministerial posts filled (13,856 of 21,389); total staff on board: 16,007.
- Recruitment: 1,702 staff recruited or transferred in; 866 left, mainly due to resignations (578) and retirements (240). Net gain: 836 staff.
- Cuban volunteers: 84 provided health services across all 14 regions.
- Performance Agreements (PAs): 5,683 (41%) signed; 1,915 (34%) reviewed.
- Health worker ratios per 1,000 population:
 - Doctors: 1.46 (target: 1.43) – target exceeded.
 - Nurses: 5.44 (target: 5.64) – below target.
 - Pharmacists: 1.05 (target: 0.59) – target exceeded.

3.1.2 Human Resource Development

Key achievements

- Staff development: 210 students trained abroad (Zambia, Russia and Cuba) as well as at UNAM, N\$85 million spent on pre-service costs.
- 433 staff under training, including medical, nursing specialisations and undergraduate programmes.
- Training approvals: 235 applications approved; 5 staff members attended courses abroad; 15 completed leadership training.
- Wellness initiatives: Employee wellness report finalised; workshops and orientation sessions held.

Challenges and shortcomings in Human Resources

- High rates of misconduct, including theft, absenteeism and abscondment.
- Limited funding for training.
- Delayed absorption of trained professionals.
- 19 of 32 (59%) training plans submitted to OPM.

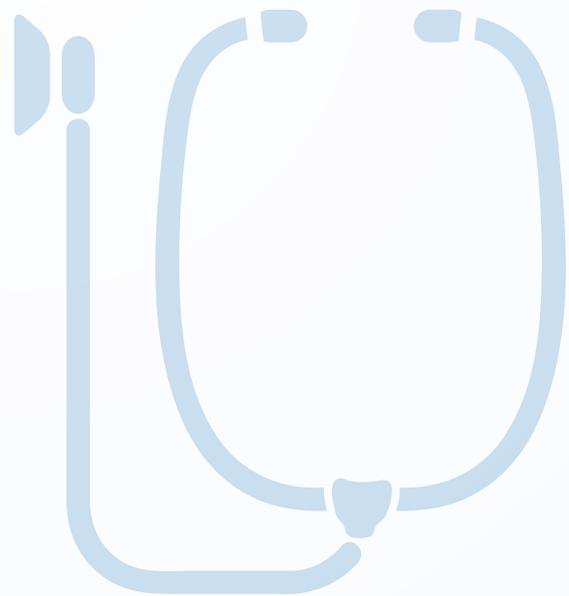
- Staff shortages and equipment gaps affecting wellness programmes.
- Staff losses due to various reasons, as shown in the figure below.

Figure 1: Reason for staff losses

The main reason for staff losses was resignations (578), suggesting that many left voluntarily for better opportunities or personal reasons. Retirements followed with 240 cases, reflecting natural attrition. Other reasons included transfers to other OMA's (22), deaths (15), and dismissals due to misconduct (11).

Recommendations for Human Resources

- Strengthen accountability, training and support systems.
- Secure additional funds for training.
- Prioritise the recruitment of trained professionals.
- Improve performance review culture.



CHAPTER 4: FINANCE AND PROCUREMENT

4.1 FINANCIAL MANAGEMENT

4.1.1 Budget Allocation and Expenditure

- **Total budget:** N\$9.97 billion
 - Operational: N\$9.76 billion (98%) – 100% spent
 - Developmental: N\$217.9 million (2%) – 82% spent; N\$38.9 million unspent

4.1.2 Revenue Collection

- Expected revenue: N\$65.6 million (a 13% decrease from previous year's N\$75.4 million)

4.2 PROCUREMENT

Key achievements

- N\$1.64 billion in procurement awards and N\$260 million in contract extensions
- 41 out of 43 Service-Level Agreements signed
- Contracts awarded for meal provision, except in Erongo and Zambezi
- Quarterly reports submitted to Central Procurement Board and Procurement Policy Unit
- 140 supplier code updates processed

Challenges and shortcomings

- Late or missing contract assessment reports
- Delays in receiving bank guarantees from suppliers
- Errors in capturing procurement numbers in the financial system

Recommendations

- Improve data accuracy in procurement records
- Strengthen supplier engagement and compliance

4.3 STORES AND ASSET MANAGEMENT

Key achievements

- All 68 stock control points conducted stocktaking; 45 reports approved by Treasury
- 15 auctions conducted for vehicles and loose items

Challenges and shortcomings

- Staff shortages hindered auction oversight and reporting
- Incomplete stock reports impact accurate asset valuation
- Delayed submissions and inconsistent stocktaking practices
- Inadequate storage and non-compliance with Treasury instructions

Recommendations

- Compile auction reports consistently
- Improve completeness and timeliness of stocktaking reports

CHAPTER 5: PUBLIC HEALTH SERVICES

5.1 PRIMARY HEALTHCARE

5.1.1 Family Health

Community-Based Healthcare and School Health Services

Key Achievements

- Drafted Community-Based Healthcare (CBHC) Policy and Community Health Workers (CHW) Strategy, awaiting validation.
- Revised the integrated School Health Policy, awaiting Cabinet approval.
- Launched a national collaboration to transition community-based (Anti-retroviral Therapy (ART) sites into health posts.
- Forty-seven schools assessed and awarded for health programmes under the Healthy School Promotion initiative.

Oral and Dental Services

Key achievements:

- Installed 17 dental chairs, launched dental orientation programmes, commemorated Oral Health Day.
- Attended to 193,977 dental patients, with an observed increase in workload.

Food and Nutrition

- Malnutrition fatality rate: 8.52% (4,506 cases, 384 deaths).
- Anaemia prevalence: 8.6% among pregnant women.
- Breastfeeding initiation: 81.5% out of 76,762 live births.
- Low birth weight: 12.7%.
- Nutrition quantification plan in place.
- Revised baby friendly Hospital Initiative (BFHI) and Severe Acute Malnutrition (SAM) training protocols.
- Conducted stakeholder nutrition consultations and mentoring sessions.

Family Planning and Adolescent Health

Key achievements

- Community engagement reached 1,829 gatekeepers.
- Trained 150 health workers in four regions.

Safe Motherhood and Newborn Care and Prevention of Mother-to-Child Transmission (PMTCT) of HIV

Safe Motherhood and Newborn Care

Key achievements

- 98.6% of HIV-exposed infants were HIV-free.
- 98% of births occurred in hospitals.
- Recorded 33 maternal deaths and 586 neonatal deaths recorded.

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

Key achievements

- Revised guidelines and Standard Operating Procedures (SOPs).
- Conducted a national validation exercise for the Elimination of Mother-to-Child Transmission (EMTCT) of HIV.

Integrated Management of New-born and Childhood Illnesses (IMNCI)

Key Achievements

- Participated in Early Childhood Development progress tracking with UNICEF and the Ministry of Gender in Rwanda (2023).

Expanded Programme on Immunisation (EPI)

Key achievements

- Revised national immunisation schedule and completed Measles-Rubella campaign.
- Established the NITAG, introduced the Human Papilloma Virus (HPV) vaccine plan and procured critical vaccine storage equipment.
- Held multiple international workshops and local training sessions on surveillance and immunisation.

The table below shows district coverage for selected antigens. Some districts report immunisation coverage rates above 100%, possibly due to cross-border movements or children receiving vaccinations outside their districts. However, several districts remain below the recommended threshold of 80% for key EPI antigens.

List of antigens provided: Oral Polio Vaccine (OPV), Diphtheria, Pertussis, Tetanus, Haemophilus Influenza Type B (HIB) and Hepatitis (Known as the Penta vaccine combined dose), Measles and Rubella (MR), Rota virus (Rotasii), Mumps, Meningococcal, Hepatitis A and Human Papilloma Virus.

Table 1: Districts and national vaccination coverage for selected antigens in 2023 (%)

District	MR 1	MR2	OPV 1	OPV3	Penta 1	Penta3
Andara	103	74	70	70	96	93
Aranos	89	67	72	71	78	83
Eenhana	104	85	101	100	114	104
Engela	99	77	86	79	94	88
Gobabis	108	68	109	105	108	106
Grootfontein	115	59	97	87	103	95
Karasburg	133	93	101	121	101	121
Katima Mulilo	111	83	105	98	129	113
Keetmanshoop	86	67	75	75	78	77
Khorixas	75	49	67	75	67	75
Luderitz	91	73	83	74	93	88
Mariental	107	73	98	96	108	106
Ncamagoro	198	178	225	225	249	247
Nkurenkuru	166	120	175	160	190	174
Nyangana	106	81	105	102	115	109
Okahandja	156	81	123	119	139	130
Okahao	100	87	94	101	95	99
Okakarara	125	72	120	121	119	119
Okongo	141	115	111	116	119	125
Omaruru	96	65	74	70	81	75
Omuthiya	106	103	89	95	92	97
Onandjokwe	91	107	74	71	92	90
Opuwo	87	56	88	64	101	74
Oshakati	98	104	89	88	96	94
Oshikuku	110	81	84	83	98	97
Otjiwarongo	101	56	87	92	97	101
Outapi	110	71	106	96	123	109
Outjo	151	105	148	141	150	139
Rehoboth	64	51	86	72	90	75
Rundu	77	43	78	75	80	75
Swakopmund	77	62	81	79	84	80
Tsandi	82	81	82	72	83	81

Tsumeb	138	159	103	116	120	115
Usakos	103	66	89	88	89	86
Walvis Bay	88	67	79	81	85	83
Windhoek	62	47	70	61	72	64
National	95	74	90	85	98	92

Non-Communicable Diseases (NCDs)

Key Points:

- Diabetes: highest prevalence in Oshikoto, with the highest number of deaths in Khomas.
- Hypertension: highest number of cases in Kavango East, with most deaths in Khomas.
- Cervical cancer remains the leading cause of cancer mortality among women, with the highest incidence in Khomas.

Key achievements:

- Developed the Essential NCD Interventions (PEN) Guidelines.
- Trained healthcare workers in five regions, with post-training assessments conducted in three.

Challenges and shortcomings of Family Health division

Outreach and School Health Services

- Outreach coverage dropped from 87% (2022/23) to 76% (2023/24) due to staff and transport constraints.
- School health teams reached only 12% of 2,002 primary schools.
- Many schools have poor WASH (Water, Sanitation and Hygiene) facilities.

Human Resource and Capacity Constraints

- Scarcity of dental workers limits service delivery and integration of new graduates.
- Termination of UNICEF-funded EPI Support Officer Contracts created a staffing gap.
- Short-term contracts and high turnover reduce capacity for P-Tracker and data management.

Supply chain and essential commodities

- Frequent stockouts of dental products, Ready-to-Use Therapeutic Food (RUTF), family planning commodities, essential NCD drugs and vaccines disrupt service delivery.
- Intermittent vaccination stockouts affected EPI service continuity.

Data Management and Health Information Systems

- DHIS2 data issues persist due to obsolete tools, missing data elements and incomplete death notifications.
- E-notification delays due to poor connectivity and incomplete medical cause-of-death certificates.
- Micronutrient analysis delayed due to late lab supplies and inadequate data collection.
- P-Tracker limitations hinder timely data entry and reporting.
- Cross-border vaccination coverage anomalies (over 100%) highlight data inconsistencies.

Patient Care and Programme Implementation Challenges

- HIV-negative pregnant and breastfeeding women are underutilising PrEP.
- NMSNDRC findings show referral delays, inadequate patient monitoring and suboptimal clinical treatment.

Recommendations for the Family Health Division

- Strengthen collaboration to improve inadequate WASH facilities in schools.
- Update oral health guidelines and policies to meet current clinical standards and best practices.
- Promote the establishment and allocation of dental posts in underserved and remote areas to enhance access.
- Upgrade mobile dentistry trucks to reach hard-to-reach communities.
- Develop a service and maintenance strategy for dental infrastructure and equipment.
- Develop a Nutrition Response Plan focusing on prevention and treatment of drought-related malnutrition.
- Enhance coordination with CMS to secure essential nutrition commodities like WHO-recommended F75 and F100 therapeutic foods.
- Analyse DHIS2 data to identify priority areas and replicate successful strategies, especially in Infant and Young Child Feeding (IYCF).
- Collaborate with NSI technical committees

and secure funding for Nutrition Unit participation in food standards development.

- Finalise and implement the midwife ultrasound training curriculum.
- Enhance the Antenatal Care (ANC) passport by incorporating birth and emergency plans.
- Increase community awareness through local-language radio and digital media campaigns.
- Review, update and print improved Integrated Management of Neonatal and Childhood Illness (IMNCI) training materials and chart booklets.
- Produce digital Information, Education and Communication (IEC) materials aligned with the IMNCI framework and the 1,000 Days Nutrition programme.

5.1.2 Environmental Health Services

Water and Sanitation

Key achievements:

- Five villages in Zambezi Region declared open defecation-free.
- Water, Sanitation and Hygiene (WASH) assessments were conducted in six regions, along with drowning prevention and safe water roadshows.
- Global Handwashing Day and World Toilet Day commemorated.

Public Hygiene

Key achievements:

- Forty-five hazardous licences were issued.
- World No Tobacco Day was commemorated.
- Local officers were trained on the Tobacco Products Control Act.

Food Safety and Occupational Hygiene

Key achievements:

- The Food Safety Bill was drafted and is awaiting Cabinet submission.
- Participated in stakeholder meetings and attended a regional workshop.

Port Health Services

Key achievements:

- Port Health Officers were appointed at critical points.

- Conducted IHR training and participated in cross-border cholera meeting.

Challenges and shortcomings of Environmental Health Services

- Lack of potable water sampling equipment for quality monitoring.
- Insufficient funds for latrine construction in rural areas and IEC materials on WASH.
- High staff turnover due to low salaries and grading issues.
- No Public Hygiene Programme Officer appointed.
- Lack of food sampling tools and poor infrastructure at several Points of Entry (PoEs).
- Absence of staff accommodation and communication tools at many PoEs.

Recommendations for Environmental Health services

- Procure communication devices and improve infrastructure at all PoEs.
- Provide staff housing at border posts for Environmental Health Practitioners.
- Advocate for recruitment and proper grading of Environmental Health Practitioners.
- Allocate a budget for latrine construction, WASH IEC and sampling equipment.

5.1.3 Health Promotion and Education

Health Promotion and IEC Material Development

Key achievements

- Four COVID-19 mental health awareness billboards were updated at Central Hospital (Khomas).
- Active public engagement took place at the Windhoek Agricultural Show and the Ongwediva Trade Fair.
- A national COVID-19 documentary was produced in six regions, capturing survivor experiences and inter-ministerial collaboration.
- Development of National Health Promotion Policy is 70% complete.

Risk Communication and Community Engagement (RCCE)

Key achievements

- RCCE Officers were recruited in 13 regions (excluding Kavango West), with the National

Officer's contract extended to September 2024.

- RCCE orientation and multimedia training were conducted for 47 participants.
- The National RCCE strategy was drafted and is pending management review.
- World Health Day 2023 was led in the Kunene Region under the theme "Health for All".
- Supported national health commemorations, including World AIDS Day and World TB Day.
- Developed social media materials to support public mobilisation.

Challenges and shortcomings of the Health Promotion and Education Division

- Lack of essential equipment, such as computers, projectors, storage and PA systems.
- IEC materials not translated into local languages or widely printed.
- Staff shortages, particularly IEC Officers.
- Lack of consistent branding and identity for MHSS.

Recommendations for the Health Promotion and Education Division

- Promote capacity building for community health workers (CHW) and integrate RCCE at regional level.
- Produce IEC materials in local languages.
- Recruit district-level staff for health promotion and emergency readiness.

5.1.4 Disability Prevention and Rehabilitation (DPR)

Blindness Prevention

Key achievements

- Trachoma and NTD surveys were conducted in Kunene and Zambezi regions.
- Eye care services were provided mainly in Windhoek and Oshakati.

Deafness Rehabilitation

Key achievements

- Basic rehabilitation services for persons with hearing impairment continued.
- However, the programme lacked strategic activities due to a vacant leadership post.

Mental Health

Key achievements

- The Mental Health Bill and accompanying regulations were finalised (awaiting official approval).
- Mental health awareness activities and training sessions were conducted.
- Two Mental Health Boards were inaugurated.
- Focal persons were appointed in 13 regions and strategic planning was initiated.
- Five nurses completed postgraduate training in mental health at UNAM.
- Training was developed and implemented for police and correctional officers.

Physiotherapy and Occupational Therapy

Key achievements

- Windhoek Central Hospital's Physiotherapy Department was accredited by HPCNA.
- Twenty-six physiotherapists are in service; 15 new graduates from UNAM under internship.
- Sixteen Occupational Therapists are employed; most of whom are expatriates.
- Windhoek Central Hospital's OT Department was accredited for student placements.
- Eight new Occupational Therapists graduated in 2023, with nine undergoing internships.
- A total of 480 wheelchairs distributed.

Community-Based Rehabilitation

Key achievements

- Eleven district-level medical rehabilitation workers were deployed nationwide.

Orthopaedic Technical Services (OTS)

Key achievements

- The Prosthetics and Orthotics Policy was approved by the Executive Director and is awaiting submission to the National Planning Commission.
- Services are operational in six major centres and their satellite units.
- Prosthetic materials with N\$6 million were procured and refresher training was provided.
- A total of 14,355 patients received prosthetics and orthotic devices.

Challenges and shortcoming of the DPR division

- Severe shortage of specialists: only three orthoptists, 16 technologists, six assistants.
- Lack of well-equipped facilities for prosthetics and orthotics services.
- Procurement delays result in long waiting lists.
- Vacant leadership posts in the Deafness and Blindness Prevention programmes.
- Only one audiologist serving the entire country.

Recommendations for the DPR division

- Fill vacant national positions for Deafness and Blindness Prevention.
- Finalise and implement the Deafness Prevention and Rehabilitation guidelines.
- Finalise strategic documents, such as the Deafness Rehabilitation framework.
- Decentralise prosthetics and orthotics services to improve accessibility.

5.2 DISEASE CONTROL (DIRECTORATE OF SPECIAL PROGRAMMES)

5.2.1 Liaison Office

Key achievements

- Supported the launch of the Cervical Cancer Awareness Campaign, STI Treatment Guidelines, Condomise Campaigns in six regions and universities, Pelebox Smart Lockers under mentorship programme and Social Mobilisation Toolkit Training for malaria.
- Procured PrEP promotional and IEC materials (funded by USAID)

5.2.2 HIV/AIDS and Sexually Transmitted Infections (STIs)

HIV Testing Services (HTS) and Antiretroviral Therapy (ART)

Key achievements

- A total of 420,908 individuals tested, the majority being women
- Overall positivity yield: approximately 1.7% (highest in Zambezi)
- Linkage to ART: 94.3% (Females 93.9%, Males 95%)
- HIV Recent Infection Study: 97% long-term, 2.7% recent infections
- Index testing services: 8,406 offered, 7,514

accepted.

- 6,846 contacts elicited; 61% traced; 7% tested HIV-positive.
- 96% of HIV-positive contacts linked to ART.
- Held four National AIDS Executive Committee (NAEC) meetings.
- Coordinated the Sustainability Plan for HIV, TB and Malaria, and hosted roadmap workshop.
- MIMS programme launched first partner data review.
- Conducted HIV profile validation and procured data equipment for facilities. Highest ART enrolment recorded in the 20-24-year age group.
- Viral load suppression above 90% across most age groups.
- Delivered comprehensive paediatric ART training for 181 HCWs across eight regions.
- Model clinics designated in Katutura and Rundu.
- Conducted joint DSP and PHC visits to Kunene and Hardap, focusing on adolescent services and mental health.

Namibia Adolescent Treatment Supporters (NATS) and MenStar Programme

Key achievements

- NATS programme expanded to eight regions, with 21 peer supporters trained.
- 173 teen clubs established nationwide with 4,980 members.
- 266 HCWs trained on customer-oriented care for men
- MenStar Coaching Model Concept note approved, 98 coaches trained.
- Men's health-seeking behaviour study completed.

Differentiated Service Delivery (DSD)

Key Achievements

- Community Adherence Groups: A total of 21,545 clients were enrolled in CAGs nationwide. Notably, this marks the first time CAG data were reported electronically.
- CCBHS Services: 5,189 clients received services through CCBHS, with the highest uptake reported in Ohangwena, Oshikoto, Omusati and Oshana.

Minor Engineering Works and Prefabricated Structures and procurement of supplies

Key Achievements

- Coordinated the construction and delivery of structures in Rehoboth East constituency and Khomasdal Health Centre to support expanded community services.
- Established 11 Community Health Posts were established across seven regions.
- Added additional clinic space at five facilities: Biro Clinic, Kapako Clinic, Grootfontein Hospital, Amilema Clinic, and Karasburg Hospital.
- Procured essential equipment (e.g. consultation beds, shelves, weighing scales) for new health posts and clinics, supported by the Cooperative Agreement (CoAG).
- Finalised the DSD SOP Manual and Community Health Post SOP, developed in collaboration with key stakeholders.

Nurse-Initiated and Managed ART (NIMART)

Key Achievements

- 100% of public health facilities now offer HIV services, with over 90% of nurses trained.
- 70 nurses trained through cluster NIMART sessions across multiple regions.
- Cross-border support provided through meetings with Angolan counterparts.

Challenges and shortcomings of HIV/AIDS and STIs Services

- Low Index Testing elicitation and tracing.
- Inadequate privacy testing room.
- Poor data capture and incomplete linkage in DHIS-2.
- Children underperforming on 95-95-95 targets.
- Funding shortfalls and unstandardised teen club packages.
- Low stakeholder representation at NAEC.

Recommendations for HIV/AIDS and STIs Services

- Promote male-friendly health-seeking behaviour via stakeholder meetings.
- Advocate for longer multi-month dispensing where stock allows.
- Develop an online NIMART training module.
- Strengthen stakeholder engagement and

nominate appropriate NAEC representatives.

- Revise the coordination framework and develop the National Strategic Framework for the HIV and AIDS Response Operational Costed Plan.

5.2.3 Laboratory Services

Key Achievements

- Maintained eight HIV Viral Load point-of-care (POC) sites, one Early Infant Diagnosis (EID) site, and two TB testing sites.
- Conducted 1,256 viral load tests and 90 EID tests during the reporting period.
- Distributed 33 centrifuges and trained 81 healthcare workers in their use.
- Developed a Sustainability Plan and established a technical working group to improve specimen tracking.

Challenges and shortcomings

- Reagent stockouts due to procurement delays.
- Limited expansion of point-of-care testing.
- Delayed equipment maintenance and breakdowns.

Recommendations

- Prioritise sustainable practices, inter-programme coordination and resource optimisation.

5.2.4 Voluntary Medical Male Circumcision (VMMC)

Key Achievements

- Circumcised 17,562 men, achieving 55% of the annual target (31,819).
- Conducted outreach in remote communities.
- Enhanced infrastructure, conducted training and implemented monitoring systems.

Challenges and shortcomings

- Reduced funding and high operational costs.
- Shortage of skilled personnel.

Recommendations

- Prioritise data accuracy and timely reporting.
- Transition VMMC workforce into the public sector for sustainability.

5.2.5 Mentorship Programme and Extension for Community Healthcare Outcomes (ECHO) services

Key Achievements

- Deployed 14 Regional Clinical Mentors, 38 District Nurse Mentors and 3 National Mentors.
- Achieved 100% site coverage, with quarterly visits to 378 facilities, 7,243 mentoring hours, and 2,562 healthcare workers reached.
- Recruited 11 new nurse mentors and conducted standard mentoring training.
- 59 ECHO spoke sites are operational, with additional equipment installed at select facilities and correctional centres.
- Session participation peaked at 542 attendees in April 2024.

Challenges and shortcomings of Mentorship Program and ECHO services

- Competing demands limit mentors' availability for site visits.
- Vehicle shortages and funding constraints for maintenance.

Recommendations for Mentorship Programme and ECHO services

- Sustain and expand ECHO to other programmes (e.g. Pharmaceutical, Quality Improvement).
- Support the expansion of Multi-Month Prescription and Dispensing.
- Enhance integration with NCD services and the Pelebox medication collection system.

5.2.6 National Vector-Borne Diseases Control Programme

Malaria Programme

Key Achievements

- Continued implementation of vector control interventions including Indoor Residual Spraying (IRS) and Long-Lasting Insecticide-treated Nets.
- Strengthened Social and Behaviour Change Communication (SBCC) under the "Zero Malaria Starts with Me" campaign, with harmonised key messages and targeted communication strategies.
- Improved community acceptance of IRS through ongoing engagement by CHWs.

Challenges and shortcomings

- Timeliness and completeness of malaria weekly data reporting in DHIS2 remain low (62%), largely due to backlogs in capturing Rapid Case Notification (RCN).
- Inefficiencies in conducting Active Case Detection (ACD) due to rising malaria cases.
- Shortages of essential equipment (Hudson sprayers, PPEs, camping gear).
- Community resistance and inaccessibility of households during IRS campaigns.

Recommendations

- Enhance data reporting into DHIS2 across all regions for improved surveillance and planning.
- Mobilise additional resources to support IRS scale-up and commodity procurement.
- Establish emergency funds for rapid epidemic response.

5.2.7 National Leprosy and Tuberculosis Programme

Leprosy

- Reported 30 leprosy cases in 2023 (down from 34 in 2022).
- Despite elimination status (less than one case per 10,000), sporadic cases continue to be detected.
- Most cases presented with Grade 2 disability, indicating late diagnosis and a need for improved early detection mechanisms.

Tuberculosis (TB)

- 9,200 drug-resistant TB cases reported in 2023, a 6.9% increase from 2022.
- 8,988 new and relapse cases reported, with a notification rate of 297 per 100,000.
- 64% of DR-TB cases were RifXpert-confirmed.
- 22% were MDR-TB and 14% represented other resistance patterns.
- 99% of TB patients tested for HIV.
- 33% HIV prevalence among TB patients.
- 99% of HIV-positive TB patients initiated on ART and nearly all receiving cotrimoxazole.

Key Achievements for Leprosy and TB Programme

- Maintained an 87% overall treatment success rate for all TB cases.

- Completed TB patient pathway analysis.
- Upgraded DHIS2 and transitioned from etr.net.
- Developed SOPs for Mine Health and Safety in collaboration with relevant stakeholders.
- Introduced 3HP preventive treatment for eligible contacts.
- Procured digital X-ray units and deployed 10-color GeneXpert machines in remote areas.
- Finalised and launched the fourth National Strategic Plan for TB and Leprosy.

Challenges and shortcomings of Leprosy and TB Programme

- Underfunding and staff shortages at all programme levels.
- Procurement and logistical issues, particularly with diagnostics and medicines.
- Inconsistent leprosy case detection capacity across the system.
- High disability rates at diagnosis, indicating delayed case identification.

Recommendations for the Leprosy and TB Programme

- Increase public awareness on Leprosy.
- Expedite recruitment for critical roles.
- Focus on TB case-finding among men, who are often underdiagnosed.
- Strengthen collaboration with NIP and CMS to address supply chain and forecasting issues.

5.2.9 Social Contracting

Key Achievements

- Successfully developed and launched the National Social Contracting Policy for Health, approved by Cabinet in April 2023, the first in the SADC region.
- Partnered with USAID/Abbot Associates to advance HIV sustainability and support social contracting efforts.
- Completed mapping and capacity assessment of Civil Society Organisations (CSO's) with Global Fund support.
- RMDC allocated N\$5 million for a pilot social contracting project.
- Launched a Request for Information (RFI) process to identify eligible CSOs for the pilot phase.

Challenges and shortcomings

- Lack of dedicated budget to support the implementation and orientation of partners on SOPs and procurement requirements.
- Absence of streamlined processes aligning Public Financial Management and Public Procurement with CSO engagement.
- No existing mechanisms to operationalise the Social Contracting Policy within the current financial and procurement frameworks.

Recommendations

- Develop and institutionalise budget oversight and coordination mechanisms.
- Implement the policy roadmap and track progress with biannual Cabinet updates.
- Finalise governance structures for donor fund management, with PMU support.
- Intensify stakeholder engagement and orientation on the Social Contracting Policy.

5.3 HEALTH INFORMATION AND RESEARCH DIRECTORATE (HIRD)

5.3.1 Epidemiology, Disease Surveillance and Integrated Support Supervision (IDSR)

Key Achievements

- Managed COVID-19 and outbreaks of measles, Crimean-Congo Haemorrhagic fever outbreak (one fatal case); 56 contacts monitored with no secondary cases.
- Mumps outbreaks in six regions; measles in Nkurenkuru and Outjo (three cases each). A proposal was submitted for introduction of a mumps vaccine via the National Immunisation Technical Advisory Group.
- Following the post-outbreak After-Action Review, the development of a CCHF contingency plan was recommended.
- Initiated a digital e-IDSR system with support from WHO, the Global Fund and the Robert Koch Institute.
- Trained 208 health workers in IDSR; rollout is ongoing.
- Managed measles outbreaks in Kunene and Kavango West regions effectively.
- Maintained functional environmental surveillance in seven sites.
- Reporting to WHO: Completeness 100%, Timeliness 97.7%.

- Regional reporting: Completeness 90%, Timeliness 84%.

Table 2: Timeliness and Completeness of weekly IDSR and case-based diseases databases for Namibia

Level of submission	Completeness	Timeliness
Regions to National level	90%	84%
National level to WHO	100%	97.7%

5.3.2 Neglected Tropical Diseases (NTDs)

Key achievements

- The National Strategy was validated in collaboration with MoHSS and the ministries of Agriculture, and Environment.
- Mapping surveys were conducted in Zambezi and Kunene regions.

5.3.3 Event-Based Surveillance (EBS) and Influenza Sentinel Surveillance

Key achievements

- 329 patients were enrolled at Robert Mugabe Clinic under the Influenza Sentinel Surveillance programme, which now reports to WHO AFRO.
- Trained 40 trainers of trainers (TOTs) across sectors.
- Developed EBS guidelines and onboarded the EIOS system for early detection, with support from Africa CDC and WHO.

5.3.4 Namibia Institute of Public Health (NIPH)

Key Achievements

- Established a Technical Working Group with support from CDC, the Robert-Koch Institute and WHO.
- Recruited the NIPH Coordinator; costed structure finalised.
- The Cabinet memorandum for the establishment of NIPH was finalised.
- The NIPH application for associate membership of the International Association of National Public Health Institute (IANPHI) was approved. A certificate of membership presented during the IANPHI annual general meeting in February 2023, which was attended by three delegates from the MoHSS in Rwanda.

5.3.5 Outbreak and Public Health Emergency Management

Key Achievements:

- Namibia joined WHO's EPR Flagship Initiative; received eight emergency response vehicles.
- Continued support from the SURGE project, the DLP was set up at PHEOC hub and training completed.
- The PHEOC handbook was finalised; SOPs under development.
- 65 regional/national managers trained on PHEOC and IMS.
- MPHEPRP and RCCE strategy validated and presented for approval.
- RRTs supported responses: measles (Ohangwena), cholera prep (Katutura), lead poisoning (//Kharas).
- Attended the regional cholera task force meeting in Johannesburg.

5.3.6 National Action Plan for Health Security (NAPHS) and International Health regulations (IHR)

Key achievements

- Updated IHR focal point list; submitted States Parties Self-Assessment Annual Reporting Tool (SPAR) to WHO.
- Low SPAR scores (20%) on gender and legal framework indicators; improvement actions initiated.
- Annual operational plans developed; gender and equity training attended.

5.3.7 One Health Approach

Key achievements

- Participated in One Health advocacy meeting.
- Developed Tripartite One Health Strategy (2024–2028) with Food and Agriculture Organisation (FAO), United Nations Environment Programme (UNEP), World Organisation for Animal Health (WOAH) and WHO.

5.3.8 Field Epidemiology and Laboratory Training Programme (FELTP)

Key Achievements:

- Reviewed FELTP curriculum (Advanced and Intermediate level).
- Held FELTP Steering Committee meeting.

- Peer exchange to Zimbabwe FELTP informed local programme transformation.
- 21 delegates attended African Field Epidemiology Network (AFENET) conference; 9 abstracts presented.
- Residents presented research in Tanzania and UNAM forum.

5.3.9 Research Management

Key Activities:

- Drafted National Health Research Strategic Plan (NHRSP) with stakeholder input.
- A concept note proposing the re-establishment and operationalisation of the National Health Research Ethical Committee (NHREC) has been submitted for approval by the Ministry's management. This system will cover regulated areas such as clinical trials of medicinal products, clinical investigations of medical devices, and performance studies of in vitro diagnostic medical devices.
- 1,166 proposals registered; 934 (85%) reviewed and responded to.

5.3.10 Implementation of the Fifth Namibia Demographic and Health Survey (NDHS)

Key achievements

- The NDHS is structured into four phases over approximately 2.5 years:
 - **Year 1 (2024/25), Phase 1:** Survey design and preparation
 - **Year 2 (2025/26), Phase 2:** Training, data collection, data editing, tabulation, and report writing
 - **Year 3 (2026/27), Phase 3:** Dissemination, data use, and further analysis
- MoHSS has already initiated Phase 1, which includes the establishment of various technical and oversight committees and the development of critical documents such as the proposal, budget and timelines, risk matrix, and the indicator list for the survey.
- Multiple engagements with the USAID Country Office have taken place to explore collaboration with International Classification of Functioning, Disability and Health (ICF) International, in line with DHS Series 8 procedures. Technical support from ICF International is vital across all stages of the

NDHS implementation process.

5.3.11 COVID-19 Clinical Surveillance Study

Key Achievements

- Completed a two-phase study on post-COVID conditions (retrospective and cross-sectional) currently in final stages of data cleaning, analysis and reporting.

5.3.12 Development of the National Health Research Strategic Plan (NHRSP)

Key Achievements

- Established a Technical Working Group (TWG) comprising of various stakeholders, including development cooperation partners, to lead the development of the National Health Research Strategic Plan (NHRSP).
- The NHRSP aims to strengthen the institutional framework for health research and development in Namibia. It seeks to provide comprehensive, up-to-date guidance on the effective operation and implementation of the national health research system.
- Held a stakeholder workshop to conduct the situational analysis and draft the initial framework for the Strategic Plan resulting in a zero draft of the NHRSP.

5.3.13 Health Information Services (HIS)

Key achievements

- Upgraded DHIS2 and P-tracker infrastructure; installed backup servers.
- Maintained >80% reporting timeliness, >90% completeness.
- Conducted regional data readiness assessments in 7 regions.
- Supported DHIS2 trainings in 9 regions with Global Fund and COAG support.

5.3.14 Information and Technology Management (IT)

Key Achievements

- Installed LAN in 23 health centers; Wi-Fi in 38 clinics (Omusati).
- Developed and piloted four e-Health modules at Windhoek Central Hospital.
- Built the National Data Warehouse for centralised health data.
- Developed a Master Patient Index (MPI) for unique IDs, to be piloted at two clinics.

Challenges and shortcoming of the HIRD

- Staff shortages and high turnover impacting continuity.
- Outdated tools, slow data production, limited analytical capacity.
- Insufficient infrastructure, including office space.
- Incomplete health research data due to low stakeholder response.
- High IT staff turnover stalling e-Health development; outsourcing initiated.
- NDHS
- The situational analysis remains incomplete due to a low response rate to the questionnaires distributed to stakeholders prior to the workshop for the NHSRP.
- Lack of financial and technical support to conduct the NDHS still remains.

Recommendations for the HIRD

- Expedite recruitment to strengthen capacity.
- Finalise and modernise data collection tools.
- Review and restructure HIS operational model; reactivate HIS-TWG.
- Prioritise capacity building in analytics and MPI integration.
- Improve interdepartmental collaboration and partner coordination.
- Additional data collection efforts will be needed to finalise the NHSRP plan.
- Secure sustainable funding for digital health projects and infrastructure.
- Upon endorsement of the concept note on NHREC by the Executive Committee, a detailed plan with next steps and key milestones will be developed and implemented.
- Follow up discussions on collaboration with ICF International, in line with DHS Series 8 procedures. Technical support from ICF International is vital across all stages of the NDHS implementation process.

5.4 ATOMIC ENERGY AND RADIATION PROTECTION

Despite its crucial mandate, Namibia Radiation Protection Authority (NRPA) operated with only two filled positions out of four during the reporting period.

5.4.1 Regulatory Mechanism

Key achievements

- There was oversight of 478 facilities that use radiation sources.
- Regulatory functions performed were licensing, review, assessment, inspection and enforcement.

Figure 2: Regulated Facilities Using Radiation Sources

Figure 3: Activities Involved in the Regulatory Process

As can be seen in both graphs, the highest volume of activity was recorded in the issuance of licences, which significantly outpaced other outputs. This was followed by the number of Radiation Management Plan (RMP) reports reviewed. However, the number of inspections conducted was notably low. It was emphasized that inspection activities must be increased to ensure regulatory compliance and to enhance the overall impact of radiation protection efforts.

5.4.2 Occupational Radiation Protection

Key Achievements

- Total number of radiation workers: 3,725. 495 was monitored by NRPA, 576 monitored by Radi-Cal and 2,654 monitored by foreign/private services (e.g. uranium sector)

Figure 4: Industries Using NRPA Dosimetry Services

Uranium mining records the highest average exposure. Review of regulations is required to align with the latest international standards and ensure occupational safety.

5.4.3 Public and Environmental Radiation Protection

Key Achievements

- Finalisation of Decommissioning Regulations following extensive stakeholder consultation.
- Lab enhancements: Alpha and gamma spectroscopy labs now equipped for food and environmental sample analysis.
 - Sealed source inventory (as of August 2023): In use: 459; Exported: eight; In storage: 48; Transferred: six

Challenges and shortcomings of Atomic Energy and Radiation Protection Directorate

- Inspection and monitoring remain weak, especially with staff shortages.
- Occupational radiation responsibilities and patient protection (particularly for female patients) are below expected standards.

- TSA 4 activities underperform due to only three staff managing both TSA 2 and TSA 4, leading to operational gaps.

Recommendations for the Atomic Energy and Radiation Protection Directorate

- Revise Occupational Radiation Protection Regulations to align with international best practices.
- Increase inspection activities to ensure compliance, improve enforcement and Strengthen radiation protection frameworks

5.5 SOCIAL WELFARE SERVICES (DSWS)

Key points

- In 2023/24, 4,200 new clients received psychosocial support. Mental health issues remain a significant concern, especially in the aftermath of the COVID-19 pandemic.
- MHSS domesticated the *Clinical Handbook on Integrated Services for GBV Survivors* in 2019, now implemented by frontline health workers.
- Social workers supported 34 victims of trafficking across seven regions, with cases reported in Hardap (1), Kavango West (5), Zambezi (6), Ohangwena (4), Omusati (1), Khomas (15), and Erongo (2). Victims were from Angola, Zambia, Ethiopia, and Zimbabwe. 43 social workers were trained in victim support services in collaboration with MHSS, IOM, the Prosecutor General's Office, and NamPol.
- A Suicide Prevention Community Toolkit has been developed; 70 task force members were oriented, including social workers, psychologists, nurses, counsellors, academics, and police officers. Common methods included: hanging, poisoning, overdosing, knife wounds, drowning, shooting, burning, and jumping from buildings.

Figure 5: Suicide Rate per 100,000 Population per Region

2,937 attempted suicide cases were attended to by social workers. This marks a 53% increase from 2019/20 to 2023/24. Oshana region had the highest suicide rate and //Kharas Region the lowest as can be seen in the graph above.

- The Facilitator Guide on Effective Parenting was piloted with 37 social and community workers from Lifeline/Childline. These will serve as Trainers of Trainers (TOTs) for the Handbook and Guide.
- MHSS operates 7 Housing Units for

Independent Older Persons (HUILOPs) in five regions: Khomas, Erongo, Omaheke, Kunene, and //Kharas, housing 332 tenants.

- The National HUILOP Management Committee met quarterly and handled 28 appeals, 27 from Khomas and 1 from Kunene (Outjo District).
- The Coalition on Reduction of Harmful Use of Drugs (CORD), a multi-sectoral programme, held a review meeting with 28 committee members.
- The Etegameno Rehabilitation and Resource Centre (ERRC) ran 5 inpatient programs serving 83 clients from 12 regions (excluding Zambezi and Kavango West), of these, 66 were males, 17 females, ages 18–64.
- The outpatient treatment programme guideline's implementation is 42% complete as of 2023/24.
- 392 Welfare organisation are currently registered; 111 may face de-registration for non-compliance (failure to submit required documentation).
- The DSWS conducted 11 compliance inspections in Erongo, Khomas, and Omaheke Regions under Community-Based Social Welfare Services.
- There are currently 17 privately registered residential care facilities for older persons; //Kharas (4), Hardap (1), Omaheke (2), Khomas (3), Otjozondjupa (4), Erongo (3).
- Two private centres were conditionally registered under the Abuse of Dependence-Producing Substances and Rehabilitation Centre's Act, 1971 (Act 41 of 1971).
- The Prevention and Treatment of Substance Use Bill is 84% complete and needs to be presented to the Department and Policy Review Committee in Q1 Of 2025.
- The Welfare Organisation's Bill is also at 84% completion and will follow the same review and submission process as above.
- The National Policy for Older Persons is 90% completed; finalisation and popularisation planned for the next financial year.

Challenges and Shortcomings in the Directorate Social Welfare Services (DSWS)

- 542 suicide deaths were recorded in 2023/24 – a 19% increase from 2022/23, reversing the previous year's decline; 449 males, 80 females, 8 male children and 5 female

children. (NAMPOL, 2024). The national suicide rate stands at 17.9 per 100,000 populations (based on 3,022,401 people).

- Oshana region had the highest suicide rate and //Kharas Region the lowest.
- Limited safe placements for trafficking victims.
- Lack of translators hinders effective psychosocial support, especially counselling.
- ERRC, the only state-owned rehabilitation centre, is affordable but faced a 30% rise in admissions in 2023/24 compared to 2022/23.
- Most applicants seek to operate dual-diagnosis centres (substance abuse and mental health), which are not covered under current Hospital and Health Facilities Act Regulations.

Recommendations for the Directorate Social Welfare Services (DSWS)

- Conduct assessment on the implementation of the integrated services to survivors of sexual and gender-based violence.
- Completion and implementation of the Guideline on Services to Adult Survivors of Sexual and Gender-Based Violence in the next reporting period.
- Finalise and implement the National Strategic Plan on Suicide Prevention.

6.1 HEALTH TECHNOLOGY AND CLINICAL SUPPORT

Key achievements

- A number of medical equipment items were ordered and delivered, while others were ordered and pending delivery.

Table 3: Equipment ordered and pending delivery

Medical Equipment ordered and Delivered	Quantity	Medical Equipment ordered and pending Delivery	Quantity
Operating table	13	Anaesthetic machines	5
ECG machines	20	Oxygen Generating Plants and	3
Dental chairs with accompanying equipment	17	Dialysis machines and chairs	17
Diathermy machines	10	ICU monitors,	42
Transport Incubators	81	Patient Monitors,	200
		(Obs/Gyn) Ultra Sound machines	11
Dialysis machines and chairs with two water treatment plants.	28	Heart and Lung Bypass machine	1
Mobile Examination Lights,	136	General Imaging Ultra Sound machines	17
Ceiling Mounted Theatre Lights	20	Dental Chairs and accompanying equipment	20
Laparoscopic units,	5	Infant Incubators	55
2 Endoscopic machines	2	Orthopedic Operating tables and	3
Video Laryngoscopes	4	Theatre tables among others.	20
CTG machines	123		
Infant Incubators	97		
Ultra Sound machines	7		
Theatre lights	2		

- The following X-ray installations were completed:

- Three ceiling-suspended X-ray units at IHR, WCH and IHO
- Two mobile digital X-rays at IHR and Keetmanshoop
- Two digital fluoroscopy units at WCH and IHK
- Three digital mammography units at WCH, IHK and IHO

- Computerised tomography scan (CT) Scanner: a 160-slice CT scanner installed at IHK
- Magnetic Resonance Imaging (MRI): three vendors evaluated on cost, specifications and infrastructure.
- Two permits issued to Cape Windhoek Fertility Clinic for human tissue transfer.

Challenges and shortcoming in Health Technology and Clinical Support

- The bidding process is time-consuming and further delayed by limited staffing.
- Budget constraints have limited equipment procurement.
- Only one sonographer serves national referral hospitals, with no additional positions available.
- Limited mobile X-ray machines, only six departments countrywide can perform bedside radiography.
- Annual inspections for laboratories and blood banks were not conducted.
- Inadequate cold chain capacity due to a lack of blood fridges.
- No job category for Advanced Life Support Paramedics (Emergency Care Practitioners) in PAM.
- Delayed development of the National Call Centre.

Recommendations for Health Technology and Clinical Support

- Allocate sufficient funds for spare parts, tools, and testing devices to minimise equipment downtime.
- Provide manufacturer-led training for technicians/engineers to handle complex repairs.
- Invest in a computerised medical equipment management system to improve reliability,

reduce downtime and costs, and enhance care quality.

- Improve logistics for safe transportation of equipment between facilities.
- Continue equipment acquisition as per the replacement plan (e.g. Maternity equipment, Radiography equipment, Rehabilitation equipment, Dialysis equipment, Oxygen Generating Systems).
- Address sonographer shortage in HR restructuring.
- Upgrade all analogue radiology departments to digital systems.
- Finalise and approve the EMS structure, and consider outsourcing services if expansion is not feasible.
- Add the Advanced Life Support Paramedic role to PAM.
- Allocate sufficient budget for ambulances and emergency call centre infrastructure.

6.2 NATIONAL DRUG CONTROL COORDINATION (NMRC SECRETARIAT)

Key achievements

- 20 health facilities inspected for compliance with the Medicines and Related Substances Control Act (Act 13 of 2003).
- Forty import/export licences for medicines issued and 238 permits issued for the importation of narcotic and psychotropic substances.
- Two pharmaceutical manufacturers inspected for WHO for good manufacturing Practices and compliances.
- 156 new medicine applications received; 33 medicines registered.
- 1,090 compassionate clearance certificates issued (Section 27 of the Act).
- 375 adverse drug reaction reports received; 371 assessed and entered into Vigiflow.
- 347 medicine samples received (mainly from CMS); 76 analysed. 73 samples passed; three failed analysis.

Challenges and shortcomings

- There are severe human resources and capacity Gaps: Only five assessors handling approximately 1,100 pending registration dossiers.

- Operational constraints due to poor-quality submissions for compassionate clearance applications, increasing workload.
- Delays in sample analysis due to method verification requirements.
- Backlogs in data entry and post-amendment variation reviews.
- Absence of legal tools like spot fines for enforcement.
- Slow progress in amending Act 13 of 2003.

Recommendations

- Urgently recruit additional assessors to reduce registration backlogs.
- Prioritise assessment of medicines commonly requested via compassionate clearance.
- Conduct stakeholder outreach to improve application quality and response times.
- Amend Act 13 of 2003 to include enforcement tools for inspectors.
- Increase funding to support calibration of laboratory instruments and purchase of standards, reagents, and consumables.
- Streamline procurement processes; utilise compiled list of essential lab items for tendering.

6.3 PHARMACEUTICAL SERVICES

In the 2023/2024 financial year, the Directorate of Pharmaceutical Services continued to ensure the availability of essential medicines and clinical supplies nationwide. Out of a total budget allocation of N\$1.57 billion, the Directorate achieved a strong 97% budget execution rate, demonstrating fiscal responsibility and commitment to sustaining medicine availability. An additional N\$49.4 million in pharmaceutical donations further bolstered the country's capacity to meet critical health demands.

Strategic progress was made in implementing the National Medicines Policy, including oversight of national forecasting, supply planning, and coordination of pharmaceutical governance structures. The National Essential Medicines List (NEMList) was comprehensively reviewed and expanded, supporting improved access to quality-assured medicines aligned with the burden of disease. Furthermore, the annual quantification and validation exercises were conducted in partnership with regional and program stakeholders, laying the groundwork for improved planning accuracy and equitable resource allocation.

Despite increasing global and domestic demand pressures, the Directorate maintained consistent procurement performance and strengthened digital systems to improve stock visibility and accountability. The successful rollout of the Integrated Financial Management System (IFMS) at the Central Medical Stores enhanced payment efficiency and procurement tracking. Investment in pharmaceutical IT infrastructure, including increased data bandwidth and staff capacity, contributed to improved operational oversight.

Challenges persist, particularly around service-level performance, which averaged 64% for the year, driven by supply delays, structural vacancies, and infrastructure limitations. Looking ahead, the Ministry will focus on addressing these systemic bottlenecks through automation of supply chain systems, strengthening human resource capacity, and ensuring sustained medicine availability across all regions.

6.4 WINDHOEK CENTRAL HOSPITAL (WCH)

Key achievements

- **Enhanced Stakeholder Collaboration:** Strengthened partnerships with key stakeholders and private sector entities, including Namibia MultiChoice, NAMDIA, Motor Vehicle Accident Fund, and Capricorn Namibia Foundation.
- **Specialist Healthcare Services:** Successfully provided specialised, tertiary, and referral medical services both nationally and across borders.
- **Hospital Ethical Committee:** Establish a fully functional Hospital Ethical Committee. Research priorities were identified and prioritised, focusing on areas such as cancer, COVID-19, and genetics, among others.
- **Improved Patient Care Coordination:** Collaboration between the booking office and regional offices facilitated more effective housing arrangements and care planning for patients.
- **Patient Satisfaction Monitoring:** Conducted weekly patient satisfaction surveys. Key commendable findings include:
 - Doctors consistently explained conditions, treatments, and diagnoses to parents of pediatric patients in a timely manner.
 - Some wards showed improvement in both distributing and collecting feedback questionnaires; however, challenges still exist in certain areas.
- **Overall, 80% of patients reported satisfaction with hospital services, particularly regarding cleanliness, nursing care, pharmaceutical services, and medical treatment.**
- **Policy and Guideline Development:** Out of the total fourteen (14) critical policies, plans, guidelines, and SOPs, eight (57%) have been

finalised. The remaining six (43%) are in the final draft stage, pending input from key stakeholders and committee members.

- **Finalised Policies:** Policies on patient identification, inpatient visitation, management and communication of adverse events, and prevention of slips, trips, and falls have been completed.
- **Stakeholder Relations Committee:** A dedicated committee for stakeholder relations has been appointed to further enhance collaboration and communication.

Challenges and shortcomings

Lack of Strategic Alignment and Planning

- Absence of divisional and departmental strategic objectives and comprehensive annual plans, limiting alignment with the hospital's overall goals.
- Limited involvement of divisions, departments, sections, and units in cascading and streamlining planning processes.

Poor Performance Management

- Below-average departmental performance management across all hospital sectors and divisions.
- Weak monitoring and evaluation mechanisms for tracking achievements against objectives.

Risk Management and Safety Culture

- Risk management is a new concept, leading to limited uptake by stakeholders due to lack of understanding.
- Fear of reprisal among staff causes under-reporting of events, incidents, near misses, or mishaps.

Recommendations

- Establish the Hospital Research Committee and secretariat
- Employ a sign language interpreter to improve patient communication.
- Introduce a technology-based patient no-show cancellation system (e.g. SMS line).-
- Foster a Reporting Culture to help with risk management ensuring people aren't fearful of punishment for reporting
- There is a need to institutionalise and promote transparency with regards to the approach of risk management in the Hospital across healthcare organisations, and broadly across the public sector.

6.5. INTERMEDIATE HOSPITALS

6.5.1 Oshakati Hospital

Key achievements

- The Intermediate Hospital Oshakati (IHO) has a bed capacity of 981; 947 beds currently in use and an overall occupancy rate of 51%.
- Staff establishment: 1,605 total positions, 74% of posts filled, 26% vacant.
- The hospital managed 5,560 cancer patients and conducted 4,773 follow-up visits, with only 121 patients referred to Windhoek.
- There's an increase in reported HIV+ pregnant women and PTB admissions, suggesting either rising incidence or improved detection/reporting.
- Malaria-related deaths tripled, which is a concerning spike.
- A total of 8 maternal deaths were reported during the period, representing a maternal mortality ratio of 111 per 100,000 live births. Six cases were referred from other health facilities: Oshana Region (3), Omusati Region (1), Oshikoto Region (1) and Angola (1). The causes of maternal deaths were as follows:
 - Hemolysis, Elevated Liver enzymes and Low Platelets (HELLP) Syndrome (2), Septic miscarriage (2), Aspiration secondary to esophageal fistula (1), Intra-umbilical malignancy (1), Pulmonary embolism (1).
 - The leading cause of morbidity was Other Syndrome Diseases with 1,461 cases, followed by Other Gastro-Intestinal Diseases with 1,270 cases in children. Less common but still notable were Diarrhoea without Blood (266 cases) and the Common Cold (230 cases), which had the lowest figures among the top 10.

Child Health

Table 4: Indicators for child health for 2023-24

Child Health Indicators	2022/2023	2023/24
Fresh and Macerated Still birth	121	110
Neonatal mortality rate	152 (23/1000)	2 4 1 (37/1000)
Under five mortality	201	222

Table 5: OPD Top 10 causes Morbidity for children under 5 years

No	Diseases	2023/2024
1	Other Syndrome Disease	1 461
2	Other Gastro-Intestinal Disease	1 270
3	Trauma/Injuries	1 248
4	Other Respiratory System Disease	1 166
5	Other Skin Disease	750
6	Other Eye Disease/Disorder	709
7	Nose/Throat Disease/Disorder	470
8	Conjunctivitis	282
9	Diarrhoea WITHOUT Blood	266
10	Common Cold	230

Key Health Indicators

Morbidity

- OPD 1st visits slightly increased from 42,520 to 42,844.
- Total admissions increased slightly from 23,068 to 23,324.
 - Bed occupancy rate improved from 51% to 55% and average length of stay rose from 7 to 8 days.
 - Total deliveries declined from 7,236 to 6,474, but Emergency Caesarean sections rose from 1,247 to 1,496.
 - Referrals from other facilities dropped sharply from 15,856 to 1,958 and referrals to other facilities also decreased from 2,483 to 2,023.
 - Major operations increased from 6,572 to 7,699 and minor operations decreased from 204 to 112.
 - Anesthetic-related deaths tripled from 5 to 5.
 - ICU admissions decreased from 131 to 112.
- PTB (Pulmonary TB) new cases admitted increased to 825.

Mortality

- ICU deaths slightly decreased from 133 to 11.
- Deaths in OPD/Casualty rose sharply from 16 to 86.
- Inpatient mortality increased from 1,177 to 1,281.
- Deaths due to malaria increased sharply from 21 to 72.

- One (1) death occurred due to Neonatal Tetanus in both 2022/2023 and 2023/2024. This needs investigation.
- Two (2) deaths were reported due to rabies during this reporting period.

Key achievements

- There was an overall increase in CT scans and colonoscopy procedures. CT Scans increased from 5,867 to 6,982.
- New services like radio iodine therapy were introduced and 59 patients received care.
- Sonar Investigations slightly decreased from 12,200 to 11,842.
- Number of referrals to private facilities (OMP/Oxis-Xray): 535 patients
- Dialysis patients total 133.
- Neurosurgery slightly decreased from 146 to 139.
- Spinal Surgery decreased from 26 to 18.
- Neonatal Surgery: Recorded in 2022/23 (5,867), but not in 2023/24 (value missing or not applicable).
- Hip and knee replacement total 6

Transport and Fleet Management

Key achievements

- A total of 28 vehicles is on the master list including ambulances and utility vehicles for collecting supplies
- These 28 vehicles include 3 buses used weekly to transport patients referred to Windhoek.
- 80% of the Hospital fleets are less than eight years, which minimise the repair cost.
- All vehicles were serviced according to the service plan.

Challenges and shortcomings

Disease Burden and Clinical Outcomes

- There is a high incidence of asthma (483 cases) and cancer (486 cases, 56 deaths).
- Hypertension: 431 cases, 2 deaths; Diabetes: 153 cases, 5 deaths; Malnutrition: 53 cases, 4 deaths.
- Increasing demand for specialised care without corresponding capacity.

Human Resource and Skills Gaps

- Critical skills shortage within the Namibian labour market.
- No medical oncologist or oncology nurses for cancer care.
- Shortage of dental assistants, affecting

adherence to oral health guidelines.

Infrastructure and Capital Projects

- Delayed construction projects: theatre, CSSD & ICU, general wards, and incinerator.
- Lack of a dedicated emergency theatre, causing frequent cancellation of elective surgeries.
- The second maternity theatre lacks an anesthetic machine.
- Inadequate chemotherapy and consultation space.

Equipment and Consumable Shortages

- Shortage of specialised equipment: fibre optic bronchoscopes, video laryngoscopes, TCI pumps, BIS monitors, ophthalmic devices (slit lamps, OCT, biometry), and maxillofacial sets.
- Dental chairs in 4 consulting rooms not functioning.
- No backup anesthetic machines, leading to theatre closures.
- Frequent shortages of essential consumables and pediatric-specific medications.
- No in-house radiotherapy facility and inconsistent availability of chemotherapy drugs.
- Lack of laboratory materials, affecting intern training.

Maintenance and Fleet Management

- Service and maintenance of infrastructure and equipment not carried out due to absence of SLAs.
- Three (3) vehicles recommended for write-off due to poor condition.

Recommendations

- Expand theatre and ICU facilities to meet increasing demand.
- Recruit additional anaesthesia medical officers and establish anaesthesia outreach programmes to strengthen services in districts.
- Introduce an induction program for anaesthesia nurses.
- Encourage registrar and specialist participation in international congresses and

collaborations.

- Construct a fully equipped oncology and radiotherapy unit.
- Recruit a qualified medical oncologist and train a nurse in medical oncology
- Identify and support medical officers for specialisation in medical and radiotherapy oncology.
- Improve pharmaceutical supply chain to reduce chemotherapy drug stock outs.
- Expansion of the dental clinic to accommodate more consulting rooms and minor theatre.
- Procurement of 4 fully equipped Ambulances
- Procurement of 1 main Bus for transporting patients to Windhoek.
- Planned and budgeted the procurement of Hydro pressure
- To procure a forklift for transporting medical gases and heavy equipment

6.5.2 Onandjokwe Hospital

Key achievements

- The total number of admissions in various wards was 17,566 patients as compared to 19,605 admissions in the previous FY, a 7.8% reduction.
- Reduction in mortality due to medical conditions by 1.9% as compared to the year 2022/23.
- Neonatal sepsis was reduced by 52.3% due to the reduction of neonatal sepsis incidence rate. There is now adequate space in the current NICU to reduce infections.
- Total number of livebirths were 5,703 equivalents to livebirths rate of 99.4 %.
- Hypertension new cases declined by 16.4% as well as Diabetes Mellitus new cases by 29%.
- Dental Surgery department recorded a total of 13004 visits, an increase of 9% from patients seen and managed in previous FY of 10,931
- The department of Ophthalmology seen a number of 15714 patients.
- Ophthalmology department received a Specialist and a Senior Medical Officer during the reporting period.
- The post of Medical Superintendent was filled.
- Nine posts of Senior Medical Officer Grade 4 are filled. A senior medical officer appointed for radiology department.
- The Radiology department has running picture achieving system that was installed and 3 new ultrasound machines were acquired for the department, ICU and OBGY

- The hospital recruited four Specialists Grade 4 (2x Internal Medicine, 1x Paediatrician, 1x Orthopaedic Surgeon) and eleven Medical Officers Grade 5.
- The recruitment of a Physiotherapist at the hospital has ease the provision of rehabilitation services.
- There is a significant improvement in IRS coverage between 2022/23 and 2023/24, from 9% to 55%.
- TB treatment success rate has improved on average from 84% to 85% Only 2 cases of failed treatment recorded this FY as compared to 5 cases a year ago. The percentage of TB mortality has improved to 10.9%.
- Budget execution rate was up to standard, all invoices and subsistence and travel allowance claims received were processed and paid. Overtime claims are up to date.

Challenges and shortcomings

Referral Patterns and Case Complexity

- The majority of referrals were outbound to Windhoek Central Hospital, mainly for pediatric congenital heart complications.
- General hospital activities (admissions, surgeries) remained stable or increased.
- OPD revisits and external referrals decreased, but the complexity of cases rose, indicated by more major operations and longer hospital stays.

Maternal and Neonatal Health Concerns

- The maternal mortality ratio (MMR) increased to 122.7/100,000 live births (7 deaths) from 76/100,000 (5 deaths) in the previous FY.
- Neonatal mortality at 12 per 1000 live births, above target (<10).
- Increasing low birth weight (LBWT) deliveries.
- Neonatal ICU mortality at 242.9 per 1000 admissions (78 out of 321 cases).
- Caesarean section rates are increasing despite an overall decline in deliveries due to selective referrals.

Mortality and Quality of Care

- Mortality rates in OPD/Casualty and anesthesia increased significantly and require investigation.
- Risk of HIV exposure to unborn babies remains high at 14%.

Human Resource Shortages

- Loss of specialists and pharmacists, leading to increased workload.
- Shortages of pharmacists, ophthalmic clinical officers, porters, mortuary assistants, and accountants.

Disease Burden and Public Health Challenges

- Malaria cases increased from 30 to 321 (a significant surge).
- 113 cervical cancer admissions with 8 deaths.
- Dental department attendance rose to 14,077 cases, a 22.3% increase.

Equipment and Infrastructure Shortage

- Lack of essential equipment such as IVACS machines, pulse oximeters, and ECG machines.
- Wall-mounted suction system malfunctioning in NICU, with only one mobile suction machine for the unit.
- No echo machine on site, contributing to long waiting lists for pediatric cardiology (500 children waiting).
- Long surgical waiting times due to lack of a state pediatric cardiologist in the Northern regions.

Recommendations for Onandjokwe Hospital

- Vacant posts of personnel to be filled e.g. at Pharmacy and Eye Clinic.
- About 800 to 1000 patients with diabetes are seen at Onandjokwe Hospital on quarterly basis. This calls for a specialised clinic for Diabetic patients.
- Shanamutango PHC (Family Medicine) to be fully operational for 24hrs, with doctors working on shift basis
- Programme Management Unit activities should be decentralised to regional level and all the procurement should be done at that level.
- Two more dental chairs are needed immediately within the coming financial year.

6.6 QUALITY ASSURANCE DIVISION

Key Achievements

- NSOAP (National Surgical, Obstetric, and Anaesthetic Plan) launched to improve surgical and obstetric services.
- NQPS (National Quality Policy and Strategy) and Hospital Quality Standards (HQS) launched and implemented in six hospitals: Oshakati, Windhoek Central, Opuwo, Rundu, Gobabis, and Mariental.

Table 6: Baselines assessments scores

Infection control management (%)	Infection control processes (%)	Obtaining laboratory cultures (%)	Infection Control Education for personnel (%)	Infection control QM (%)	Overall score (%)
Oshakati Intermediate Hospital (May 2023)					
56%	38	0	63	42	42
Opuwo District Hospital (June 2023)					
44	33	0	38	25	32
Windhoek Central Hospital (June 2023)					
88	92	100	88	90	94
Rundu Intermediate Hospital (August 2023)					
56	46	0	25	17	29
Grootfontein District Hospital (October 2023)					

88	75	100	50	80	79
Mariental District Hospital (October 2023)					
69	58	0	75	17	44

- 358 staff trained through 5-day Quality Improvement (QI) workshops using the MHSS curriculum.
- MaNICare QI Collaborative launched in 35 facilities to reduce maternal and newborn deaths, with notable improvement in managing pre-eclampsia/eclampsia.
- CoVITEC QI Collaborative improved HIV care in 84 sites: Viral load suppression: 84%, Continuity of care: 89%, Index contact testing: 72%, TB screening: 5%, TB evaluation: 945, Cervical screening: 65%
- Comprehensive IPC training curriculum developed and validated.
- WASH training conducted to improve hospital sanitation and hygiene.

Challenges and shortcomings

- Weak quality assurance and overdependence on partners for funding.
- Shortage of IPC practitioners; lack of in-country training facilities.
- Surgical site infections remain high at 4%, above WHO target of <1%.

Recommendations

- Finalize and implement the Clinical Auditing Tool.
- Finalize and disseminate the Quality Measurement Framework; integrate into DHIS2.
- Transition to (online QA system).
- Expand in-country IPC Practitioner training.
- Continue NSOAP and HQS implementation and hospital support and improve surgical site infections rate.



7.1 ERONGO REGION

Key health indicators

Morbidity

- There is a remarkable increase in most outpatient conditions with musculoskeletal system disorders, respiratory system conditions, and common cold topping the list for 2023/2024 FY.
- The most common cause for the admission of patients were deliveries, other pregnancy related conditions followed by Diarrhea and gastro-intestinal related conditions. The total number of abortions is also amongst the top ten conditions for admission at number five (5).
- There is increase in malnutrition cases of all forms among children under five years old.
- Adult aged 15 to 49 HIV prevalence rate is 7.7%, adults aged 15 and over newly infected with HIV are 352, and HIV incidence per 1000 population (15-49) is 2.7%, young people living with HIV (15-24) 778, and deaths due to AIDS among adults aged 15 and over is 221.
- Various investigation was conducted in all districts for communicable diseases by the Environmental Health Departments: e.g. all districts reported Mumps, Covid19, dysentery, diarrhoea cases.
- In Walvis Bay, Swakopmund and Omaruru malaria cases were reported

Mortality

- Total number of deaths in the region increased from 294 deaths in 2022/2023 FY to 316 deaths in 2023/2024 FY. An increase trend of deaths due to Cancers (all forms), Cardiac conditions, and Pneumonia and Renal failure has also been noticed.
- The overall under five mortalities have increased during the 2023/2024 FY. A significant increase is observed in the number of under five-year-old children who died due to malnutrition and Low Birth Weight.
- Although the number of suspected measles cases reported were 57, only 2 cases were confirmed.

Key achievements

- Number of new Premises inspected for registration were 27 and 428 inspected were renewals.
- All Auto claves are functional within the region.
- Only 50% of vehicles are in a running condition. Five (50 vehicles needs to be auctioned.
- There is a good relationship between the state and the private facilities and this has improved the services rendered to the community e.g. emergency cases.
- There is a decrease in maternal death cases

Challenges and shortcomings

Transport and Logistics Constraints

- A moratorium on the procurement of new vehicles limits outreach services and delays referrals, increasing morbidity.
- Only 50% of vehicles are operational, and five need to be auctioned.
- The patient bus is too small, forcing the use of minibuses for referral patients.

Health Infrastructure and Equipment Gaps

- Slow implementation of minor and major capital projects.
- All facilities lack isolation rooms for psychiatric patients.
- The X-ray unit and mobile unit at Swakopmund require replacement, as they are beyond their lifespan.

Human Resource Capacity and Training Deficiencies

- Some nurses in casualty departments lack training in emergency and trauma care.

Supply Chain and Pharmaceutical Challenges

- Persistent shortage of pharmaceutical items, with only 54% of ordered stock received from CMS.

Data Quality and Information Management Weaknesses

- No data verification, analysis, or discussion at the district and facility level in some areas, leading to poor quality and unreliable data.

Social and Community Health Concerns

- Major social problems include maternal ill health, treatment defaulting, and bereavement.

Recommendations

- Engagement with private sector and stakeholders should continue to assist in areas of specific needs.
- Swakopmund and Walvis Bay has been approved as complex for the internship training programme, services expansion and additional medical expertise should be considered.
- Districts to established Rapid Response Teams and engage Social Workers to provide psychosocial support and counselling to health care workers.
- Auctioning of written off vehicles to be conducted every financial year.
- Mortuaries to be upgraded, e.g. Uis clinic, Okombahe clinic, Karibib Health Centre.
- To train more nurses in emergencies/trauma care.

7.2 HARDAP REGION

Morbidity

- Regional HIV prevalence is 9.3% (NAMPHIA, 2017).
- The total number of people tested for HIV was 13077 in 2023/2024 compared to 8876 in 2022/2023/. 51% of the total clients tested for HIV are male, while 49% are female
- ART Coverage 88%
- Viral Load coverage =87%
- ART retention rate 76%
- TB notification 752 in 2023. This is an increase from the previous year in which 742 was reported
- TB treatment success rate 91%
- 92 Attempted suicide cases were reported

in 2023/2024 compared to 115 in 2022/2023. 23 less cases were reported during the year under review. Rehoboth district accounts for 54% of the cases, followed by Mariental at 45% and with Aranos reporting 1% of cases. The age group 30-49yrs accounted for 38% of the cases followed by 21-29 years at 32% whilst above 60 years' accounts for 2% More females 62% attempted suicide compared to 33% of males

Mortality

- For FY23/24 the hospitals death rate was 3% (total deaths 257\total admissions 8576x100). The crude death rate for the Region: 2.9 (257/88497x1000)
- The top five causes of mortalities in the region are: Pneumonia 22%, Tuberculosis 13%, cardiovascular system 12%, gastritis 7% and cancers 5%.
- Maternal Mortality: 2 (89/100 000) deaths were reported during the year under review compared to 1 death (39/100 000) reported in 2022/2023
- Neonatal /mortality 20 deaths (9/1000) were reported in 2023/2024 compared to 22 (9/1000 live births) during the year 2022/2023. There was a slight decrease in neonatal mortality in 2023/2024
- Infant Mortality: 1(4/1000) infant deaths were reported during the year 2023/2024 compared to the 14 (5/1000) infant deaths in 2022/2023 which was a significant reduction in the number of deaths reported.

Achievements

- HIV + women on ART during ANC is recorded 99.55 % (223/224*100= 99.55%)
- Teenage pregnancy has reduced from 16 % in 2022-23 to 14% in 2023/2024
- Successful TB Mass Screening Campaign held, achieving 89% of the target
- Hosted WAD 2023, providing integrated health services
- An antibiotic profile chart was developed and shared with all the prescribers at all facilities.
- Total budget execution of 99.5% with a variance of 0.5%
- 51.4 % post filled rate
- Psychological Association of Namibia and the American Psychological Association provided a one-day mental Health and Psychology training for Health Professionals s and CHWS from the MOHSS, Ministry of Safety and Security (Correctional Services and Police), MGECW and other selected stakeholders, on the 15 & 16th of Nov 2023
- BMI for alcohol training conducted for 24

- healthcare workers who attended an HIV review meeting.
- The Regional Suicide Prevention Task Force was established during the first quarter of the reporting period and 14 sessions were conducted with learners at the schools in Aranos, Gochas and Maltahohe and these included Aranos Primary School, P. I. Groenewaldt Secondary School and / Homxab and Auob Plaat Locations as well as Daweb Senior Secondary School hostel in Maltahohe
- Received 30 wheelchairs procured by national level
- OTS Outreach services visits were done by OTS from Windhoek Central Hospital from June- September 2023. 3 people obtained upper limb prostheses, 8 obtained Lower limb prostheses, 30 received orthopedic devices and aids. The others clients were referred to Windhoek.

Challenges and Shortcomings

Declining Health Service Coverage and Program Performance

- Measles and Rubella (MR) coverage dropped from 91% (2022/23) to 77% (2023/24), below the 90% target.
- Stock-outs of NACS commodities hinder effective programme implementation.
- Service delivery from CMS is only 54.2% Pharmaceutical and Supply Chain Management Challenges
- The wastage rate is 3.1%, which exceeds the recommended level of less than 2% due to mismanagement of pharmaceuticals.
- Frequent stock outs and delays in procurement authorisation.
- Lack of maintenance materials for small repairs and minor renovations.

Human Resource Shortages and Workforce Welfare

- Chronic staff shortages across all job categories and high attrition rates.
- No uniforms procured for nurses in the past 7 years.
- Shortage of staff accommodation across the region.
- Lack of specialised personnel (e.g., occupational therapy).

Infrastructure, Equipment, and Logistics Constraints

- Ageing vehicle fleet causing frequent breakdowns, negatively impacting service delivery (e.g., rehabilitation, social work, environmental health).
- Ageing medical and operational equipment with no upgrades.
- Lack of adequate working space and upgraded facilities.
- Delays in capital projects (e.g., Aranos, Schlip, and St Mary's in Rehoboth still pending after termination).

Operational Efficiency and Service Delivery Gaps

- Inadequate tools and resources for artisans to carry out minor works.
- Delays in procurement processes for essential supplies and equipment.

Recommendations

- Strengthen outreach services to increase the MR coverage
- Continuously liaise with the nutrition subdivision to ensure availability of NACS commodities
- To plan and conduct a rational use of medicine training for the prescribers in the region.
- RMT needs to work on retention strategies to keep staff in the region
- Intensify supervisory support visits by districts and the Region to the facilities.
- National Level needs to priorities the procurement of ambulances and other vehicles
- Priorities the procurement of uniforms especially for nurses
- Procure the orthopedic equipment for department will release the burden of the clients gone without appliances needed
- Strengthen the procurement system for timely issuance of procurement authorisations to the region
- Directorate must prioritise buying out materials for minor renovations and replacement under the maintenance division
- Region must work on a replacement plan for the medical and operational equipment
- RMT must source additional housing from the regional council alternative it must consider fast tracking the demolition of identified houses and build more flats on the available land.
- Facility planning division needs to expedite the commencement of the pending capital projects in Aranos, Schlip and St. Marys

7.3 KAVANGO EAST

Key health indicators

Morbidity

- About 323(50.8 per 10 000) children were recorded to be underweight, the rate increased from 23.6 per 10 000 from the previous year.
- Among the ANC 1st visits, 1087 (15.8%) had low hemoglobin (<10g/dl).
- In quarter one there were 129 TB cases notified, in quarter two there were 120, in quarter three there were 111 and lastly in quarter four there were 99.
- In quarter the region reported malaria cases; morbidity was 2.9 with 0 mortality. In quarter two the morbidity was 0.3 with 0 mortality. In quarter three morbidity was 0.4 with 0.01 mortality. Quarter four reported the highest cases with 4.7 morbidity and 1.3 mortality.
- Three AFP cases were reported during the reporting period, however only 67% of the cases were adequately investigated and reported as per WHO guidelines.
- All three districts notified suspected cases of measles which amounted to eight. Blood specimens were collected from all eight suspected cases for laboratory investigations. There was no laboratory confirmed cases of measles or rubella reported.

Mortality

- HIV related deaths is calculated per 100 000 population. The death rate stood at 12.4 in quarter one, quarter two 11.0, quarter three 11.0 and quarter four is 12.4.
- The death rate for malnutrition cases decreased from 7.4% to 2.7 %.

Key achievements

- Site hand over of the conversion of old maternity/prem unit to ICU, High Care Ward, and Dialysis Unit at Rundu Intermediate Hospital.
- Initiation of the relocation of Mabushe clinic.
- Reduction in maternal and perinatal death.
- At least one trained staff member in EMNOC at each health facility.
- All hospitals performed self-audit, all hospitals achieved above 80% audit in nursing services rendered.
- ART Coverage in the Region is 100% at all the facilities in the Region and are offering Antiretroviral Therapy Services. All the clients that were tested in the last four quarters were linked to care and treatment, giving the program 100% linkage to care.

- All facilities in the Region are offering PrEP including initiations especially for the priority group which are Pregnant and breast-feeding mothers and Men
- The Region has been improving in PrEP.

Challenges and shortcomings

Health Infrastructure Gaps

- Need for new units: Mental Health, Emergency & Casualty, Dental & Ophthalmology, Pharmacy, Social Welfare, and Administrative Offices.
- Insufficient storage facilities and lack of government laundry services at district hospitals.

Medical Waste Management and Environmental Compliance

- Two small incinerators (Andara & Nyangana) cannot handle waste; the large one at Rundu Intermediate Hospital is outdated and located too close to the kitchen, violating the Public and Environmental Health Act (2015).

Transport and Logistics Challenges

- Only 61% of vehicles are in good condition, with frequent breakdowns and high mileage.
- No mortuary vehicle, forcing corpses to be transported in bakkies.

Service Delivery and Maternal Health Issues

- Only 51% of planned outreach visits completed.
- Frequent stock-outs of family planning commodities.
- High Caesarean (21%) and vacuum extraction (43%) rates, with 18.8% premature labor.
- High home deliveries despite interventions (low-birth-weight cases dropped from 5% to 2.5%).
- High Measles and Rubella immunisation dropout rates.

Disease Control and Social Challenges

- IRS program delayed due to insecticide shortages.
- Poverty, parenting issues, mental illness, chronic illness, and attempted suicide

remain major social problems.

- Insufficient spare parts for medical equipment repairs.

Recommendations

- Continue working with Telecom Namibia to solve the problem with telephone lines and wireless networks at some facilities.
- Motivate for procurement of new incinerator at two districts hospital
- Region to motivate for procurement of laundry equipment for Rundu Intermediate Hospital.
- Motivate for the construction of the guard house.
- Procurement and installation of cooling system in the warehouse.
- Motivation for construction if more storage facility in the Region.
- Motivate for procurement Patient transportation buses for referrals within the region and outside the region.
- Region has to motivate for procurement of new laundry equipment.
- Timely response to suspected outbreak of diseases and other conditions of public health concern.
- Promote health promotion throughout the region to reduce morbidity and mortality e.g. NNT, measles, etc.
- Improve coverage on IRS especially in cross-border areas. Malaria programme to procure insecticides timely.
- Promote social entrepreneurship to increase household food security to reduce poverty.

7.4 KAVANGO WEST

Key Achievements

Growth Monitoring and Nutrition

- Daily growth monitoring and promotion conducted at all health facilities and community levels by HEWs.
- All health facilities equipped with anthropometric tools (height/length boards, MUAC tapes).
- Nutritional assessments performed daily for all children visiting health facilities.

Maternal Health (ANC, Deliveries, PNC)

- ANC Attendance: 4,199 pregnant women

- 16% in 1st trimester, 66% in 2nd, 14% in 3rd trimester.
- Low haemoglobin (<10g/dl): 568 (14%) cases at 1st visit.
- Syphilis testing: 3,874 (92%) tested; 719 (17%) positive.
- Tetanus vaccination (Td2): 1,424 (34%) had previous doses; 14% received during ANC.
- Deliveries: 2,012 total
- 1,901 normal deliveries, 66 C-sections, 45 BBAs.
- 97% live births (1,955); 21 stillbirths (8 fresh, 13 macerated).
- No maternal deaths; 4 neonatal deaths.
- PNC Attendance: 3,600 women during reporting period.

Service Availability and Capacity Building

- All health facilities provide ANC and daily PNC services.
- All health centers conduct deliveries; clinics handle emergency deliveries.
- All facilities have updated ANC guidelines, registers, and summary forms.
- Training:
- 10 nurses trained on new ANC guidelines.
- 41 health workers trained on revised PMTCT curriculum.
- 5 nurses trained on revised family planning guideline.
- Nurse mentors and District Quality Managers trained.
- Quality Improvement: NAMREV initiative implemented at Mupini & Nkurenkuru HC.

PMTCT and Family Planning

- PMTCT services provided daily at all health facilities.
- Daily family planning services offered; all clients recorded.
- ART follow-up clients referred for cervical cancer screening.
- VIA-positive clients treated with thermal ablation; Pap smear for women 50+ and per guidelines.
- TCE officers conducted appointment reminders; transport provided for clients.

Immunization and Surveillance

- EPI Services: Daily at all facilities; outreach services available.
- Cold chain maintained with EPI fridges, cold boxes, carriers, and fridge tags.
- Over 100% coverage for all antigens except MR.
- Surveillance:
- Integrated Support Supervision Visits by national, regional, and district teams.
- 100% completeness in weekly IDSR reporting, but timeliness needs improvement.

- AFP: 1 case detected and investigated (below WHO expectation of 2 per 100,000).
- Measles: 39 suspected cases, 5 confirmed (4 local, 1 imported from Angola).
- No neonatal tetanus in past 5 years.

Social Welfare Services

- Case Management: 750 new cases and 322 follow-ups managed.
- Support: 421 significant others received psychosocial support.
- Challenge: Social welfare services underperformed due to limited staff (3 social workers + 1 chief social worker).

Challenges and shortcomings

- High syphilis prevalence (17%).
- Low first-trimester ANC booking (16%).
- Poor timeliness in weekly surveillance reports.
- Social welfare programme underperformance due to staff shortages.
- Surveillance sensitivity below WHO standard for AFP detection.
- Low AFP detection rate, inadequate surveillance sensitivity.
- Poor IDSR reporting timeliness and lack of community involvement.
- Inadequate malaria vector control coverage due to lack of transport and laborers.
- Late diagnosis of leprosy and low TB contact tracing

Recommendations

- Fill all vacant positions, create omitted posts, and correctly place staff after training.
- Train HCWs on EMONC, EENC, TB, Malaria case management, IDSR, CECAP (VIA & Pap smear), and substance use disorder.
- Recruit district social workers, health assistants, VMMC staff, and data clerks.
- Increase budget for training, recruitment, wellness, and infrastructure upgrades.
- Mobilise donor funding for maternal and neonatal programs.
- Procure ambulances, outreach vehicles, and buses.
- Build staff houses at Yinsu Clinic; renovate dilapidated accommodation.
- Upgrade dental department; install dental chairs and X-ray units.
- Recruit IT technicians at regional level.
- Improve internet connectivity in collaboration with Telecom Namibia.
- Allocate funds for IT equipment and maintenance.
- Strengthen maternal & neonatal death audits and mentorship.
- Establish adolescent-friendly corners and implement school health services.

- Improve family planning services and expand outreach for VIA/CECAP, VMMC, and NCD screening.
- Expand dental services to Mpungu and Mupini Health Centres.
- Enhance PITC, ICT, and tracing SOP to reduce LTFU.
- Increase malaria ACD teams and improve IRS coverage.
- Train clinicians on IDSR and involve CHWs in VPD surveillance.
- Conduct regular TB/HIV data review meetings.
- Strengthen vector control (IRS, larviciding, LLIN distribution).
- Improve waste management and provide incinerators and transport.
- Train food handlers and recruit more port health staff.
- Conduct GBV and human trafficking stakeholder meetings.
- Establish a mental health and suicide prevention task force.

7.5 KUNENE

Key Achievements

Service Expansion & Infrastructure

- New dental clinic established at Outjo Hospital, increasing dental patients by 21.6%.
- Increased operating theatre cases due to recruitment of doctors with surgical and anesthetic skills.
- Deployment of Health Extension Workers strengthened primary health care outreach.

Health Outcomes & Programmes

- Significant increase in HIV testing (18,327 clients vs. 16,644 previous year) with 100% ART linkage.
- Expanded male circumcision and condom distribution (1.19M male condoms distributed).
- Measles and polio vaccination outreach using helicopters to reach hard-to-reach areas.
- Reduced Infant Mortality Rate from 25.2 to 13.7 per 1,000 live births.

Capacity Building

- Conducted multiple trainings: DHIS2, IPC, PMTCT, CHW refresher, ICD-11.
- Four registered nurses granted special study leave for postgraduate programs.

Technology & Data Management

- 89% computer system usage for eHealth pathways; most clinics have internet access.

- DHIS2 fully functional for health information management.

Diagnostics & Clinical Support

- 13% increase in X-ray services due to new machine at Outjo Hospital.
- Blood products consistently available; NIP donated a vehicle for better sample collection.

Challenges and Shortcomings

Human Resources

- 960 approved posts, only 63% filled (352 vacancies).
- Shortage of nurses and lack of promotional posts; delays in PSC approval for study leave.

Finance and Development

- Inadequate development budget allocation ("drop in the ocean").
- Slow, cumbersome procurement and insufficient funds for preventative maintenance.

Pharmaceutical Services

- Decline in essential medicine availability (92.3% vs. 93.7% previous year).
- CMS supply decreased by 8.1%; frequent stock-outs of critical medicines.

Equipment and Infrastructure

- Obsolete dental equipment; aging ultrasound machines; lack of lead gowns in radiology.
- Poor storage facilities; dilapidated floors in some units.

Service Delivery

- Internet connectivity slow (mostly VSAT under 2G).
- Diarrhoeal disease still a major issue (22,680 new cases, mostly under-1-year-olds).

Recommendations

Human Resource Management

- Revise staff establishment and create promotional posts (Grade 7 for supervisory roles).
- Advertise expatriate posts within 6 months; improve PSC approval processes.
- Provide annual uniform allowance for nurses.

Health Systems & Service Delivery

- Increase development budget allocation to improve health access and infrastructure.
- Strengthen procurement processes to speed up equipment servicing and project delivery.

- Expand ICT bandwidth and explore alternative service providers for reliable connectivity.

Medical Supplies & Equipment

- Secure steady pharmaceutical supply and prioritize essential medicines.
- Procure modern dental and radiology equipment; repair ultrasound machines.

Monitoring & Quality Improvement

- Continue Hospital Quality Standards implementation; improve non-compliant service elements.
- Conduct Regular refresher training for DHIS2 and ICD-10

Community Health

- Sustain outreach programmes for immunisation, HIV, and maternal health.
- Address diarrhoeal disease through improved water, sanitation, and health education.

7.6 OMAHEKE REGION

Key Health indicators

Morbidity

- Trauma cases remain the top of the emergency cases referred from the primary health care clinics to the District Hospital 2,844 and 724 from OPD/Casualty to Windhoek.
- Malnutrition cases increased to 40 cases.

Mortality

- Overall mortality cases have increased drastically by 21.5% from 0.1% the previous financial year.
- High number of deaths which affected the TB success rate. TB mortality rate in quarter one was 7%, in quarter two was 5.9%, in quarter three was 17.5% and lastly in quarter four it was 3%.
- In this financial period, three cases of NNT were reported of which one neonate survived while the other two demised.
- During 2023/2024, two (2) institutional maternal deaths were reported.
- Neonatal deaths increased from 11/1000 in 2022/23 FY to 16/1000 in 2023/2024. Macerated still births have decreased from 27/1000 in FY 2022/23 to 19/1000 in 2023/2024 FY. Fresh still births increased from 10/1000 for 2022/23 FY to 17/1000 live births in 2023/2024.
- Severe acute malnutrition (47 cases) has been the leading cause of mortality for the FY 2022/23.

Key achievements

- There was a slight decrease in the average

length of stay from 5.5 days in 2022/2023 to 5.2 in 2023/2024.

- Generally, the number of major operation cases increased from 241 in 2022/2023 to 347 cases in 2023/2024. Minor operations increased due to the surgical campaign in November 2023/2024 FY.
- A new theatre bed and fluid warmer have been placed in the casualty theatre (main) currently and is fully functional with all necessary equipment installed.
- The Directorate received a digital X-ray processor, however it does not have the required operational licence.

Challenges and shortcomings

- Infrastructure development and renovations: the construction of Tjaka Ben Hur and Du Plessis Plaas Clinics, the upgrade of Otjinene Health Centre, Aminius and Epukiro Clinics; the second and third phases of the District Hospital upgrade.
- The construction of a standard port health facility and the completion of the Gobabis Hospital operating Theatre renovation as well as the Intensive Care Unit as per Cabinet decision.
- Procurement of Medical and Operational equipment including long term servicing and preventive maintenance should be prioritised to avoid interruption of services and poor quality of care.
- Transportation of patients between health facilities, running of program activities and other logistics have been challenged by inadequate fleet. The Directorate should request for adequate funds to repair the grounded vehicles and ambulances as well as advocate for the Ministry to purchase new vehicles to replenish the aging fleet and ensure that the health service delivery is not compromised.
- No budget was availed to support CBR programme, hence the suspension of CBR programme and rehabilitation outreach services
- One of the Dental units is too old and is partially functional, it needs urgent replacement.
- Dental outreach services were put on hold due lack of transport.
- Poor condition of instruments due to being too old.

7.7 OHANGEWANA

Achievements

- Achieved 100% budget execution of N\$460 million, mainly due to overtime claims.
- Near completion of Onanghulo and

Onamafla clinics, expected to improve access

- High utilisation at Engela and Eenhana hospitals due to deployment of specialist health professionals.
- 154 posts filled, exceeding recruitment targets (nurses and medical officers).
- No disciplinary hearings, reflecting improved staff conduct.
- Distributed 2,000 treated mosquito nets and strengthened malaria response teams.
- Integrated disease surveillance improved; ODK tool used during supervision.
- HIS reporting completeness improved to 96%, timeliness at 78%.
- OPV and Measles/Rubella dropout rates reduced compared to previous years.
- Active partnerships with WHO, UNICEF, UNFPA, USAID, and local NGOs for HIV, malaria, and maternal health programs.

Challenges and Shortcomings

- Leadership Gap as the Retirement of Regional Health Director created temporary disruption.
- Low IRS coverage and delayed vector control; 3,898 confirmed cases in 2024.
- Coverage reached only 73% of intended targets.
- Inadequate health facilities, aging hospitals (Engela needs major renovation).
- Oxygen plants donated but not operational; shortage of essential equipment.
- Aging vehicle fleet; no new ambulances received; frequent breakdowns.
- Shortage of data capturers; some facilities lack internet and gadgets.
- High turnover; shortage of skilled personnel in critical services.
- Disease burden leading mortality causes: Pneumonia, TB, severe malnutrition, malaria.

Recommendations

- Increase IRS coverage, ensure timely spraying, and intensify larviciding.
- Train HCWs on malaria case management and surveillance.
- Scale up community outreach coverage to meet national standards.
- Accelerate completion of Onanghulo and Onamafla clinics.
- Prioritise construction of new clinics and staff accommodation in underserved areas.
- Activate donated oxygen plants and build regional medical store.
- Procure ambulances and durable 4x4 vehicles suitable for terrain.
- Decentralise procurement functions and enforce timely supplier performance.
- Accelerate the recruitment process

7.8 OMUSATI REGION

Key health indicators

Morbidity

- Four (4) suspected AFP cases were reported in the region and all results were negative
- Twenty-three (23) suspected measles cases were reported and only eleven (11) cases were confirmed positive
- Two rabies cases were reported, one was confirmed positive
- Contribution to under five years with severe Acute Malnutrition, pneumonia and gastroenteritis were topping the list.

Mortality

- The most common causes of unnatural death were suicide hanging, drowning and MVA's.
- Peri/Neonatal Case Fatality Rate for 2023/2024 stands at 15 in comparison with 2022/23 case fatality which was at 15

Key achievements

- All HIV-positive tested clients were initiated (100%)
- Percentage of PMTCT babies born without HIV stands at 99%
- 100% of Audit recommendation were implemented
- 100% of stock control points have complete and up-to-date asset register
- 88% post filled rate
- The directorate's patient satisfaction coverage stands at 90% (increase with 1%) in the reporting year, to compare with last FY.

Challenges and shortcomings

TB treatment success rate was only 81% which falls below the WHO target of 90% and attributed by higher death rate and lost to follow up success rate.

- Only 55.5% % of quantity demanded that is supplied by CMS (Service level)
- High staff turnover
- Very old pharmacy structure (Outapi DH), no store for clinical items.
- Shortage of fully equipped 4x4 ambulance in the districts to transport patients.
- Only 55% of vehicles in a running condition.

Recommendations

- DSP coordinator should intensify community engagement so that community member completes their TB treatment
- Regional pharmacists should engage CMS to improve its supply chain management

- Senior Accountant should request for additional funding in order to increase recruitment budget
- Procurement of cars and ambulance should be prioritised
- Central and Regional medical stores to improve their service levels and visibility of the stock status.
- Training on inventory management and pharmacovigilance needed for all HCW.

7.9 OSHANA

The Oshana Regional Health Directorate showed strong operational performance and strategic progress in 2023/2024, despite challenges. Key achievements in all programmes included:

- Achieved a 100% budget execution rate (N\$166.38 million), cleared all prior-year supplier payments, and increased own-source revenue by 7% to N\$1.505 million.
- Successfully provided 3,170 orthopaedic consultations, delivered community occupational therapy to 1,263 people, and maintained 100% coverage of 47 outreach points.
- Achieved excellent HIV testing (98%) and ART enrolment (98%) rates among TB patients and sustained immunisation coverage above 100%.
- Completed construction of a new prefab clinic at Ompundja, a patient waiting area at Oshakati HC, and critical renovations to facilities like Enkono clinic.

Challenges and Shortcomings

- The region faced significant and interconnected systemic challenges that impacted service delivery across all programmes:
- There is Critical shortages affect all areas, from finance to clinics without administrative officers. Entire divisions like Disability Prevention and Rehabilitation (DPR) have only one staff member. Staff turnover is 6%, worsening the problem.
- The region lacks a district hospital, which strains other facilities. Oshakati Health Centre uses an inadequate repurposed house. Key clinics, such as Eheke and Enkono, are old and require replacement. Faulty incinerators cause hazardous medical waste to pile up.
- Frequent stockouts of essential medicines, especially ARVs and chronic drugs, due to

supply issues from the Central Medical Store. Critical delays in procurement authorisations from the Procurement Management Unit (PMU) and a stalled wheelchair tender due to litigation halt

- Managing a dual burden of communicable and non-communicable diseases, with a dangerously low TB treatment success rate (77%) and a high death rate (14%), alongside a significant increase in diabetic deaths.

Recommendations

- To address these challenges and build on its achievements, the Directorate should prioritise the following strategic actions:
- Urgently review and update the 2003 staff establishment and fast-track the filling of all critical vacant posts, especially in Finance, DPR, and for Administrative Officers in clinics.
- Champion the construction of a district hospital and the relocation of Oshakati Health Centre to a purpose-built facility. Prioritise the replacement of the oldest clinics and repair/replace all faulty incinerators.
- Engage with the Central Medical Store and PMU to address systemic delays in medicine supplies and procurement authorisations. Motivate for direct procurement of critical items like wheelchairs to bypass tender bottlenecks.
- Intensify TB case management and conduct death audits to understand and reduce mortality. Strengthen health promotion on healthy lifestyles to combat the rise in diabetic deaths.
- Service or replace all faulty incinerators and procure necessary basic equipment (weighing scales, water testing kits). Include the procurement of modern desktop computers and a review of the DHIS2 server in the regional procurement plan.

7.10 OSHIKOTO

Key health indicators

Morbidity

- Tuberculosis treatment success rate was reported at 85%, but treatment of completed treatment cases was on 35%.
- The region has achieved 100% of babies born without HIV.
- Good viral load suppression rates (<1000 copies/ml) for the region at 99% adults and

96% pediatrics (January 24 data).

Mortality

- Three (3) maternal deaths were reported.
- 8% of cases amongst TB cased died during treatment and 0.1% died before treatment.
- The region reports 2 malaria deaths.

Key achievements

- The region was given a target of 100% improvement goal in customer satisfaction. However, the region could only achieve 85% of the intended 100%.
- Inpatient average length of stay reduced from 4.3 to 4.1.
- Infrastructure development: The following renovations, new installations were done:
 - Major renovation was done to Omuntele, Amilema (donor funded) clinic during the year under review and a Prefabricated health post, pit latrines and water tank were installed at Omeyantalala Health post (Donor funded)
 - Water tanks were installed at Oshivelo clinic, Olukupa clinic, Oshalongo clinic, Oshigambo clinic.
 - Replacement of solar panels and solar street lights at Hedimbi clinic
 - Installation of solar lights at Okankolo Health Centre.
- 3379 cases of social ills were dealt with. Mental illness is topping the list and these cases are reported with problems concerning treatment adherence and defaulting on treatments.
- 258 cases reported for attempting suicide, more female (55) attempted to commit suicide compared to male (45). The age group 18-35 recorded the highest attempts suicide (58), followed by age 36-70 (32).
- Successfully procured few dental materials for Tsumeb and Omuthiya district.
- Vaccination rate in children is high with an average of above 100%.

Challenges and shortcomings

- Lack of nurses' uniform supply which lead to non-complied with dressing code
- Lack of standard maintenance plan for Health facilities (Maintenance Policy)
- 50% of vehicles were kept in running condition

- despite financial constraints and high mileage
- Shortage of Administrative officers for revenue collection after hours, public holidays and weekends (pending restructuring)
- Critical shortage of pharmaceuticals supply from medical stores and regional depot affects effective patient management/ treatment
- Teenage pregnancies are high in the region at about 15%.
- Shortage of IRS equipment, IRS done only 26%.

Recommendations

- It is strongly recommended for filling of approved vacancies on the staff establishment
- It is also advisable to advocate for the purchase of essential medical equipment
- Allocate or construct new dental departments at Onandjokwe with urgency
- Strengthening of outreach services and school health program
- Revisit target group for children under the age of one year compared to the latest census results.

7.11 OTJOZONDJUPA REGION

Key Health indicators

Morbidity

- Top 5 causes of morbidity reported were Other Respiratory System Diseases, Common Cold, Musculo Skeletal System Disorder, Nose/Throat Disease/Disorder and Diarrhea WITHOUT Blood.
- Total number of patients/clients enrolled in PrEp were 272, 379, 155 183 (F) and 115, 70, 73, 64 (male).
- 661 clients were newly enrolled on ART during the reporting period. Current active on ART stand at 10244 by March 2024. Viral load suppression stands at 90% (7834/87422) by March 2024
- Tuberculosis and HIV: 81.9% were successful treated (TB and HIV patients). Tuberculosis: TB cure rate of new and relapse cases stand at 50.4%, Treatment success rate at (521/581) 89.6%. TB disease screening at above 91% among PLHIV who attended ART follow up visit.
 - Malaria: The program recorded 16256 suspected clients tested for malaria of which 0, 6% (98) tested positive for malaria in year 2023.
 - Polio and Measles Surveillance: The region

investigated one (1) AFP cases during the reporting period. Three (3) measles cases confirmed and investigated.

Mortality

- Top 5 causes of mortality: Pneumonia unspecified (30), Unspecified severe protein-energy malnutrition (36), Diarrhoea and Gastroenteritis of presumed infectious origin (17), Gastroenteritis and colitis of unspecified origin (13) and
- Tuberculosis and HIV: 13.5% died during treatment.
- Tuberculosis: Death rate during treatment 7.4%, death before treatment at 0.5%

Key achievements

- Average length of stay and Bed Occupancy rate in the region is about 6% and 36% respectively.
- Conversion of Garage into a Pharmacy at Otavi Health Centre, including patient waiting area and benches.
- Replacement of theatre Doors and Civil works on roof at Otjiwarongo Hospital
- Renovation of Doctor's accommodation at Otjiwarongo Hospital
- Repair of Grootfontein Hospital Mortuary
- Ovitoto clinic nurses home civil renovation
- The construction of Okondjatu Clinic was in progress during the period under review. Percentage of work completed is 60%.

Challenges and shortcomings

Inadequate Health Infrastructure and Delayed Projects

The complete the water supply network at Okahandja Hospital is incomplete and there is a need renovate the Otjiwarongo medical ward to meet national health facility standards, while finalizing feasibility and budget approval for the Otjiwarongo Multi-Regional Hospital construction.

Limited Availability and Functionality of Critical Equipment and Transport

There is dire need replace the X-ray machine at Grootfontein District Hospital and increase the percentage of operational vehicles from 47% to at least 80% by repairing existing vehicles and auctioning unserviceable ones.

Rising Social and Mental Health Challenges related to Alcohol abuse, attempted suicide, mental health and child related.

Recommendations

- Complete Water Supply Network at Okahandja Hospital
- Renovate Otjiwarongo Medical Ward
- Finalize the construction of Otjiwarongo Multi-Regional Hospital
- Replacement of the X-Ray Machine at Grootfontein Hospital
- Increase Operational Vehicles from 47% → 80%

7.12 ZAMBEZI REGION

Key Health indicators

Morbidity

- 99% of exposed babies born from HIV positive mothers were born negative to HIV.
- A total of 15 371 HIV positive clients are currently on treatment and care.
- 70% of all cases of malaria reported nationally emanated from Zambezi region. 8 deaths compared to 4 deaths in the previous year respectively.
- TB treatment success rate stands at 97% against the targeted 98%.

Mortality

- The HIV/AIDS increased to 74/100 000 (119) deaths compared 473/100 000 (70) in 2022/2023.
- 3 maternal deaths were recorded compared to 2 in the previous FY. Maternal deaths were as result of delay in health seeking behaviour by the community.
- Neonatal deaths increased from 7/1000 to 13/1000 during the same period. The increase in the prevalence of neonatal deaths is due to high recorded number of prematurity (80 of deaths) 98% of which 17% resulted into deaths compared to 15% in the last FY. whilst 100% of HIV clients were put on treatment and care
- 17% of patients died compared to 15% in the last FY.

Key achievements

- The posts filled rate stood at 71% against a target of 85% where 67 cadres of different categories were employed.
- The most common conditions reported in dental services were dental caries (8 229) followed by periodontal (1 844) 62 school visits were conducted compared.
- 98.8% of MRI coverage, slightly above a projected target of 95%.
- The HR offices and nurses home at the hospital were renovated.

- All TB positive patients were tested for HIV and 100% of facilities are conducting HTS and initiating clients on ART

Challenges and shortcomings

- There was frequent break down of medical equipment and infrastructure like laundry machine, autoclave and incinerator. The ophthalmic equipment and x-ray machine are obsolete.
- 21 % coverage IRS to prevent and reduce malaria was attained this FY, a decline by 40% due to challenges in acquiring vehicles, spray pumps and PPEs coupled with challenges of closed structures (22 locked structures) and refusals (19 refusals by the community)
- 398 cases of social ills were reported. Attempted suicide with the highest prevalence recorded due to attempted suicide standing at 136 cases followed by bereavement at 96
- The pharmaceutical services received on 39.9 % of the items against a projection of 75% projection and way below the 61% recorded in the last FY whilst 1.6% was observed on wastage that is below NL target of 2%.
- Stock out of essential medicines were reported.
- Shortage of staff members trained in crucial rehabilitation components. i.e. Physiotherapy, Occupational Therapy, speech therapy, Orthopaedic Technical services, etc. limits the provision of rehabilitation services in the region. Zambezi region has one Physiotherapist making it challenging to effectively offer quality rehabilitation services

Recommendations

- Strengthen health education on ART adherence and early initiation on treatment
- Replace x-ray machine, autoclave and some laundry machines, Procure new ophthalmic, urology and orthopaedics equipment.
- Motivate for procurement of the 2 boats and 6 ambulances
- Motivate for filling of posts and procurement of Orthopaedic Technical equipment for the region.
- There is a plan to engage traditional and local Authorities to sensitise the community about the need to seek medical care at health facilities on time

CHAPTER 8: CONCLUSION

The Ministry of Health and Social Services (MHSS) reaffirms its unwavering commitment to achieving Universal Health Coverage (UHC) through the development of a resilient, inclusive and equitable national health system. The approval of the UHC policy by Cabinet stands as a significant milestone, paving the way for a transformative agenda that ensures accessible promotive, preventive, curative, rehabilitative and palliative services for all. The Ministry anticipates the successful implementation of this policy once it is officially launched and disseminated.

The 2023-2024 Ministerial Quarterly Performance Review Reports and the Annual Report highlight the Ministry's achievements despite persistent challenges in human resources, infrastructure and financing. Nonetheless, critical gaps continue to affect service quality and coverage. The underperformance of the current Strategic Plan (2017/2018 to 2021/2022) has prompted the development of a new, more adaptive strategy. This next strategic plan will respond to emerging health trends, support data-driven decision-making and align resources to population needs. It will be developed in the next financial year.

During the 2023-2024 fiscal year, the Ministry recorded several successes across key programmes. A successful Measles and Rubella campaign was conducted, and the immunisation schedule was revised in partnership with the private sector. The introduction of the HPV vaccine campaign is planned for the next financial year. However, Namibia must still conduct an external EPI review and develop a National Immunisation Strategy.

Non-Communicable Diseases (NCDs) continue to pose a major health burden. Diabetes Mellitus had the highest prevalence in Oshikoto Region and caused the most deaths in Khomas, while hypertension recorded the most cases in Kavango East and also the highest mortality in Khomas. Cervical cancer is rapidly emerging as the leading cause of cancer-related deaths among women, with the highest number of cases reported in Khomas. In response to the rising burden of NCDs, the Ministry developed the Essential NCD Interventions (PEN) Guidelines.

Malnutrition remains a serious public health concern, with 384 deaths reported. Low birth weight was recorded at 12.7%, and breastfeeding initiation stood at 81.5% of the 76,762 live births. A shortage of critical supplies such as RUTF and logistical challenges disrupted the management of severe acute malnutrition. Stakeholder consultations and the development of a nutrition quantification plan were key responses to address these gaps.

Maternal and neonatal health remains a priority, with 33 maternal and 586 neonatal deaths recorded. The launch of the MaNICare QI Collaborative in 35

facilities showed early improvements in managing maternal conditions during pregnancy such as pre-eclampsia and eclampsia. The PMTCT guidelines were revised, and 98.6% of HIV-exposed infants were born HIV-free. Additionally, 98% of all births occurred in health facilities.

In the fight against HIV/AIDS, Namibia achieved significant progress. Of the 2,512 HIV-positive patients identified, 99% were immediately initiated on ART. A total of 96% of HIV-positive contacts were linked to treatment, and over 90% of nurses are now trained in HIV care. The HIV Recent Infection Study found that 97% of infections were long-term, while only 2.7% were recent.

TB services were also strengthened. Of 8,988 new and relapse cases, the notification rate stood at 297 per 100,000 population. Drug-resistant TB remains a concern, with a Multi-Drug Resistant TB (MDR-TB) rate of 22% and 14% reflecting other resistance patterns. Encouragingly, 99% of TB patients were tested for HIV. Malaria cases showed a downward trend, reflecting progress in vector-borne disease control.

Although the provision of dental services has increased, the programme continues to face significant challenges and constraints in service delivery. A shortage of dental posts within the current staff establishment limits the Ministry's ability to absorb the growing number of dental graduates and expand oral health services effectively. Additionally, frequent stock-outs of critical dental materials, along with delays in servicing and maintaining dental equipment and infrastructure, continue to disrupt care and compromise service quality.

Despite these gains, outreach services declined from 87% in 2021/22 to 76% in 2023/24, mainly due to transport and staffing constraints. Outreach services are designed to extend health and social services beyond fixed health facilities and into communities, especially underserved, remote, or hard-to-reach populations and should therefore be prioritised. The transport fleet is in urgent need of new ambulances and support vehicles. The existing fleet requires timely updates, servicing, and repairs to prevent disruptions in service delivery and to ensure the continuity of emergency and outreach services.

Chronic human resource shortages remain across all directorates, with critical vacancies in pharmacists, physiotherapists, occupational therapists, specialist doctors, and nurses. Recruitment and retention of skilled personnel, as well as continued staff training especially under the fellowship and customer service programmes are vital.

Infrastructure development saw continued progress. Key facility upgrades were undertaken, and procurement of both basic (e.g., ECG machines,

theatre beds) and specialised (renal, oncology, cardiac) medical equipment is underway to meet the rising demand for advanced care. The lack of adequate storage space at the Central Medical Stores (CMS), which fell short of its 80% target, continues to affect drug supply chains. A new CMS facility is anticipated in the near future.

Digital health initiatives advanced notably. The Electronic Dispensing Tool (EDT) improved ARV and chronic drug management, and its integration with other systems via APIs is enhancing data flow for better quantification. There is an urgent need to scale up IT infrastructure to support the Electronic Death Notification System and other digital platforms such as DHIS2 and Quality Assurance systems.

Quality improvement measures also gained momentum. The NSOAP was launched to enhance surgical and obstetric services, while the NQPS and Hospital Quality Standards were implemented in six hospitals namely Oshakati, Windhoek Central, Opuwo, Rundu, Gobabis, and Mariental. The CoVITEC QI Collaborative achieved 84% viral load suppression, 89% continuity of care, 72% index contact testing, 65% cervical cancer screening, and evaluated 945 TB cases, though TB screening remained low at 5%.

The National Social Contracting Policy for Health was launched; the first of its kind in the SADC region. Approved by Cabinet and supported through Global Fund-led assessments of Civil Society Organisations (CSOs), this policy marks a major step toward institutionalising partnerships with non-state actors. Its implementation is expected to enhance multisectoral coordination, improve accountability, and foster more community-centered service delivery.

Looking ahead, MHSS will prioritise the development of a new Strategic Plan, the revitalisation of primary healthcare, further digital transformation, and the strengthening of intersectoral partnerships. Despite financial constraints, the Ministry remains resolute in translating its strategic objectives into action, ensuring that all Namibians benefit from high-quality, accessible, and sustainable health services.

The Ministry extends sincere gratitude to all healthcare workers, partners and stakeholders for their continued dedication. Together, we will continue to build a healthier Namibia, leaving no one behind.

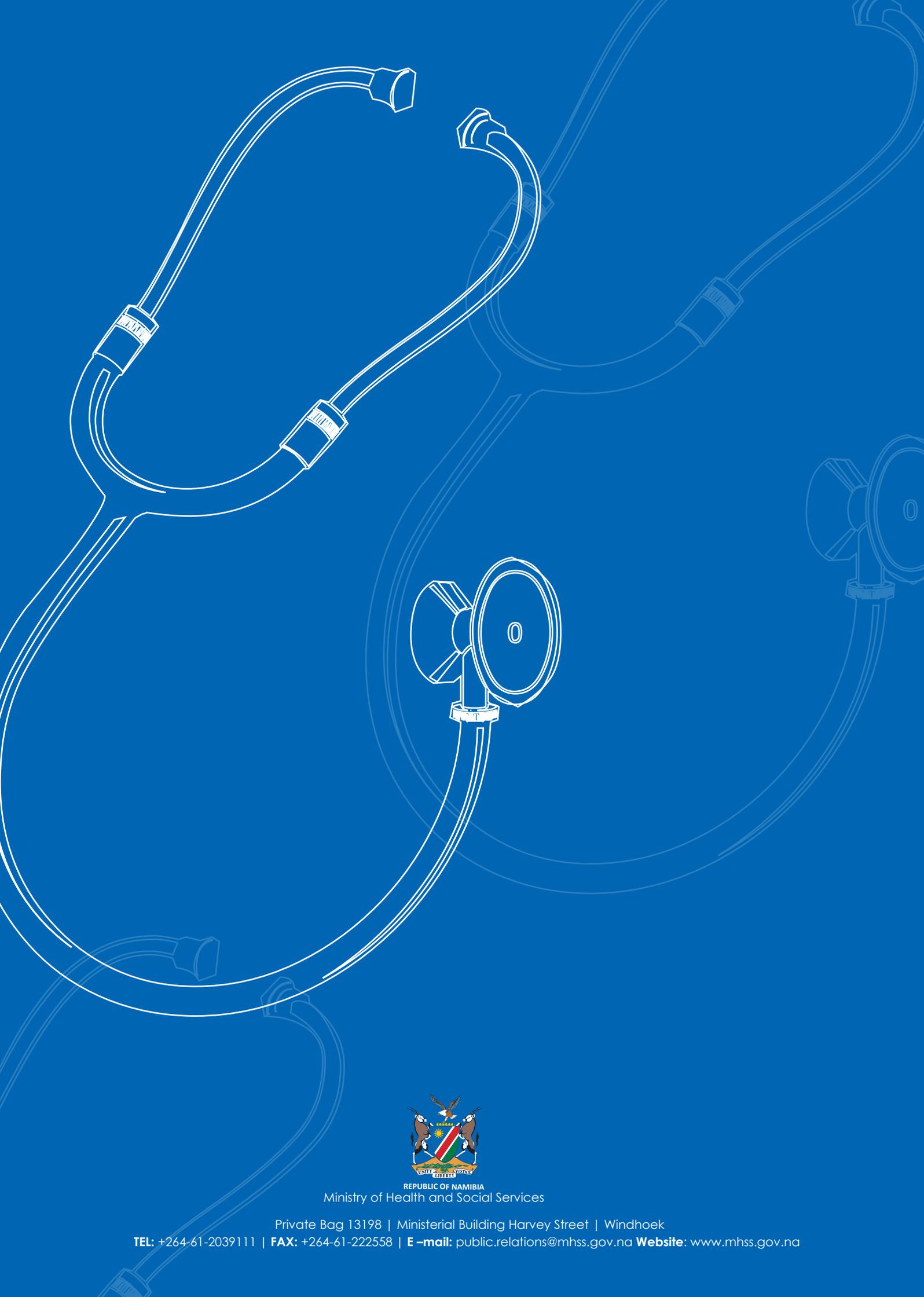


NOTES



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