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Saving Lives at the Push of a Button: The Year E.M.A. Namibia Transformed Emergency Care

*In the high-stakes world of emergency medicine, minutes are the currency of survival. For the non-profit organisation **Emergency & Medical Assistance (E.M.A.) Namibia**, 2025 was a year defined by record-breaking outreach, technological leaps, and a community-driven mission to ensure that no Namibian is left behind in their moment of greatest need.*



A Year of Massive Impact

The statistics for 2025 paint a picture of a service in high demand. Over the last twelve months, E.M.A. assisted **more than 800 emergency patients**. The total value of these emergency responses and direct patient assistance alone exceeded **NAD 1.5**

million, a staggering contribution to the Namibian healthcare landscape.

Operating under the motto "There when you need us," E.M.A. provides vital interventions for those who often lack the financial means for private medical care. "Our mission is simple," says a representative. "To make emergency care available for everyone, whether they have medical aid or not."

The Power of Partnership

This life-saving work is not done in isolation. The backbone of E.M.A.'s operations is its primary sponsor, **OSH-Med International** (www.osh-med.pro). However, 2025 saw a coalition of local corporate giants stepping up to keep the wheels turning:

- **M+Z Motors:** In a critical partnership, M+Z Mahindra provided a dedicated ambulance and continues to handle all servicing and technical support for the vehicle.
- **WestCare Medical Centre:** Bolstering the organisation from the inside, WestCare manages the vital administrative heavy-lifting that keeps the NPO compliant and efficient.
- **TelTech:** Ensuring the lines of communication never fail, TelTech supports the team with advanced digital radio communications.





- **ATA OSH-Med International:** Providing the technical expertise and international standards required for high-level rescue operations.

High Demand and Future Growth

Despite the successes of 2025, the pressure on E.M.A. is mounting. To meet the growing needs of Windhoek, the organisation has set an urgent goal: **a second fully equipped ambulance**. The financial mountain is steep. A new, fully equipped ambulance costs nearly **NAD 2 million**, while monthly operational costs—including professional medical staff—range between **NAD 200,000 and NAD 300,000**. Beyond Windhoek, the organization is already eyeing a roll-out to other regions and cities across Namibia.

2025 Financial Reality

Estimated Cost (NAD)

Emergency Patient Assistance (2025)

1.5 Million+

New Fully Equipped Ambulance

~2 Million

Monthly Running Costs

200,000 – 300,000

Digital Safety: The E.M.A. Emergency App

One of the year's greatest triumphs is the **E.M.A. Emergency App**. Sponsored by OSH-Med International since its inception in 2021, the app now boasts over **3,000 users**. It allows Namibians to contact the 24/7 Emergency Control Centre directly, providing a literal lifeline in their pocket.



HOW TO INSTALL:

1. Click the link: <https://5187003.igen.app>
2. Follow the prompt to "Add to Home Screen"
3. Click "ADD"
4. The app is free for Android & iPhone.

9-1-1-2: Education Through Entertainment

2025 also saw the successful launch of the reality-education show "9-1-1-2". The show gives the public a front-row seat to the heroics of Namibia's first responders. While the

show has been a hit, E.M.A. is still calling for sponsors to help keep the cameras rolling for future seasons. All episodes can be viewed on YouTube via **Bokeh Studios Nam** or on Facebook at **9112Namibia**.



Call to Action:

Companies or individuals looking to support this essential work or sponsor the "9-1-1-2" show are encouraged to contact

ema@osh-med.pro or visit the official E.M.A. website.

[Click here & Watch the new Namibian Reality Show](#)

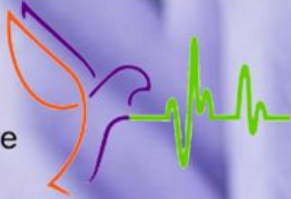
9-1-1-2

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Email: stirlingmedicalcentre4@gmail.com
Website: www.stirlingmedical.health

Physical Address: Upper Floor, Auas Valley shopping Mall, opposite Waltons



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Healing the Hidden Scars: Namibia Marks Mental Health in Humanitarian Emergencies Awareness Week

*As the world turns its attention to the psychological toll of crises, Namibia today joins the global community in observing **Mental Health in Humanitarian Emergencies Awareness Week**. Orchestrated by the World Health Organisation (WHO), this year's theme—"Access to Mental Health in Emergencies"—strikes a particularly resonant chord in Namibia, a nation currently navigating the dual pressures of climate-induced drought and a transformative overhaul of its mental health legislation.*



A Nation at a Crossroads

While Namibia is often spared the large-scale armed conflicts seen elsewhere on the continent, it is no stranger to "silent emergencies." Recurring droughts, flash floods in the northern regions, and the

lingering socio-economic aftershocks of the pandemic have created a landscape of chronic stress.

Data released by the Ministry of Health and Social Services (MoHSS) reveals a sobering reality: in the 2023/2024 period alone, Namibia recorded **542 cases of suicide** and nearly **3,000 attempts**.

"These are not just statistics; they are a cry for help from the heart of our communities," said Dr. Richard Banda, WHO Representative to Namibia. "In emergencies, whether they are sudden floods or slow-onset droughts, the breakdown of social structures often leaves the most vulnerable—our children and the elderly—without a safety net."

The 2025 Mental Health Bill: A Beacon of Hope

The awareness week coincides with the rollout of the landmark **Mental Health Bill of 2025**, recently championed by Health Minister Dr. Esperance Luvindao. The bill seeks to dismantle a colonial-era framework from 1973, replacing it with a rights-based approach that prioritises dignity and community care.

Key pillars of the new strategy include:

- **Decentralisation:** Moving care away from Windhoek's specialised hospitals and into rural clinics.



- **School Integration:** Training teachers to identify signs of distress in learners, a critical move given that **13% of Namibian adolescents** have reported feeling "seriously hopeless."
- **Psychological First Aid:** Training frontline responders—from police to climate relief workers—to provide immediate mental support during disasters.

"Mental health should not be a luxury found only in the capital. Every clinic in Namibia must be equipped to offer a listening ear and professional guidance," Dr. Luvindao stated during a recent visit to the Kunene region.

Breaking the Silence in the Regions

In the Ohangwena and Erongo regions, community-led "Safe Spaces" have begun to emerge, supported by WHO and UNICEF. These hubs provide a sanctuary for those affected by gender-based violence (GBV) and economic displacement—crises that are often exacerbated during humanitarian emergencies.

However, challenges remain. Namibia currently has fewer than **one mental health professional per 10,000 people**, and less than **1% of the national health budget** is traditionally allocated to mental well-being. Advocates hope this

awareness week will catalyze the funding needed to turn the 2025 Bill into a living reality.

Moving Forward: What You Can Do

The WHO emphasizes that "there is no health without mental health." As the week progresses, the MoHSS encourages all Namibians to "Start the Conversation."

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- **Lifeline/ChildLine Namibia:** Call 116 (Childline) or 106 (Lifeline).

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- **Ministry of Health Social Workers:** Available at all District Hospitals.
- **Community Support:** Reach out to your local traditional authority or church leaders who are being trained in basic psychosocial support.



Would you like me to draft a list of specific community events happening across Namibia's regions for this awareness week?

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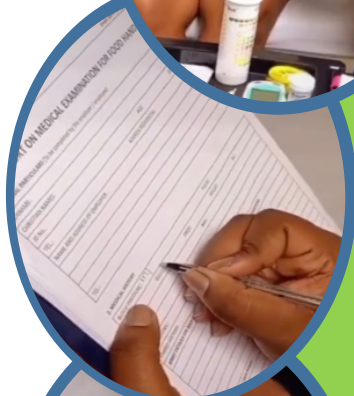


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Health & Safety - The Human Factor in 2026: Why Most Safety Incidents Still Start With Behaviour

Even with better technology and regulations, human behaviour remains the leading cause of workplace incidents. Here's what safety leaders need to understand—and fix—in 2026.



As occupational safety advances in 2026, one truth remains unchanged. Human behaviour continues to drive most workplace incidents. Despite improved regulations, smarter equipment, and better data systems, unsafe decisions, misjudgments, and behavioural patterns still sit at the centre of incident causation. This reality does not point to careless workers. It highlights how people think, react, adapt, and respond to pressure inside real work environments.

Research shows that 80–90% of serious workplace injuries trace back to human error or unsafe behavioural choices. An even larger figure shows that 96% of all workplace accidents begin with unsafe behaviour. These numbers matter because they reveal where prevention efforts must focus. Human behaviour rarely exists in isolation. Workers make decisions within systems shaped by deadlines, fatigue, supervision quality, training design, and organisational culture.

Why Unsafe Decisions Feel Rational at Work

Modern safety research confirms that workers do not ignore risks randomly. Cognitive biases influence how people assess danger, especially under time pressure or uncertainty. Optimism, bias, and the illusion of control create a belief that accidents will not happen personally or that experience provides protection. Studies show these biases lead to risk underestimation by about 15% and raise the probability of safety errors by 10–20%.

Normalisation of deviance further increases risk. When workers repeat unsafe actions without immediate harm, those actions begin to feel acceptable. Over time, bypassing guards, skipping steps, or ignoring minor hazards becomes routine. The hazard never disappears, but the perception of danger fades.

Social pressure also shapes behaviour. Groupthink and conformity influence workers to follow unsafe shortcuts when teams prioritise



speed over protection. Speaking up or refusing unsafe tasks requires social courage, especially in workplaces where safety concerns receive little support.

Stress and Fatigue as Major Incident Triggers

Stress and fatigue now rank among the strongest predictors of unsafe behaviour. In 2025, 77% of workers reported work-related stress, while 57% experienced emotional exhaustion and reduced motivation. Burnout affected 85% of workers, and 47% required time off for mental health reasons.

Stress directly reduces safe decision-making. Research shows that work stress lowers the likelihood of choosing safe behaviour by about 10%. Fatigue compounds the problem. About 51% of employees make serious mistakes when tired,

and 50% do so when distracted. These errors occur during moments when attention, judgment, and reaction time matter most.

For example, the economic impact reinforces the safety connection. Job stress costs U.S. industry over \$300 billion annually through lost productivity, absenteeism, and accidents. Stress-related absences average 22.9 days per case, compared to 6.5 days for physical injuries. This gap shows how psychological strain creates longer and deeper disruptions than many traditional injuries.

Knowledge Does Not Automatically Change Behaviour

Many organisations assume training alone fixes unsafe behaviour. Research proves otherwise. Workers often understand hazards, pass tests, and agree with safety rules, yet still

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take risks when pressure rises. This gap exists because people evaluate risk based on experience, perceived control, workload, and consequences.

Training data does show progress. Well-designed programs increase knowledge scores by 81% and safety behaviour scores by 82%. Hazard awareness improves by 33%, and protocol adherence rises by 34%. Proactive training can reduce incident rates by up to 74% compared to industry averages.

However, training loses impact when environments discourage safe choices. Tight deadlines, unclear procedures, weak supervision, and limited resources push workers toward shortcuts. Behaviour follows context.

How Organisational Systems Shape Behaviour

Safety performance improves when organisations design systems that support safe behaviour. Companies with strong safety cultures show compliance levels about 30% higher than those with weaker cultures. These gains come from leadership actions, not worker personality changes.

Leadership commitment drives results. Organisations where leaders visibly prioritise safety experience lower incident rates. This commitment appears through consistent messaging, resource

allocation, open reporting systems, and leadership role modelling. Workers respond when they see safety treated as a core value rather than a slogan.

Weak cultures produce the opposite effect. Near misses go unreported, hazards remain unresolved, and trust erodes. Workers disengage when they believe management values production over protection.

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Behavioural Safety Programs and Proven Results

Behaviour-based safety programs target observable actions that lead to incidents. These programs focus on peer observation, feedback, and positive reinforcement rather than punishment. Evidence shows strong results.

Organisations report average incident reductions of 26% in the first year of behavioural programs, rising to 69% by year five. Other studies show 25% reductions in year one, 34% in year two, and 42% in year three. Shell documented a 71% reduction in fatal incident rates after implementing behavioural safety strategies.

One mining study found a strong negative correlation between behavioural observations and accidents, with accident reduction closely linked to consistent feedback and reinforcement. These outcomes demonstrate that behaviour-focused

interventions are effective when supported by leadership and system improvements.

Expanding the Definition of Safety Incidents

In 2026, safety includes more than acute injuries. Transportation incidents still account for 36.8% of occupational fatalities, and falls and machinery events remain major risks. However, chronic conditions now account for a significant share of occupational harm.

Mental health conditions account for nearly half of all work-related ill health cases in some regions. Musculoskeletal disorders also continue to rise due to repetitive tasks and poor ergonomics. These issues develop over time through repeated exposure, stress, and behavioural adaptation.

The human factor now includes how



workers cope with workload, uncertainty, fatigue, and emotional strain. Addressing this reality requires coordinated action at individual, team, and organisational levels.

Closing the Gap Between Research and Practice

Many organisations struggle to apply behavioural safety research consistently. Limited resources, resistance to cultural change, blame-

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focused thinking, and competing priorities slow progress. Incident rates alone fail to predict future risk without leading indicators such as near-miss reporting and observation quality.

Effective safety leadership in 2026 depends on systems thinking. Organisations must accept human limitations, design work that supports attention and recovery, manage stress proactively, and align incentives with safe outcomes.

Conclusion

Human behaviour remains the starting point for most safety incidents in 2026, not because workers lack care or skill, but because they respond logically to pressure, fatigue, incentives, and system design. When organisations understand this reality, they shift from blaming individuals to improving conditions.

Preventing incidents means designing environments where safe choices make sense and receive support. Safety leaders who recognise the human factor as a predictable, manageable reality will continue to reduce risk, protect workers, and strengthen operational performance.

For Health & Safety guidance and performance increase contact our platinum supporter OSH-Med international and check out their website on www.osh-med.pro or send an email to info@osh-med.pro



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Fun Time - *Joke of the week*



What did the ocean say to the beach?

Nothing, it just waved.

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FACE

Can their face fall on one side? (as they smile)

ARMS

Can they raise both arms & keep them up

SPEECH

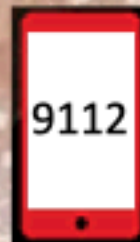
Is there a slurred speech

TIME

Time to call 9112 if you are one of the three

You could lose
everything to **STROKE**

But you have nothing
to lose calling 9112



**STROKE
REACT
DON'T
REGRET.**



E.M.A. Emergency Statistics updated 14.1.2026

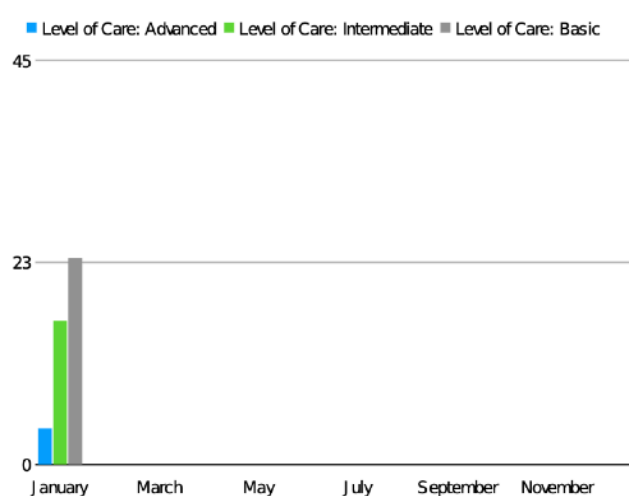
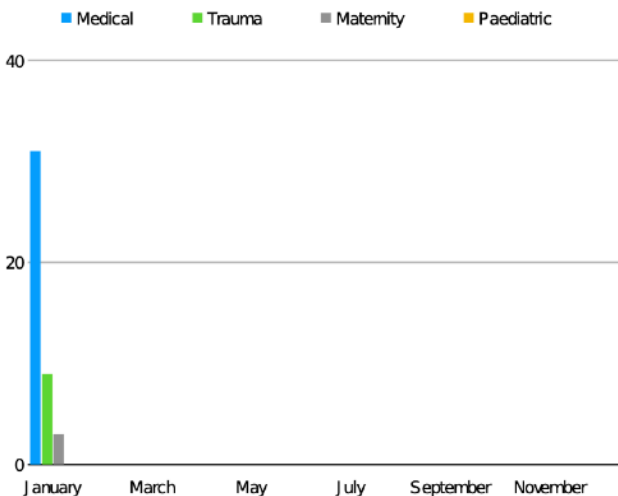
In 2026

E.M.A. assisted the public with
Emergencies in the value of

NAD 71,000.00

up till now

	Medical	Trauma	Maternity	Paediatric	Level of Care: Advanced	Level of Care: Intermediate	Level of Care: Basic
January	31	9	3	0	4	16	23
February	0	0	0	0	0	0	0
March	0	0	0	0	0	0	0
April	0	0	0	0	0	0	0
May	0	0	0	0	0	0	0
June	0	0	0	0	0	0	0
July	0	0	0	0	0	0	0
August	0	0	0	0	0	0	0
September	0	0	0	0	0	0	0
October	0	0	0	0	0	0	0
November	0	0	0	0	0	0	0
December	0	0	0	0	0	0	0
Total per annum	31	9	3	0	4	16	23
Total	43				43		



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Emergency Call



Important information to give:

- **Where** is the emergency?
- **What** happened?
- **What** kind of injuries?
- **How many** injured person
- **Waiting** for further question

Emergency Numbers:

Ambulance services:

E.M.A. Rescue Service

9112

Fire Brigade:

Windhoek

061-21 1111

Police:

NamPol

10 111

City Police (Whk)

061-302 302

MVA Fund

9682

(all numbers are from GRN or non-profit organisations)



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