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Occupational Safety & Health and Medical

by



## E.M.A. JOINS GLOBAL EMERGENCY NETWORK BOOSTING LIFE-SAVING CAPACITY

WHEN THE NIGHT BECOMES A BATTLEGROUND • HEALTH & SAFETY: THREE DANGEROUS MYTHS • FUN TIME - JOKE OF THE WEEK • E.M.A. WEEKLY EMERGENCY STATISTICS

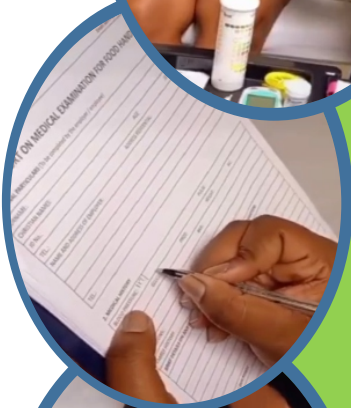
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# E.M.A. Joins Global Emergency Network to Boost Life-Saving Capacity

*WINDHOEK – In a major development for the nation's pre-hospital care and public safety sector, the Namibian non-profit organisation Emergency & Medical Assistance (E.M.A.) has officially been inducted as an affiliate member of the globally renowned European Emergency Number Association (EENA).*

The new affiliation is set to dramatically improve the operational capacity of E.M.A.'s Emergency Control Centre (ECC) in Windhoek, bringing international emergency response standards directly to Namibian soil.

EENA, a non-governmental organisation known for shaping emergency communication standards across Europe and beyond, specialises in optimising Public Safety Answering Points—the technical term for control centres where emergency calls are received. Through their website (eena.org), EENA provides its members with advanced frameworks for artificial intelligence in emergency response, caller location accuracy, and dispatcher wellbeing.

For E.M.A., a non-profit dedicated to assisting the public through their 9112 emergency hotline and free smartphone app, joining EENA means immediate, tangible benefits for its staff and the Namibian public.

A central focus of the new affiliation is the enhanced training and development of the

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Emergency Care Practitioners stationed inside the E.M.A. ECC. Call-takers are often the unsung heroes of the medical field; they are the first to speak to individuals experiencing the worst moments of their lives. Thanks to the EENA membership, these practitioners will now have access to specialised training modules, webinars, and global best practices that will sharpen their ability to triage calls, provide life-saving over-the-phone medical instructions, and dispatch ambulances faster and more accurately.

"The Emergency Control Centre is the beating heart of any rescue operation," an E.M.A. representative noted. "By partnering with EENA, we are future-proofing our ECC. Our Emergency Care Practitioners will be trained according to the highest global standards, ensuring that when a Namibian citizen dials 9112, they are met with world-class expertise, calm professionalism, and a rapid, coordinated response."

The benefits of this affiliation stretch far beyond the walls of the organisation. For Namibia as a whole, the integration of EENA's methodologies into a local non-profit means a stronger, more resilient

healthcare safety net. Better ECC capacity minimises the delay between an emergency call being placed and an ambulance arriving on the scene—a time metric where every second counts.

As E.M.A. continues to grow its digital footprint, including the rollout of its dedicated emergency and first-aid app, this strategic leap into the EENA network cements its reputation as a forward-thinking organisation deeply committed to its promise: *"There when you need us."*

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# When the Night Becomes a Battleground: One Namibian Woman's 12-Year Fight Against Insomnia and Stigma

*The mind racing, the body on high alert, a paralysing dread of the setting sun, and an overwhelming sense of personal failure. For over a decade, 39-year-old Windhoek resident Ndahafa fought a silent, exhausting war against chronic insomnia. This is the story of how she lost her sleep to trauma, how she survived a breakdown, and why breaking the cultural silence around mental health finally set her free.*



“I was completely paralysed by panic. Every evening, when the sun dipped behind the Khomas Hochland hills, my heart would start racing,” recalls Ndahafa, sitting in a quiet café in Windhoek. “It got so bad that after my husband left for his night shifts, I would double-check the burglar bars five times, push a heavy chest of drawers against the kitchen door, and keep a kitchen knife under my mattress. I was terrified of

the dark, but even more terrified of my own mind.”

To those who met her during the day—a sharp, professional woman working in logistics and a dedicated mother—Ndahafa seemed to have it all together. But behind closed doors, her life was unraveling.

## The Trigger: The Price of Perceived Perfection

Ndahafa's descent into severe insomnia began eight years ago with the birth of her first child. What was supposed to be a joyous occasion turned into a medical nightmare—a prolonged, traumatic labor at a local hospital that culminated in an emergency Caesarean section. “Lying on that operating table, I felt a total, terrifying loss of control,” Ndahafa says, her voice quiet. “When we came home, I compensated by trying to control everything. In our culture, there is immense societal pressure to be a 'strong Namibian woman.' You are expected to carry the baby, manage the home, excel at work, and never complain. I put crushing pressure on myself to be perfect.”

The result was immediate sleeplessness. Her body, stuck in a state of hyper-vigilance to keep her baby safe, simply forgot how to shut down.

## The Alarm Mode and the Vicious Cycle

What Ndahafa experienced is a severe form of chronic insomnia, a condition that medical professionals say affects a significant portion of the population, with women being disproportionately vulnerable. Clinically, insomnia is diagnosed when a person struggles to fall or stay asleep at least three nights a week for over a month, severely impairing their daily life.



“The irony of insomnia is that the harder you fight to sleep, the further it flees,” Ndahafa explains. “I tried everything. I drank chamomile tea by the gallon, bought expensive mattress toppers, cut out caffeine, and even tried over-the-counter sleeping pills. Nothing worked. Every night I didn’t sleep felt like a personal failure, which only made me more anxious the next night.”

For years, Ndahafa "functioned." She drank coffee to survive the workday, took care of her family, and wore a mask of normalcy. But the human body can only run on empty for so long. Eventually, she hit a wall.

“I woke up one morning and couldn't get out of bed. I was physically numb and emotionally hollow. It was a total burnout,” she says.

### Shattering the Stigma in Namibia

In Namibia, admitting to a mental health struggle or severe psychological distress is often met with misunderstanding. "People tell you to just pray harder, to exercise, or they shrug it off as laziness," Ndahafa notes. "There is a massive stigma. You worry that if you tell your boss or your family that you are suffering from severe anxiety and can't sleep, they will think you are weak or 'unstable.' So, you suffer in silence.”

Recognising she could no longer survive this way, Ndahafa sought professional medical leave and was referred to a clinical psychologist in Windhoek, followed by a stay at a specialised wellness retreat. It was here that her healing truly began.

During an intense therapy session, her psychologist asked a pivotal question: *“Could it be that your sleeplessness is a shield? Is it distracting you from looking at something else that hurts too much?”*

The question broke something open inside Ndahafa. She realised her insomnia wasn't just a physical malfunction; it was an emotional distress signal.

### Facing the Shadows to Find the Light

Through therapy, Ndahafa began the painful but necessary work of unpacking her past. She confronted the unhealed trauma of her emergency C-section, the deeply buried grief of losing her mother a year prior, and the resentment she felt toward societal expectations of perfection.

“I had to learn to let go of control,” she says. “I had to accept that I am human, that I cannot protect my family from every single danger in the world, and that it is okay to ask for help.”

The breakthrough was gradual, but profound. One night, after weeks of

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emotional processing, Ndahafa fell asleep naturally. She woke up the next morning realising she had slept for six uninterrupted hours. “I cried tears of pure relief. It felt like a miracle.”

## A New Dawn

Today, Ndahafa is a mother of two, and her relationship with sleep has completely changed. While she still has occasional restless nights when stress creeps in, the terror is gone. - “I no longer view a bad night of sleep as a failure,” she smiles. “I know my body now. I know when I need to slow down, step back, and breathe.” - By sharing her story, Ndahafa hopes to inspire other Namibians—especially women—to stop suffering in silence and to strip away the shame surrounding mental health issues. - “Insomnia is not a weakness, and neither is anxiety,” Ndahafa says firmly. “Seeking therapy or medical help isn't giving up; it's taking your power back. We need to talk about this openly in our communities. No stigma, no shame. Your health—and your sleep—depends on it.”

BREAKING THE CYCLE

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SUPPLEMENTS



EXERCISE

**Are you struggling?** *If you or a loved one are experiencing chronic sleeplessness, severe anxiety, or signs of burnout, do not suffer alone. Reach out to a local general practitioner, a registered clinical psychologist, or contact support organisations such as the Lifeline/ChildLine Namibia toll-free helpline (116) for guidance.*

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

**ARMS**

Can they raise both arms & keep them up

**SPEECH**

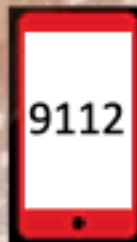
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# Health & Safety - Three Dangerous Myths Compromising Safety on Construction Sites

*WINDHOEK – As Namibia’s infrastructure, mining, and energy sectors experience a dynamic surge in mid-2026, the demands on our construction industry have never been higher. Yet, balancing aggressive project timelines with the strict provisions of the Namibian Labour Act remains a complex challenge. Too often, site safety is discussed in rigid absolutes: either a contractor is deemed "fully compliant" or they are not.*

In reality, most local contractors occupy a complicated middle ground. They care deeply about protecting their site crews but find themselves constrained by narrow margins, tight schedules, and a series of long-standing, unexamined assumptions. Relying on outdated beliefs rather than modern operational discipline can leave critical gaps in site defence. To build a truly resilient safety culture, the industry must dismantle three persistent myths that continue to expose Namibian construction crews to unnecessary risk and businesses to avoidable financial strain.

## Myth No. 1: "Our Workers Have Been in the Trade for Years—They Already Know How to Use Their PPE"

Walk onto almost any construction site from Windhoek to Walvis Bay, and you will see workers clad in hard hats, reflective vests,

and steel-toe boots. Because Personal Protective Equipment (PPE) is standard issue and many artisans boast decades of experience, management often assumes the job is done once the gear is handed over.

However, familiarity does not equal proper or effective use.

Ministry of Labour inspectors and global safety data frequently reveal that PPE is routinely worn incorrectly, poorly maintained, or improperly fitted—often due

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to a lack of size options or generalised procurement. Furthermore, safety gear and site technologies are evolving rapidly, meaning a worker's decades-old habits may not align with modern equipment specifications or the nuances of highly specialised, high-risk projects.

Treating PPE training as a continuous, dynamic process rather than a one-time induction checklist is vital. This is especially true when workers are tasked with duties outside their daily routine. Research indicates that roughly half of workplace fatalities occur when an employee executes a non-routine task. For example, a staggering number of site-related electrical fatalities involve non-electrical workers who inadvertently interact with live components without understanding the specific limitations of their gear.



By moving past the assumption that "experience equals immunity," companies can implement regular, hands-on refresher courses. This doesn't just prevent errors; it reinforces a collective workplace culture where safety is an active daily practice, boosting morale and keeping skilled labor engaged.

*"Familiarity does not equal proper or effective use. Roughly half of workplace fatalities occur when an employee executes a non-routine task."*

## **Myth No. 2: "Deploying Connected Tech and Wearables is Just 'Big Brother' Surveillance"**

As advanced digital safety technologies—such as location-tracking badges, smart helmets, and biometric wearables—increasingly enter Southern African supply chains, many contractors hesitate to adopt them. Leaders frequently worry that introducing these tools will make workers feel untrusted, creating an uncomfortable "Big Brother" environment on site.

This myth fundamentally misunderstands the purpose of connected safety. These tools are designed for immediate, life-saving *situational awareness*, not punitive surveillance.

Given Namibia's unique geographic and climatic challenges, the case for connected tech is compelling. In the blistering heat of the Namib Desert or the intense solar radiation of our interior, biometric sensors can monitor signs of heat stress, alerting supervisors before a worker suffers severe heat exhaustion or collapses. Similarly, in complex, sprawling infrastructure environments, real-time tracking can instantly answer critical questions:

*"Has a worker accidentally crossed into a restricted structural zone? Has someone stopped moving or suffered a fall on a*



*remote section of the site?"*

When applied with transparent policies—where management openly communicates exactly what data is collected and guarantees it will never be used for disciplinary micromanagement—connected technology shifts the workplace conversation from assigning blame to preventing tragedy. It doesn't replace an experienced site foreman; it simply gives them the visibility needed to intervene before a hazard turns fatal.

### **Myth No. 3: "Rigorous Safety Upgrades and Extended Training Hurt the Bottom Line"**

In a competitive economic climate where construction tenders are won or lost on

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razor-thin margins, safety initiatives are widely regarded as a pure cost center. Taking hours out of a tight schedule for extensive safety drills or upgrading to premium, smart safety devices is viewed as an expensive luxury that slows down progress.

However, this is perhaps the most financially devastating myth of all. It drastically underestimates the actual, compounding cost of a single safety incident.

Under the Namibian Labour Act, a serious workplace injury or fatality triggers immediate stop-work orders, rigorous investigations, and the potential for severe legal prosecution. The immediate operational downtime alone can paralyse a project, causing deadlines to slip and forcing overtime expenses to skyrocket. When you add the inevitable cascade of expenses—medical treatments, workers' compensation adjustments, soaring insurance premiums, and the cost of repairing damaged assets—a single major incident can easily wipe out a contractor's entire profit margin.

The long-term commercial implications are equally severe. In modern procurement, major public and private entities (such as NamPower, the Roads Authority, NamPort, or international mining operations) rigorously vet a contractor's safety record during the tendering process. A history of frequent site incidents or lax safety compliance will quietly, but definitively, disqualify a company from winning high-value future bids.



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Conversely, proactive investment in safety delivers a highly measurable return on investment (ROI). Minimising preventable injuries reduces absenteeism, protects expensive machinery, and ensures projects run predictably and efficiently.

### A New Framework for Growth

As Namibian construction sites grow increasingly complex, relying on old safety assumptions is a risk no business can afford. Crews require ongoing education, not just a one-off distribution of gear. Modern technology can significantly enhance frontline protection without eroding workforce trust. And far from draining a company's finances, a robust, proactive safety culture serves as a vital safeguard for the bottom line.

Forward-thinking industry leaders recognise that safety is not a bureaucratic hurdle or a secondary priority—it is a core operational discipline that drives productivity, ensures commercial resilience, and secures sustainable long-term growth.

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# E.M.A. Emergency Statistics

## updated 3.6.2026

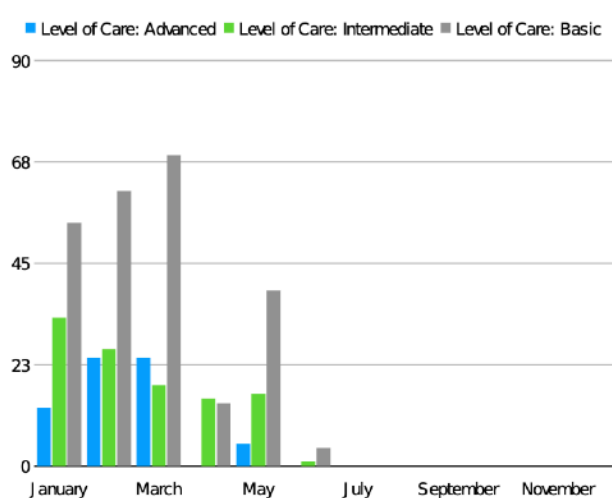
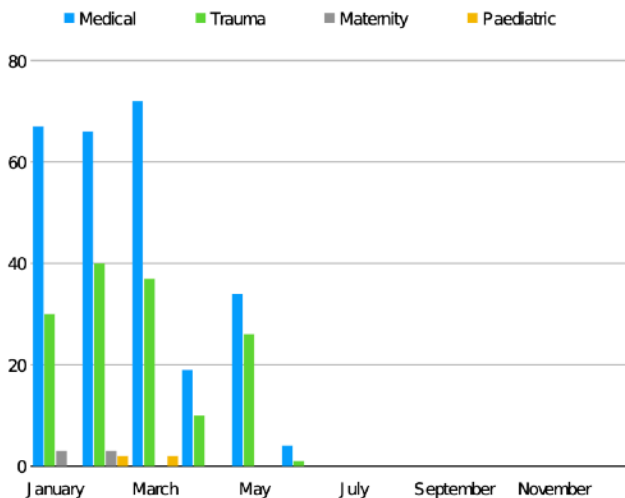
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Emergencies in the value of

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up till now

	Medical	Trauma	Maternity	Paediatric	Level of Care: Advanced	Level of Care: Intermediate	Level of Care: Basic
<b>January</b>	67	30	3	0	13	33	54
<b>February</b>	66	40	3	2	24	26	61
<b>March</b>	72	37	0	2	24	18	69
<b>April</b>	19	10	0	0	0	15	14
<b>May</b>	34	26	0	0	5	16	39
<b>June</b>	4	1	0	0	0	1	4
<b>July</b>	0	0	0	0	0	0	0
<b>August</b>	0	0	0	0	0	0	0
<b>September</b>	0	0	0	0	0	0	0
<b>October</b>	0	0	0	0	0	0	0
<b>November</b>	0	0	0	0	0	0	0
<b>December</b>	0	0	0	0	0	0	0
<b>Total per annum</b>	262	144	6	4	66	109	241
<b>Total</b>	416				416		



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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**

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Windhoek

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**Police:**

NamPol

10 111

City Police (Whk)

061-302 302

MVA Fund

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



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