

Mitigating the impact of multiple emergencies on the nutritional status and health of women and children in selected regions of Namibia

Summary Report
May 2023



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Background



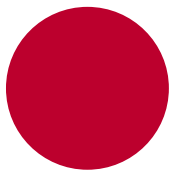
Amidst the **COVID-19** outbreak that posed a health and human crisis which threatened the food security and nutrition of millions of people around the world, Namibia continued to face multiple emergencies and crises.

In April 2021, Namibia experienced an unpredictable outbreak of **Locust** in 6 of the 14 administrative regions, namely the northern regions (Oshana, Oshana, Oshana, Kavango East and West, and Zambezi), which is estimated to have destroyed over 5,000 subsistence farms. In a population that was already battling the impact of chronic **drought**, this created a multifaceted emergency that led to **financial hardships** and increasing **food and nutrition insecurity** with the effect of increased **malnutrition**. In May 2021, there was an unprecedented surge in the number of new COVID-19 infections (the third wave) in Namibia, with an average of 1,700 new infections per day from an average of 128 per day at the beginning of the month. This wave further disrupted essential services including nutritional interventions.

Namibia also experienced an influx of **migrants** from southern Angola, especially into Omusati and Kunene Regions, as from January 2021. By June 2021, over 3,000 migrants (2,449 in Omusati and over 1,000 in Kunene), mainly women and children, had been recorded entering the country. Between April and December 2021, 18 babies born to migrants at Etunda in Omusati were reported to have died of malnutrition.

These multiple emergencies resulted in more families experiencing **nutrition-related illnesses and deaths**, particularly amongst women and children. There were significant **disruptions to essential health services**, with decline in the overall numbers of outpatient first visits by 17%, Out-Patient Department (OPD) visits for children by 23.8%, household visits by Community Health Workers (CHWs) by 25%, school health services by 76%, and fully immunised children under 1 year of age by 17%. ▶





The 2022 Japanese Supplementary Budget Support Project, titled ***Mitigating the impact of multiple emergencies on the nutritional status and health of women and children in selected regions of Namibia***, was launched to support the Ministry of Health and Social Services to strengthen interventions to prevent and manage moderate and severe acute malnutrition among women and children in health care facilities and in the community in the emergency-affected regions.

The Government of Japan provided funding of **US\$750,000** for the project, which was implemented in the period 1 February 2022 to 28 February 2023.



**REPRESENTATIVES
OF THE PROJECT
PARTNERS**

From the left:

Ms Francsina Rusberg, WHO Namibia

Mrs Meke Shikwambi, MoHSS Nutrition

Dr Charles Sagoe-Moses, WHO Representative

H.E. Hisao Nishimaki, Japanese Ambassador to Namibia

From the right:

Mr Ben Nangombe, Executive Director of the Ministry of Health and Social Services

Hon. Dr Esther Muinjangu, Deputy Minister of Health and Social Services





Regions of implementation

The project was implemented in 6 of Namibia's 14 administrative regions:

- ▶ Hardap
- ▶ Khomas
- ▶ Ohangwena
- ▶ Omusati
- ▶ Oshana
- ▶ Oshikoto

The result was an increased uptake of nutrition interventions in all 6 regions of implementation.



Project aim and objectives

Main aim

The main aim of this project was to support the Ministry of Health and Social Welfare (MoHSS) to strengthen interventions to prevent and manage Moderate and Severe Acute Malnutrition amongst women and children in emergency-affected regions and communities.

Specific objectives

- 1 Strengthen the health system capacity to provide quality nutritional services for women and children.
- 2 Strengthen the management and prevention of severe and moderate malnutrition amongst women and children at facility and community levels.
- 3 Increase awareness of nutritional practices through Risk Communication and Community Engagement (RCCE) interventions.
- 4 Equip primary health care facilities and community health workers to better provide nutritional services.



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Project outputs: Objective 1

Strengthened health system capacity to provide quality nutritional services for women and children.

- ▶ The 6 selected regions conducted **rapid assessments**, and **recommendations** were developed to inform the implementation of interventions in each region.
- ▶ 2,000 copies of the **Baby Friendly Hospital Initiative (BHFI) Guidelines** were printed and disseminated to all health care facilities to strengthen breastfeeding promotion.
- ▶ 17,000 copies of **job aids, algorithms** and **counselling cards** were printed and disseminated to support the implementation of the BHFI Guidelines. These printed items were:
 - ▶ breastfeeding recommendations in the context of HIV;
 - ▶ 10 steps to successful breastfeeding;
 - ▶ counselling on feeding for different conditions;
 - ▶ a questionnaire for mothers leaving maternity facilities;
 - ▶ a self-assessment tool.
- ▶ 21,000 **maternity records** were printed and disseminated to facilities. The purposes of these records are to strengthen the documentation of patient care and to improve the quality of care in maternity wards.
- ▶ 500 copies of the **Maternal, Still births and Neonatal Death Review Report** (1 April 2018 to 31 March 2023) were printed and disseminated. The report recommendations are utilised to improve the health outcomes of mothers and babies.



- ▶ 73 officials from Namibia and Angola attended a **cross-border meeting** aimed at strengthening the cross-border collaboration and discussing strategies for effective co-operation in the control of Severe Acute Malnutrition as well as diseases such as Hepatitis E Virus, vaccine-preventable diseases, COVID-19, HIV, TB and Malaria, and Neglected Tropical Diseases (NTDs) such as Guinea Worm Disease (GWD), all of which have implications for the nutritional status of women and children in Namibia's Omusati, Ohangwena, Oshana and Kunene Regions and the Angolan provinces of Cunene and Namibe. The meeting delegates included representatives of the MoHSS, the Ministry of Home Affairs, Immigration, Safety and Security (immigration division and Namibian Police), the Ministry of Agriculture, Water and Land Reform, the relevant Namibian Regional Councils and Local Authorities and the WHO. Jointly the four regions serve a population of over 800,000 people who frequently cross the border for economic activities and health care.



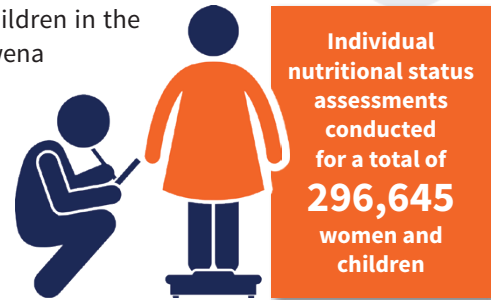
- ▶ The 6 selected regions conducted monthly and quarterly **monitoring of essential nutritional services**. This was done through routine reporting as well as data reviews, data management training, and stakeholder engagements.
- ▶ 43 health workers representing 30 facilities that serve 3 districts participated in three **Nutrition Data Review Meetings** in Omusati. The purpose was to identify data-quality issues and gaps in the performance of the nutrition programme.
- ▶ 28 health workers representing 22 health facilities that serve 3 districts participated in the **Regional Nutritional Data Management Training** in Oshikoto.
- ▶ 27 people attended the **Stakeholder Engagement Meeting** on the nutrition programme in Oshikoto, together with representatives from 3 districts. The purpose was to promote collaboration among various MoHSS stakeholders on nutrition-related activities.



Project Outputs: Objective 2

Strengthened management and prevention of severe and moderate malnutrition amongst women and children at facility and community levels

- ▶ All facilities in the 6 regions were provided with **BHFI guidelines** and **information, education and communication (IEC) materials** to support their implementation of the nutrition programme.
- ▶ 28,954 pregnant women in Khomas, Oshikoto and Oshana Regions received **counselling on nutrition** during pregnancy and the lactation period.
- ▶ Individual **nutritional status assessments** were conducted for 196,969 children in the 6 regions and 99,676 pregnant and lactating women in Khomas, Ohangwena and Omusati.
- ▶ 384 Community Health Workers (CHWs) were trained in **Community Infant and Young Child Feeding (CIYCF) Counselling** to strengthen the capacity to provide quality nutritional counselling services for women and children in the communities in each region.
- ▶ 248 CHWs in Omusati, Oshana, Oshikoto and Khomas were reached in **Support Supervisory Visits** aimed at monitoring and strengthening the implementation of nutrition-related activities in the communities. These visits included orienting the CHWs on monitoring and evaluation (M&E) tools, and identifying strengths and gaps.





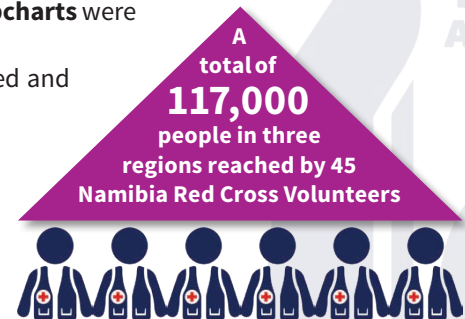
- ▶ 231 HCWs in Omusati, Oshana, Ohangwena, Khomas and Hardap were trained in **Nutrition Counselling and Support (NACS)**, **antenatal care** and **inpatient management of Severe Acute Malnutrition**, to strengthen the capacity to promote breastfeeding and to screen, treat, refer and follow up on children, people living with HIV (PLHIV), pregnant women and post-partum women who were found to be malnourished.
- ▶ 40 health facilities in Oshana, Omusati and Khomas received **mentoring and on-the-job training** to enhance their skills in **Infant and Young Child Feeding (IYCF)** and the management of malnutrition.
- ▶ 3,294 pregnant women and lactating women and 5,385 children were reached during the **Maternal and Child Health (MCH) days** in Hardap and Oshikoto. The interventions included Mid-Upper Arm Circumference (MUAC) assessment, and administering of Albendazole, Vitamin A and Oral Rehydration Solution.
- ▶ 55 households in Oshikoto were supported in starting up **backyard gardening** as a means to strengthen food security in the applicable community.
- ▶ A total of 1,200 CHWs and pregnant and lactating women in Ohangwena Region were reached during the **“1000 Days Campaign”**, which is aimed at improving and strengthening children’s nutritional status as from conception to 2 years, through educating communities on nutrition – i.e. IYCF, prevention of mother-to-child transmission (PMTCT) of HIV, healthy eating and basic nutrition.



Project Outputs: Objective 3

Increased awareness of nutritional practices through Risk Communication and Community Engagement (RCCE) interventions

- 21,000 **job aids** for health care workers and client information **posters** and **flipcharts** were printed and disseminated.
- 25 **Nutrition Assessment and Classification Algorithm charts** were procured and distributed to adults and children in Khomas Region.
- 45 **Namibia Red Cross Volunteers** were trained for this project and deployed in Khomas, Ohangwena and Omusati. In these three regions the volunteers:
 - reached 117,000 individuals in total;
 - visited 10,009 households;
 - conducted 189 community meetings;
 - reached 3,578 expectant women and 6,552 lactating mothers; and
 - referred 637 women and 425 babies to health facilities.
- A **radio jingle about nutrition** was produced in 7 languages (Afrikaans, English, Damara>Nama, Oshiwambo, Otjiherero, Rukwangali and Silozi). The jingle was aired on 7 NBC radio stations 1,344 times during peak hours on Monday to Friday from 1 December 2022 to 28 February 2023.
- 5,000 copies of the **Nutrition Counselling Flipchart** (English) were printed and distributed.
- A total of 90,000 copies of 18 different **leaflets on nutrition** were printed and distributed. This total includes the translations of the English versions into Afrikaans, Oshiwambo and Otjiherero.





Project Outputs: Objective 4

Primary health care facilities equipped to provide nutritional services

A total of 14,000 pieces of **equipment for nutritional assessment** were procured and delivered to the MoHSS, including:

- ▶ child and adult MUAC tapes x 10,000;
- ▶ weighting scales x 2,000;
- ▶ weighing trousers x 2,000;
- ▶ scale mother/child (250kg) x 66;
- ▶ scale infant clinical beamtype (16kg x 10g) x 70.
- ▶ portable baby/child/adult length measuring systems x 30; and
- ▶ portable baby/infant/adult length-height measuring systems x 35.

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