

NEO FOR NAMIBIA HELPING BABIES SURVIVE



TEAM

- Prof. Thomas M. Berger, MD
- Sabine Berger, RN
- Salome Waldvogel, MD
- Kundai Mapanga, MD
- Jasmin Renaud, RN
- Steffie Bögli, RN

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

MISSION REPORT 2024-2 SHORT VERSION

October 16, 2024 to November 16, 2024

Mission goals

- To accompany representatives of two important sponsors and to demonstrate the impact simple interventions have had in two hospitals (Rundu, Katima)
- To provide bedside teaching for doctors and nurses
- To assess the status of neonatal units in Swakopmund and Walvis Bay, as well as progress made with the new neonatal unit in Swakopmund
- To promote a (widespread) use of the Vayu® bCPAP device in Namibia

NEO FOR NAMIBIA
HELPING BABIES SURVIVE

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Hospitals visited

- Rundu Intermediate Hospital
- Katima State Hospital
- Swakopmund State Hospital
- Walvis Bay State Hospital

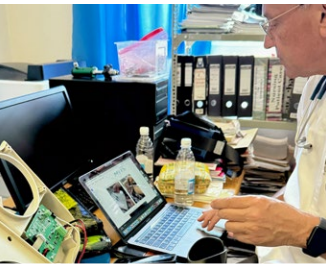
Against all odds: surviving babies – this is what NEO FOR NAMIBIA – Helping Babies Survive is all about!



Rundu Intermediate Hospital

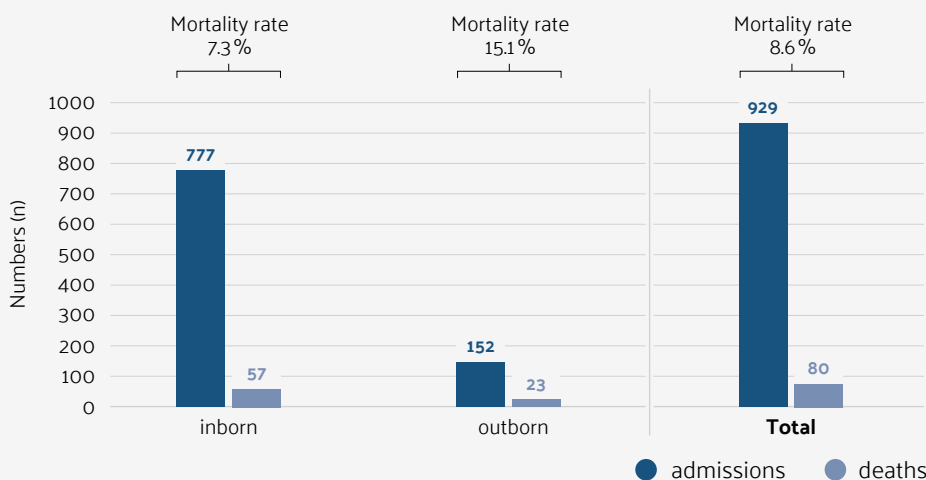
The Prem Unit has made further progress. Among other things, improved staffing (both nurses and doctors), rapid transfer of sick babies from the delivery areas to the unit, and better adherence to standard operating procedures (SOPs), such as the use of appropriate CPAP strategies and writing structured progress notes, have likely contributed to improved neonatal care.

MTTS Koala® infant bed, MTTs Wallaby® warming table and MTTs Dolphin® bCPAP device are all used in the IMC area of Block A.



On the other hand, poor maintenance of medical equipment, patient crowding, delayed response to alarms, and frequent lack of basic supplies for proper hand hygiene (water, soap, paper towels) are the unit's most obvious current weaknesses.

Prof. Thomas M. Berger performing a software update on an MTTs Dolphin® CPAP device (left, top); easy maintenance: oxygen sensor and air filter (left, bottom); Sabine Berger performing some minor repair on an MTTs Wallaby® open warmer (right).



From January 1 to October 31, 2024, there had been 929 admissions to the Prem Unit; of these 777 (83.6%) and (16.4%) were inborn and outborn, respectively. 80 babies had died for an overall mortality rate of 8.6%. Inborn infants had a mortality rate of 7.3%, a record low for the Prem Unit.

Statistics of inborn, outborn and total admissions and deaths in the Prem Unit at Rundu Intermediate Hospital (10-month-period from January 1 to October 31, 2024).

Katima State Hospital

The Neonatal Unit at Katima State Hospital continued to be well run by the nurses under the guidance of the Cuban neonatologist, Dr. Yurisleydi Valdez.

Neonatal Unit at Katima State Hospital: supervised by the nurses, mothers are closely involved in the routine care of their babies.



We were pleased to see that many suggestions made by NEO FOR NAMIBIA – Helping Babies Survive have largely been followed. This includes, but is not limited to, structured progress notes with detailed fluid and nutrition orders, timely identification of babies in need of phototherapy with routine use POCT bilirubin measurements, and skilled use of various CPAP devices.



Katima State Hospital: reusable consumables are cleaned by hand in bleach solutions, rinsed and then left to dry (top). Various consumables are kept in labeled boxes in two storage rooms (bottom).

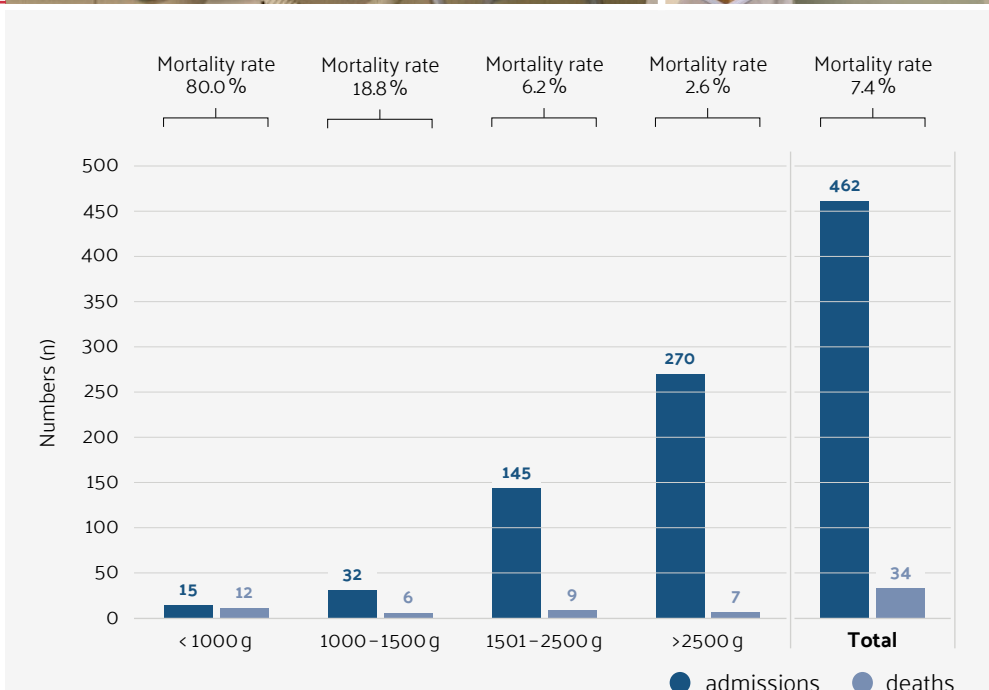


The mechanism that should hold the extension column of the mobile X-ray unit in its proper position was again malfunctioning; the device could easily be stabilized manually.



From January 1 to October 31, 2024, a total of 462 babies had been admitted to the Neonatal Unit at Katima State Hospital. Of these, 34 had died before discharge, resulting in an overall mortality rate of 7.4%, a record low and close to the one observed over the same period at Rundu Intermediate Hospital.

Statistics of Katima State Hospital: birthweight-specific numbers of admissions and birthweight-specific and overall mortality rates (10-month-period from January 1 to October 31, 2024).



● admissions ● deaths



Visiting sponsors and nurses

Team I (Prof. Thomas M. Berger, Sabine Berger) was accompanied by visiting sponsors. Team II consisted of Dr. Salome Waldvogel accompanied by two neonatology nurses, Steffie Bögli and Jasmin Renaud. We asked the sponsors to briefly describe their experience.

Mission Team I accompanied by visiting sponsors: Prof. Thomas M. Berger with guests at Rundu Intermediate Hospital (left); Dieuwke Bakker, Sabine Berger, Liselotte Kuper, Eleotelia Hamutenya, Matthias Winistörfer (from left to right).



Mission Team II working hand in hand with local HCPs: Steffie Bögli, RN, Jasmin Renaud, RN, and Salome Waldvogel, MD (from left to right).



«Partners Group Impact (Verein) has proudly supported NEO FOR NAMIBIA - Helping Babies Survive since 2018. I was honored to join the team on their 22nd mission and witness firsthand the efforts, dedication, hard work, and commitment that have been invested over the years, all coming to life on the hospital floors. On behalf of Partners Group Impact (Verein), we extend our heartfelt gratitude.»

Liselotte Kuper (Partners Group Impact Verein)



African scenery: wildlife near Etosha National Park (top); Sandwich Harbor: where the Namib Desert meets the Atlantic Ocean (bottom).

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TWINT or Luzerner Kantonalbank
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