

GOVERNMENT OF THE REPUBLIC OF NAMIBIA

MINISTRY OF HEALTH & SOCIAL SERVICES



ANNUAL REPORT 2005 / 2006

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FOREWORD BY THE MINISTER



Honourable Dr. R.N. Kamwi

It is indeed an honour and privilege for me to present the 2005/2006 Annual Report of the Ministry of Health and Social Services (MoHSS).

The Ministry of Health and Social Services is guided by its Policy Framework “Towards achieving health and social well being for all Namibians”, and the report is prepared against the background of the Ministry’s, overall objectives:

- To improve and maintain the physical and mental health status of Namibians;
- To improve and maintain the social well being, self-reliance and coping capacities of individuals, families and communities.

This is indeed the vision that guides the ministry with regard to our work at improving access to health care.

During 2005/06 the implementation of our programmes has seen achievements and constraints elaborated in this report.

HIV/AIDS remains the major challenge facing the Ministry of Health and Social Services and all other sectors and sections of society and the country at large. Namibia, despite a relatively small population is ranked among the top five most AIDS – affected countries in the world. HIV/AIDS also remains the leading cause of hospitalization and death during the reporting period.

The report highlights the main achievements of the MoHSS, both at central level and in the 13 regional directorates. I am confident that we have put in place the building blocks for a health system that will take us a long way toward making health and social well-being for all Namibians a reality.

**Dr. Richard N. Kamwi, M.P.
Minister**



PREFACE BY THE PERMANENT SECRETARY



Dr. K. Shangula

This report provides an overview of the Ministry's main achievements and challenges for 2005/2006 financial year

The Ministry continued to improve and increase access to health care services through the renovation, upgrading and construction of health facilities especially in the previously disadvantaged areas. To this end, a Policy for establishing Health and Social Welfare facilities was developed as well as a Standard and Norms Guideline, which strive to bring existing health facilities up to the required minimum standard, are in place.

The Ministry proposed a new staff establishment to the Public Service Commission which was approved in August 2003. Since then the Ministry has been in the process of filling the vacancies. However, this remains a big challenge as to date the vacancy rate stands at 25%.

HIV/AIDS is a national burden affecting all aspects of life in Namibia. The impact of HIV/AIDS in the country shows a major reduction on the life expectancy from 60 years in 1991 to 42 in 2002. Overall there is a growing anticipation that the HIV/AIDS programme component will perform far beyond the commitment target.

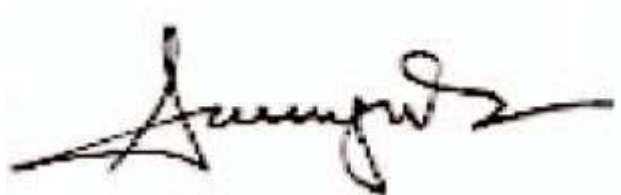
The Ministry is committed to improve the number of skilled health workers employed in both the public and private health sector in Namibia. Therefore the training of health and allied health professionals was one of the priorities during 2005/2006.

Notwithstanding the limited resources at our disposal, concerted efforts have been made together with our development partners both financially and technically to contribute to the achievement of planned targets in the health sector.

It is essential to take note this report only highlights the main achievements and or challenges experienced by our programmes during 2005/2006.

The report is organized as follows:

- Chapter 1: Introduction
- Chapter 2: Demography and socio-economic characteristics,
- Chapter 3 – 7 Programmes; and
- Chapter 8: Constraints, challenges and future outlook.

A handwritten signature in black ink, appearing to read 'Kalumbi Shangula', written in a cursive style.

DR. KALUMBI SHANGULA
PERMANENT SECRETARY

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ABBREVIATIONS

AFHS	Adolescent Friendly Health Services
AFP	Acute Flaccid Paralysis
ALS	Average Length of Stay
ANC	Ante Natal Care
ART	Antiretroviral treatment
BOR	Bed Occupancy Rate
CDC	Centre for Disease Control
CMS	Central Medical Stores
CORD	Coalition on Responsible Drinking
CORP	Community Own Resource Person
DHS	Demographic and Health Survey
EU	European Union
FDC	Fixed Dose Combination
GNI	Gross National Income
HIS	Health Information System
HIV/AIDS	Human Immune Virus / Acquired Immuno Deficiency Syndrome
HMN	Health Metrics Network
IFMS	Integrated Financial Management System
IMCI	Integrated Management of Childhood Illnesses
MIS	Management Information System
MoHSS	Ministry of Health and Social Services
MSH	Management Sciences for Health
NGO	Non Governmental Organisations
NID	National Immunisation Days
NIP	National Institute of Pathology
NMPC	National Medicine Policy Coordination
NTCP	National Tuberculosis Control Programme
OTS	Orthopaedic Technical Services
PEPFAR	President's Emergency Fund for AIDS Relief
PHC	Primary Health Care

PLWHA	People Living with HIV/AIDS
PMIS	Pharmacy Management Information System
PMTCT	Prevention of Mother to Child Transmission
RMT	Regional Management Team
RPM	Rational Pharmaceutical Management
STI	Sexually Transmitted Infections
TADA	Teenagers Against Drug Abuse
TB	Tuberculosis
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
VCT	Voluntary Counselling and Testing
VD	Vaginal discharge
VIP	Ventilated Improved pit-latrine
WCH	Windhoek Central Hospital
WHO	World Health Organization

CHAPTER 1: INTRODUCTION

The Ministry of Health and Social Services (MOHSS) provides health and social services based on the tenets of the primary health care (PHC) and developmental social welfare approach. The Ministry's guiding principles are:

- Equity – all Namibians to have equitable access to basic health care and social services
- Availability and Accessibility – services to be progressively extended to reach all communities
- Affordability – Preventative and promotive health care and welfare services provided free of charge
- Community involvement – Communication, consultations and cooperation between development workers, communities to enhance ownership
- Sustainability – any new programme will be subjected to sustainability assessment before implementation to ensure lasting impact
- Inter sectoral collaboration – government, non governmental organisations (NGO), and private sector consulted for planning health interventions
- Quality Care – policies, guidelines formulated to ensure that good quality health services are provided

PHC is the foundation of the Namibian health system. It contains the following elements; which pervade all levels of the system:

- The promotion of proper nutrition and adequate supply and utilization of safe water;
- Reproductive health including maternal and child health care and family planning;
- Immunization against the major infectious diseases;
- Promotion of basic housing and proper sanitation;
- Prevention and control of local endemic and communicable diseases;
- Prevention of disability and provision of treatment and rehabilitation services i.e. orthopaedic, blindness prevention, oral, mental health and hearing impairment technical services;
- Appropriate treatment of common diseases and conditions.
- Health Promotion through training and education on prevailing health and social problems in the communities and the methods of preventing and controlling them.

To implement the strategy, programmes have been organized into functional directorates at national and regional level, which are:

- Directorate Primary Health Care
- Directorate Special Programmes
- Directorate Developmental Social Welfare Services
- Directorate Tertiary Health Care and Clinical Support Services
- Directorate Policy, Planning and Human Resource Development
- Directorate Human Resource Management and General Services
- Directorate Finance and Logistics
- 13 Regional Directorates

The organogram on page 3 indicates the detailed structure of the Ministry.

The Directorate Special Programmes was established in 2002 due to the continuous epidemic of HIV/AIDS and mandated to coordinate the MoHSS response to HIV/AIDS, Tuberculosis and Malaria.

The National directorates have the following main functions:

- Policy & service planning
- Information and reporting
- Monitoring and evaluation
- Budget and financial management
- Human resource development and management
- Logistics and supplies
- Resource mobilization
- Supervision and technical backstopping
- Standard setting, regulation and quality assurance

The regional health directorates correspond to the administrative regions of the country. The regional level is an intermediary level between the health district and the national level. The regions are responsible for the planning, organization, implementation, monitoring and evaluation of regional health plans.

The 13 regional directorates oversee service delivery in 34 health districts. The role of the district is to ensure efficient and effective implementation of the regionally directed programmes and projects.

Although the MOHSS is the main provider of health care services to the population (70-75%), other important providers are the faith based institutions (15-20%) and the private sector (5%). Faith based health services are provided by the Lutheran, Roman Catholic and Anglican churches which are predominantly operating in the rural areas and fully subsidized by the government.

The private sector, which is mainly urban-based, provides health care services from medium sized private hospitals, private pharmacies, doctors' surgeries and nursing homes.

Public health services are provided through district hospitals, health centres and clinics as indicated in the table below. Due to the vastness of the country, sparse distribution of the population and communities that lack access to permanent health facilities, outreach (mobile clinic) services are provided at about 1,150 outreach points across the country.

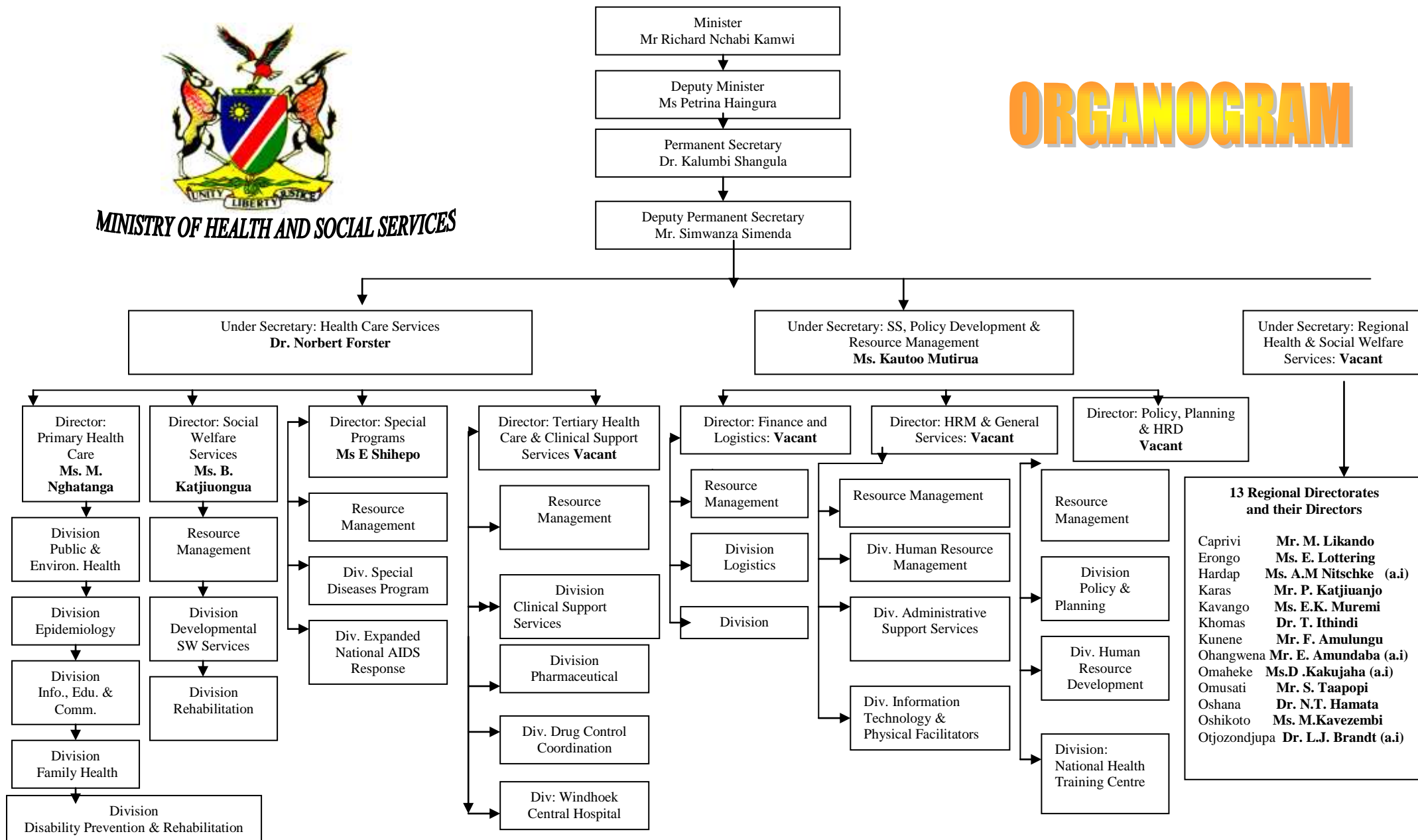
Table 1: Number of public and private health facilities 2005/2006

Type of facility	Clinics	Health centres	Hospitals	Total
Public (MOHSS and church missions)	269	37	34	340
Private	5	0	12	17
Total	274	37	46	357



MINISTRY OF HEALTH AND SOCIAL SERVICES

ORGANOGRAM



CHAPTER 2: DEMOGRAPHY & SOCIO ECONOMIC DEVELOPMENT

2.1 Demography

Namibia has a surface area of 823,700 km². The population of Namibia during 2005/2006 is estimated at 1,971,493 (NPC 2006)¹ with a growth rate of 2.6% per annum (NPC 2003)² and a population density of 2.1 persons per square kilometre.

Health services are delivered in 13 regions, which vary in size in terms of square kilometres ranging from 8,653 km² (Oshana) to 161,215 km² (Karas). The population sized served by region also varies and is indicated in Table 2.

Table 2: Regional demographic profile 2005/06

Region	Catch - ment area size km ²	Total catch- ment population	Estimate No. of Under-1 year-olds	Estimate No. of children under 5 years	Estimate No. of children <17 years (0- 16)	Estimate d No. of women of child bearing age	Estima- te No. of disable d people	Estima - te No. of aged people
Caprivi	14,528	87,274	2,618	13,091	41,892	20,946	27,055	6,022
Erongo	63,579	113,372	3,401	17,006	54,418	27,209	35,145	7,823
Hardap	109,651	69,072	2,072	10,361	33,154	16,577	21,412	4,766
Karas	161,215	73,954	2,219	11,093	35,498	17,749	22,926	5,103
Kavango	48,463	253,971	7,619	38,096	121,906	60,953	78,731	17,524
Khomas	37,007	269,831	8,095	40,475	129,519	64,759	83,648	18,618
Kunene	115,293	74,110	2,223	11,116	35,573	17,786	22,974	5,114
Ohangwena	10,703	251,111	7,533	37,667	120,533	60,267	77,844	17,327
Omaheke	84,612	75,102	2,253	11,265	36,049	18,025	23,282	5,182
Omusati	26,573	242,885	7,287	36,433	116,585	58,292	75,294	16,759
Oshana	8,653	173,893	5,217	26,084	83,468	41,734	53,907	11,999
Oshikoto	38,653	175,650	5,270	26,348	84,312	42,156	54,452	12,120
Otjozondjupa	105,185	155,430	4,663	23,315	74,606	37,303	48,183	10,725
NAMIBIA	824,115	1915,655	60,470	302,35	967,513	483,756	624,826	139,082

2.2 Socio – economic development

Namibia, with a Gross National Income (GNI) per capita of US\$ 2,370³ is classified as a lower middle income country. The economy has been characterised by positive growth and moderate inflation for the period 2001 – 2005.

¹ National Planning Commission (2006) Population Projections 2001 – 2031, National and Regional Figures. Windhoek

² National Planning Commission (2003). 2001 Population and Housing Census. National Report , Basic Analysis with highlights. Windhoek

³ World Development Report (2006). Equity and Development. World Bank, Washington

2.3 Health status

Health Indicators according to the Namibian Demographic Health Survey (NDHS) 1992 and 2000 are shown in Table 3.

Table 3: Comparison of Health Indicators in 1992 and 2000

Indicator	1992	2000
Fertility Rate	5.4	3.4
Infant Mortality Rate (IMR)/1,000 births	57	38
Under five-Mortality Rate (U5MR)/1,000 births	83	62
Maternal Mortality Rate (MMR)/100,000 live births	225	271
Immunization Coverage	58%	65%
Nutritional Status of Children:		
Height for age (stunting)	28%	23%
Weight for high (wasting)	9%	9%
Weight for age (underweight)	26%	23%

The top ten inpatient causes of death are illustrated in the table below.

Table 4: Top ten inpatient causes of death 2005/06 for all ages

Condition	No. of deaths
HIV/AIDS	3,735
Gastroenteritis (Diarrhoea)	2,495
Pulmonary TB	1,961
Pneumonia	1,623
Malaria	951
Respiratory systems diseases	755
Anaemia	482
Heart failure	473
Hypertension	256
Malnutrition	265

CHAPTER 3: GENERAL MANAGEMENT AND DEVELOPMENT OF HEALTH & SOCIAL SERVICES

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

3.1 Policy, planning and legislation.

The Policy Management, Development and Review Committee approved the following policies and guidelines during the reporting period: National Malaria Policy; National Mental Health Policy, Guidelines for Appropriate Clinical Use of Blood and Blood Products and the National Tuberculosis (TB) Guideline. A draft National Blood Policy and the draft regulations/bill for blood transfusion were developed.

A procedural manual for the management of Housing Units for independent older people was developed while a working document on the development of a national policy for older people was finalized. A draft guideline on the management of substance intoxication and withdrawal was produced to provide a standard for uniform case management by all health service providers.

The Atomic Energy and National Radiation Protection Act, Act no.5 of 2005 was promulgated to control radio – active materials in all institutions.

The draft Prevention and Treatment of Drug Dependency Bill was compiled The Procedural Manual and Guidelines on the Inspection, Registration and Monitoring of Non-profit Welfare Organizations was prepared and finalized.

3.2 Development cooperation

A total number of 5 new agreements were signed between the Ministry and development partners, mostly in the area of HIV/ AIDS. Three agreements, which came to an end during the reporting period, were renewed. The areas of support of the agreements as well as specific implementing regions are indicated in the table below.

Table 5: Agreements with development partners, 2005/06

Development Partner	Project title/area of support	Region
Management Sciences for Health (USA)	Provision of Pharmaceutical Technical Assistance	National Level (MOHSS)
Gitec Nasoma – Addendum III (Germany)	Promotion and social marketing of condoms, Behaviour Change Communication and Workplace Programme	Nation-wide
University Research CO., LLC (USA)	Medical Injection Safety Programme	Nation-wide
Serving in Mission – England - UK	Secondment of Volunteer Health Care Professionals	Nation-wide
CESTAS (Italy)	Support to the national integrated programme of the fight against HIV/AIDS, and TB	Omusati and Otjozondjupa
Contracts / Agreements renewed		
Centre for Disease Control (USA)	Technical cooperation in preventing and controlling HIV/AIDS and other infectious diseases	Nation-wide
Medicos del Mundo (Spain)	Strengthening Regional programmes for the control of HIV/AIDS	Erongo and Kunene
People in Need – Czeck TV Foundation (Czech Republic)	Socio-economic empowerment of HIV/AIDS affected families and communities	Karas

In addition to the development partners indicated in table 4, the Ministry also received support from multilateral, bilateral and international Non Governmental Organisations (NGO's) including WHO, UNICEF, UNFPA, Global Fund, the US President's Fund for AIDS Relief (PEPFAR) and EU.

3.3 Management Information and Research

3.3.1 Health Information System

The management information system is designed to provide information for decision making specifically to support strategic planning, assess health status and needs, track performance and to allocate resources efficiently and equitably.

Health Information System (HIS)

HIS is one of the well-established information systems in the ministry. The Ministry re-structured this core information subsystem with the objective to integrate disparate/fragmented data sets to make the system more flexible. HIS data was converted from Dbase to Access Software with assistance from the Health Information Systems Programme (HISP-SA) and the School of Public Health of the University of Western Cape.

Human resource management information system (HRMIS)

The HRMIS is currently paper based and tracks individual staff member movements from the time of appointment to termination of service. The Ministry provides information to the Office of the Prime Minister (OPM) on regular basis.

Although, some of the information collected is useful for the MOHSS, there are no health sector specific designed indicators. Therefore, during the reporting period, the Ministry has established an HRMIS stakeholders group to develop essential indicators for HRMIS and to develop a subsystem that will be interfaced with the Human Resource Information Management System (HRIMS) at OPM.

Health Metrics Network (HMN)

Namibia is a member of the HMN, which was launched at the World Health Assembly (WHA) in 2004 - Resolution AFR/RC54/R3. HMN is a Global health partnership reflecting a range of country and global health and information constituencies. The HMN framework proposes the development of a comprehensive HIS that will bring together data collected through various methods for better decision- making (census, vital registration, household surveys, disease surveillance, health statistics and health accounts). Preparations towards implementing the resolution took place in the reporting period.

Pharmacy Management Information System (PMIS)

The PMIS has been developed during the financial year and aims to collect key indicators on pharmaceuticals and related substances of public health pharmacies at regional level.

3.3.2 Research

HIV Sentinel Survey

Since 1992, Namibia has been monitoring the prevalence of the HIV epidemic every second year through anonymous unlinked surveillance of pregnant women attending antenatal clinics. The general objective of the survey is to estimate the prevalence of HIV-infection in pregnant women aged 15-49 years, to identify geographic and socio-demographic characteristics associated with higher prevalence and monitor infection trends over time. The preparation for the 2006 Sentinel Survey started in the reporting year and the survey results are expected to be released in 2007.

Namibia Demographic and Health Survey (NDHS)

The 2006 NDHS is the third survey of its kind to be conducted in Namibia since independence. The preparation of the 2006 NDHS started in 2005 in collaboration with the National Planning Commission. NDHS is conducted internationally with technical assistance from Macro International. The survey provides comparable household demographic data and other health determinants such as fertility, infant mortality and maternal mortality rates. It is planned for the results of the survey to be released in 2007/08.

Operational Research

- **Chloroquine and Sulphadoxine pyrimethamine**

Therapeutic efficacy study of chloroquine and Sulphadoxine pyrimethamine has been completed successfully in three sentinel sites, i.e. Outapi, Katima and Rundu districts and the findings were used to review the National Malaria Policy.

- **Susceptibility study and bioassay test**

Susceptibility study and bioassay test were conducted in the nine malaria endemic regions⁴. The main finding of the study was that the vectors are still susceptible to the insecticides currently in use (DDT and Deltamethrine).

- **Social Science research on HIV/AIDS**

A Multi Country Support Program on Social Science Research in the field of HIV/AIDS was established and funded by the Netherlands Ministry for Development Cooperation. The programme is managed through a national Steering Committee representing government sector, CBO/PLWHA, NGOs, private enterprises and the research community. In the reporting year a “Kick-off” workshop to identify themes and topics was conducted. A capacity building proposal writing Workshop was conducted resulting in four proposals being developed.

- **Blood Transfusion Services**

Research on knowledge, attitude and practices related to blood usage was carried out with technical assistance from the University of Namibia.

- **Women’s Health and Domestic Violence**

The ministry participated in the WHO Multi-country Study on Women’s Health and Domestic Violence. The global launch of the main findings took place in December 2005.

3.4 Facility planning and capital development

It is the Ministry’s policy to increase access to health services for the population through the construction, renovation and upgrading of health facilities. The nature and scope of work done at the facilities is reflected in Table 6.

⁴ Caprivi, Kavango, Kunene , Ohangwena, Omaheke, Omusati, Oshana, Oshikoto and Otjozondjupa

Table 6: District hospitals, health centres & clinics constructed/renovated during 2005/2006

Type of Facility	Region	Name of Facility
District Hospital:	Erongo	Walvis Bay Hospital Phase 1* Omaruru Hospital Phase 1 Swakopmund Hospital Phase 1
	Kunene	Khorixas Hospital Phase 2
	Omusati	Tsandi Hospital Phase 1 Oshikuku Hospital Phase 1
	Oshikoto	Tsumeb Hospital Phase 2
	Otjozondjupa Ohangwena	Okakarara Hospital Phase 2 Eenhana Hospital – additional ward
	Caprivi	Katima Mulilo Hospital Phase 1
Health Centre:	Erongo	Karibib
PHC Clinics:	Hardap	Schlip (new construction)
	Otjozondjupa	Tsumkwe (new & upgraded) Okarondu (new construction)
	Kavango	Old Bagani (new/upgraded) Baramansoni (new/upgraded)
	Caprivi	Chetto, (new/upgraded) Lisikili (new/upgraded) Sesheke (new/upgraded)
	Ohangwena	Omboloka (new construction)
	Kunene	Otjimuhaka (new construction)
	Oshana	Okaku (new construction)
	Omusati	Tsandi (new construction)
Other Construction e.g. Mortuaries:	Karas	Koës
	Kavango	Mpungu Vlei
Office Buildings:	Khomas	MOHSS Head Office Phase 2
	Kunene	RMT Office extension
	Omusati	RMT Office extension
Rehabilitation Centres:	Omusati	Omusati Vocational Centre (new) Ileni Mwiitaleleko (new)
	Oshana	Ongwediva (new)

***Description of various phases is outlined in Annexure 1.**

Furthermore, with regard to national and intermediate referral hospitals, a feasibility study at Windhoek Central Hospital assessing the upgrading of water pipes, electrical and mechanical systems as well as the Intensive Care Unit was completed. Refurbishment of the existing nurses' dormitories at Rundu Intermediate Hospital has also commenced.

CHAPTER 4: RESOURCE DEVELOPMENT, MANAGEMENT AND GENERAL SUPPORT SERVICES

The objective of the programme is to provide effective planning, development, management, coordination, monitoring and evaluation with regard to resources and general support services.

4.1 Human resource development, management and general support services

4.1.1 Human resource development

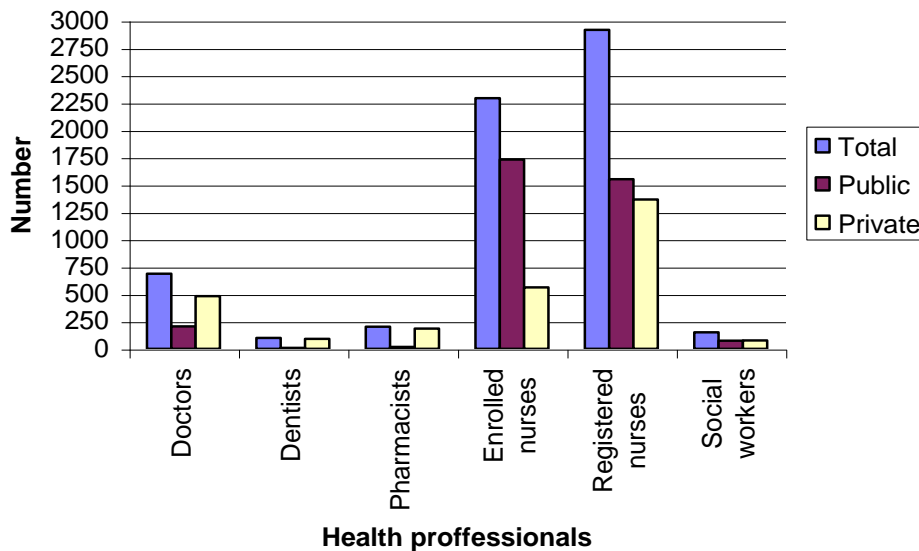
In the reporting year there was an increase in the number of key health professionals registered with their respective health professional councils in the country, compared to the previous financial year. The information is depicted in Table 7.

Table 7: Number of registered health professionals in public and private sector

Professional Category	No. Registered per financial year	
	2004/05	2005/06
Doctors	598	687
Dentists	82	101
Pharmacists	194	202
Enrolled Nurses	2063	2292
Registered nurses	2880	2917

Although there has been an increase in numbers of key health professionals, the distribution of doctors, dentists and pharmacist is heavily skewed towards the private sector as depicted in figure 1 below. This skewing thus also affects the geographic distribution of health professionals and contributes to the relatively lower access to health services in rural areas.

Figure 1: Distribution of health professionals by public and private sector



The number of students in pre-service training increased in comparison to the previous financial year and is illustrated in Table 8 below.

Table 8: Training of pre-service health related students

Study Field	Number of students per financial year	
	2004/05	2005/06
Degree in Medicine	105	125
Degree in Pharmacy	15	21
Diploma in Nursing	468	556
Diploma in Radiography	26	34
Degree in Social Work	79	105
Certificate in Nursing	691	750
Certificate in Pharmacy	18	20

Furthermore, a total number of 129 staff members were granted fellowships and or special study leave with full remuneration to pursue qualifying training. Out of the total number, 78 staff members were from the regional level and the remaining from national directorates. Fields of study pursued are annexed hereto as Annex 2. In addition, 14 Namibian doctors were pursuing medical specialization programmes in the following area: diagnostic radiology, neurology, urology, anaesthesiology, ophthalmology, nuclear medicine, gynaecology & obstetrics, cardiology, otorhinolaryngology, paediatrics and orthopaedic surgery.

Furthermore, for the first time a large number of relatively 11 Namibian medical students completed their medical studies and commenced with their internship at Windhoek and Katutura hospitals during the reporting period.

In –service training

During the reporting period the Ministry managed to increase the number of health workers trained in HIV/AIDS management, specifically the roll-out of PMTCT implementation whereby 842 health workers were trained. Two hundred and thirty six (236) health workers were trained in food and nutrition in the following regions: Hardap 10, Khomas 129, Omaheke 13, Oshakati 67 and Oshikoto 17. Furthermore, 35 health workers were trained in Oral Health.

Programme officers from the regions were trained in the use/implementation of the National TB guidelines. Four hundred and eighteen (418) health workers were trained in malaria case-management based on the revised malaria policy and 443 personnel on in-door residual house spray.

4.1.2 Human Resource Management

Staffing

The ministry's staff establishment consists of 10625 posts. The total number of posts filled was 7,942 (75%). A total number of 448 staff members (172 male and 272 female) were recruited while a total of 180 staff members (52 male and 128 female) were promoted during the financial year under reporting.

Although there were gains in terms of recruitment, a loss of 441 staff members occurred during the same period. The reasons for staff losses are depicted in Table 8. The numbers of staff losses from key health professional over the past 9 years are presented in Annexure 3.

Table 9: Reasons for staff losses

Reason	Number of staff	Percentage
Resignation	226	51.2
Death	77	17.5
Retirement	88	20.0
Transfer to other Government Sectors	22	5.0
Medical boarding	20	4.5
Dismissal	8	1.8
Total	441	

4.1.3 General Support Services

The programme is amongst other tasks responsible for the administration aspects of the Hospital and Health Facilities Act (1994). This includes the registration or licensing of private health facilities. To date a total of 844 private health facilities and services are registered or licensed with the Ministry of Health and Social Services. Table 10 provides an overview of private health facilities registered by categories and regions.

Table 10: Private health facilities registered by categories and regions

Region	Clinics	*Medical practitioners	Hospitals	Health centres	Medical laboratories	Pharmacies	**Hospice	Voluntary counselling & testing	Emergency services	Rehabilitation centres	Nursing practise
Caprivi	1	5	0	0	2	1	0	0	0	0	0
Erongo	14	70	5	3	6	11	4	0	3	0	0
Hardap	2	21	0	0	2	3	1	2	0	0	0
Karas	7	28	1	2	3	2	2	1	1	0	0
Khomas	35	307	3	2	9	37	3	2	6	3	11
Kunene	1	4	0	0	2	2	0	0	0	1	0
Ohangwena	0	8	0	0	3	2	0	1	0	0	0
Kavango	1	9	0	0	4	1	0	0	0	0	0
Omaheke	1	6	0	1	1	1	0	0	1	0	0
Omusati	1	4	0	0	5	1	0	0	0	0	0
Oshana	4	46	1	0	5	8	0	2	0	0	0
Oshikoto	1	16	1	0	4	2	0	0	2	0	0
Otjozondjupa	7	33	2	0	4	4	1	1	0	1	0
Total	75	557	13	8	50	75	11	9	13	5	11

* Medical practitioners includes dentists, psychologists and physiotherapist

** Inclusive of old age home, frail care centres

4.1.4 Information Technology

The promotion of e – government is a prime objective of the government. The Ministry has extended its information technology during the year and a firewall was set-up for the better protection against viruses. The Directorates Finance & Logistics and Human Resources Management which had a stand alone LAN which was only communicating to the rest of the offices in the ministry through a dial-up through OPM have been linked to the Ministry’s main server in the Main Building.

The Integrated Financial Management System (IFMS) set up by the Ministry of Finance was strengthened by rectifying the identified internet protocol (IP) conflict. Furthermore, the Band width was upgraded from 64KB to 128KB in order to increase the speed of the system. Seventeen computers were purchased to enhance functioning of the system.

The ministerial website has been under upgrading with assistance from OPM can be accessed at www.healthnet.gov.na.

4.1.5 Catering

Over the previous financial years catering contracts were issued for a period of two years and for the reporting period catering contracts were extended for a period of three years. However, in the reporting period one catering contract was cancelled due to poor performance. Support visits on catering services were conducted focusing on contract management to ten district hospitals in three regions namely Kunene, Erongo and Otjozondjupa regions.

4.1.6 Laundry and security services

To alleviate the constant breakdown of machines at the central laundry two washing machines were acquired.

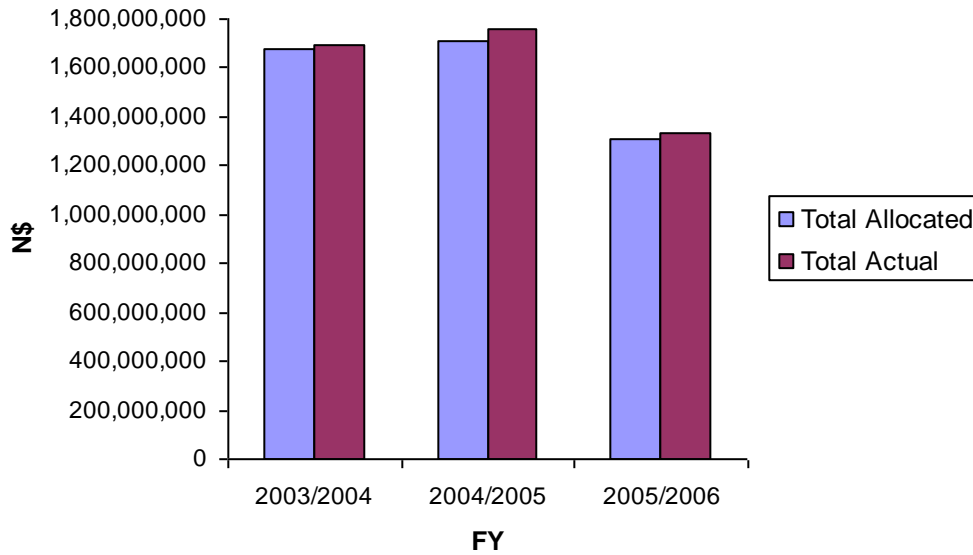
The protection of all public health facilities is a priority and security services are provided through private companies. Such services are awarded on a tender basis and the awarding of the tender contract from August 2005 - July 2007 was implemented.

4.2 Finance & Logistics

4.2.1 Financial Management

The ministerial budget allocation for the 2005/06 was N\$ 1,308,768,000 of which N\$ 98,272,000 was allocated to the development budget. The ministerial allocation as a percentage of the total government was 10.2%. The trend of allocations over the medium term is illustrated in annexure 6. Overall, the allocation remains approximately 5 percentage points short of the 2001 All Heads of State Abuja Declaration allocating more resources to health. The trend also shows a decline in allocation to the Ministry as depicted in the figure below. The decline may partly attribute to the re-allocation of the division social welfare to the Ministry of Labour and Social Welfare. The fact that expenditures continued to outstrip allocated amounts is a further indication that the ministry remains under resourced and can not curtail expenditure unless services would be terminated.

**Figure 2: Budget allocation & expenditure for period
2003/04 - 2005/06**



Health service delivery is labour intensive. The bulk of expenditure, N\$749,615,243 (56%), was towards personnel expenses as illustrated in Figure 3. Half (N\$ 672 million) of the total ministerial allocation was allocated to district health services provided at regional level. Regional allocations are depicted in Table 11. The aggregate budget for all directorates and referral hospitals is attached hereto as Annexure 5.

Figure 3: Percentage expenditure by category

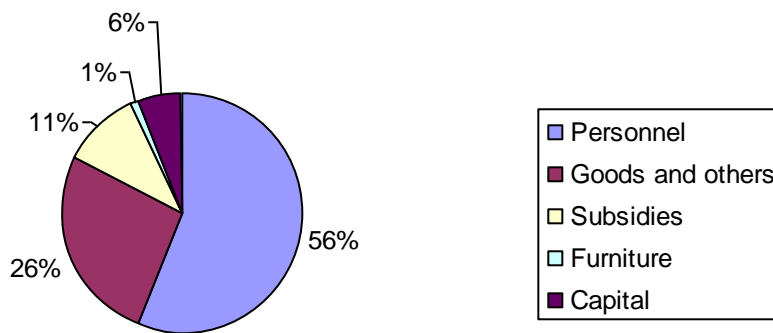
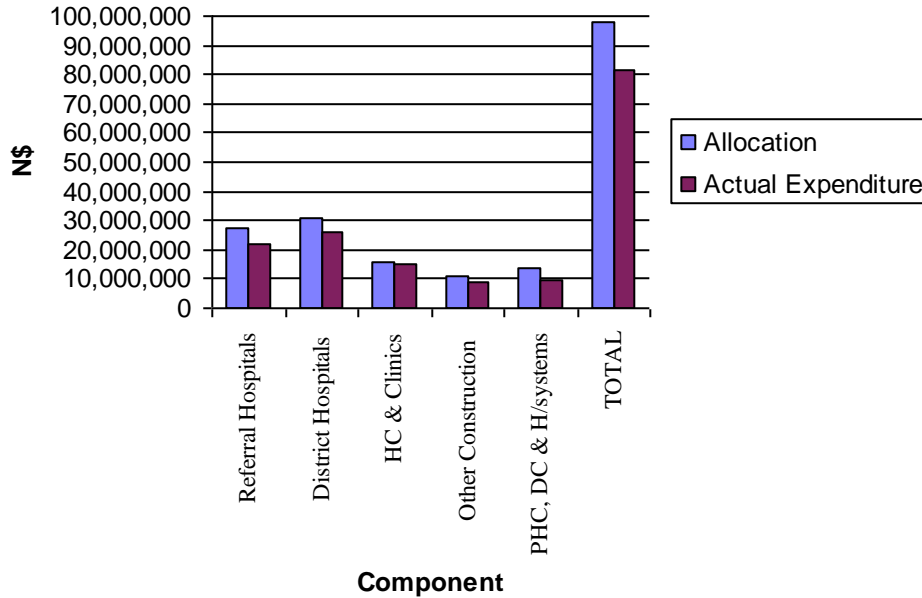


Table 11: Regional recurrent budget allocation in N\$

Regional Directorate	Financial Years					
	2003/2004	%	2004/2005	%	2005/2006	%
Caprivi	34,982,690	6	34,293,537	5	33,432,047	5
Erongo	57,756,395	9	58,937,730	9	53,053,162	8
Hardap	44,614,454	7	43,357,679	7	41,709,279	6
Karas	52,049,816	8	53,578,606	8	55,683,575	8
Kavango	70,265,810	11	68,554,678	11	68,260,499	10
Khomas	28,520,180	5	31,079,757	5	30,308,306	5
Kunene	33,964,613	5	34,673,869	5	28,399,326	4
Ohangwena	55,730,161	9	57,689,884	9	67,246,672	10
Omaheke	22,296,310	4	22,732,567	3	23,245,458	3
Omusati	67,721,088	11	74,054,233	11	86,580,815	13
Oshana	18,620,013	3	19,718,129	3	23,243,283	3
Oshikoto	84,984,919	13	88,099,713	14	97,646,093	15
Otjozondjupa	61,629,888	10	63,750,271	10	63,258,624	9
Total	633,136,337		650,520,652		672,067,139	

The largest proportion of the 2005/2006 development budget went to capital projects (86.4%) with most expenditure going into renovations, construction and upgrading of health facilities, The remaining 13,6% was allocated for selected Primary Health Care Programmes (sanitation, radiation protection services, occupational health services, orthopaedic technical services and blindness prevention), disease control and health system development. The budget allocation and actual expenditure is depicted in Figure 4.

Figure 4: Development budget by main component



Preventative maintenance of all health facilities at both regional and national levels is coordinated under the minor capital works programme. For physical facility maintenance, an amount of N\$ 5 million was allocated and N\$ 2.9 million was utilised for 58 health facilities.

4.2.2 Transport

The MoHSS during 2005/2006 had a total fleet of around 1000 vehicles. This includes trucks, buses, tractors, ambulances, 4WD double cabs, trailers and quad bikes. However, only 41% of these vehicles were in running condition. The low rate of vehicles in running condition has negatively affected the delivery of critical services such as emergency and accident services (ambulances) and mobile primary health care outreach services. During the reporting period, the ministry allocated an amount of N\$ 2,5 million for acquisition of vehicles. In total 28 vehicles were acquired, i.e. 7 ambulances, 7 4WD pick ups, 10 mini buses and 4 sedans.

4.2.3 Logistics

In terms of stores and stock management, the ministry focused on effective and uniform management as well as on accounting procedures of government assets. The Ministry has more than 50 stock control points and close to 400 distribution accounts at which stocktaking has to be carried out. Stocktaking was conducted at 46 stock taking points for the period under review.

CHAPTER 5: PUBLIC HEALTH SERVICES

The objective of the programme is to provide effective services related to family health, disease surveillance & epidemic control, public & environmental health, disability prevention & rehabilitation and health promotion & education.

5.1 Primary Health Care Services

5.1.1 Family Health

The national coverage for routine immunisation for all antigens was 83%. To supplement routine immunisation the National Immunization Campaign (NID) was conducted and coverage of 100% for both oral polio vaccination and vitamin A capsule supplementation for children less than five years of age was achieved. Other health service indicators are illustrated in Table 12.

Table 12: Family health service indicators

Indicator	% coverage
Teenage pregnancy rate	19
Skilled delivery services	68
Outreach services	67
Antenatal care	83

Management of childhood illnesses has improved through the introduction of the Integrated Management of Childhood Illnesses (IMCI) approach which is to date implemented in 12 of 34 health districts.

Community involvement was strengthened by training of 532 Community Own Resource Person (CORPS) in 12 districts to implement the community component of the Integrated Management of Childhood Illnesses (IMCI). In addition, 2175 Home Based Care Kits were distributed to all 13 regions to be used by care givers during home visits.

Adolescent Friendly Health services (AFHS) Training Manual and materials were developed and distributed to the regions.

5.1.2 Disease Surveillance & Epidemic Control

The country managed to achieve and maintain international certification standards of surveillance for Acute Flaccid Paralysis (AFP)/ Polio, for three consecutive years (2003-2005) in all three indicators. One standard is to detect at least 2 AFP cases /100 000 population under 15 years of age. Namibia achieved 80% of stool specimen adequacy of cases detected (57 cases) and timeliness and completeness of reporting surveillance data for the 34 health districts.

5.1.3 Public and Environmental Health Services

Routine inspections by the National Radiation Protection Authority were carried out, in order to protect patients and those who are working in diagnostic and therapeutic radiographic facilities. Twenty eight out of fifty one diagnostic radiographic facilities were inspected. Seventeen licenses were not renewed due to non-compliance. Ten licenses were issued for the import and use of radio-active source (material) for use in industry i.e. mining and road construction.

With regard to sanitation, 316 ventilated improved pit-latrines (VIP) were constructed country-wide in comparison to 711 in the previous year. Technical support was provided to the regions in order to increase awareness on sanitation and household hygiene at community level.

5.1.4 Disability Prevention & Rehabilitation

Orthopaedic Technical Service (OTS) were provided to 2,756 clients at the Windhoek Central, Oshakati and Rundu hospitals and 3,025 orthopaedic appliances were distributed to the orthopaedic workshops in the country. Three hundred and seventy seven clients were seen at mobile OTS clinics in Katima Mulilo, Keetmanshoop and Otjiwarongo.

Four surgical eye campaigns were conducted in the Kavango, Kunene, Ohangwena and Oshana regions and 808 patients' eye sight was restored. These patients were provided with lenses and/ or glasses for visual rehabilitation.

5.1.5 Health Promotion & Education

Advocacy and Social mobilization activities were carried out during the World TB day and the National Oral Health day was commemorated in six regions – Erongo, Hardap, Katima Mulilo, Omaheke, Oshana and Otjozondjupa.

5.2 Curative services

There has been a considerable increase in the number of out patient visits at health facilities over the last three financial years (2,259,080 – 2003/04; 2,580,545 – 2004/05; and 2,902,010 – 2005/06). This is an indication of increased need due to growing population numbers and impact of diseases such as HIV/AIDS, TB, malaria, etc. However, the average number of visits per citizen to the health facilities has been 1.7 over the reporting period, a figure below the recommended 2.5 visits per capita for developing countries. The average length of stay (ALS) in hospitals was 8 days in comparison to 9 days of the previous year, which remains too high, but reflects the disease profile (Chronic severe diseases, e.g.) HIV/AIDS, TB, etc and the fact that home based care is not readily accessible or affordable to many households.

The bed occupancy rate (BOR) for the reporting period was 82%. This is an indication that overall, our hospitals were working at efficiency levels comparing very well to the international norm. However although the overall picture is good, the disaggregated data reveal that there are hospitals whose BOR is 105%, while for some it is as low as 37%. This will require right sizing over the medium term.

The hospital bed distribution varies in regions according to the number of hospitals and their classification. The number of actual beds in the public sector stands at 7,536, a figure which is above the 6,756 reported in 2000 and far over the NDP2 target (6,485). The indicator on inpatient must be read together with other indicators such as ALS, BOR in order to give a full picture of workload and utilization to possibly determine staff over or under supply. The indicators contained in Table 13 below include all beds, i.e. district as well referral hospitals.

Table 13: Inpatient indicators per region

	No. of beds	Total inpatients*
Caprivi	226	29,905
Erongo	413	51,313
Hardap	370	42,637
Karas	287	57,075
Kavango	869	299,032
Khomas	1,686	330,050
Kunene	293	38,326
Ohangwena	412	114,846
Omaheke	170	37,580
Omusati	1,038	575,619
Oshana	610	179,026
Oshikoto	709	120,598
Otjozondjupa	453	59,532
National	7,536	1,935,539

*Admissions

5.3 SPECIAL PROGRAMMES

5.3.1 HIV/AIDS/STI Control Programme

Namibia has a generalised HIV/AIDS epidemic with HIV primarily transmitted through heterosexual intercourse. HIV/AIDS prevalence rose rapidly over the years from 4.2% in 1992 to a peak of 22.3% in 2002 and a marginal reduction of 19.7% in 2004.

The Ministry has introduced the Prevention of Mother to Child Transmission (PMTCT) of HIV and the antiretroviral treatment (ART) programme in 2002 and 2003 respectively in response to the severe impact of the epidemic. The rollout of ART service has been rapid and by March 2006, 34 ART sites country wide have been established. A total of 19,000 patients in the public and private sectors were on treatment. Table 14 below shows the total number of patients registered at MoHSS sites for ART for the reporting period. The number of women on ART is twice that of men! This calls for increased male involvement and de-stigmatisation of the disease and its treatment amongst men.

Table 14: Number of new patients registered for ART

Region	Male	Female	Children <13 years	TOTAL
Caprivi	142	340	46	528
Erongo	541	675	39	1,255
Hardap	69	100	7	176
Karas	211	331	38	580
Kavango	298	725	77	1,100
Khomas	1,266	1,903	137	3,306
Kunene	96	192	17	305
Ohangwena	513	1,294	242	2,049
Omaheke	42	83	29	154
Omusati	788	2,135	387	3,310
Oshana	494	956	213	1,663
Oshikoto	103	191	34	328
Otjozondjupa	211	337	51	599
Total	4,774	9,262	1,317	15,353

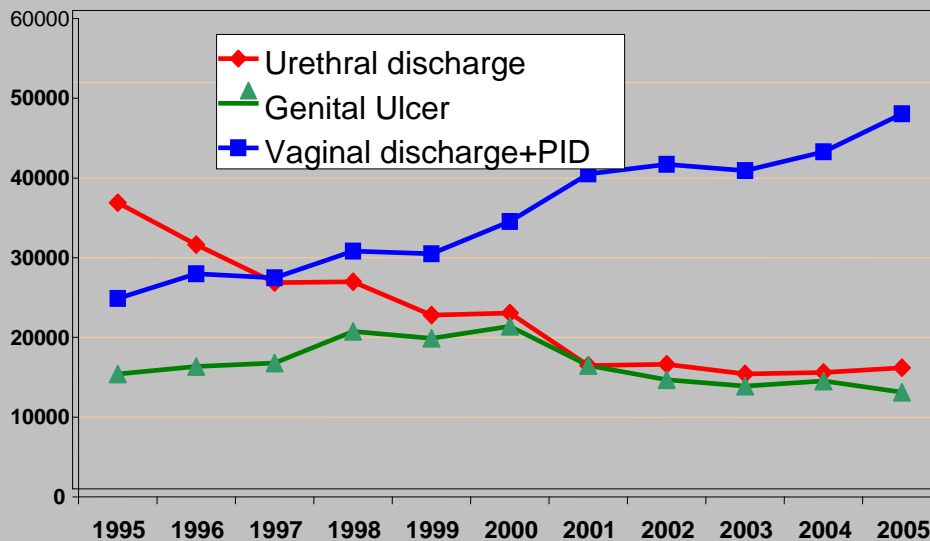
The PMTCT programme has also experienced a very rapid roll out during the reporting period. By March 2006, 165 health facilities were providing PMTCT services (i.e. all 34 district hospitals plus 131 health centres and clinics) up from 44 facilities in the previous year. The coverage of PMTCT-Plus services was at 68% of all 1st ANC visits in the country. Strong supportive supervision for PMTCT was conducted from the national level to all 13 regional directorates. One hundred and seventy four (174) community counsellors have been trained in counselling and rapid testing and were subsequently the health districts.

A DNA PCR diagnostic test to detect HIV in newborns at 6 weeks was also introduced during this reporting period.

In 2005/06, 206 clinics were equipped for the VCT programme. For the reporting period 31,050 clients received VCT services in the public sector. Rapid testing was introduced in collaboration with the Namibia Institute of Pathology (NIP) and at the end of the reporting period, 18 MoHSS sites and all 18 SMA New Start Centres have been offering rapid testing.

With regard to other sexually transmitted infection (STI's) there has been a decline in urethral discharge syndrome cases during the period 1995 to 2005. However, the number of genital ulcer disease case remained stable over the period 2002-2005. In addition and of great concern, there is a steady increase of reported vaginal discharge and Pelvic Inflammatory Disease (PID) cases. Vaginal Discharge syndrome (VD) and PID remain the predominating syndromes among women and account for the highest number of STI cases as compared to the other four syndromes illustrated in Figure 5.

Figure 5: ANNUAL NUMBER OF REPORTED CONSULTATIONS FOR STD SYNDROMES, NAMIBIA 1995-2005



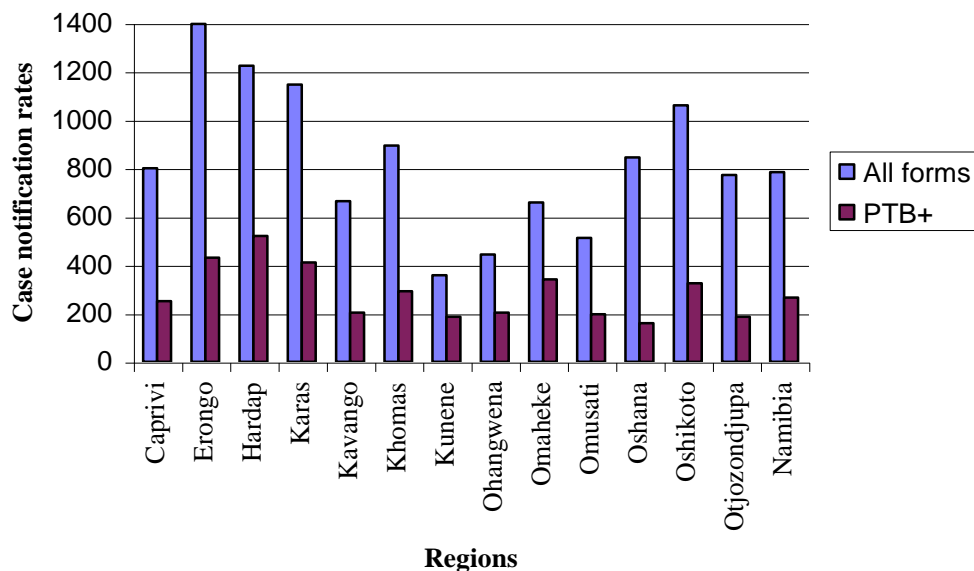
Early treatment of sexually transmitted infections is a very important prevention measure against HIV since the HIV virus can easily be transmitted through open wounds on genital organs caused by these infections. Another very important prevention measure is the use of condoms.

A total number of 18,632,736 male and 43,240 female condoms were distributed through government outlets during the reporting period. According to feedback from the community, "SMILE" is now the preferred condom of choice as opposed to the previous GRN condoms.

5.3.2 National TB Control Programme

Namibia remains among the world's most TB affected countries. In 2005, 15,894 new TB cases (all forms) were reported, hence a very high national incidence rate of 790/100,000 population. Regions with particularly high incidence rates were Erongo (1,416/100,000), Hardap (1,323/100,000), Karas (1,215/100,000) Oshikoto (1,181/100,000) and Khomas (1,023/100,000). The remaining regions had incidence below the national average. Tuberculosis incidence rates are presented in the figure below.

Figure 6: Regional distribution of TB cases 2005/06



A total of 5,222 new pulmonary (lung) tuberculosis (PTB) cases were reported in 2005 of which 57 % were males while 43% were females. A treatment success rate of 70% for new smear-positive PTB was reported. This rate was below the national and global target of 85%.

As strategy to reduce the defaulter rate and promote treatment compliance the Ministry introduced the use of Fixed Dose Combination (FDCs) anti-TB medicine. In addition, the DOTS strategy (directly observed treatment short course) was further strengthened.

Namibia's TB burden is exacerbated by the HIV/AIDS epidemic. HIV infection is the major known individual risk factor for development of TB. Case notifications for Tuberculosis have increased steadily with the advance of HIV infection. The estimate of TB HIV co- infection was 60%. In 2005, 16% of reported TB cases were tested of which 58% were also HIV positive.

At the same time, Namibia has achieved Leprosy elimination status with a rate of below 1 new leprosy case per 10 000 population having been reported.

5.3.3 National Malaria and Vector Borne Disease Control Programme

During the year 2005, the total number of malaria cases reported countrywide was 369,077. The incidence rate was 248/1000 population. Malaria related deaths amounted to 1,060. The number of cases in 2005 decreased by about 42%, while the number of deaths increased by 11 % from the 2004 level. In recent years malaria cases have further increased in the central and sporadically also in the southern parts of the country. The decrease in the number of cases during the year could be attributed to the good spraying improved ITN coverage and favourable rain situation. The incidence ranged from 2,304/1000 in the Kavango region to as low as less than 50/1000 population per year in **Karas/Hardap** where there is no indigenous malaria transmission at all. Table 15 presents malaria related mortality by region for the financial year 2005/06.

Table 15: Malaria related mortality by region 2005/06

Region	Mortality	As %
Caprivi	60	5.7
Erongo	0	0.0
Hardap	1	0.1
Karas	0	0.0
Kavango	287	27.1
Khomas	14	1.3
Kunene	32	3.0
Ohangwena	275	25.9
Omaheke	2	0.2
Omusati	263	24.8
Oshana	54	5.1
Oshikoto	67	6.3
Otjozondjupa	5	0.5
Total	1060	

As part of the increased control efforts, the programme procured vector control equipment (7 Tractors, 360 Hudson spraying pumps and 200 spare kits) and distributed 68,000 mosquito nets donated by GFATM, UNICEF and local partners among pregnant mothers and children under the age of five years in the nine malaria endemic regions (Kunene, Ohangwena, Omusati, Oshana, Oshikoto, Kavango, Caprivi, Otjozondjupa and Omaheke). During the spraying operation, which entailed visits to all households tracing and re-treatment with insecticides of 33,953 (50.5%) nets was achieved. Residual house spraying in selected areas of all nine malaria endemic regions was conducted successfully. The national spraying coverage for the reporting year was 82%.

CHAPTER 6: TERTIARY & CLINICAL SERVICES

The programme aims at providing integrated system, of support for primary health care services through specialized clinical and diagnostic services for patients referred from regional and district hospitals and to develop and strengthen the skills and knowledge of health workers through clinical training of nurses, medical and pharmaceutical interns and paramedical workers.

6.1 Pharmaceutical Services

During the year the programme received strong support through Management Sciences for Health (MSH)/Rational Pharmaceutical Management (RPM) Plus project which especially strengthened the recruitment of additional human resources.

In terms of pharmaceutical control and inspections, 718 medicines were approved for registration and 11 foreign pharmaceutical manufacturing facilities were inspected. The Quality Surveillance Laboratory analyzed 228 medicine samples of which 195 met the required standards.

The annual pharmacists' forum and the commemoration of the Pharmacy week were revived.

The Central Medical Stores (CMS) purchased 855 approved items by 30 bidders. The CMS distributed supplies worth N\$110 million to state and state subsidised health facilities countrywide.

6.2 Clinical Support Services

The Medical Equipment Dictionary was published while a guideline on the safety of medical equipment was revised, to be published in 2006/7 FY. As part of quality assurance/control, radiographic services conducted a pilot project on film reject analysis in two training hospitals, i.e. Windhoek Central Hospital and Katutura Intermediate Hospital.

6.3 Windhoek Central Hospital (WCH)

The Windhoek Central Hospital is Namibia's national referral hospital and it also serves as a referral agent for patients to institutions beyond our borders for specialised treatment not available in Namibia. It has a total number of 800 beds and a staff component of 1,210 of which 1,056 posts were filled.

A total number of 15,073 patients were treated at out-patient departments disaggregated into: Gynaecology 536, Surgery 2,554, Orthopaedic 1,947, Internal medicine 1,786, and urology 2,423. For specialised outpatient clinics a total number of 3,217 patients were treated at neuro surgery 217, sonar 2,862, coloscopy 138 and ear, nose and throat 6,458. In addition, 10,732 patients were treated at the eye clinic.

The hospital had a total number of 15,889 inpatients during the reporting period and the average length of stay was 10 days while the bed occupancy rate was 70%.

A total number of 7,660 patients were operated on of which 771 were caesarean sections.

The hospital experienced an increase in psychiatric out patients with 4010 cases, i.e. 6% more during the reporting year compared to 2004/05 financial year. 60% of these patients were

between 21-40 years of age. Out of the total number of psychiatric patients, 28% were new cases. The common conditions treated are indicated in Table 16 below.

Table 16: Distribution of mental health outpatient cases by condition and gender

Condition	Female	%	Male	%	Total
Schizophrenia	671	42.3	915	57.7	1586
Major depression	375	59.2	258	40.8	633
Alcohol related disorders	67	23.6	217	76.4	284
Bipolar I Disorders	151	62.9	89	37.1	240
Substance related disorders	68	23.1	226	76.9	294
Epilepsy	70	51.1	67	48.9	137
Para-suicide	69	59.5	47	40.5	116
Organic mental disorder	97	57.7	71	42.3	168
Anxiety	32	53.3	28	46.7	60
Mental retardation	33	50.8	32	49.2	65
Total	1633		1950		3583

During 2005/06 Windhoek Central Hospital served a total number of 19,293 patients with radiological diagnostic procedures (x-rays) of which 6,426 were Computer Tomography (CT Scan).

Furthermore, a total number of 512 new oncology patients were registered during the reporting year. Specialist out reach services were also provided to Oshakati hospital for treatment of cancer patients.

CHAPTER 7: DEVELOPMENTAL SOCIAL WELFARE SERVICES

The programmes objective is to provide social services and to render integrated developmental social welfare services to families and individuals with special welfare needs in order to promote the social, mental, spiritual and physical well-being of all inhabitants.

7.1 Family welfare

The Ministry continues to cooperate with other sectors and agencies such as UNICEF on issues of women and child protection. To this effect IEC material on women and child protection, among others brochures, posters, video documentary on functions of women and child protection units and video series on domestic violence were developed and launched. A manual on therapeutic group work with perpetrators of domestic violence was implemented successfully in one region.

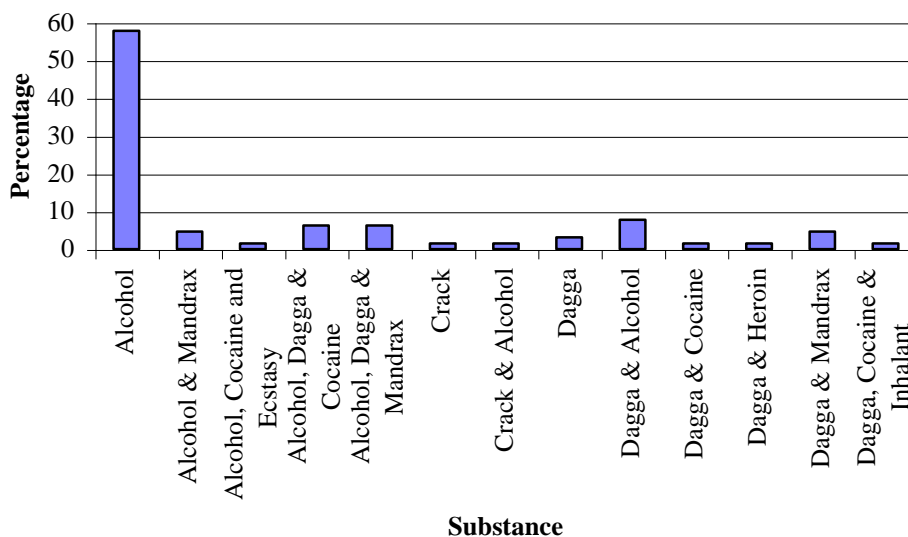
7.2 Substance abuse prevention and rehabilitation

Substance abuse is recognized as one of the primary ways through which the HI-virus is spread. In addition substance and/or alcohol abuse is a co factor in a large number of violence, trauma and injury cases in Namibia. During 2005/06 a partnership was formed between the Coalition on Responsible Drinking (CORD) and Take Control.

Teenagers Against Drug Abuse (TADA) groups are instrumental in addressing the problem of substance abuse amongst the youth and especially in schools. During the course of the reporting period TADA groups were established in Kavango, Ohangwena, Otjozondjupa, Kunene and Caprivi.

The Etegameno resource and rehabilitation centre treated 64 clients of whom 20% were female and 80% male types of substance abuse for which clients were treated are illustrated in the figure 7 below.

Figure 7: Type of Substance abuse



7.3 Specialised social welfare services

Throughout the year the public was encouraged to establish welfare organizations with focus on integrated community-based care and support services, rather than creating community dependence on residential care facilities for children, older people and other vulnerable persons.

The programme also increased and improved assistance to non-governmental organizations and other civil society organizations that provide welfare to the needy and vulnerable. A total of 24

7.4 Community based rehabilitation

The programme trained 270 persons attached to community based organizations in 6 regions on issues related to violence against women and children, mainstreaming of HIV/AIDS, and general promotion of the disability dimension.

CHAPTER 8: CONCLUSION AND OUTLOOK FOR THE FUTURE

While the Ministry could record considerable achievements during the 2005/06 fiscal year some important constraints and challenges were also encountered, during the year under review.

Any health service primarily relies on the quantity and quality of care givers and support staff available. Fifty six percent (56%) of public sector health spending goes toward personnel expenses. At the same time, the ministry experienced a vacancy rate of 25% and has a critical shortage in key job categories such as of doctors, pharmacists, nurses and dentists. This shortage compromises the quality of services to be provided.

While MoHSS receives around a 10 percent share of the government budget, the yearly increases in budget allocation have not been in line with the annual increase in the burden of disease (i.e. communicable diseases and re-emergence of non-communicable disease) and the demand for access to health services (physical facilities and outreach services). This has impacted negatively on health service delivery especially for the underserved communities and clients.

In the pursuance of its mandate for “health for all” the ministry just as any other government agency is dependant on inter-ministerial coordination and cooperation, in particular construction of physical facilities, and the maintenance of buildings and medical equipment. The ministry experienced constant delays on construction projects due to the lengthy processes in appointment of consultants and contractors. This has resulted in the under utilisation of the allocated budget and finalisation of the renovation, upgrading and construction of health facilities impacting negatively access to health facilities.

While significant strides have been achieved in the fight against HIV/AIDS., many challenges, especially in the area of prevention remain to be resolved.

The fragmentation of the institutional framework for the delivery of social development and welfare services is a cause for concern. A more effective and well concerted response is needed within Government and civil society to adequately address the growing welfare needs of Namibians.

The way forward

Over the medium term (MTEF 2006/07 – 2008/09) the main priorities must remain disease control (HIV/AIDS, malaria and tuberculosis), institutional care, family health, environmental health, rehabilitation and health systems and human resource development. These priorities are consistent with the MoHSS policy framework, the national development plans, Vision 2030 and important developmental goals contained in the Millennium Development Goals (MDG).

Placing emphasis on these priorities does not imply that other health programmes will be ignored, but rather that the priority areas require our special effort. These priorities are based on challenges that continue to face the health system. To ensure greater success in the coming years it is clear that the availability of additional resources will be a critical success factor. The ministry will be therefore pursuing strategies for greater resource mobilization from government sources, our development partners and the private and civil society.

The Ministry recognises that relieving existing shortages of skilled health professionals through recruitment and accelerating the training of health personnel will make a significant contribution

to quality of care. In addition, improving the level of skills of existing health workers and managers, strengthening infrastructure and ensuring the availability of necessary equipment will be important prerequisite to improving overall quality of health and social care.

ANNEXURE I

DESCRIPTION OF CAPITAL PROJECT PHASES

No	Project Name & Region	Construction Status	Other Remarks
1.	MOHSS Head Office renovation - Ongoing Khomas	Phase 2 Stage 1: Partitioning of NOB, renovation of second floor East, landscaping in from of main building Stage 2: Façade, Piazza & Front Parking to be addressed on separate contract. Phase 3: Upgrading of Ground Floor West, 3 rd & 4 th Floors	Final Completion took place Documentation completed and tender to be advertised shortly. Documentation in progress and to be finalised.
2.	Katutura Hospital Renovation - Ongoing Khomas	Phase 6: Renovation and upgrading of OPD, main kitchen, air-conditioning, ground floor and reticulation of security and traffic circulation Phase 7: Documentation partially completed on previously identified components. Scope of work was changed by MOHSS. This Phase will address E/M & water reticulation systems at identified areas namely: Operating Theatre complex & X-Ray Department.	Practical completed Dec.04. Defects being attended to by Contractor. Final Completion due Dec. 05. The reason for the change is that these systems are in a bad state of repair and causing major breakdowns. Documentation in progress and to be finalised soon for advertisement of tender
3.	Windhoek Central Hospital Renovation – Ongoing Khomas	Phase 4: Construction of Low Dose Radiation Unit; upgrading of the 2 lifts; Dr’s single quarters (block A & B); main preparation kitchen; replacement of podium roof and the construction of new Cardiac Unit (cardiac unit having its own contract) Phase 5: Part 1 –address the entire M/E & hot/cold water systems. Part 2 –address the renovation of remainder of Dr’s single quarters namely: blocks C, D & E.	Final Completion pending. The advertisement of this tender was extremely delayed by DOW in FY 2004. Tender now being advertised. Awaiting the appointment of a suitable Contractor shortly for work to commence as soon as possible.
4.	Oshakati Hospital Extension - Ongoing Oshana	Phase 3 Stage A: Construction of a new laundry; extension of mortuary and the upgrading of site works	Contractor was recommended. However, site handover could not take place, due to a high tender price that could not be accommodated within the allocated budget amount per se. Extremely delayed due to timely decision taking by both DOW & Architect. The scope of work was reduced by Architect & MOHSS. Tender to be re-advertised and work to commence as soon as possible during current FY.
5.	Rundu hospital upgrading – Ongoing-Kavango	Phase 6: The refurbishment of the existing nurses accommodation	Documentation completed & submitted to DOW for advertisement of tender.
6.	Mortuaries upgrading and construction	Karas Region: Koes:	Practical completed 14 Dec. 04. Final Completion due by Dec.05

	<i>As identified.</i>	Kavango Region: Mpungu: Kunene Region: Okanguati H/C: Omusati Region: Omona Ua Tjihozu H/C –	Documentation in progress. The appointment of Engineer to commence with work was extremely delayed by DOW F/S, Documentation & Contract Adm. to commence FY 05/06. F/S, Documentation & Contract Adm. to commence FY 05/06
7.	Walvis Bay hospital upgrading – Ongoing Erongo	The proposed work will address the rectification of existing corroded columns. An investigation was done previously by a specialist consultant.	Documentation to commence soonest. A letter was written to DOW for the appointment of a Structural Engineer, for work to commence.
8.	Onandjokwe hospital upgrading – on hold Oshikoto	Phase 4: To address OPD/Casualty, Maternity, Medical wards & PHC clinic.	Documentation on hold due to LMM’s commitment towards 50% contribution. Funds could possibly be viremented to other fast project.
9.	Khorixas hospital upgrading - Ongoing Kunene	Phase 2: Upgrading of female general ward; construction of ambulance garage and upgrading of water reticulation Phase 3: Upgrading of general male ward and ablution.	Final Completion pending. Tender advertised. Slow progress in appointing a Contractor by DOW.
10.	Tsandi hospital upgrading Ongoing Omusati	Phase 1: Construction of new PHC clinic & DR’s house. Phase 2: Construction of new staff accommodation, extension of existing OPD/Casualty & covered entrance.	Practical Completion took place on 19 April 05. Documentation in progress – to be finalised soon.
10.	Outjo hospital extension – Ongoing Kunene	Phase 1: Upgrading of OPD/Casualty.	Tender was advertised during April/May 04, but tender amount exceeded available budget. MOHSS requested DOW to put project on hold till FY 05/06 Construction work to commence with a reduced scope of work to fit available budget.
11.	Tsumeb hospital upgrading – Ongoing Oshikoto	Phase 2: Construction of new ablutions; renovation of remainder of maternity and high care ward; conversion of existing Admin offices into a rehabilitation unit; new ambulance garage; site works and landscaping Phase 3: Upgrading/renovation of Main Kitchen, Laundry & existing staff dormitory.	Final Completion due July 05. Documentation completed and tender being advertised.
12.	Omaruru hospital extension – Ongoing Erongo	Phase 1: Upgrading of OPD/casualty, rehab unit, pharmacy, laboratory and dental unit. Phase 2: Upgrading/renovation of Operating Theatre, Paediatric ward & hospital street.	Final Completion took place during Dec. 04. Tender advertised. Awaiting appointment of Contractor.

13.	<p>PHC Clinic construction – Ongoing</p> <p>Nationwide</p>	<p>Otjozondjupa Region:</p> <ol style="list-style-type: none"> 1. Construction of new clinic at Okarondu – 2. Upgrading and renovation of Ovitoto clinic 3. Otjituo & Coblenz <p>Omusati Region:</p> <ol style="list-style-type: none"> 1. Omakange – new clinic 2. Otamanzi – upgrading 3. Othika – new clinic 4. Ilyateko – new clinic <p>Kavango Region:</p> <ol style="list-style-type: none"> 1. Baramasoni – upgrading 2. Old Bagani – upgrading <p>Oshana Region:</p> <ol style="list-style-type: none"> 1. Okaku – new clinic. 2. Upgrading of Ekamba, Eluwa, Onamutayi & Ehafo <p>Ohangwena Region:</p> <ol style="list-style-type: none"> 1. Onambutu –Upgrading 2. Oshaango –. New clinic <p>Kunene Region:</p> <ol style="list-style-type: none"> 1. Otjimuhaka – New clinic 2. Ongongo & Otuari – Upgrading 3. Otjokavare & Fransfontein – New clinics 4. Bergsig – New staff accommodation. <p>Karas Region:</p> <ol style="list-style-type: none"> 1. Rosh Pinah – New clinic in retention. 2. Upgrading of Aus & Warmbad clinics –. 	<ol style="list-style-type: none"> 1. In retention till Aug. 05. 2. Documentation to commence 05/06. 3. Feasibility Studies to commence 05/06. <ol style="list-style-type: none"> 1. On hold due to urgent construction of Ilyateko. 2. In retention till July 05. 3. Practically completed Sept. 03. Defects still outstanding & Final Completion pending. 4. To be addressed urgently, due to bad structural condition. DOW was requested to urgently appoint an Architect to commence with F/S & Documentation/Contract Administration. <ol style="list-style-type: none"> 1. In retention till Feb. 06. 2. Expected Practical Completion was due Feb 05, but work seriously behind schedule. Practical Completion pending. <ol style="list-style-type: none"> 1. Contractor appointed & construction work commenced 2. Construction to commence 06/07. <ol style="list-style-type: none"> 1. Awaiting appointment of Contractor. 2. Documentation to commence 05/06 <ol style="list-style-type: none"> 1. Site handover took place 8 March 05 2. Donors cancelled their proposed donation. RMT requested to put request in writing to MOHSS for provision of funds on Dev. Budget. 3. Documentation completed & submitted to DOW for advertisement of tender. 4. Documentation to be finalised & tender to be advertised. <ol style="list-style-type: none"> 1. Final Completion due Nov. 05. 2. F/S completed. Documentation to commence 05/06
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		<p>Caprivi Region:</p> <ol style="list-style-type: none"> 1. Upgrading of Cheto clinic – 2. Lisikile & Sesheke – <p>Hardap Region:</p> <ol style="list-style-type: none"> 1. Upgrading of Stampriet clinic – 2. Schlip and Kalkrand – Final Completion was due March 05, but still pending. 3. Maltahohe – upgrading <p>Oshikoto Region:</p> <ol style="list-style-type: none"> 1. Onakazizi – Upgrading. 2. Elombe – New clinic <p>Erongo Region:</p> <ol style="list-style-type: none"> 1. Okongwe – New clinic <p>Omaheke Region:</p>	<ol style="list-style-type: none"> 1. In retention till Feb. 06. 2. Construction in progress. <ol style="list-style-type: none"> 1. Documentation completed & submitted to DOW for tender to be advertised. 2. Practical Completion was due Feb. 05, but still pending. 3. Documentation to commence FY 05/06. <ol style="list-style-type: none"> 1. Final Completion done in April 05 2. Documentation to commence FY 05/05. <ol style="list-style-type: none"> 1. F/S to commence FY 05/06. <p>F/S completed on all PHC facilities. Priority areas to be identified so that Documentation could commence.</p>
14.	<p><i>PHC Health Centre construction/upgrading Ongoing</i></p> <p>Nationwide</p>	<p>Erongo Region:</p> <ol style="list-style-type: none"> 1. Karibib – New construction <p>Omusati Region:</p> <ol style="list-style-type: none"> 2. Okalongo – upgrading <p>Ohangwena Region:</p> <ol style="list-style-type: none"> 3. Ongha –Upgrading. <p>Oshikoto Region:</p> <ol style="list-style-type: none"> 4. Onayena – Upgrading <p>Oshana Region:</p> <ol style="list-style-type: none"> 5. Ongwediva – 	<ol style="list-style-type: none"> 1. Final Completion done in May 05. 2. F/S & Documentation to commence FY 05/06. 3. Site handover took place 10 Feb.05. Construction in progress 4. Documentation completed & submitted to DOW for advertisement of tender. 5. Upgrading Documentation completed & submitted to DOW for advertisement of tender.
15.	<p><i>Oshikuku hospital upgrading Ongoing Omusati</i></p>	<p>Phase 1 B:</p> <p>Upgrading of general male and female wards, low care, mortuary, kitchen and laundry</p>	<p>Final Completion due Oct. 05.</p>

16.	<i>Okakarara hospital upgrading - Ongoing Otjozondjupa</i>	Phase 3 Stage 1: Demolition of existing foundations – OPD, Operating Theatre Block, Casualty Theatre & X-Ray unit. Construction of entire surface bed & new construction of Casualty Theatre and X-Ray Unit.	Site handover took place 17 March 05.
17.	<i>Regional Medical Stores Construction</i>	No new facilities identified yet.	
18.	<i>Swakopmund hospital upgrading Ongoing- Erongo</i>	Phase 1 B: Upgrading of OPD/Casualty. Phase 2: Upgrading of X-Ray & Operating Theatre.	Construction progressing well. Documentation in progress.
19.	<i>Keetmanshoop hospital upgrading - On hold - Karas</i>	Phase 1 component to be determined to fit available funds allocation.	Feasibility Study completed during 1999/2000. Documentation to commence FY 2006/07.
20.	<i>Katima Mulilo hospital Ongoing- Caprivi</i>	Phase 2: Upgrading of OPD/Casualty, Maternity ward, ablutions & drying yard	Site handover took place 16 March 05.
21.	<i>Okahao hospital renovation On hold -Omusati</i>	Feasibility Study completed 2002/03. Project on hold due to no fund allocation. Phase 1 component to be established in due time.	Documentation to commence 2007/08.
22.	<i>Eenhana hospital extension-Ongoing - Ohangwena</i>	Construction of an additional 52-bed ward.	Site handover took place 8 April 05. Construction progressing well
23.	<i>Equipment Technical Workshop Ongoing- Onshana</i>	Oshakati: Feasibility Study to commence 2005/06 depending on availability of funds.	
24.	<i>Renovation RMT Offices - Ongoing</i> <i>As identified.</i>	1. Karas: Upgrading of existing nurses home into RMT offices. 2. Omusati: Extension of existing office block 3. Kunene: Extension of existing office block 4. Omaheke: Construction of new offices	1. Final Completion Feb.05 2. Practical Completion March 05. 3. Final Completion due Aug. 05. 4. Feasibility Study completed March 05. Documentation to commence FY 05/06.
25.	<i>Upgrading of Regional Health Training Centres Ongoing</i> <i>As identified</i>	1. Karas: Upgrading of existing nurse home into training centre 2. Otjozondjupa (upgrading) – Otjiwarongo 3. Kavango – Rundu	1. Final Completion Feb. 05. 2. Facilities will be addressed according to priorities. F/S to commence FY 05/06. 3. F/S to commence FY 05/06.

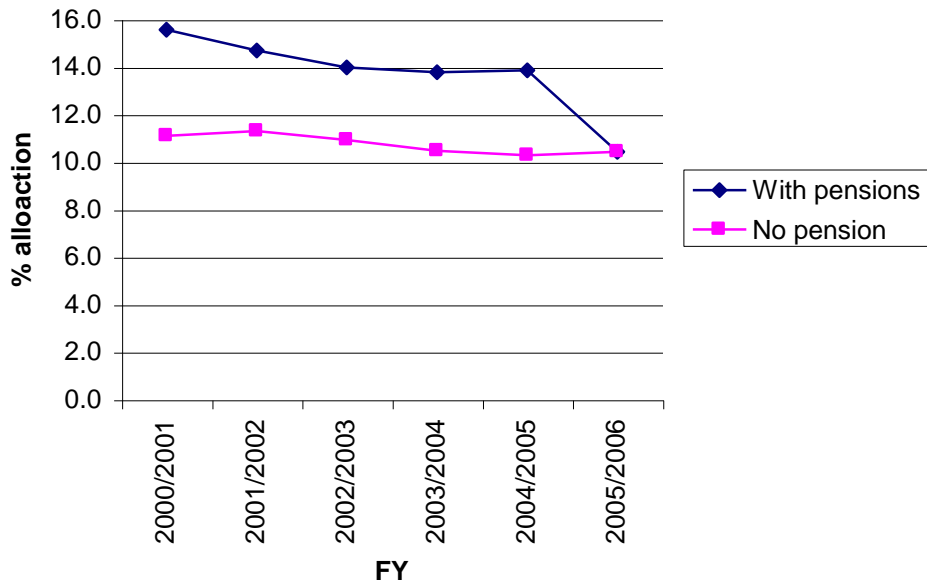
Annexure 2: Fields of study pursued

Area	Number of Staff members
Enrolled Nurses/Midwife	12
Ophthalmology	3
Logistics	1
Public Health	7
Public Management	1
Nursing Science (BA)	2
Social Development policy	1
Orthotic/Prosthetic	4
Human Resource Management	8
Business Administration	5
Play Therapy	1
Anaesthesia	1
General Surgery	1
Health Promotion, Clinical Diagnosis & Treatment	12
Critical Nursing Care	5
Operating Theatre	6
Emergency & Trauma Care	14
Advanced Nursing Skills	2
Radiography Therapy	1
Radiography Nuclear medicine	2
Pharmacy	2
Cardio thoracic Surgery	1
Advance midwifery neonatal care	1
International Health Development	1
Physiotherapy	1
Environmental Health	2
Internal Audit	2
Creative graphic computer & digital design	1
Emergency Care Practitioner	1
Midwifery	10
Community Disability	2
IT Hardware & Software	1
Health Care Management	2
Development Studies	1
HIV/AIDS Management	1
Health Economics	3
Office Management & Technology	1
Social Research Methodology and Statistics	1
Accounting & financial/management Audit	5
TOTAL	127

Annexure 3: Number of staff losses from key health professional for the past 9 years.

Professional category	Number of staff losses per financial year									Total
	1997/98	1998/99	1999/02	2000/01	2001/02	2002/03	2003/04	2004/05	2005/06	
Doctors	10	22	19	13	11	12	20	17	28	152
Reg. Nurses	46	38	58	26	37	52	106	66	89	518
Nursing Assist.	18	34	50	20	26	17	61	22	31	279
Pharmacists	3	1	3	2	5	1	4	1	3	23
Radiographers	2	3	2	0	6	7	1	3	6	30
Social Workers	3	6	3	6	6	10	12	4	5	55
Health Inspectors	0	0	0	1	0	3	4	7	6	21
Med. Specialists	0	0	2	0	3	0	0	2	1	8
Pharmacist Assist.	2	5	2	1	1	0	4	3	9	27
Environ. H. Assist.	2	0	1	1	2	2	8	5	0	21
Enrolled Nurses	7	15	51	19	27	22	69	49	86	345
Radiographic assistant	-	-	-	-	-	-	-	-	2	2
Total	93	124	191	89	123	126	289	179	266	1481

Annexure 4: Budget allocation as percentage of government expenditure



Annexure 5: Aggregate budget for all directorates and referral hospitals

	Budget allocation (N\$)	Expenditure in (N\$)
Operational directorates	2005/06	2005/06
Office of the Minister	3,905,000	2,670,899.52
Human Resource Management & General Services	41,746,000	43,378,099.37
Referral Hospital Services	476,152,000	483,994,947.20
Regional Health and Social welfare Services	695,395,000	722,568,490.81
Primary Health Care Services	17,584,000	20,044,742.38
Developmental Social Welfare Services	14,038,000	14,024,074.68
Tertiary health Care Services	17,357,000	14,977,225.74
Policy Planning and Human Resource Development	22,976,000	16,756,673.59
Finance and Logistics	14,883,000	12,525,483.35
Special Disease Programs	4,729,000	3,918,000.21
Total	1,308,765,334.17	1,334,858,971.02