

COVID-19

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Pillar 1: Country Coordination, Planning and M&E



- Together with partners, WHO supported the MoHSS to finalize the following documents:
 - o National Sentinel Surveillance Protocol for H1N1 (seasonal influenza)
 - o Finalized pillar-specific TORs, SOPs, M&E indicators
 - o Concept note for integrated virtual training for covid-19 responders at national and regional levels
 - o Business Continuity plan
- Supported the development of high-level decisions – including the development of directives, regulations and guidelines for the different stages of COVID-19 lockdown and safe opening of the country to tourists.
- Supported partner coordination and UN COVID-19 response activities through the UN Resident Coordinator Office, regarding the planning, budgeting and monitoring of performance of all pillars.

Coordination continues

- Presented at the WHO AFRO IMST Senior management team and COVID-19 pillar leads on country's COVID-19 response as part of resource mobilization and technical guidance
- Coordinated and finalized a 6 months report to government on COVID-19 preparedness and response
- Facilitated integrated support missions to all regions with all 9 pillars
- Coordinated review of country's policy on de-isolation and quarantine
- Supported Erongo region to bring together stakeholders for an effective response and local resource mobilization.
- Distribute daily situation reports and information to stakeholders and WHO/AFRO



Pillar 2. Risk Communication and Community Engagement



- Distributed more than 300,000 leaflets, posters and flyers in 9 local languages to all 34 health districts
- Produced, translated and broadcasting radio jingles on 10 local languages radio stations complemented by call in radio interviews on topical issues
- Produced and broadcasting 20 video clips including in local languages and sign language complemented by live call-in COVID-19 update programmes on local television stations
- Reached approximately 2.3 million MTC and TN mobile subscribers with SMS messages on COVID-19
- Reached many people with COVID-19 Communication Centre which provides a platform for daily updates, addressing rumors, fears and misinformation. The sessions were broadcast live on the following Facebook pages:



- o NBC at 8 with a reach of 549,050
- o Ministry of Information and Communication Technology with a reach of 56,141
- o Ministry of Health and Social Services with a reach of 113,254
- o Sessions were also broadcast live on all 10 NBC radio stations with a reach of 70% of the population



RCCE continues

- Trained 626 community health workers on COVID-19 and the community engagement toolkit
- Printed and distributed school guide and COVID-19 including in braille
- Trained school principals, teachers and other school staff on COVID-19 infection prevention and control measures
- Continued community mobilization and engagement especially at regional and district levels

Pillar 3: Surveillance and Case Investigation



Security Cluster supporting mapping of cases in Walvisbay

- Supported contact identification and tracing in quarantine facilities and at homes since the beginning of the response.
- Supported the development and dissemination of 166 SITREPs within MOHSS, other Ministries and partners.
- Supported the development and dissemination of 6 months response plan and budget.
- Developed, printed and distributed surveillance standard operating procedures, flow charts, RRT and operational guidelines in collaboration with EOC team.
- Supported the adaptation and development of various data management tools

Surveillance continues



- Conducted surveillance training at National, Regional and District level through face-to-face training and online training. Over 1,500 participants have benefited from the training who are involved at all levels of the response.

- Supported the WHO integrated COVID-19 preparedness and response training with over 635 people being trained in all regions.



- Continue to provide support to data management including analysis for the response to inform policy decision
- Donated laptops jointly with other UN Agencies to the Surveillance Pillar and the EOC





Pillar 4: Points of entry

- Monitors entry and exit of trucks into the country; majority quarantined at established truck ports
- Identified 87 of quarantine facilities with a capacity of 2525 in all 14 regions
- Developed guidelines and a certificate for disinfecting vehicles/trucks and distributed supplies to all points of entry
- Finalized Points of Entry (PoE) reporting tools in the context of COVID-19
- Inspected 5 Open Markets around City of Windhoek for readiness and issued certificates for opening the open markets
- Circulated a checklist to assess all points of entry and checkpoints in all 14 regions
- Installed tippy taps at all the check points around Khomas region

Pillar 5: Laboratory Coordination

National COVID-19 testing capacity increased progressively during the last few weeks reaching up to 1200 tests per day. This is as a result of capacitating and authorization of more laboratories for testing of COVID-19 in addition to the central National Institute of Pathology (NIP) and Pathcare in Windhoek. NIP is now able to conduct tests in Oshakati, Swakopmund, and Keetmanshoop. In support of government efforts, two private facilities, Pathcare and Namdeb hospital are now testing for COVID-19. Similarly, UNAM laboratory is supporting the COVID-19 response and the Central Veterinary Laboratory (CVL) is in the process to start testing. Efforts are ongoing to bring onboard additional laboratories into the national response.



Photo contributed

Laboratory Coordination continues

- Developed indicators for monitoring of COVID19 laboratory testing activities
- Ensured timely receipt of lab results and updating of the laboratory data base
- COVID19 testing supplies and reagents stock inventory by NIP
- Donated laboratory reagents and over 6000 nasal swabs and viral transport media to NIP
- Submitted a proposal worth 800,000 USD for procurement of PCR machine, swabs, laboratory reagents and personal protective equipment to the Arab Bank African Branch for funding



Pillar 6: Case Management



- Increased bed capacity for treatment of moderate, severe and critical cases in public hospitals across the country
- Worked with the private health sector to increase bed capacity for treatment of cases that require hospitalization in Khomas and Erongo Region
- Established strong partnership between Public and Private health sector in management of cases
- Reviewed and updated Case Management SOPs
- Implementing new policy on de-isolation at 10 days of a positive test results for those with mild disease to alleviate pressure on isolation facilities



Case management continues

- 15 Namibian Physicians in training recalled from abroad to surge capacity of health workers
- Trained health care workers on IPC measures to reduce risk of infection
- Planning for the establishment of a COVID-19 designated hospital in anticipation of a surge in COVID-19 cases in the coming months
- Continue to provide support in effective treatment of COVID-19 cases

Pillar 7: Infection Prevention and Control

- Assessed 44 hospitals including 6 private hospitals for their readiness in IPC in the context of COVID19
- Adapted various guidance documents:
 - Management of human remains of a person who dies of COVID-19
 - Use of masks by the public
 - Water, sanitation and hygiene in the context of COVID19 for Regional / City Councils.
 - IPC in the context of COVID in the workplace, correctional facilities, and aviation Industry
- Trained 100 Chief and Senior Medical Officers and IPC focal persons in the regions as TOT through virtual platforms and 100 other health and front-line workers from the academia, non-governmental organization, security clusters and first responders to identify potential cases and limit the spread of COVID19 amongst patients, IPC measures, appropriate use of PPE and handling human remains of persons dying of COVID-19.



IPC continues

- Adapted the WHO tool to monitor and assess the risk of exposure for health care personal managing confirmed cases of COVID-19.
- Conducted monitoring visits to Regions as follow up to the self-assessment
 - rapidly assessed and guidance provided for improved IPC in the facilities.
 - visited and guided 7 out of 14 Correctional facilities on the recommended IPC activities
 - practical demonstration on donning and doffing of PPE
- Developing standards for face masks and parameters to test for quality control in partnership with National Standards Institute (NSI) and training institutions



Pillar 8: Operation and Support, Logistics

- Established a stock management tool to track consumption of supplies at all levels
- Developed comprehensive procurement plan
- Distributed 60% of procured equipment & supplies through MOHSS
- Recruited four Regional Coordinators for three months to support Erongo, Karas, Kavango and Zambezi and MOHS provided the Regional Coordinators with vehicles and drivers



Pillar 9: Essential Health Services

- Set up Essential Health Services Pillar under the leadership of MoHSS with support from WHO and other UN agencies
- Developed and disseminated guidelines for continuing essential health services for HIV, TB, Malaria, additional guidance for RMNCAH is being finalized.
 - Innovative mechanisms using community based approaches for service delivery in HIV, TB, NGOs for SRH services
 - Conducted of vaccination week to increase uptake of interventions for areas of low coverage.





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