



**NEO FOR
NAMIBIA**
HELPING BABIES
SURVIVE

TEAM

- Thomas M. Berger, MD
- Sarah Knoll, MD

A more detailed report
can be downloaded from
www.neo-for-namibia.org

MISSION REPORT 2022-3

SHORT VERSION

October 24 to November 23, 2022

Mission goals

- To evaluate progress made at Katima Hospital after moving into the new neonatology unit and having a dedicated physician and a larger nursing team
- To introduce a point of care testing (POCT) device to measure C-reactive protein (CRP) concentrations at Katima Hospital
- To train interns at Rundu State Hospital and health care professionals at Katutura Hospital

NEO FOR NAMIBIA
HELPING BABIES SURVIVE

www.neo-for-namibia.org



Hospitals visited

- Katima Hospital
- Rundu State Hospital
- Katutura Hospital

Approaching the small airport of Katima (called Mpache, MPA), about 20 km west of the city center of Katima.



Katima Hospital

The new neonatology unit functions well and has proven to be a big step forward for the quality of care of neonates at Katima Hospital. It was obvious that Dr. Cristy Victor had tried her level best to transfer new knowledge into daily practice. She was assisted by a dedicated core group of nurses who no longer rotate to other departments in the hospital.

Nurses and doctors responsible for the neonatal unit at Katima Hospital are highly motivated to further improve the care of their patients.



Rundu State Hospital

During their daily work in Block A of the Prem Unit, Prof. Thomas M. Berger and Dr. Sarah N. Knoll were confronted with various obstacles that interfered with their work. Some of these (e.g., equipment malfunction, lack of medications due to brittle supply chains) had to be accepted. Others, however, such as inappropriate behavior of a few staff members were not excusable and had to be discussed openly with the hospital leadership.



The Prem Unit at Rundu State Hospital now functions as a referral center for the Kavango and Zambezi regions of Namibia.

Statistics (Katima)

An interim analysis of the 2022 neonatal unit statistics revealed ongoing improvements. From January 1 to October 31, 2022, 317 babies had been admitted to the ward; 37 of them died (mortality rate 11.7%). This represented a significantly lower mortality rate in 2022 compared to 2021. In part, this might be explained by variations in case mix (e.g., significantly lower number of admissions of extremely low birth weight infants).

Analysis of statistical data from Katima Hospital: birthweight-specific mortality rates had continued to improve.



Statistics 2021 (01-12 2021) versus 2022 (01-10 2022)
Neonatal Unit - Katima Hospital

	01 - 12 2021			01 - 10 2022		
	Admissions	Deaths	Mortality rate	Admissions	Deaths	Mortality rate
Total	343	64	18.7%	317	37	11.7%
< 1000 g	20	16	80.0%	4	3	75.0%
1000 - 1500 g	54	18	33.3%	40	12	30.0%
1501 - 2500 g	128	14	10.9%	105	9	8.6%
> 2500 g	141	18	12.8%	168	13	7.7%

Statistics (Rundu)

The Prem Unit at Rundu State Hospital continued to be very busy; the number of admissions will likely exceed 1200 by the end of the year. The overall mortality rates of infants admitted to the Prem Unit at Rundu State Hospital had reached a value of less than 10% for the first 10 months of the year.

Analysis of statistical data from Rundu State Hospital: overall mortality rates (including both inborn and outborn infants) have now fallen below 10%.



Statistics 2021 (01-12 2021) versus 2022 (01-10 2022)
Neonatal Unit - Rundu State Hospital

	01 - 12 2021			01 - 10 2022		
	Admissions	Deaths	Mortality rate	Admissions	Deaths	Mortality rate
Total	1004	100	10.0%	1013	78	7.7%
< 1000 g	41	22	53.7%	30	14	46.7%
1000 - 1500 g	133	19	14.3%	103	17	16.5%
1501 - 2500 g	276	22	8.0%	227	19	6.9%
> 2500 g	554	37	6.7%	603	28	4.6%

Pandemic side effects

Not unlike to what had been reported from high income countries, after Coronavirus restrictions had been lifted, large numbers of (viral) upper and lower respiratory tract infections were observed. Many of the younger patients (< 1 year of age) required hospitalization.

The pediatric ward at Rundu State Hospital was very busy, mostly due to (viral) cases of upper and lower respiratory tract infections: this infant had obviously recovered from his RSV (respiratory syncytial virus) infection.





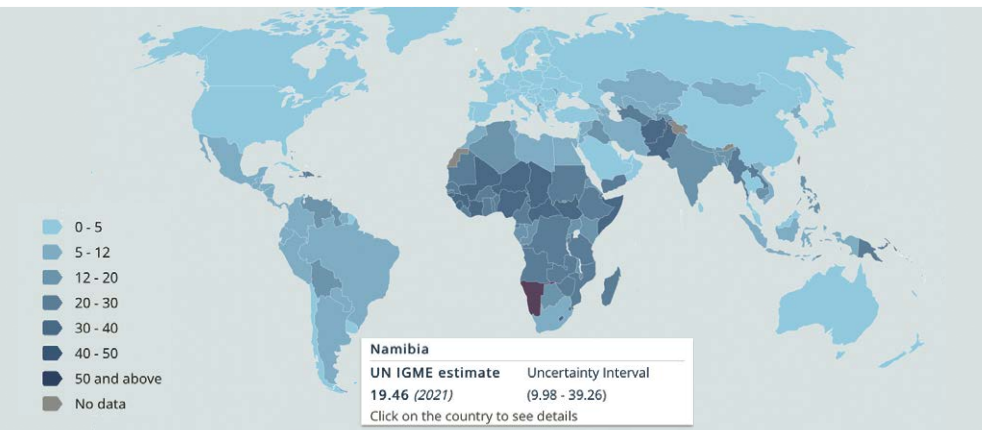
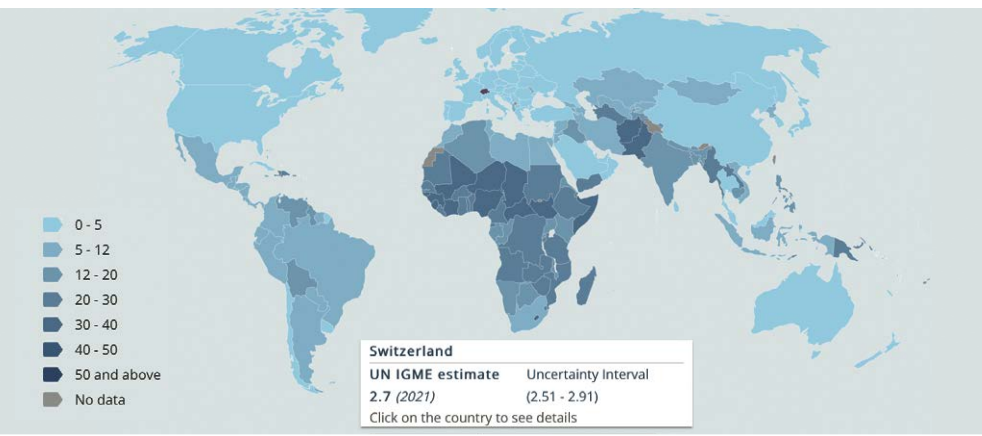
Visiting a special patient

On November 20, 2022, Prof. Thomas M. Berger drove to Gobabis (approximately 200 km east of Windhoek) to visit Quintolina (Queenie) and her family. She had been born on January 9, 2018, with a so-called heteropagus malformation. In 2019, she had undergone several complex surgical procedures at the University Children's Hospital in Zurich.

Queenie at the age of 13 months: heteropagus malformation (a type of conjoined twinning in which a partially formed defective twin is attached to an otherwise normal twin.)



Visiting the De Wetta family in Gobabis: Queenie and her friends.



Ongoing motivation

Most recent data from the World Bank and WHO demonstrates persisting large gaps in neonatal care between high and low- and middle-income countries. For example, in 2021, the neonatal mortality rate (defined as deaths occurring in the first month of life) was 2.7 per 1'000 live births in Switzerland and 19.5 per 1'000 live births in Namibia. In addition, within Namibia, the neonatal mortality rates vary greatly between different regions: Khomas 11.8/1'000 live births, Kavango 27.1/1'000 live births, Caprivi 23.2/1'000 live births (data from 2013).

Comparison of neonatal mortality rates between Switzerland and Namibia (most recent data, 2021; source: <https://childmortality.org>).

Donate and help babies survive

neo-for-namibia.org/donate



TWINT or Luzerner Kantonalbank
Postfach, 6002 Luzern, Switzerland
BIC/SWIFT LUKBCH2260A
IBAN CH75 0077 8206 2817 2200 1