



## NATIONAL COUNCIL

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### 6<sup>th</sup> National Council – 2020-2025

Report of the National Council Standing Committee on Health, Social  
Welfare and Labour Affairs

#### **Oversight on Health, Social Welfare and Labour Matters**

to:

//Kharas, Hardap and Omaheke Region - 08 to 18 March 2022;

Kunene, Omusati and Ohangwena Region - 03 to 10 October 2022;

Oshana, Oshikoto, Otjozondjupa and Erongo Region -

22 January 2023 to 04 February 2023.

*February 2023*

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## **1. Introduction**

### **1.1 Establishment of the National Council Standing Committee on Health, Social Welfare and Labour Affairs.**

The National Council Standing Committee on Health, Social Welfare and Labour Affairs was established in accordance with Rule 160 of the National Council Standing Rules and Orders.

### **1.2 The Mandate of the Committee is to:**

- (a) scrutinise and report to the Council on matters and questions falling within the ambit of Offices, Ministries, Agencies (OMAs) and Public Enterprises dealing with health, social welfare, gender equality, labour and employment creation issues;
- (b) promote gender equality;
- (c) promote health and social welfare;
- (d) promote gender equality;
- (e) monitor budget implementation of Offices, Ministries and Agencies falling within the Standing Committee's ambit;
- (f) monitor the implementation of the decentralization process on matters falling within the ambit of the Standing Committee; and to
- (g) perform any other function as may be referred to it by the Council.

### **1.3 Committee Members and administrative staff**

The Standing Committee comprise of the following six (6) Members of Parliament:

1. Hon. Hans Linekela Nambondi	Chairperson
2. Hon. Emma Tangi Muteka	Vice-Chairperson
3. Hon. Rocco Nguvauva	Member
4. Hon. Laurentius Makana lipinge	Member
5. Hon. Johannes Hamba Karondo	Member
6. Hon. Mumbali Micky Lukaezi	Member

- f) Gender-based violence (GBV) issues; and
- g) Adequate shelter for GBV victims and support systems in place.

## **2.3 SECTION 3: LABOUR MATTERS**

- a) Working conditions of workers at Aussenkehr and Lüderitz in the //Kharas region; and
- b) Decent living conditions of employees at Aussenkehr including proper housing and sanitation.

## **4. Methodology**

- 4.1 The Committee adopted a desk review method, received written submissions from relevant stakeholders, held consultations with officials of the Ministry of Health and Social Services (MHSS) and officials of the Ministry of Gender Equality, Poverty Eradication and Social Welfare (MGEPEWS). Engagements with members of the public, fishing factory workers and grape farm workers were held. These were all complimented by visits to hospitals, health centers, clinics and maternal homes.
- 4.2 The desk review method entailed reviewing existing documents such as relevant Acts, policies and reports.
- 4.3 Members of the public in the respective regions including Regional Governors, Chief Regional Officers and Constituency Councilors were engaged and sensitized about the oversight visits.
- 4.4 Members of the public gave oral evidence in their respective dialects, and their inputs were translated for inclusion in the mission report.
- 4.5 The Committee visited hospitals, health centers, clinics and maternal homes in the respective regions. During the site visit, the Committee took few photographs that depict the state of the health facilities and attached as annexures to the report.
- 4.6 In addition to consultative meetings with key stakeholders in the regions, the Committee paid courtesy visits to Regional Governors.

## **5. FINDINGS: SECTION 1: HEALTH MATTERS**

The Committee's findings are presented in line with the terms of reference (ToR).

### **5.1 Assessed the quality and state of health facilities infrastructure and accessibility.**

- 5.1.1 The Committee observed that most public health infrastructure in all regions (Hardap, Omaheke, Kunene, Omusati, Ohangwena, Oshana, Oshikoto, Otjozondjupa and Erongo Region) visited were in poor physical conditions, as evidenced by the cracking walls, peeling paint, damaged and falling ceilings and such other issues of dilapidation.
- 5.1.2 The physical conditions are attributed to inadequate funding to do major renovations and maintenance.
- 5.1.3 Some hospital buildings such as Outapi District Hospital, Gobabis District Hospital, Oshakati Intermediate Hospital, Otjiwarongo District Hospital, Walvis Bay District Hospital as well as the Maltahohe Clinic are old and without renovations.
- 5.1.4 Onandjokwe Intermediate Hospital being one of the oldest hospitals in the country is very old and falling apart hence the need for urgent intervention.
- 5.1.5 The Maltahohe Clinic was destroyed by a storm in 2020, while the Mariental District Hospital was destroyed by fire and both facilities are due for renovation and upgrade.
- 5.1.6 At the time of the visit, most renovation work at Aranos Hospital was completed with only minor items outstanding. It was further reported that the snail pace and delay was attributed to the constant change of contractors for the past seven (7) years.

- 5.1.13 A call was made for some clinics to be upgraded in accordance with the growing population. In the Erongo region, health workers stressed that inhabitants of the DRC location are catered for at the Mondesa Clinic, hence the need for construction of a Health Centre at DRC location to decongest Mondesa Clinic and Swakopmund District Hospital.
- 5.1.14 Outapi District Hospital and Okalongo Health Centre were reported as not able to accommodate many patients due to the fast growing population and the influx of patients from neighbouring Angola.
- 5.1.15 The pre-fabricated infrastructure (former police barracks) that is being used as a clinic at Onyaanya has reached its maximum lifespan, hence the call for a construction of a new Health Centre.
- 5.1.16 At Otjiwarongo, health workers informed the committee that an area earmarked for the construction of a new District Hospital was identified, serviced and fenced off. The officials further informed the Committee that the site has been idling for the past 7 years without any development. During the site visit the Committee appreciated the Government's efforts in fencing off the area, further observing that some parts of the fence has been vandalized. (See Annexure 1, Figure 5 )
- 5.1.17 On a positive note, it was indicated that the feasibility study to upgrade Opuwo District Hospital has been finalized. Plans were approved and awaiting the allocation of funds in order to resume phase one of the hospital construction.
- 5.1.18 Maternity wards at some hospitals such as Outapi District Hospital admitted more patients than the bed capacity thus at times patients were accommodated on the floors and corridors.
- 5.1.19 The construction of the maternity ward at Onandjokwe Intermediate Hospital with a 120 bed capacity came to an abrupt stand still since 2016.
- 5.1.20 currently the Onandjokwe Intermediate Hospital has 5 Neonatal ICU beds, but in urgent need of 20 additional Neonatal ICU beds as the hospital is leading in the number of deliveries per annum countrywide. Hospital statistics showed that after

water in a pond which is in the middle of residential buildings following the proclamation of Oniipa Town in 2015. The pond is a health hazard as some community members carry out fishing activity for consumption.

- 5.1.26 Old structures hampered proper provision of basic hygiene for patients and health workers as most hospitals were unclean and infested with pests. On a more positive note some health centres and clinics were found to be clean and well maintained.
- 5.1.27 The Epukiro Post 3 Clinic, relies on a borehole with saline water unfit for human consumption, whereas Omuthiya District Hospital reported that they had no water reservoir to cater for emergencies. Water supply at Okalongo Health Centres' has been reported as inadequate due to poor water pressure.
- 5.1.28 Most regions have inadequate and dilapidated staff accommodation. At times, nurses share accommodation which deprive them of their privacy. At most hospitals, some vacant positions have not been filled due to a lack of accommodation. In some cases, positions are filled, however staff operate from the Head Office due to inadequate or dilapidated staff accommodation.

## **5.2 Adequacy of transport for referral of patients**

- 5.2.1 All regions visited informed the Committee about the serious challenges of transport. In the Hardap Region (Mariental District Hospital), out of 17 ambulances only eight (8) are operational. Most of the clinics in the region do not have ambulances despite the vast distance between them and the Mariental District Hospital.
- 5.2.2 Health workers further indicated the Committee that the minibuses that have been modified or converted into ambulances always gives problems as they are mostly used on gravel roads and wear off easily. Due to the unavailability of ambulances at the Aranos Hospital, relatives are being advised to bring the patients to the hospital themselves.

Ohangwena regions were noted to have both sandy and rocky terrains and requires suitable 4x4 vehicles. Hardap Region equally struggles with slippery roads during the rainy season. All regions visited registered their frustration with the lack of ambulances and drivers.

- 5.2.11 Some hospitals indicated that they were given normal double cab as ambulances, unfortunately these cars are not fitted with any medical equipment or life support equipment that will help the patients during transportation. A classic example was given in the Omaheke Region where the health workers had to transport a patient with a broken leg to the Gobabis District Hospital, but the patient could not fit in the car without causing further damage to his already broken leg.
- 5.2.12 During the site visits, the Committee observed many broken ambulances and other vehicles parked around most health facilities.

### **5.3 Availability of maternal shelters for expectant mothers near hospitals and health centres particularly in rural areas.**

- 5.3.1 The Committee observed that most visited regions had maternal waiting shelters to accommodate expectant mothers residing far from health facilities. The waiting shelters were constructed by the Ministry of Health and Social Services in partnership with private donors. The Regional Councils also plays a critical role in making sure that the services are subsidized and the shelters are well looked after.
- 5.3.2 In the Oshana region, a shelter (Wapandula) exist and discussions are currently underway to establish who should be responsible for managing the shelter, whereas Omuthiya District Hospital indicated their need for a maternity shelter.
- 5.3.3 It was further observed that the waiting shelters were in good physical conditions with exception of the Ohangwena shelter that needs to be renovated.
- 5.3.4 The Committee was informed that at some shelters, mothers were contributing as little as N\$14.00 per week, however mothers that could not afford to pay the



## **5.5 The conduct of health professionals and attitudes toward patients**

- 5.5.1 The conduct and attitude of some health workers was described as being unacceptable. It was further stressed that some nurses are often discourteous (rude), impatient and negligent.
- 5.5.2 Some health workers indicated to the Committee that shortage of staff resulted in exhaustion which in turn contributed to the unruly behavior. They also attributed their behavior to unmet expectations such as good working conditions, availability of accommodation and uniforms amongst others.
- 5.5.3 According to the World Health Organisation (WHO) benchmark the health worker's capacity should be 2.5 health workers per 1000 population, however the target is not met due to the growing population and influx of patients from neighboring Angola. The situation thus contribute to health workers being overworked, stressed and frustrated which result in negative and careless attitude towards patients.
- 5.5.4 During the Committee's engagement with community members, it was stressed that some health workers do not speak local languages, and it makes it difficult for patients to express themselves properly.
- 5.5.5 Community members were unhappy about the operating hours of clinics. Even though the clinic's starting time is indicated as 08:00, health workers at times were reported to start attending to patient's way later than the indicated time. Outpatient departments at almost all hospitals were overcrowded, had insufficient waiting seats and long queues. The Opuwo District Hospital, Oshakati Health Centre and Omuthiya District Hospital's waiting area do not have sufficient waiting shade thus, patients sit in the soaring sun until attended to by health workers. (See Annexure 1, Figure 7 )

## **5.6 The status and availability of medical equipment**

- 5.6.1 Most of the non-medical equipment such as laundry machines, kitchen stoves, boilers, power generators and incinerators were not functioning. Sterilizing

suitable to be used in the rough terrains, thus, disadvantaging the beneficiaries and causing wastage of resources.

## **5.7 Availability of medication at state hospitals, health centres and clinics**

- 5.7.1 During discussions with health workers it was indicated that medicine and vaccines are generally adequate at public health facilities. Some stock-outs were however reported at all the facilities visited particularly the essential medicine for high blood pressure (BP). Patients were requested to buy their own medicines from private pharmacies. The constant disruption of medication supply by Central Medical Store hamper the monitoring of patient reaction to a particular medication as they always have to be supplied with alternative medication.
- 5.7.2 The Committee was informed that most hospitals did not have health passports and patients were expected to bring along A6 hard cover note books or A5 soft cover exercise books that would serve as health passports. The absence of patient files hamper the successful tracing of patients' medical history. At the maternity section, health workers duplicate health passports for new born babies as it contains critical milestone information, however the exercise is very costly.
- 5.7.3 The Ministry of Health and Social Services employed very few pharmacists. Opuwo District Hospital has one pharmacist, and at times it is challenging to dispense medication to all patients attended to on a particular day.
- 5.7.4 When pharmacist order medicines, at most only 60% of the ordered medicines are supplied and the procurement process was noted as being very cumbersome. In the Omaheke region, delivery of medicine is a challenge as the clinics do not have transport to collect medicine consignment but rather rely on the ambulances to bring along the medication when picking up referral patients.
- 5.7.5 Inadequate storage space was contributing to stock-out as some facilities are unable to accommodate medicines in bulk. At the Outapi District Hospital malfunctioning air-conditioners were reported as a challenge as certain medication need to be kept at specific temperature.

5.8.4 On a positive note, some clinics particularly the Onkumbula Clinic indicated that their outreach program still exist and is carried out on a daily basis covering a total number of 54 villages with 19 outreach points.

## **5.9 Awareness campaigns and dissemination of information on Covid-19, diabetes, hypertension, cervical cancer and mental health**

5.9.1 Awareness campaigns on Covid-19 pandemic and dissemination of information was extensively covered in all regions. The Committee was further informed that as much as the information was being spread, there has been instances where anti-vaccination campaigners de-campaigned government's efforts.(See Annexure 1, Figure 8))

5.9.2 Community members indicated that no information was provided on chronic diseases such as diabetes and hypertension. When a patient visits health facilities, all they get is the medication and he or she is send back home without any information on issues like healthy lifestyles or healthy habits to help the patient cope with the disease.

5.9.3 Women were said to rarely seek out screening for cervical cancer. However, when they come for other services, such as HIV care and family planning they are offered a chance to be screened, which they usually accept. Health education on cervical cancer is generally not well publicized although it was observed that some health facilities were sufficiently equipped with screening rooms and laboratories.

## **6. FINDINGS: SECTION 2: SOCIAL WELFARE ISSUES**

### **6.1 Registration of social grants beneficiaries**

6.1.1 The Ministry of Gender Equality, Poverty Eradication and Social Welfare (MGEPEW) through the Social Protection Services Directorate administer payments of Social Assistance grants such as Old Age, Disability Grants and Child Welfare Grants, in line with the National Pensions Act (Act 10 of 1992), and Child

Community members registered their frustrations in particular the high cost of travelling and the extended hours they spend at Mariental for the registration process.

6.1.8 It was brought to the attention of the Committee that the recruitment of the Administrative Officer position at Maltahohe and Aranos had been put on hold, thus beneficiaries are advised to use the Mariental office. While in the Omaheke Region, the Epukiro office was non-functional due to suspended water and electricity supplies.

6.1.9 All regions visited indicated that the shortage of staff hampered the daily operations. Most staff members do not possess drivers' licenses and solely relied on the few drivers to take them around whenever they need to attend to urgent GBV, child abuse cases or any other matter.

## **6.2 Registration requirements (such as documentation)**

6.2.1 Registration requirements for pension grant is 60 years and above and beneficiaries should be in possession of a Namibian birth or citizenship certificate and identity document. However at times, the national documents has wrong information. For example, details printed on the identity card is different from the information on the birth or death certificate.

6.2.2 Omaheke and Kunene regions, reported exceptional cases of some residents who were advanced in age but were not registered to benefit from various government programmes as the ages reflected on their national documents are way younger than their actual ages. This was illustrated by instances of a younger siblings having been registered and benefitting from social grants while the elder sibling is still not eligible as per the age on national documents.

6.2.3 Age verification amongst the marginalized communities was reported as a challenge. In most cases, they do not have anyone to account for their correct ages nor give a declaration to attest to their actual date of birth.

- 6.3.3 A considerable number of the beneficiaries do not use the grants for their upkeep as they engage in gambling activities and take out loans from unregistered cash loan operators that charge them exorbitant interest rates. At Opuwo the Committee was informed that when a loan of a certain amount is borrowed the lender would expect the borrower to pay back double the borrowed amount.
- 6.3.4 In the Omaheke Region, cases were reported of business operators that allowed pensioners to take alcohol on credit with the expectation that they will pay with their old age pension money. At times, the credit given is equivalent to the entire monthly old age pay, leaving the pensioner without anything to survive on for the forthcoming month.
- 6.3.5 In some instances, business operators retain pensioners pay cards and allow them to borrow money and take goods on credit. The practice is continuous, thus pensioners are trapped in debt and are unable to use their money for other necessities such as clothing and blankets during winter periods.
- 6.3.6 Some parents that receive grants on behalf of their children neglect the children and only buy them items like school uniforms when they hear about the verification process or inspections.

#### **6.4 Existence of Food Banks and drought relief programs**

- 6.4.1 All regions visited indicated that the food bank program was converted into a cash grant, however registered beneficiaries continue to benefit from the cash payouts. No new applications were being considered and this was noted as a challenge particularly in the Kunene and Omaheke regions where many people are confronted with socio-economic challenges.

#### **6.5 School feeding programs and malnutrition issues in the region**

- 6.5.1 In the Kunene Region it was reported that the school feeding program still exists, whilst in Ohangwena Region, the programme has been handed over to the Ministry

**6.6 Gender based violence (GBV): Its causes and matters related to withdrawal of cases and, access to social workers support systems in place for GBV victims (such as Social Workers and Psychologists)**

- 6.6.1 The most common forms of GBV in regions were reported to be physical abuse, common assault, emotional/ psychological abuse, sexual abuse, rape, attempted rape, economical and income abuse.
- 6.6.2 It was reported that there are generally high numbers of Gender Based Violence (GBV) cases, which many a times, not reported. In Kunene and Omusati region, it was reported that men are victims of GBV too, but they do not report the cases for fear of discrimination. Cultural practices and believes dictates to victims that the issues of violence should remain within family.
- 6.6.3 Prominent members of society were singled out as children abusers, but their cases were not reported even if known by the community.
- 6.6.4 Alcohol, substance abuse and co-habitation were highlighted as some of the main contributing factors to GBV cases.
- 6.6.5 GBV cases such as rape, trafficking and physical abuse are also committed by undocumented domestic helpers, who would then change their names and or go look for work elsewhere or return to neighboring countries.
- 6.6.6 The Hardap Region, was noted as facing a lot of social issues/problems and Aranos in particular was noted as a hot spot for GBV.
- 6.6.7 Furthermore, it was indicated that most reported GBV cases are withdrawn as the perpetrators are in most instances the breadwinners of the families. Depending on the severity of the case, victims are advised not to withdraw their cases.
- 6.6.8 The visited regions confirmed the availability of Social Workers to deal with cases, however Psychologists were not available.

- 7.1.3 The same sentiments were echoed by the grape farm workers at Aussenkehr who stressed that the grapes bring in millions of Namibian dollars, but the workers live and work under harsh conditions.
- 7.1.4 At Aussenkehr workers are exposed to long working hours with no overtime payments. Workers at Lüderitz similarly stressed that employers refuse to pay them cold and night shift allowances. At times when night shift allowances are eventually paid, calculations are not done as per the Labour Act provisions the Committee was informed.
- 7.1.5 Grape farm workers stressed that they felt exploited by their employers. Workers further informed the Committee that when management realizes that salary notches of employees have reached high levels, workers are laid off and encouraged to re-apply for the same position they previously occupied. Unfortunately, the practice is of such nature that when an employee is re-appointed they would start earning an entry level salary.
- 7.1.6 Farm workers further stressed that at times, a company will change its name and start operations under a different name but with the same management. The change will then lead to an adjustment in salary payments and change in working conditions for workers.
- 7.1.7 Employees complained about discrepancies in salary payments of fishing workers. They gave an example that a factory worker at Walvis Bay earns between N\$18 and N\$20,00 per hour, while at Lüderitz they earn less than their counterparts.
- 7.1.8 Some employees at Lüderitz stated that statutory deductions like Social Security and Income Tax are being deducted from them monthly, but when they do enquiries, they are often told that they are not registered with the Social Security Commission (SSC) nor the Ministry of Finance. At Aussenkehr, farm workers equally complained about various unexplained deductions from their salaries.
- 7.1.9 Further, workers complained about harsh working conditions in particular the sea going employees who go out at sea with no protective clothing. They further

and Rural Development. The proposed site is situated north of the existing village where residents are currently residing.

- 7.2.3 The site will be subdivided into 20 different portions which will comprise of 5 736 ervens. The establishment will make provision for business, residential, institutional and Local Authority ervens.
- 7.2.4 During the site visit, the Committee observed that the bulk infrastructure such as water, electricity and sewer has been partially constructed. The regional representative however expressed disappointment with some community members that were vandalizing the infrastructure that has been put in place.
- 7.2.5 The water supply process at Aussenkehr was reported to be too costly. The process starts with the owner of the private grape farm acquiring water from Namwater. He then sells the water to different operating companies, and the companies sell the water to their employees through pre-paid cards. Employees are of the view that the water acquisition process is contributing to the hefty water prices.
- 7.2.6 The water collection points are segregated and painted in different colours. Each painted colour represents a particular company and only employees of that particular company can access water from that point. Another challenge is the distance of the water points are out of reach and employees have to cover long distances to access water.
- 7.2.7 Due to the fact that employees are unable to build proper structures, there is lack of ablution facilities which forces residents to relieve themselves in the open when nature calls.
- 7.2.8 Employees stressed that they are making use of public health facilities available at the farm, however expressed frustrations with the clinic operating hours that are not adhered to by health workers. They further stressed that health workers are not enough and contribute to the long waiting hours at the clinic. In many instances



medicines especially for chronic diseases as well as shortage of ambulances and drivers is a serious concern.

- 8.3 Road infrastructure limit accessibility to health facilities more so during raining season.
- 8.4 Social welfare issues are reasonably attended to by the MGEPEWSW, with few challenges such as the acquisition of national documents and lack of resources that crippled effective outreach programs.
- 8.5 Misuse of social grants is a concern, as grants are not used for the intended purpose of alleviating poverty amongst beneficiaries.
- 8.6 Employment conditions of workers at Aussenkehr and Lüderitz is worrisome and need urgent intervention. Lack of decent houses, sanitation and clean drinking water at Aussenkehr is worrisome.

## **9. RECOMMENDATIONS**

### **9.1 Recommendations on Health issues**

- 9.1.1 Consider outsourcing the renovation of health facilities to Vocational Training Centers, Namibia Correctional Service and the National Youth Service. Government will save cost, yet creating employment opportunities for the youth. Technical expertise can be sourced from engineers at the Ministry of Works and Transport.
- 9.1.2 The MHSS should consider implementing Administrative Directives No. 1 of 2018 read together with Cabinet Decision No. 1<sup>st</sup>/22.01.08/002 and 22<sup>nd</sup>/11.12.07/006, on the creation of maintenance units in all OMAs. Point 7.3.4. (iii), states that OMAs must employ qualified staff to conduct routine maintenance, plumbing, fixing of fixtures and office equipment. This should be done within the existing organizational structure and approved funded posts.

- 9.1.11 Roll out garden project initiatives to all waiting shelters to enable them to produce nutritious food for expectant mothers as seen at Opuwo and Gobabis.
- 9.1.12 Intensify campaigns and media coverage on mental health, cervical cancer, prostate cancer, diabetes and high blood pressure as cases particularly that of suicide are increasing. It is encouraged that media coverage be improved by using various outlets such as television, social media platforms and radio.
- 9.1.13 Mental health services should be addressed urgently by constructing suitable rooms at all hospitals, capacitate and encourage more health workers to specialize in mental health care to deal with the escalating mental health issues.
- 9.1.14 Priority be given to all dysfunctional mortuaries and consider upgrading holding capacity at existing mortuaries for the dignity of departed persons.
- 9.1.15 Capacitate health extension workers to enable them to render basic emergency services to address the shortage of staff and staff burnout.
- 9.1.16 The National Council Standing Committee on Transport Infrastructure and Housing, to consider looking into road infrastructure, particularly roads that connects the populace to health services.

## **10. Recommendations on Social Welfare Issues**

### **10.1 Ministry of Gender Equality, Poverty Eradication and Social Welfare (MGEPESW)**

- 10.1.1 Ministry of Gender Equality, Poverty Eradication and Social Welfare (MGEPESW) to fast track the implementation of the Social Protection Policy to enhance coverage that will ensure adequacy of grants and address the basic needs of the people and uplift them out of poverty. In particular, the introduction of a conditional basic income grant to Namibians between ages of 18 and 59 who are faced with socio-economic challenges due to unemployment and other social economic shocks.

11.4 The Ministry of Agriculture, Water and Land Reform to consider allocating houses constructed by Agribusdev at Aussenkehr, and remained unoccupied since 2013 to workers that are in need of decent accommodation.

11.5 The Ministry of Urban and Rural Development and the //Kharas Regional Council to fast track the finalization of bulk infrastructure construction as well as the allocation of ervens to enable individuals and companies to commence with the construction of employee houses.

## **12. Adoption of report**

This report was adopted by the National Council Standing Committee on Health, Social Welfare and Labour Affairs at its meeting held in the Red Room, National Council Building on the 14<sup>th</sup> day of February 2023.



Hon Hans Linekela Nambondi

**Chairperson**

## Annexure 1



Figure 1: Ompundja Clinic



Figure 2



Figure 3: Onandjokwe Intermediate Hospital Laundry



**Figure 4: Psychiatric Ward**



**Figure 6: Licking Taps**



**Figure 7: Patients waiting shelters**