



REPUBLIC OF NAMIBIA

# OMAHEKE REGION

## OFFICE OF THE GOVERNOR

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**THE DIRECTOR**  
**NUTRITION AND FOOD SECURITY ALLIANCE OF NAMIBIA (NAFSAN)**  
**P.O. BOX 40723**  
**AUSSPANNPLATZ**  
**WINDHOEK**

Dear Mr. Ben Schernick,

**SUBJECT: PROPOSED INTERVENTIONS FOR MITIGATION OF  
MALNUTRITION IN OMAHEKE REGION**

### **1. Introduction:**

This communique serves to update/ inform the Prime Minister on the proposed intentions the region has identified for implementation and consideration on both short and long term. The Office of the Governor engaged the Right Honorable Prime

Minister on 17 July 2023 on the state of malnutrition in Omaheke Region which considerably became a cause of concern leading to loss of lives.

## **2. Background:**

### 2.1 Understanding malnutrition in Omaheke

Omaheke region is engulfed with unfavorable and unbelted figures of malnutrition that are increasing for the past 2 – 3 years. The Ministry of Health and Social Services, Omaheke Regional Health Directorate started with the implementation of the Nutritional Assessment Counselling Support (NACS) programme in October 2012.

This service is currently offered at all fourteen (14) health facilities (Health centre and Clinics). It encompasses an individualized nutritional treatment with Ready to Use Therapeutic Food (RUTF) or Plumpy nut for Severe Acute Malnutrition (SAM) and Ready to Use Supplementary Food (RUSF) or Plumpy sup for the Moderate Acute malnutrition (MAM)

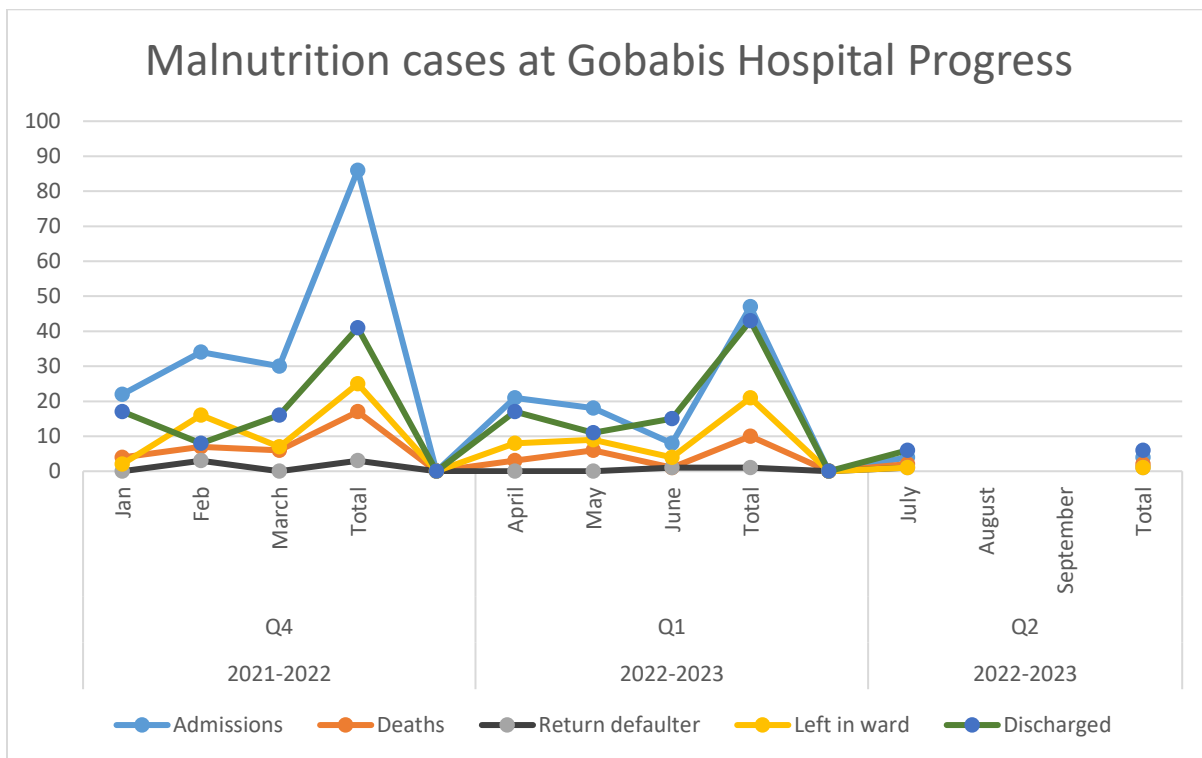
The assessment is done through growth monitoring (weight, height and mid upper arm circumference (MUAC) measurements as well as clinical assessment, providing counselling, support and continuous monitoring of clients until fully recovered (reached the discharge weight). The implementation of the Nutritional Assessment Counselling Support (NACS) programme followed the implementation of the Integrated Management of Acute Malnutrition at Gobabis District Hospital in July 2012. The target group is children under five (5) years of age that are treated with a special individualized nutritional treatment which needs constant monitoring (F75 & F100), Children with Severe Acute Malnutrition with Complications are referred from the clinics to the hospital and the mothers or caretakers are counselled on Infant and Young Child Feeding Practices.

As can be illustrated in table 1 and 2 below for the past 6 years (2016/2017-2021/2022), the statistics for admissions were fluctuating while the deaths rates were decremental. ***Of serious note, the total deaths for period of six months this year 2023, reached 45***, which is indeed a worrisome trend that calls for urgent actions even though the admissions (i.e. 132) are too much lower.

The table 1 below shows the Malnutrition cases (admissions, discharges, deaths) at Gobabis Hospital during the period of 2016 to 2022

DESCRIPTION	FINACIAL YEARS					
	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
<b>Admissions</b>	1818	1859	1925	1793	1734	2121
<b>Discharges</b>	907	1638	1723	1599	1551	1973
<b>Deaths</b>	112	96	79	72	47	38

Between, January – July 2022

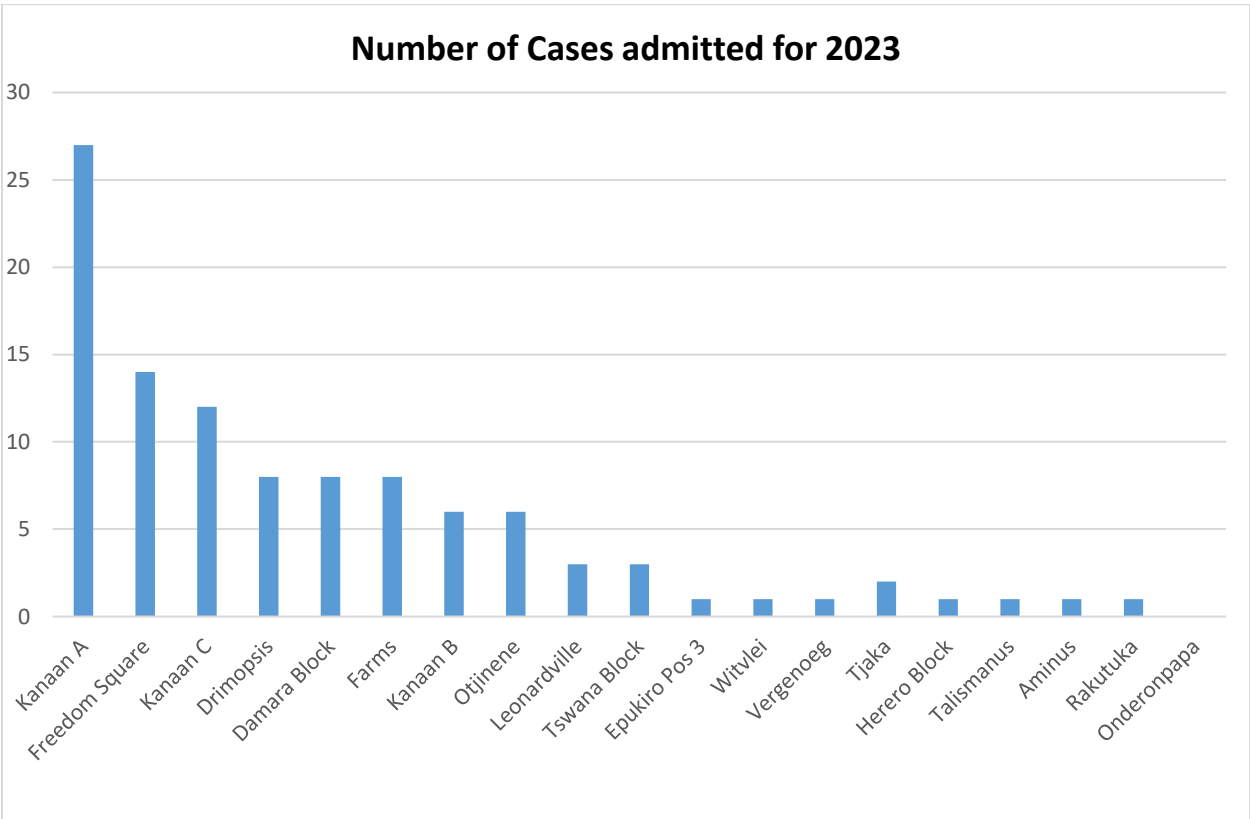


The table 2 below shows the Malnutrition cases (admissions, discharges, deaths) at Gobabis Hospital during the period of January 2023 to June 2023

DESCRIPTION	CALENDAR MONTH 2023						
	January 2023	February 2023	March 2023	April 2023	May 2023	June 2023	Total
Admissions	14	33	27	25	22	11	132
Discharges	14	15	20	20	14	-	83
Deaths	6	15	13	3	6	2	45

2.2 Hotspots areas

Gobabis town is mostly affected with admitted cases dominant in Kanaan A, Freedom Square, Kanaan C, Damara block and Kanaan B followed Drimiopsis and Ozohambo informal settlement in Kalahari and Otjinene constituencies as per graph below. Other constituencies such as Aminuis are not spared either from this outbreak.



### 2.3 Institutional arrangement

The region has established a technical committee on malnutrition in March 2022 to coordinate the multi-sectoral interventions which resulted in the reduction of cases. The stakeholders were under the resourceful guidance and machineries of the Ministry of Health and Social Services supported by other OMAs, civil society actors and development partners such as UNICEF and World Food Programme.

In addition to the technical committee, the region will establish a high-level steering committee to be led by the Governor with other political principals in order for them to monitor the interventions for both short to long term basis. The Governor will update the national level on a monthly basis while the technical committee should convene bi-monthly or more frequent when the need arises.

The technical committee headed by Sister Kaune, constitutes relevant subcommittees of experts on the following areas to consolidate effective coordination:

<b>No.</b>	<b>Subcommittee</b>	<b>Leading agent</b>	<b>Responsible staff member</b>
1	Social services (Psycho-Social Support)	Ministry of Gender Equality, Poverty Eradication and Social Welfare	Ms. Wells & Kazapua
2	Agriculture	Ministry of Agriculture & Water and Land Reform	Mr. Tibinyane
3	Infrastructures	Ministry of Works & Transport	Mr. Tjijenda
4	Health	Ministry of Health and Social Services	Dr. Harases
5	Media and Awareness	Ministry of Information & Broadcasting	Ms. Kamarenga

After the engagement with the Office of the Prime Minister (The Right- Honourable Prime Minister herself), a regional stakeholder meeting was convened on 17<sup>th</sup> July 2023 which arrived at identifying the interventions based on the root causes of malnutrition below.

### **3. Identified root causes of malnutrition:**

The stakeholders identified the following to be the causes of malnutrition in the region:

- Poverty
- Food insecurity (i.e. insufficient therapeutic food for children)
- Alcohol abuse
- Lack of knowledge or understanding on needs of the child welfare/well-being by parents (i.e. child growth, nutritional intake, early detection of the deficiencies or early reporting or presentation to health facilities)
- Limited child support systems/assistance especially food assistance, child care services or feeding program.
- Affected families are either hungry or exposed to cold conditions.
- Absent parents to take care of the children's needs (i.e. cooking or provision of food)
- No post monitoring and evaluation after discharge or support systems to Community Health Care Workers.
- Abuse of grants by families.

### **4. Identified challenges facing the region**

Despite these causes our institutions are faced with the following challenges:

- Limited or insufficient enabling facilities/equipment at our health centres or hospital (i.e. children cots/bed, linen and blankets, open or outside child rehabilitating recreational environment with their accompanying parents or after care facilities after discharge from the hospital.
- Lack of transport to access health facilities by the vulnerable members of our communities (or distant health facilities)
- Lack of transport to provide outreach services in the hotspot areas.

- Limited or overloaded staff members in the Ministry of Health and Social Services.
- Limited emergency funds allocated to support needy children for Ministry of Gender per annum.

#### **5. Achievements:**

- The multisectoral approach and collaboration between the respective stakeholders contributed to the achievements experienced thus far
- Coordination and referral systems were strengthened between Community Health Workers/ Social Workers from MoHSS and MGEPEWS.
- Four (4) soup kitchens were established as a short-term measure and the impacts were measurable.
- The Political-will demonstrated by the Regional Leadership contributed to the success and the reduction in malnutrition cases.

## 6. Proposed interventions

No.	Challenges/Causes	Interventions	Requirements	Implementation period	Cost Implications	Responsible entity	Key stakeholders
1.	Poverty	Ensure that safety nets are accessed by all by registering all potential beneficiaries	Registration process	Short term	N\$4909950.00 p/m	OPM/ MGEPEWSW	Ministry of Home Affairs & Immigration
		Approval of new applications for grants in Omaheke region					
2.	Food insecurity	Establish crop production and dairy projects at Farm Du Plessis & Farm Nuwe Hoop to supplement the soup kitchen	Proposal on the requisite inputs and costs	Short term		OPM/ MAWLR	Office of the Governor/ Gobabis Municipality/ Ministry of Youth / WFP
		Encourage backyards gardens	Identification of underutilised	Long term		OPM/	UNICEF/WFP/ NAFSAN

		where water permits in urban areas	boreholes or surplus water sources and/or grey water			Gobabis Municipality	
		Review or replace the relief package of GRN with that of PALM for Life due to its favourable ingredients	To advise the MGEPEWSW to adjust the food parcels	Medium term		OPM/ MGEPEWSW	OPM/ PALM for Life
3.	Alcohol abuse	Organise consultations with the Namibia Shebeen Association on enforcement of opening and closing hours for shebeens	NAMPOL to conduct regular inspections for enforcement	Short term		NAMPOL	MGEPEWSW/ MoHSS, LAs/ TAs / Regional Liquor Board
4.	Lack of knowledge or understanding on needs of the child welfare and the absent parents to take care of	Plan for awareness campaign IEC materials & radio talks on malnutrition,	Produce billboards, 7 radio adverts in the local	Short term		MICT/ OSPACE/ Omaheke Radio/ OCDF	MoHSS/NAFSAN/ Private Sector

	the children's needs which require valued parenting	family planning, abuse of grants and lack of parental involvement	vernacular languages				
	Abuse of grants by families	Conduct an outreach campaign in the hotspots areas	Arrange initial campaign in Gobabis, Kalahari, Otjinene and Aminuis	Short term		MoHSS/ MGEPEWSW	Other stakeholders
		Assess state of malnutrition during the outreach campaign in the hotspot areas		Short term		MoHSS/ MGEPEWSW	Other stakeholders
5.	Limited child support systems/assistance	Establish, extend and sustain supplies of food rations to soup kitchens in the hotspots areas	Letter to OPM to request to allocate Food parcels to identified Soup Kitchens	Short term		OPM/ ORMTC	UNICEF/ WFP/ Office of the Governor
		Establish the baseline of local available agricultural produce to be	Engage ADCs to establish a Data Base	Short term		OPM/ MAWLR	OPM

		accessed from farmers as rations for distributions					
6.	Families/Persons affected or exposed by cold conditions and hunger (hypothermia/hypoglycaemia)	Acquire sufficient therapeutic food and cots beds, clothing/blankets, heaters and linen for malnourished children and their families		Medium		OPM/ MoHSS	OPM/ Private Sector & Development Partners/ LAs/ TAs/ FBOs/ CBOs/CSOs
		Provide decent housing (eradication of plastic/corrugated houses)	Provision of budget for social housing	Long term		OPM/ MURD/ ORC/ LAs	
7.	Lack of transport to access health facilities by the vulnerable members of our communities and avail post monitoring and evaluation after discharge or support	Stationed/establish containers in the proximity to hotspots for community health workers to provide outreach services on malnutrition		Short term		OPM/ Office of the Governor/ ORC/ LA's/ MoHSS	MoHSS/MWT/ VTC/ CosDec/TAs

	systems to Community Health Care Workers	Compile monthly malnutrition reports		Short term		Technical Committee	Steering Committee
9.	Limited or insufficient, enabling facilities/equipment at our health centres or hospital	Submit list of required equipment's through OPM to MoHSS		Short term		OPM/ MoHSS	ORC/LAs/TAs
		Request 2-3 houses from Department of Works, houses to be allocated to Office of the Governor in Epako and Lusendaal Farm (Kaukurus) as shelters and child facilities for rehabilitation purpose after discharge from the hospital for 3 months		Short term		MWT	MGEPEWSW/ ORC/ MHSS/ LAs/ Office of the Governor

		Involve parastatals & private sectors		Short term		Office of the Governor	
10.	Lack of transport to provide outreach services in the hotspot areas	Repair of GRN van to be used for outreach campaign, secure the donated Pick-up Bakkie (as donated by Uranium One)	To buy repair material at a lowest cost and request GRN Garage to do the repairs in a cost-effective manner	Short term	N\$138 979.88 (market related price)	OPM/ MoHSS/ MWT- Government Garage	VTC/ CosDec
11.	Limited staff members in the Ministry of Health and Social Services	Training of staff members on handling malnutrition		Medium term		OPM	MoHSS
		Fill the critical vacant positions		Short term		OPM/ MoHSS	Secretary to Cabinet
		Employ Contract Workers		Short term		OPM/ MoHSS	
12.	Limited emergency funds allocated to support needy children by the Ministry of Gender per annum	Request for the annual increase emergency funds allocation form N\$10 000 to N\$ 100 000		Medium Term	N\$ 100 000	MGEPEWSW	MoF

## Annexures

1. Critical vacancies to be filled within the MoHSS
2. List of contract Workers to be recommended within the MoHSS
3. List of equipment of materials required by the paediatric ward and the maternity waiting shelter
4. Concept note on for the establishment of a dairy, poultry and crop production project as well as a rabbit and pig farming project.
5. List of soup kitchens to be assisted
6. List of food rations provided by Palm for Life vs GRN rations
7. Budget for the Media/Awareness and Advocacy campaign
8. Cost estimate for repairs of the Outreach Van (MoHSS)
9. List of items to be purchased with proposed increased emergency fund (MGEPESW)
10. Food Systems – Demo Farm Lay-out