



**NEO FOR  
NAMIBIA**  
HELPING BABIES  
SURVIVE

#### TEAM

- Prof. Thomas M. Berger, MD
- Kundai Mapanga, MD
- Sabine Berger, RN

**A more detailed report  
can be downloaded from  
[www.neo-for-namibia.org](http://www.neo-for-namibia.org)**

## MISSION REPORT 2023-4

### SHORT VERSION

November 6, 2023, to December 5, 2023

#### Mission goals

- To help organize a National Neonatology Conference in Swakopmund
- To (re-)assess the neonatology units in Swakopmund, Walvis Bay and Oshakati Hospital
- To assess the status of neonatal care at Rundu State Hospital (the hospital that had been visited on every mission) and define the future collaboration
- To assess the status of neonatal care at Katima Hospital and to explore ways to strengthen the hospital's role as a referral center for the Zambezi region

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## Hospitals visited

- Swakopmund and Walvis Bay State Hospitals
- Oshakati State Hospital
- Rundu State Hospital
- Katima State Hospital

Kangaroo Mother Care (KMC): babies who spend many hours a day in skin-to-skin contact with their mothers have improved outcomes.



## Swakopmund State Hospital

The new perinatal unit in Swakopmund is still under construction; reportedly, all work has been stopped and will only resume when a new contractor takes over the project. If the unit will be completed in 2024 remains uncertain. In the meantime, sick neonates will be treated at both hospitals.

Swakopmund: Dr. Kundai Mapanga and Sabine Berger at the hospital's front entrance (left); mother with her baby in the postpartum ward (middle); preterm baby being syringe fed (right).



Sabine Berger servicing the Pumani® bubbleCPAP devices at Swakopmund Hospital



## Walvis Bay State Hospital

The mission team visited both Swakopmund and Walvis Bay Hospitals. They were welcome by Dr. Beatrice Maringo (Senior Medical Officer), Dr. Memory Shimpanda (Medical Officer) and Sr. Melody (Swakopmund Hospital), as well as Dr. Augustu Gawab (Chief Medical Officer) and Sr. Faustina Dominicus (Walvis Bay).

Walvis Bay: the hospital's infrastructure is in a poor condition; nevertheless, the staff tries to make the best of it!

# Oshakati State Hospital

Oshakati hospital was constructed in 1966 by the apartheid regime of South Africa, which at the time was occupying the territory. Not surprisingly, the building structures are run down and would require renovation. The maternity ward is too small, and – following delivery – many mothers must lie on mattresses placed on the floor. Sick babies are cared for in a 35-bed-unit; frequently, the available space is insufficient, and incubators are occupied by two babies at a time. In fact, patient census could be as high as 45.

Due to lack of space, mothers and their newborn babies must reside on the floor in the postpartum ward at Oshakati Hospital (top); sick babies frequently must share one incubator (bottom); for several reasons (infection control, different temperature requirements), this is highly problematic.



Oshakati Hospital: while the unit appears to be well equipped at first sight, its furniture and many devices are in poor condition or even completely broken.

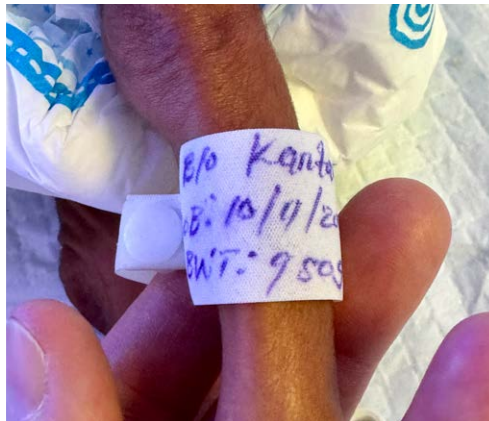


Oshakati Hospital: a total of 8 ResVent® iHope ventilators are kept in a storeroom: because staff has not been instructed and the oxygen sensors have expired, they are not use.



Work rounds at Oshakati Hospital: following structured presentations by interns and medical officers, Prof. Thomas M. Berger took the opportunity to make some teaching points.





## Rundu State Hospital

This was the 20th visit of Rundu State Hospital (now upgraded to Rundu Intermediate Hospital). Within nine years, the quality of neonatal care has changed dramatically. Improved staffing, better equipment and successful knowledge transfer have all contributed to higher survival rates. Importantly, progress made has been sustainable.

Improved staffing, better equipment, and knowledge transfer have led to greatly improved neonatal care at Rundu State Hospital over the past eight years (top):

Very low birth weight infants (birth weight 1000–1500 g) (bottom) now have much better chances for survival than five years ago (mortality rate 2017/8: 35.7%, mortality rate 2023: 10.4%, i.e. reduction of 71%).



## Katima State Hospital

On our 12th visit to Katima State Hospital, we were once again pleased to see improved staffing, unwavering enthusiasm and, consequently, continuing progress. We met with colleagues both from the Department of Obstetrics and Gynecology (Dr. Manolo Berbe) and the Department of Pediatrics (Dr. Cristy Victor, Dr. Sharon Mungofa). In addition, we had the pleasure to meet Dr. Yurisleidy Valdes for the first time; she is a neonatologist from Cuba and the wife of Dr. Manolo Berbe.

To our pleasant surprise, we received an official certificate: "Certificate (of) Appreciation is awarded to NEO FOR NAMIBIA in recognition for the unwavering support and dedication to saving babies & reducing the mortality rate of neonates born at Katima Mulilo Hospital since December 2019 under the leadership of Prof. Thomas M. Berger, MD & Sabine Berger".

## Donate and help babies survive

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