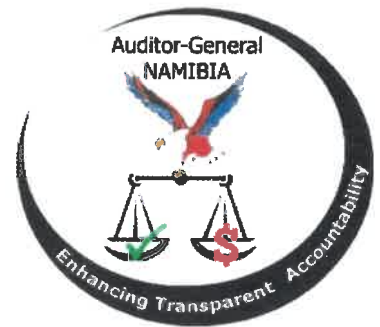




REPUBLIC OF NAMIBIA



Food Safety



PERFORMANCE AUDIT REPORT ON MAIN STUDY AUDIT REPORT ON THE MANAGEMENT AND ADMINISTRATION OF FOOD SAFETY IN NAMIBIA WITHIN THE MINISTRY OF HEALTH AND SOCIAL SERVICES

FOR THE FINANCIAL YEAR ENDED 2014/2015, 2015/2016

Published by authority

Price (Vat excluded) N\$ 76.00
Report no.: 109/2018

REPUBLIC OF NAMIBIA



TO THE HONOURABLE SPEAKER OF THE NATIONAL ASSEMBLY

I have the honour to submit herewith my Performance Audit Report on the audit report on main study audit report on the Management and Administration of Food Safety in Namibia within the ministry of health and social services for the financial years ended 2014/2015, 2015/16 in terms of Article 127(2) of the Namibian Constitution. The report is transmitted to the Honourable Minister of Finance in terms of Section 27(1) of the State Finance Act, 1991, (Act 31 of 1991) to be laid upon the Table of the National Assembly in terms of Section 27(4) of the Act.

A handwritten signature in dark ink, appearing to read 'Junias Etuna Kandjeke'.

JUNIAS ETUNA KANDJEKE
AUDITOR-GENERAL

WINDHOEK, SEPTEMBER 2018

Table of contents

Glossary of Terms	iv
Acronyms	v
Executive summary.....	vi
Chapter 1: Introduction	1
1.1 Background of the audit	1
1.2 Motivation	1
1.3 High level statements.....	2
1.3 1. Mandate of the Ministry	2
1.3.2. Vision.....	2
1.3.3. Mission	2
1.4 Financing	2
1.5 Staffing	3
1.6 Organizational Structure	3
Chapter 2: Audit Design	4
2. Audit Objective	4
2.1 Audit Scope	4
2.1.1 Audit Object	4
2.1.2 Time limit.....	4
2.1.3 Geographical Coverage.....	4
2.2 Audit Methodology	4
2.3. Audit Questions	6
2.4. Audit Criteria	7
Chapter 3: Namibia's Food Safety Process.....	8
3.1. Roles and Responsibilities of the Stakeholders	8
3.1.1 Ministry of Health and Social Services.....	8
3.1.2 Local authorities	8
3.2 Environmental Health Practitioners.....	8
3.2.1 Inspection Planning	8
3.2.2 Food safety historical databases	8

3.2.3	Planning for the supervision of Environmental Health Practitioners (EHP)	8
3.3	Execution of environmental health inspections	9
3.3.1	Issuance of Fitness Certificates	9
3.3.2	Issuance of Condemnation Certificates	9
3.4	Enforcement of Environmental Health Legislation	9
3.4.2	Standard operating procedures on the application of product date markings	9
3.4.3	Training for Environmental Health practitioners	9
3.5	Coordination	10
3.5.1.	Food Safety Council	10
3.5.2.	Coordination with the relevant stakeholders	10
3.6	Monitoring, evaluation and follow-up	10
3.7	Resources	10
Chapter 4: Findings.....		11
4.1	Inspection Planning.....	11
4.1.1	Food safety program targets and actuals and planning for the number of inspector per district offices	11
4.1.2	Food Safety historical database.....	12
4.1.3	Planning for the supervision of Environmental Health Practitioners.....	13
4.2	Execution of Environmental Health Inspections	13
4.2.1	Issuance of Fitness Certificates	13
4.3	Enforcement of Environmental Health Legislation.....	15
4.3.1	Inspection guidelines.....	15
4.3.2	Standard Operating Procedures on the application of product date markings	16
4.4	Coordination.....	17
4.4.1	Food Safety Council.....	17
4.4.2	Coordination with relevant stakeholders.....	18
4.5	Monitoring, evaluation and follow-up	19
4.6	Resources	20
5.	CONCLUSIONS	23
5.1	Inspection planning.....	23
5.1.1	Food safety program targets and actuals and planning for the number of environmental health practitioners per district.....	23

5.1.2 Food safety historical databases that informs planning	23
5.1.3 Planning for the supervision of environmental health practitioners.....	23
5.2 Execution of environmental health inspections	23
5.2.1 Issuance of condemnation certificates.....	23
5.2.2 Enforcement of environmental health legislation	23
5.2.3 Training of environmental health practitioners.....	23
5.3 Coordination.....	24
5.3.1 Food Safety Council.....	24
5.3.2 Coordination with relevant stakeholders.....	24
5.4 Resources	24
6. RECOMMENDATIONS	25
6.1 Inspection planning.....	25
6.1.1 Food safety program targets and actuals and planning for the number of environmental health practitioners per district.....	25
6.1.2 Food safety historical databases that informs planning	25
6.1.3 Planning for the supervision of Environmental Health inspections.....	25
6.2 Execution of environmental health inspections	25
6.2.1 Issuance of condemnation certificates.....	25
6.2.2 Enforcement of environmental health legislation	25
6.2.3 Training of environmental health practitioners.....	25
6.3 Coordination.....	26
6.3.1 Food Safety Council.....	26
6.3.2 Coordination with relevant stakeholders	26
6.4 Resources	26
Appendices.....	27
Annexure 1: Audit/Assessment Criteria	27
Annexure 2:.....	30
Relationship between number of inspectors, number of establishments and the Size of the inspection jurisdiction	30
Annexure 3: Organizational Structure	32
.....	32

Glossary of Terms

TERMS	DEFINITION
Food Safety	Is a scientific discipline describing handling, preparation, and storage of food in ways that prevent foodborne illness
Risk Based Food Inspection	Focusing inspections on risk factors that may cause food born disease.
Farm to the Fork'	Used to refer to the various processes in the food chain from agricultural production to consumption
Risk Assessment	The process of analysing the possible effects on people of exposure to substances and other potential hazards
IHR	International Health Regulations
EHA	Environmental Health Assistant
HI	Health Inspector
HIS	Health Information System

AUTHORS

Ms. Grace Nelwamondo – Chief Auditor

Mrs. Jean Juanet Mate – Auditor

Mr. Cornwill Mentoer - Auditor

Acronyms

Abbreviation	Definitions
MoHSS	Ministry of Health and Social Services
PEHSD	Public and Environmental Health Service Division
NFSP	Namibian Food Safety Policy
S.O.P	Standard Operating Procedures
WTO-SPS	World Trade Organization, through its protocol on Sanitary and Phytosanitary
EHP	Environmental Health Practitioner
CEHP	Chief Environmental Health Practitioner
IPPC	International Plant Protection Convention
FAO	Food and Agriculture Organization of the United Nations
CoW	City of Windhoek
WHO	World Health Organisation
HIS	Health Information System

Executive summary

The Office of the Auditor-General is authorised to carry out performance audits in terms of Section 26 (1) (b) (iv) of the State Finance Act, (Act 31 of 1991) which reads as follows: The Auditor-General “may investigate whether any moneys in question have been expended in an efficient, effective and economic manner.” Performance auditing may be defined as examining whether auditees are “doing the right thing” and utilising the resources “in the right and least expensive way”.

The purpose of the performance audit report is to determine the efficiency and effectiveness of the Ministry of Health and Social Services, in addressing food safety issues through public and environmental health safety inspections.

The audit focused on the operations of the Public and Environmental Health Services Division within the Ministry of Health and Social Services, which is responsible for the enforcement of environmental legislation and the custodian of food safety issues in Namibia. A lack of proper documentation proved problematic as pertinent information was lacking. The audit areas included planning, monitoring, execution and coordination of environmental health inspections within the Division.

The major findings, conclusions and recommendations are detailed as follows:

1. FINDINGS

1.1 Planning of environmental health inspections

1.1.1 Food safety program targets and actuals and planning for the number of environmental health practitioners per district.

The PEHSD does not conduct risk assessments that inform planning for environmental health inspections; hence, inspections are not targeted to areas of high risk. The Audit also found that the Environmental Health Services Division did not achieve its national targets for the 2014/2015 and 2015/2016 in terms of the level of compliance to national set environmental health standards and port health regulations.

Furthermore, the audit noted that distribution of Environmental Health Practitioners were not rationally allocated/planned in terms of risk factors such as the size of the jurisdiction, number of establishments to be serviced and the workforce requirements in terms of rendering inspection services on a timely basis.

1.1.2 Food safety historical databases that informs planning

The PEHSD did not set up historical databases that specifically identifies high-risk sectors and the businesses in those sectors, in order to target inspections to those activities and firms where the risk is highest. The HIS2000 does not contain any information on business classification as per risk across the regions and sectors.

1.1.3 Planning for the supervision of Environmental Health Practitioners

The audit found that the PEHSD did not adequately plan for supervision of Environmental Health Practitioners in order to ensure that environmental health inspections are conducted in accordance with environmental health legislation.

1.2 Execution of environmental health inspections

1.2.1 Issuance of condemnation certificates

The audit found that the environmental health practitioners do condemn food items that are found to be in contravention of the Public and environmental health act, 2015. No 1 of 2015.

The common reasons for the issuance of the condemnation certificates were as follows:

- Product expiry dates have lapsed
- Products best before dates have lapsed
- Food cans were dented
- Fresh food became rotten
- The animal carcasses were condemned because of pericarditis (animal heart disease) or *Stilesia hepatica* (liver tape worm)

1.2.2 Enforcement of Environmental Health Legislation

Furthermore, the audit found that the PEHSD does not have standard operating procedures on how to consistently deal with the different date markings, especially the “Date of minimum durability” (best before dates). The audit found that there is no uniform standard inspection guidelines that specifically dictates how inspections should be conducted and the number of inspections to service a specific jurisdiction.

1.2.3 Training of environmental health practitioners

The audit found that the environmental health practitioners in the PEHSD did not receive food safety and quality assurance training during the review period. This hinders the effective and efficient discharge of environmental health functions.

1.3 Coordination

1.3.1 Food safety council

The audit found that the food safety council was not established during the time of the audit, because the food safety bill is not enacted yet. An interim committee was established to look into food safety issues. This hindered the effective coordination and subsequent food safety administration in the country.

1.3.2 Coordination with relevant stakeholders

The audit found that the Ministry of Health and Social service's coordination with other stakeholders is inadequate due to the following:

- No stakeholder meeting minutes was provided to the audit team apart from the Karasburg district office that provided the auditors with two stakeholder-meeting minutes for the financial year 2013/14;
- No reporting relationships between the MoHSS and Local Authorities;
- Non sharing of inspection results between the relevant stakeholders; and
- Poor attendance to stakeholder meetings.

1.4 Resources

The audit found that the PEHSD is inadequately resourced in terms of sufficient and proper environmental health inspection tools, infrastructure at ports of entry and human resources to efficiently and effectively discharge its mandate.

2. CONCLUSIONS

The audit concluded that the Ministry of Health and Social Services through the Public and Environmental Health Services Division is not adequately planning, conducting, monitoring and evaluating food inspections and coordinating with the relevant stakeholders to ensure food safety for all consumers in Namibia and provide sufficient food safety guarantees on all food products traded nationally or exported to other countries.

2.1 Inspection planning

2.1.1 Food safety program targets and actuals and planning for the number of environmental health practitioners per district

The audit concluded that the PEHSD do not conduct risk assessments that informed planning for environmental health inspections, in that no high-risk areas are identified. Also, the distribution of Environmental Health Practitioners are not rationally allocated/planned in terms of risk factors, such as the size of the jurisdiction, number of establishments to be serviced and the workforce requirements in terms of rendering inspection services on a timely basis.

2.1.2 Food safety historical databases that informs planning

The audit concluded that the PEHSD do not set up historical databases that specifically identified high-risk sectors and the businesses in those sectors, in order to target inspections to those activities and firms where the risk is highest.

2.1.3 Planning for the supervision of environmental health practitioners

The audit concluded that the PEHSD do not adequately plan for the supervision of Environmental Health Practitioners in order to ensure that environmental health inspections are conducted in accordance with environmental health legislation.

2.2 Execution of environmental health inspections

2.2.1 Issuance of condemnation certificates

The audit concluded that the prevalence of non-compliance to environmental legislation is still persistent. This in turns prompts the environmental health practitioners to issue condemnation certificates for non-compliance.

2.2.2 Enforcement of environmental health legislation

The audit concluded that the PEHSD do not have standard operating procedures in place as to ensure that date markings are dealt with consistently and inspections are conducted uniformly in the enforcement of environmental legislation.

2.2.3 Training of environmental health practitioners

The audit concluded that the PEHSD does not provide adequate training to environmental health practitioners in order to effectively discharge their duties.

2.3 Coordination

2.3.1 Food Safety Council

The audit concluded that the Food Safety Council has not been established as per the requirements of the food safety policy.

2.3.2 Coordination with relevant stakeholders

The audit concluded that the Ministry of Health and Social Services is inadequately coordinating with the relevant food safety stakeholders to ensure that emergency food safety issues affecting the public are addressed on a timely basis, to reduce food safety risks.

2.4 Resources

The audit concluded that the PEHSD is not adequately resourced in terms of having the necessary environmental health inspection tools, infrastructure and staff in order to effectively execute their mandate and to enforce environmental health legislation.

3. RECOMMENDATIONS

The Ministry of Health and Social Services through the Health Services Division should ensure that adequate planning, conducting, monitoring and evaluating food inspections and coordinating with the relevant stakeholders are carried out to ensure food safety for all consumers in the Namibia and provide sufficient food safety guarantees on all food products traded nationally or exported to other countries.

3.1 Inspection planning

3.1.1 Food safety program targets and actuals and planning for the number of environmental health practitioners per district.

The PEHSD should ensure that adequate risk assessments are conducted to inform planning.

The PEHSD should ensure that the distribution of environmental health practitioners are rationally distributed in order to ensure that factors such as the size of the jurisdiction, number of establishments to be serviced and the workforce requirements are taken into consideration.

3.1.2 Food safety historical databases that informs planning

The PEHSD should ensure that historical databases that specifically identify high risk sectors are set up and maintained in order to target activities to business and firms where risk are highest.

3.1.3 Planning for the supervision of Environmental Health inspections

The PEHSD should adequately plan for the supervision of environmental health practitioners in order to ensure that environmental health inspections are conducted in accordance with environmental legislation.

3.2 Execution of environmental health inspections

3.2.1 Issuance of condemnation certificates

The PEHSD should ensure that adequate environmental health inspections are carried out to ensure that food establishments comply with the provisions of environmental legislation.

3.2.2 Enforcement of environmental health legislation

The PEHSD should ensure that standard operating procedures are put in place to ensure that date markings are dealt with consistently and inspections are conducted uniformly in the enforcement of environmental legislation.

3.2.3 Training of environmental health practitioners

The PEHSD should ensure that training is adequately planned, budgeted and provided to the environmental health practitioners in order to effectively discharge their duties.

3.3 Coordination

3.3.1 Food Safety Council

The Ministry of Health and Social Services should finalize and implement the draft Food Safety Bill in order to facilitate the establishment of the food safety council.

3.3.2 Coordination with relevant stakeholders

The Ministry of Health should ensure that there is adequate coordination with the relevant food safety stakeholders to ensure that emergency food safety issues affecting the public are addressed on a timely basis, to reduce food safety risks.

3.4 Resources

The Ministry of health and social services should ensure that the PEHSD is adequately resourced in terms of environmental health inspection tool kits, staff and infrastructure at ports of entry, in order to effectively execute its mandate.

Chapter 1: Introduction

1.1 Background of the audit

The purpose of the report is to assess whether the Ministry of Health and Social Services is adequately planning, conducting, monitoring food inspections and coordinating with the relevant stakeholders (as per the food safety policy) to ensure food safety for all consumers in Namibia and provide sufficient food safety guarantees on all food products traded nationally or exported to other countries.

The Ministry of Health and Social Services (MOHSS) is the custodian and has the mandate to ensure that food domestically produced and imported is safe for human consumption. In addition as per General Health Regulations and the Public Health Act, the Local Authorities have jurisdiction within the local authority areas to ensure that safe food is made available to the public. To exercise their mandates both these entities conduct inspections of food premises and practices related to export and import of food.

A healthy food industry is expected to ensure that safe and nutritious food is provided to the communities and the entire country in general. This being said, if the food sector is not efficiently and effectively checked and remains uncontrolled it could be a major cause for the spread of diseases resulting in human life loss.

Food safety affects trade, especially in agricultural and manufactured food items. Ordinarily, food not fit for human consumption is prohibited for sale nationally or internationally. The World Trade Organization, through its protocol on Sanitary and Phytosanitary (WTO-SPS) measures restricts trade in food to that which meets internationally agreed food safety standards as defined by the Codex Alimentarius Commission. Inadequate food safety measures in any country hinder trade in agricultural or animal produce, and this results in lack of income at farmer level, which exacerbates poverty.

1.2 Motivation

The audit was motivated by problem indicators identified during the pre-study in terms of the following:

- Inadequate Environmental Health inspections;
- Inadequate coordination amongst food safety stakeholders;
- No representation of port health officials at some ports of entry;
- Inadequate environmental health planning; and
- Inadequate enforcement of food safety legislation.

1.3 High level statements

1.3 1. Mandate of the Ministry

The mandate of the MOHSS is derived from Article 95 of the Namibian Constitution which emphasises the adoption of policies and the enactment of legislations to ensure the “health and strength” of Namibians.

Drawing from the supreme law of the Country, the Ministry’s mandate is to promote and protect the health of the Namibian People and provide quality social services to all, especially the weak and vulnerable members of society.

This means that the Ministry has an overall function to develop essential health care programmes based on a primary health care approach which is scientifically sound and socially acceptable.

1.3.2. Vision

To be the leading public provider of quality health and social services.

1.3.3. Mission

To provide integrated, affordable, accessible, quality health and social services, that are responsive to the needs of the population.

1.4 Financing

The following table shows the expenditure for the Directorate Primary Health Care for the three financial years under review:

Table 1: Authorized versus Actual Expenditure:

Description	Financial years	Authorized expenditure	Actual expenditure	Variance
		N\$	N\$	N\$
Directorate Primary Health Care	2013/14	36 651 599	33 576 090	3 075 509
	2014/15	72 833 680	69 453 593	3 380 087
	2015/16	69 169 092	69 100 508	68 584

Source: OAG’s Financial Audit Reports for the 2013/14, 2014/15 and 2015/16 Financial Years.

1.5 Staffing

The following table shows the staff component for the Directorate Primary Health Care:

Table 2: Staffing

Financial year	Establishment	Filled	Vacant
2013/2014	83	80	3
2014/2015	96	85	11
2015/2016	94	83	11

Source: Budget books

1.6 Organizational Structure

Refer to **Annexure 3** on page 30

Chapter 2: Audit Design

2. Audit Objective

To assess whether the Ministry of Health and Social Services is adequately planning, conducting, monitoring food inspections and coordinating with the relevant stakeholders (as per the food safety policy) to ensure food safety for all consumers in Namibia and provide sufficient food safety guarantees on all food products traded nationally or exported to other countries.

2.1 Audit Scope

2.1.1 Audit Object

The audit object is the Division of Public and Environmental Health Services within the Ministry of Health and Social Services.

2.1.2 Time limit

The audit covered three (3) financial years 2013/14, 2014/15 and 2015/16 in order to establish the trend of performance over the period under review.

2.1.3 Geographical Coverage

The audit covered the whole country (Namibia).

2.1.3.1 Sampling

The audit team visited three (3) out of the 14 regions in the country (Khomas, //Karas and Oshanaqwen). These regions were visited based on the port of entries that are pertinent for assessment during the main study.

2.2 Audit Methodology

The team conducted the audit in accordance with Performance auditing guidelines issued by International Organization of Supreme Audit Institutions (INTOSAI) and audit policies and procedures established by the Office of the Auditor-General.

The team carried out interviews with the staff of the Division of Public and Environmental Health Services. Furthermore, the team carried out observations at the ports of entry as well as food establishments were visited, and reviewed relevant documents to obtain information for the audit.

The following staff from the different responsible stakeholders have been interviewed:

Table 3: Interviewees

Stakeholder	Staff Interviewed
Ministry of Health and Social services	Head Office: Deputy Director: Environmental Health Services Division Control Environmental Health Practitioner Windhoek District Office: Control Environmental Health Practitioner Environmental Health Practitioner //Karas Regional Office Chief Environmental Health Practitioner
	Keetmanshoop District Office Environmental Health Practitioner Lüderitz District Office Assistant Environmental Health Practitioners Karasburg District Office Chief Environmental Health Practitioner Ohangwena Regional Office Chief Environmental Health Practitioner Engela District Office Chief Environmental Health Practitioner
Local Authority	City of Windhoek Chief: Health Services Keetmanshoop Municipality Environmental Health Inspector Lüderitz Town Council Chief Environmental Health Practitioner Helao Nafidi Town Council Environmental Health Practitioner

The following table shows the documents collected and analysed for the period under review:

Stakeholder	Documents Analyzed
Local Authorities	Quarterly reports, Monthly Reports, Public and Environmental Health Act, 2015; Strategic Plans, Inspection Reports, General Health Regulations, Annual reports, Condemnation Certificates, Fitness Certificates
Ministry of Health and Social Services	Head Office Namibia Food Safety Policy – July 2014 National Port Health Strategy Food Safety Training Report Directorate Environmental and Occupational Health Structure Directorate Action Plans Annual Management Plans Directorate Annual Report Divisional Annual Reports District Reports Districts Plans Supervisory Visit Report Public and Environmental Health Act, 2015 Checklists for different types of inspections Establishment Registers Inspection Reports Condemnation Certificates Fitness Certificates Good practices for regulatory inspections National Health Act

2.3. Audit Questions

The audit work was designed using the following audit questions that primarily focused on food safety in Namibia.

Audit Questions 1: How does the Ministry of Health and Social Services through the Public and Environmental Health Services Division plan its inspections based on risk assessment?

Sub-questions

- How does the Ministry conduct risk assessments to determine problem industries/sectors as to prioritize Public and Environmental Health inspections during planning?
- What information systems have the Ministry put in place that identifies high-risk sectors and the businesses in those sectors?
- What historical data basis did the Ministry set up to detect trends and patterns of compliance and non-compliance by sectors and regions?
- What measures did the Ministry Put in place to track repeat offenders in high-risk sectors and potential usual suspects based on trends and sector wide patterns?

Audit Question 2. To what extent does the Ministry through the Public and Environmental Health division conduct its inspection according to established legal framework and methodology?

Sub-questions

- To what extent does the Public and Environmental Health Division conduct their inspections according to established legal guidelines?
- What mechanisms does the Public and Environmental Health Division have in place to ensure that inspections are carried out according to adopted Standard Operating Procedures?
- To what extent does Inspectors possess the required skills and receive required training in order to effectively conduct inspections as per the Public and Environmental Health inspection guidelines?
- To what extent does the Ministry have mechanisms in place to ensure that industries/sectors are complying with Public and Environmental Health Legislation?

Audit Question 3. To what extent does the Ministry of Health and Social Services through Public and Environment Health Division, as custodian of all food safety matters in Namibia, coordinate with the relevant food safety stakeholder to ensure the provision of safe food to the consumers?

Sub-questions

- To what extent has the Ministry of Health and Social Services established a Namibia Food Safety Council and is the Council executing their regulatory function in line with the Namibian Food Safety Policy?
- What mechanism did the Ministry put in place to coordinate with relevant stakeholders to ensure food safety?

Audit Question 4. To what extent does the Ministry of Health and Social Services through the Public and Environmental Health Division adequately monitor, evaluate and follow up Public and Environmental Health inspections to ensure food safety?

Audit Question 5. To what extent is, the Public and Environmental Health Division, within the Ministry of Health, adequately resourced to perform their functions?

2.4. Audit Criteria

See Annexure 1 page 25.

Chapter 3: Namibia's Food Safety Process

3.1. Roles and Responsibilities of the Stakeholders

3.1.1 Ministry of Health and Social Services

The main function of Public and Environmental Health Services Division within the Ministry of Health and Social Services is to conduct routine and adhoc inspections on occupational health related hazards, food and meat producing industries to authorize, regulate and issue registration certificates, general hygiene promotion, which includes port health services.

3.1.2 Local authorities

According to section 18 of the Namibia Food Safety Policy, 2015, the Ministry of Urban and Rural Development, through the Local Authorities is responsible for licensing of all food service and food business operators within specific regional authorities. This includes regulations on conditions for registration and operation of a food service or food business. These responsibilities are delegated in line with the Public Health Act by the Ministry of Health and Social Services.

3.2 Environmental Health Practitioners

3.2.1 Inspection Planning

According to Paragraph 10 of the Food Safety Policy, 2015, "All food safety initiatives should be based on "principles of risk assessment and prevention. This is in line with the approach 'From the Farm to the Fork', which guarantees a high level of safety for foodstuffs and food products marketed within Namibia, at all stages of the production and distribution chains. This approach involves both food products produced within Namibia and those imported from other countries. "

"According to the Good Practices for Regulatory Inspections: Guidelines for Reformers, 2005 "Inspectorate tracks repeat offenders and high-risk sectors (maintains an approximate database, not a "scientific" one), and allocates disproportionate share of inspections resources to those areas."

3.2.2 Food safety historical databases

According to Paragraph 19 of the National Food Safety Policy, 2015 "The Namibia Food Safety Council should maintain a national database and information on all food safety issues".

According to the Good practices for regulatory inspections: guidelines for reformers 2005, "The inspectorate should maintain a database of sufficient detail to track risks by sector and business, and targets inspections to those activities and firms where the risk is highest"

3.2.3 Planning for the supervision of Environmental Health Practitioners (EHP)

According to the Ministry of Health and Social Services supervision and supportive guideline, 2013 "Supportive supervision is a process which promotes quality outcomes by strengthening communication, identifying and solving problems, facilitating team work and providing leadership and support to empower health providers to monitor and improve their own performance. "

3.3 Execution of environmental health inspections

3.3.1 Issuance of Fitness Certificates

According to the general health regulations of 139-5(2) “Every such certificate of registration shall be issued and shall take effect from the date of issue up to and including the next succeeding 31st day of March, when it shall lapse. Any application for renewal of such certificate of registration shall be made not less than one month before the date of expiry and in accordance with sub regulation (1) of this regulation which states that no person shall carry on the business of a factory on any premises, unless he has had such premises registered in advance with the local authority for this purpose.”

3.3.2 Issuance of Condemnation Certificates

According to the Public and Environmental Health Act, 2015. No. 1 of 2015 section 48 (1) (h) An Environmental Health Practitioner may “seize food or article of food, appliance, product, material, object, substance, book, statement or document which appears to provide proof of a contravention of a provision of the Act.”

3.4 Enforcement of Environmental Health Legislation

3.4.1 Inspection guidelines and toolkits

According to the Good Practices for Regulatory Inspections: Guidelines for Reformers, 2005 “Each inspectorate should publish guidance for its inspectors in consultation with the business community on inspection procedures.”

3.4.2 Standard operating procedures on the application of product date markings

According to Good Practices for Regulatory Inspections: Guidelines for Reformers, 2005 “Each inspectorate should publish detailed, transparent and consistent procedures covering every step of the inspection process, through final resolution of problems. The procedures should be backed up by legal requirements that such procedures be complied with by all inspectors”.

3.4.3 Training for Environmental Health practitioners

According to the Food Safety Policy, 2015 “ A person shall be authorized to perform the duties of a food safety regulator if they have received relevant training from an institution recognized by the Government of Namibia and/or organized via a process approved by the Namibia Food Safety Council or its members.

The curriculum of such training shall be evaluated for suitability by the Namibia Food Safety Council, and shall include areas of food, feed, animal health, and plant health. It shall include initiatives taken at international level, notably by the World Organisation for Animal Health (OIE), the Codex Alimentarius, the International Plant Protection Convention (IPPC) and the World Trade Organisation (WTO). These institutions provide guidelines on legislation, which contribute to the smooth functioning of food markets while guaranteeing a high level of consumer protection. “

3.5 Coordination

3.5.1. Food Safety Council

According to Paragraph 19 of the Namibian Food Safety Policy, 2015 there shall be a Namibia Food Safety Council, established by an Act of Parliament. This Council shall be the central Competent Authority on all matters of food safety. This Council shall not duplicate specific food safety mandates of line ministries, but shall perform its functions according to the following terms of reference:

- a. Coordinating intervention activities on emergency food safety issues affecting several ministries. Such activities include:
 - i. National health emergency relating to food safety; and
 - ii. International food trade (import or export) concerns relating to food safety.
- b. Drafting of Acts or Regulations on food safety which affect several ministries;
- c. Maintenance of a national database and information on all food safety issues; and
- d. Official coordination of communication on all national food safety issues.

3.5.2. Coordination with the relevant stakeholders

According to Paragraph 22 of the Namibian Food Safety Policy, 2015” The Minister responsible for public health shall be the coordinator of the Competent Authority structure on all consumer food safety matters in Namibia. The Minister shall provide the secretariat for the Namibia Food Safety Council. This Secretariat shall be responsible for coordination of information on implementation of various regulations in line with the Namibia Food Safety Act.”

3.6 Monitoring, evaluation and follow-up

According to Good Practices for Regulatory Inspections: Guidelines for Reformers, 2005 “Adoption of clear performance target by the head of the inspectorate and regular consultation with stakeholders on progress in reaching the targets. Progressive construction of database that can be used to tract performance against key indicators.”

3.7 Resources

According to the Port Health Strategy, all designated ports, grounds crossings and airports in Namibia shall have at their disposal, an organized port health services with adequate staff, equipment and facilities for isolation, transportation and care of infected or suspected persons including facilities for efficient disinfection and disinsection, for the control of infectious micro-organisms.

Chapter 4: Findings

4.1 Inspection Planning

4.1.1 Food safety program targets and actuals and planning for the number of inspector per district offices

According to Paragraph 10 of the Food Safety Policy, “All food safety initiatives should be based on principles of risk assessment and prevention. This is in line with the approach 'From the Farm to the Fork', which guarantees a high level of safety for foodstuffs and food products marketed within Namibia, at all stages of the production and distribution chains. This approach involves both food products produced within Namibia and those imported from other countries.

The audit found that the Public and Environmental Health Services Division does not conduct risk assessments that informs planning for environmental health inspections. The audit also found that inspections are not targeted to high risk areas.

Furthermore, the audit found that national set targets were not achieved for the 2014/2015 and 2015/2016 financial years in respect of both Bio-Safety and Quality of Food as well as Port health services projects, as can be seen in table 4 below:

Table 4: Strategic plan milestones and outcomes

Ministry of Health and Social Services							
Environmental Health Programs							
Project	Baseline	Targets set and achieved for the review period					
		2013/14		2014/15		2015/16	
		Target	Actual	Target	Actual	Target	Actual
Bio-Safety and Quality of Food	45%	55%	64%	75%	71%	80%	79%
Port Health	0%	10%	35%	45%	36%	60%	36%

Source: Strategic plan review 2013-2017

The audit found that the reasons for the non-attainment of targets i.t.o Bio-safety and Quality of food during 2014/2015 and 2015/2016 were due to a lack of accredited food laboratories in the country, inadequate funding, staff turnover, inadequate coordination among stakeholders on sanitation and the lack of Environmental Health Practitioners in some Local Authority areas.

According to the Ministry of Health and Social Services Strategic plan review matrix for the strategic period 2013-2017, the attainment of targets in 2013/2014 were amongst others due to training of Personnel in Hazard Critical Control Point (HACCP), Food Safety, Port Health, Occupational Health and Safety. Open Defecation Strategy was finalised and is in use, Training of Health Personnel on WASH, Public Awareness on Hand washing were on going since 2008. The aforementioned initiatives contributed to the promotion of food safety in Namibia.

The audit noted through documentary reviews, that the low compliance for port health services during 2014/2015 and 2015/2016 financial years were due to a lack of infrastructure at points of entry (Isolations facilities, offices, and accommodation for staff); lack of port health officials at some points of entry; no incentives for Port Health officials at points of entry which operates more than 8 hours per day and lack of coordination among the stakeholders in the implementation of International Health Regulations, 2005.

According to the Ministry of Health and Social Services Strategic plan review matrix for the strategic period 2013-2017, the successes in terms of the level of compliance for port health services during the 2013/2014 financial year, could be attributed to the development of a National Port Health Strategy and SOPs; the appointment of health officials at major ports of entry; Port health trainings conducted; as well as the One Stop Border Post (OSBP) project initiated between the Kalahari border post and the Mamuno ground crossing in Botswana and cross border meetings held with neighboring countries. The above initiatives also contributed to the promotion of food safety in Namibia.

According to the Good Practices for Regulatory Inspections: Guidelines for Reformers, 2005 “Inspectorate tracks repeat offenders and high-risk sectors and allocates disproportionate share of inspections resources to those areas.” However, the audit found that the distribution of Environmental Health Practitioners were not rationally allocated and planned in terms of risk factors such as the size of the jurisdiction, number of establishments to be serviced and the workforce requirements in terms of rendering inspection services on a timely basis to the public as is referenced in **Annexure 2**. For some district offices such as Windhoek District Office and Lüderitz District Office only the number of food outlets are shown, while for the other district offices the aggregate of all business establishments are shown.

If the Ministry does not consider a risk based inspection approach, it could significantly hinder the attainment of the Bio-Safety and Quality of Food and Port Health objectives, because the level of non-compliance by high risk establishments may increase.

4.1.2 Food Safety historical database

According to the National Food Safety Policy, 2015 “The Namibia Food Safety Council should maintain a national database and information on all food safety issues.”

According to the Good practices for regulatory inspections: guidelines for reformers 2005, “The inspectorate should maintain a database of sufficient detail to track risks by sector and business, and targets inspections to those activities and firms where the risk is the highest.”

The audit found that the Ministry does have an information system in place, called the HIS 2000. This system has the specific purpose of gathering, recording, reporting and analyzing selected data from all government health facilities. This system is functional and was in place during the audit review period. However, the HIS 2000 system could not provide information on high-risk sectors and the businesses in those sectors, in order to target inspections to those activities and firms where the risk is the highest. Therefore it hinders the PEHSD to target inspections on high risk sectors and the activities in those sectors.

4.1.3 Planning for the supervision of Environmental Health Practitioners

According to the Ministry of Health and Social Service's supervision and supportive guideline, 2013 "Supportive supervision is a process which promotes quality outcomes by strengthening communication, identifying and solving problems, facilitating team work and providing leadership and support to empower health providers to monitor and improve their own performance."

According to the Ministry of Health and Social Services Action plan for 2013/14 the Ministry planned to conduct 4 (four) supervisory support visits. The audit found through a review of the Ministry's 2013/2014 and 2014/15 annual reports that supervisory support visits were conducted to strengthen environmental health services in the country, and various stakeholder meetings were held. However, the auditors could not be provided with information regarding the number of support visits that were conducted and in which regions. No annual plan for 2014/15 financial year was provided.

Through a review of the 2015/16 Primary Health Care Directorate annual action plan, the auditors could not determine the number of supervisory support visits that were to be conducted during that financial year. The auditors also did not receive the 2015/2016 annual report.

The effects of not having a clearly stipulated supervision plan and not executing supportive visits, include failure to:

- Confidently ascertain the quality of the inspection results;
- Fairly promote/reward and commensurate some inspectors that have shown outstanding performance;
- Have a system of rotating inspectors amongst the establishments; and
- Identify inspectors who need to undergo periodic refresher courses designed to encourage professional attitudes and maintain quality inspections.

4.2 Execution of Environmental Health Inspections

4.2.1 Issuance of Fitness Certificates

According to the general health regulations of 139-5(2) "Every such certificate of registration shall be issued and shall take effect from the date of issue up to and including the next succeeding 31st day of March, when it shall lapse. Any application for renewal of such certificate of registration shall be made not less than one month before the date of expiry and in accordance with sub regulation (1) of this regulation which states that no person shall carry on the business of a factory on any premises, unless he has had such premises registered in advance with the local authority for this purpose."

The audit found that 13 out of 13 establishments visited had valid fitness certificates. This shows that establishment owners comply with the provision of the general health regulation.

4.2.2 Issuance of Condemnation certificates

According to the Public and Environmental Health Act, 2015 (No. 1 of 2015) section 48 (1) (h), an Environmental Health Practitioner may "seize food or article of food, appliance, product, material, object, substance, book, statement or document which appears to provide proof of a contravention of a provision of the Act."

The audit found that the environmental health practitioners do condemn food items that are found to be in contravention of the Public and Environmental Health Act, 2015(Act No 1 of 2015). The table 5 below shows the extent to which the environmental health practitioners condemned food items found at food establishments that were non-compliant.

Table 5: Total number of condemnation certificates issued for the review period

District offices	Number of Condemnation certificates issued		
	2013/2014	2014/2015	2015/2016
Windhoek	9	3	11
Engela	14	2	1
Karasburg	0	7	3
Lüderitz Town Council	0	0	27
Keetmanshoop Town Council	0	5	17
Helao Nafidi Town Council	5	8	5

The common reasons for the issuance of the condemnation certificates by the EHP were as follows:

- Product expiry dates have lapsed;
- Products best before dates have lapsed;
- Food cans were dented;
- Fresh food became rotten; and
- The animal carcasses were condemned because of pericarditis (animal heart disease) or *Stilesia hepatica* (liver tapeworm).

Through observations, the auditors witnessed that the Environmental Health Inspectors confiscated food items not fit for human consumption at 3 out of the 17 establishments visited. See pictures 1-4 below:

Picture 1: Damaged jam sachets ready to be served to hospital patients. The inspectors condemned this batch prior to serving to the patients.



Source: Katutura State Referral hospital in the Khomas region during observations

Picture 2 & 3: Batch of spoilt Viennas condemned



Source: Katutura State Referral hospital in the Khomas region during observations

Picture 4: Food stored on a unhygienic dusty floor surface.



Source: Katutura State Referral hospital in the Khomas region during observations

If the environmental health practitioners conducts adequate environmental health inspections, the prevalence of non-compliance to Environmental Health Legislation would be minimal thus reducing risk to food safety in Namibia.

4.3 Enforcement of Environmental Health Legislation

4.3.1 Inspection guidelines

According to Good Practices for Regulatory Inspections: Guidelines for Reformers, 2005 “Each inspectorate should publish guidance for the inspectors, in consultation with the business community, on inspection procedures.”

The audit found that the Public and Environmental Health Services Division does not have guidelines in place that prescribes how inspections should be conducted and the required number of inspectors to service a specific jurisdiction.

The audit found through observations that 9 out of 17 (53%) establishments visited, the inspectors made use of inspection checklists. Furthermore, the auditors noted that there is no uniform/standard inspection procedure or standard inspection checklist in place. Each district office developed their own inspection checklist.

The Karasburg checklist includes a section that examines the transportation of food parcels and tests whether the establishment has a vehicle that is used for the transportation of meat only, whether the vehicle is dust tight, fly tight, the body is lined with impervious material, easily cleansable, separate rust free-containers for red and white offal respectively and whether the vehicle that transports the food is clean. This section is not part of the Windhoek and Engela district office checklists.

The Engela District office checklist does not make provision for an assessment of pest control, while in the Karasburg and Windhoek District offices checklists, such provisions are made.

The Windhoek district office checklist makes provision for the assessment of whether ready-to-eat food is displayed at room temperature for more than four hours after preparation and that food which must be kept hot after preparation are kept at 60 degrees celcius. This feature is not common in the Engela and Karasburg district office checklist.

A uniform checklist aims to achieve cut-across efficiency, quality output and uniformity of performance (in terms of the assessment of performance/compliance indicators).

Not having a uniform inspection procedure or checklist hinders the sourcing of data/information for decision making purposes and comparing the extent of compliance by the various regions. It also hinders the effectiveness of food safety administration in the country.

4.3.2 Standard Operating Procedures on the application of product date markings

According to Good Practices for Regulatory Inspections: Guidelines for Reformers, 2005 “Each inspectorate should publish detailed, transparent and consistent procedures covering every step of the inspection process, through final resolution of problems. The procedures should be backed up by legal requirements that such procedures be complied with by all inspectors.”

The audit found that the Public and Environmental Health Services Division does not have specific standard operating procedures in place that prescribes the uniform application and actions to be taken in order to successfully and uniformly deal with the product date markings such as sell-by-dates and the date of minimum durability (best before date).

An interview revealed that Best-Before products should be treated as expired products, the rationale given is that, there is no other date that the shop could use to determine whether the food product is safe for human consumption. This is contrary to the Public and Environmental Health Act, 2015 (No 1 of 2015) section 48 (1)(a) that states that the Chief Health Inspector may take and remove samples of food or article of food found in and upon the premises which appears to provide proof that the food product is not safe for human consumption.

Food with best before product dates, which have lapsed, could pose a serious health risk because the original quality of the product can no longer be guaranteed.

4.3.3 Training for inspectors

According to the Food Safety Policy, 2015 ‘ a person shall be authorized to perform the duties of a food safety regulator if they have received relevant training from an institution recognized by the government of Namibia and/or organized via a process approved by the Namibia Food Safety Council or its members.

The curriculum of such training shall be evaluated for suitability by the Namibia Food Safety Council, and shall include areas of food, feed, animal health, and plant health.

The audit found through a review of the 2013/2014 and 2014/2015 annual reports that environmental health practitioners did not receive any food safety and quality assurance training during those financial years. The auditors could not determine the number of environmental health practitioners that were trained during that period, because no training plans was provided for the period under review.

According to the 2015/16 PEHSD annual report, 28 environmental health practitioners from the Ministry of Health and Social Services and 1 (one) environmental health practitioner from the Helao Nafidi Town Council attended a training on port health services.

If the inspectors do not receive the necessary inspections training, they will be unable to conduct their duties effectively. This situation will aggravate the prevalence of non-compliance of environmental health legislation.

4.4 Coordination

4.4.1 Food Safety Council

According to Paragraph 19 of the Namibian Food Safety Policy, 2015 “there shall be a Namibia Food Safety Council, established by an Act of Parliament. This Council shall be the central Competent Authority on all matters of food safety. This Council shall not duplicate specific mandates of line ministries, but shall perform its functions according to the following terms of reference:

“Coordinating intervention activities on emergency food safety issues affecting several ministries. Such activities include:

- i. National health emergency relating to food safety; and
- ii. International food trade (import or export) concerns relating to food safety.
- b. Drafting of Acts or Regulations on food safety which affect several ministries; and
- c. Official coordination of communication on all national food safety issues.”

The audit found that the Namibian Food Safety Council was not established at the time of the audit. An interview with an official from the Public and Environmental Health Service Division revealed that the Council would be established once the Food Safety Bill is approved as the powers of the Council will be derived from the Act, once its approved and shall be the reference point for control and evaluation of food safety.

Interviews further revealed that currently the Health Services Division is not affected by the absence of the Namibian Food Safety Council, because an interim committee was established that looks into food safety issues, of which the Chief Environmental Health Practitioner is a part. The auditors were

not provided with terms of reference, minutes and reports on the activities of the interim committee at the time of the audit and could therefore not establish the effectiveness of the interim committee.

4.4.2 Coordination with relevant stakeholders

According to Paragraph 22 of the Namibian Food Safety Policy, 2015 “The Minister responsible for public health shall be the coordinator of the Competent Authority structure on all consumer food safety matters in Namibia. The Minister shall provide the secretariat for the Namibia Food Safety Council. This Secretariat shall be responsible for coordination of information on implementation of various regulations in line with the Namibia Food Safety Act.”

According to the 2013/14 Ministry of Health and Social Services action plan, 3 (three) stakeholder engagement meetings were planned. The audit noted through a review of the 2013/14 Ministry of Health and Social Services annual report that the Primary Health Care Directorate has engaged and continue engaging with different stakeholders in various ways through the implementation of the Tobacco Products acts, Ebola preparedness and response, development of food safety system, International Health Regulations, WASH program and Occupational health and safety issues, however no minutes of stakeholder meetings were provided. The auditors could also not determine whether the Directorate has achieved its planned stakeholder meeting targets, because the actual number of stakeholder engagement activities were not quantified in the annual report.

The audit could not determine the number of stakeholder engagement meetings that were planned or conducted for the 2014/15 financial year, because no annual plan was provided. However, according to a review of the 2014/15 Primary Health Care annual report the following stakeholder engagement activities were conducted:

- Conducted an Orientation workshop on Tobacco Act to the City of Windhoek and other stakeholders;
- Ad dynamic meetings conducted quarterly;
- Participated in Civil registration vital statistics with Namibia Statistics agency, Home Affairs and Immigration on birth, death, marriages and divorces in all fourteen regions;
- Participated in obesity study in four schools in Windhoek mainly: Peoples Primary School, Elim Primary School, Van Rhyn School and Olympia school;
- Participation in supportive supervision in all the regions; and
- Participated in EPI planning and report writing meetings.

According to the 2015/16 Primary Health Care Directorate annual plan, two stakeholder engagement meetings were planned. However, the audit could not determine the number of stakeholder engagement activities that took place, because no annual report was provided.

The audit noted the following challenges experienced by the Primary Health Care Directorate in terms of coordination with food safety stakeholders:

- No reporting relationships between the MoHSS and Local Authorities;
- Non sharing of inspection results between the relevant stakeholders;
- Poor attendance to stakeholder meetings;
- The non-existence of the Food Safety Council and the Food Safety Council Secretariat; and
- Lack of focal person for food hygiene services.

If the coordination amongst the food safety stakeholders in Namibia is inadequate, emergency food safety issues affecting several Ministries may not be addressed.

4.5 Monitoring, evaluation and follow-up

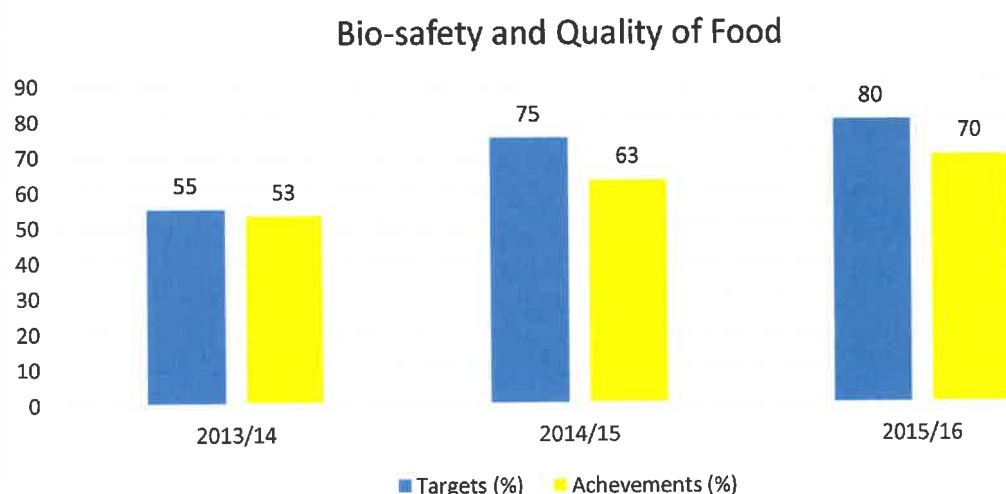
According to Good Practices for Regulatory Inspections: Guidelines for Reformers, 2005 “Adoption of clear performance target by the head of the inspectorate and regular consultation with stakeholders on progress in reaching the targets. Progressive construction of database that can be used to tract performance against key indicators.”

According to the 2015/16 Annual report, the Ministry of Health and Social Services conducted supervisory and support visits to strengthen environmental health service in the country. However, no documents were presented to the auditors pertaining to supervisory and support visits that took place during the 2013/2014 and 2014/2015 financial years.

Interviews with officials from Public and Environmental Health Services Division stated that the monitoring and evaluation of food inspections are conducted on a quarterly basis through a strategic plan review.

According to the strategic plan review of 2013-2016, the Bio Safety and Quality of food program’s achievement rate was above 80% for each year under review. See figure 1 below:

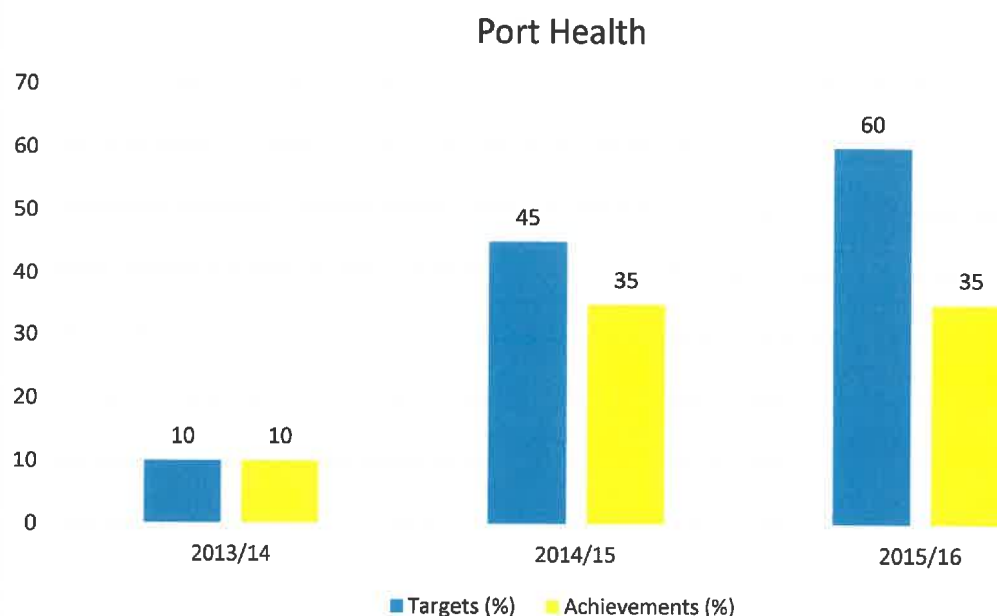
Figure 1: Bio Safety and Quality of Food set and achieved targets for the three financial years under review



Source: Strategic Plan Review for the review period

The Port health program’s achievement rate fluctuated between 35% and 100%. See figure 2 below:

Figure 2: Port health set and achieved targets for review period



Source: Strategic Plan Review for the review period

According to the strategic plan review, the following challenges were identified within the Bio safety and Port Health program for the year under review:

(i) *Bio Safety and Quality Food program although an 80% rate was achieved faced the following challenges:*

- Lack of the regulation for Public and Environmental Health Act;
- Lack of accredited food laboratories in the country;
- Inadequate funding;
- Staff turnover; and
- Lack of Environmental Health Practitioners in some local Authorities.

(ii) *Port Health program remains low as there is a:*

- Lack of Infrastructures at points of entry (Isolations facilities, offices, and accommodation for staffs); Lack of port health officials at some points of entry;
- No incentives for Port Health officials at points of entry which operates more than 8 hours per day;
- Lack of coordination among the stakeholders in the implementation of the IHR, 2005.

4.6 Resources

According to the Port Health Strategy, all designated ports, ground crossings and airports in Namibia shall have at their disposal, an organized port health service with adequate staff, equipment and

facilities for isolation, transportation and care of infected or suspected persons including facilities for efficient disinfection and disinsection, for the control of infectious micro-organisms.

Inspection tools

The Port Health Strategy indicated that staff at designated ports, grounds crossings and airports in Namibia are expected to ensure that Government set regulations and standards are maintained. In order to do so, they require highly accurate instruments that give quick results and simple to use with easy to understand instructions.

The audit found that a standard inspection tool kit contains the following equipment:

- Inspection Checklist;
- Personal protective clothes;
- Knives;
- Thermometer;
- Hooks;
- Oil testers;
- Sampling equipment; and
- Coolbox.

The audit found that all visited District Offices and Local Authorities do conduct environmental health inspections to ensure compliance, however the offices lacked the required inspection toolkits to help the Public and Environmental Health Division enhance their operations, enforce environmental health legislation and better meet its operational responsibilities effectively as indicated below:

Table 6: District offices with and without inspection tools

District Office/Local Authority	Having the required inspection tools	Not having the required inspection tools
Khomas district		X
City of Windhoek	X	
Luderitz district		X
Karasburg district		X
Engela district		X
Helao Nafidi Town Council		X

Source: Observations carried out during fieldwork

From the physical observations during the inspections, it was found that five out of six offices lacked the required inspection tools. Furthermore, during physical observations, the audit team noticed that the food inspectors had no inspection tools of their own to some extent where the inspectors depend on the tools availed by the owners of the inspected processing plants.

The use of tools availed by owners may compromise the results due to uncertainty of the calibrations and could lead to conflict of interest. The absence of food inspection tools may reduce efficiency and the Ministry of Health and Social Services will not be able to adequately enforce environmental health legislation.

Human Resources

The audit noted that the staff establishment is almost completely filled with just one EHPA vacancy in the Lüderitz District office. However, the district offices do not conduct environmental health inspections at all business establishments as per the requirements of the General Health Regulations.

If food establishments are not inspected on a regular basis, the Ministry of Health and Social Services will be unable to ensure that safe food is provided to the public.

Infrastructure at Ports of entry

According to physical observations and interviews, the visited ports of entry did not have health officers at the time of the audit.

This could pose a risk that food products entering the ports of entry without being inspected. The audit noted that the reason there are no port health officials stationed at the ports of entry was due to a lack of infrastructure such as office space and staff accommodation.

Interviews informed the auditors that the Environmental Health Services Division is busy deploying health officers at each point of entry, starting with the high-risk areas considering disease movement.

If the ports of entry are not adequately resourced in terms of manpower and infrastructure, the country runs the risk of allowing uninspected food products into the country. This could significantly affect the status of public environmental health in the country.

5. CONCLUSIONS

The audit concluded that the Ministry of Health and Social Services through the Public and Environmental Health Services Division is not adequately planning, conducting, monitoring and evaluating food inspections and coordinating with the relevant stakeholders to ensure food safety for all consumers in Namibia and provide sufficient food safety guarantees on all food products traded nationally or exported to other countries.

5.1 Inspection planning

5.1.1 Food safety program targets and actuals and planning for the number of environmental health practitioners per district

The audit concluded that the PEHSD do not conduct risk assessments that informed planning for environmental health inspections, in that no high-risk areas are identified. Also, the distribution of Environmental Health Practitioners are not rationally allocated/planned in terms of risk factors, such as the size of the jurisdiction, number of establishments to be serviced and the workforce requirements in terms of rendering inspection services on a timely basis.

5.1.2 Food safety historical databases that informs planning

The audit concluded that the PEHSD do not set up historical databases that specifically identified high-risk sectors and the businesses in those sectors, in order to target inspections to those activities and firms where the risk is highest.

5.1.3 Planning for the supervision of environmental health practitioners

The audit concluded that the PEHSD do not adequately plan for the supervision of Environmental Health Practitioners in order to ensure that environmental health inspections are conducted in accordance with environmental health legislation.

5.2 Execution of environmental health inspections

5.2.1 Issuance of condemnation certificates

The audit concluded that the prevalence of non-compliance to environmental legislation is still persistent. This in turns prompts the environmental health practitioners to issue condemnation certificates for non-compliance.

5.2.2 Enforcement of environmental health legislation

The audit concluded that the PEHSD do not have standard operating procedures in place as to ensure that date markings are dealt with consistently and inspections are conducted uniformly in the enforcement of environmental legislation.

5.2.3 Training of environmental health practitioners

The audit concluded that the PEHSD do not provide adequate training to environmental health practitioners in order to effectively discharge their duties.

5.3 Coordination

5.3.1 Food Safety Council

The audit concluded that the Food Safety Council has not been established as per the requirements of the food safety policy.

5.3.2 Coordination with relevant stakeholders

The audit concluded that the Ministry of Health and Social Services is inadequately coordinating with the relevant food safety stakeholders to ensure that emergency food safety issues affecting the public are addressed on a timely basis, to reduce food safety risks.

5.4 Resources

The audit concluded that the PEHSD is not adequately resourced in terms of having the necessary environmental health inspection tools, infrastructure and staff in order to effectively execute their mandate and to enforce environmental health legislation.

6. RECOMMENDATIONS

The Ministry of Health and Social Services through the Health Services Division should ensure that adequate planning, conducting, monitoring and evaluating food inspections and coordinating with the relevant stakeholders are carried out to ensure food safety for all consumers in the Namibia and provide sufficient food safety guarantees on all food products traded nationally or exported to other countries.

6.1 Inspection planning

6.1.1 Food safety program targets and actuals and planning for the number of environmental health practitioners per district.

The PEHSD should ensure that adequate risk assessments are conducted to inform planning. The PEHSD should ensure that the distribution of environmental health practitioners are rationally distributed in order to ensure that factors such as the size of the jurisdiction, number of establishments to be serviced and the workforce requirements are taken into consideration.

6.1.2 Food safety historical databases that informs planning

The PEHSD should ensure that historical databases that specifically identify high risk sectors are set up and maintained in order to target activities to business and firms where risks are highest.

6.1.3 Planning for the supervision of Environmental Health inspections

The PEHSD should adequately plan for the supervision of environmental health practitioners in order to ensure that environmental health inspections are conducted in accordance with environmental legislation.

6.2 Execution of environmental health inspections

6.2.1 Issuance of condemnation certificates

The PEHSD should ensure that adequate environmental health inspections are carried out to ensure that food establishments comply with the provisions of environmental legislation.

6.2.2 Enforcement of environmental health legislation

The PEHSD should ensure that standard operating procedures are put in place to ensure that date markings are dealt with consistently and inspections are conducted uniformly in the enforcement of environmental legislation.

6.2.3 Training of environmental health practitioners

The PEHSD should ensure that training is adequately planned, budgeted and provided to the environmental health practitioners in order to effectively discharge their duties.

6.3 Coordination

6.3.1 Food Safety Council

The Ministry of Health and Social Services should finalize and implement the draft Food Safety Bill in order to facilitate the establishment of the food safety council.

6.3.2 Coordination with relevant stakeholders

The Ministry of Health should ensure that there is adequate coordination with the relevant food safety stakeholders to ensure that emergency food safety issues affecting the public are addressed on a timely basis, to reduce food safety risks.

6.4 Resources

The Ministry of health and social services should ensure that the PEHSD is adequately resourced in terms of environmental health inspection tool kits, staff and infrastructure at ports of entry, in order to effectively execute its mandate.

Appendices

Annexure 1: Audit/Assessment Criteria

Audit Question 1

- 1.1 According to Paragraph 10 of the food safety policy, All food safety initiatives should be based on “principles of risk assessment and prevention. This is in line with the approach ‘From the Farm to the Fork’, which guarantees a high level of safety for foodstuffs and food products marketed within Namibia, at all stages of the production and distribution chains. This approach involves both food products produced within Namibia and those imported from other countries.”
- 1.2 According to Paragraph 19 of the National Food Safety Policy, 2015 “The Namibia Food Safety Council should maintain a national database and information on all food safety issues”
- 1.3 According to the Good Practices for Regulatory Inspections: Guidelines for Reformers, 2005 “The inspectorate maintains databases of sufficient detail to track risks by sector and business, and targets inspections to those activities and firms where risks are highest (Risk Based Approach).”
- 1.4 According to the Good Practices for Regulatory Inspections: Guidelines for Reformers, 2005 “Inspectorate tracks repeat offenders and high-risk sectors (maintains an approximate database, not a “scientific” one), and allocates disproportionate share of inspections resources to those areas.”

According to Paragraph 37 of the food safety policy, 2015 “where non-compliance is ascertained during official controls, the competent authority concerned must take appropriate measures taking into account the nature of the non-compliance and the operator's past record with regard to non-compliance. This may involve administrative measures (withdrawal from the market or destruction of a product, closure of a business or suspension of an establishment's approved status, etc.) or penalties. These penalties must be effective, proportionate and dissuasive.”

According to Paragraph 40 of the Food Safety Policy, 2015 “When official controls reveal non-compliance with regulations, the extra costs that result from more intensive controls must be borne by the feed and food business operator concerned.”

Question 2

- 2.1 According to the Good Practices for Regulatory Inspections: Guidelines for Reformers, 2005 “Each inspectorate should publish detailed, transparent and consistent procedures covering every step of the inspection process, through final resolution of problems. The procedures should be backed up by legal requirements that such procedures be complied with by all inspectors.”

2.2 According to the Good Practices for Regulatory Inspections: Guidelines for Reformers, 2005 “Each inspectorate should publish detailed, transparent and consistent procedures covering every step of the inspection process, through final resolution of problems. The procedures should be backed up by legal requirements that such procedures be complied with by all inspectors.”

2.3 According to Paragraph 34&35 of the Food Safety Policy, 2015 “ A person shall be authorized to perform the duties of a food safety regulator if they have received relevant training from an institution recognized by the Government of Namibia and/or organized via a process approved by the Namibia Food Safety Council or its members.

The curriculum of such training shall be evaluated for suitability by the Namibia Food Safety Council, and shall include areas of food, feed, animal health, and plant health. It shall include initiatives taken at international level, notably by the World Organisation for Animal Health (OIE), the Codex Alimentarius, the International Plant Protection Convention (IPPC) and the World Trade Organisation (WTO). These institutions provide guidelines on legislation which contribute to the smooth functioning of food markets while guaranteeing a high level of consumer protection. “

2.4 According to Paragraph 37 of the Namibia Food Safety Policy, 2015 “Where non-compliance is ascertained during official controls, the competent authority concerned must take appropriate measures taking into account the nature of the non-compliance and the operator's past record with regard to non-compliance. This may involve administrative measures (withdrawal from the market or destruction of a product, closure of a business or suspension of an establishment's approved status, etc.) or penalties. These penalties must be effective, proportionate and dissuasive.”

Question 3

3.1 According to Paragraph 22 of the Namibian Food Safety Policy, 2015” The Minister responsible for public health shall be the coordinator of the Competent Authority structure on all consumer food safety matters in Namibia. The minister shall provide the secretariat for the Namibia Food Safety Council. This Secretariat shall be responsible for coordination of information on implementation various regulations in line with the Namibia Food Safety Act.”

According to Paragraph 19 of the Namibian Food Safety Policy, 2015 there shall be a Namibia Food Safety Council, established by an Act of Parliament. This Council shall be the central Competent Authority on all matters of food safety. This Council shall not duplicate specific mandates of line ministries as outlined above, but shall perform its functions according to the following terms of reference:

- d. Coordinating intervention activities on emergency food safety issues affecting several ministries. Such activities include:
 - i. National health emergency relating to food safety; and

- ii. International food trade (import or export) concerns relating to food safety.
- b. Drafting of Acts or Regulations on food safety which affect several ministries;
- c. Maintenance of a national database and information on all food safety issues; and
- d. Official coordination of communication on all national food safety issues.

3.2 According to Paragraph 12 of the National Food Safety Policy, 2015 “A national coordination mechanism on all aspects of food safety should be defined, thereby removing duplications, by key government ministries involved and hence promoting effective coordination and efficiency.”

Question 4

According to Paragraph 24 of the Food Safety Policy, 2015 an established framework for controlling and monitoring the production, prevention and management of food safety risks must be in place.

According to the Port Health Strategy, the Ministry should monitor and evaluate Port Health Services and give recommendations thereto.

According to the requirements of ISO 9001:2008 on Quality Management Systems, managing for inspection results requires the (PEHSD) to establish performance objectives, develop indicators to measure performance, prepare an annual work plan, and schedule specific inspections, monitor performance against the objectives, and act when performance lags behind the specific objectives established for the particular year.

Question 5

According to the Port Health Strategy, all designated ports, grounds crossings and airports in Namibia shall have at their disposal, an organized port health services with adequate staff, equipment and facilities for isolation, transportation and care of infected or suspected persons including facilities for efficient disinfection and disinsection, for the control of infectious microorganisms.

Annexure 2:

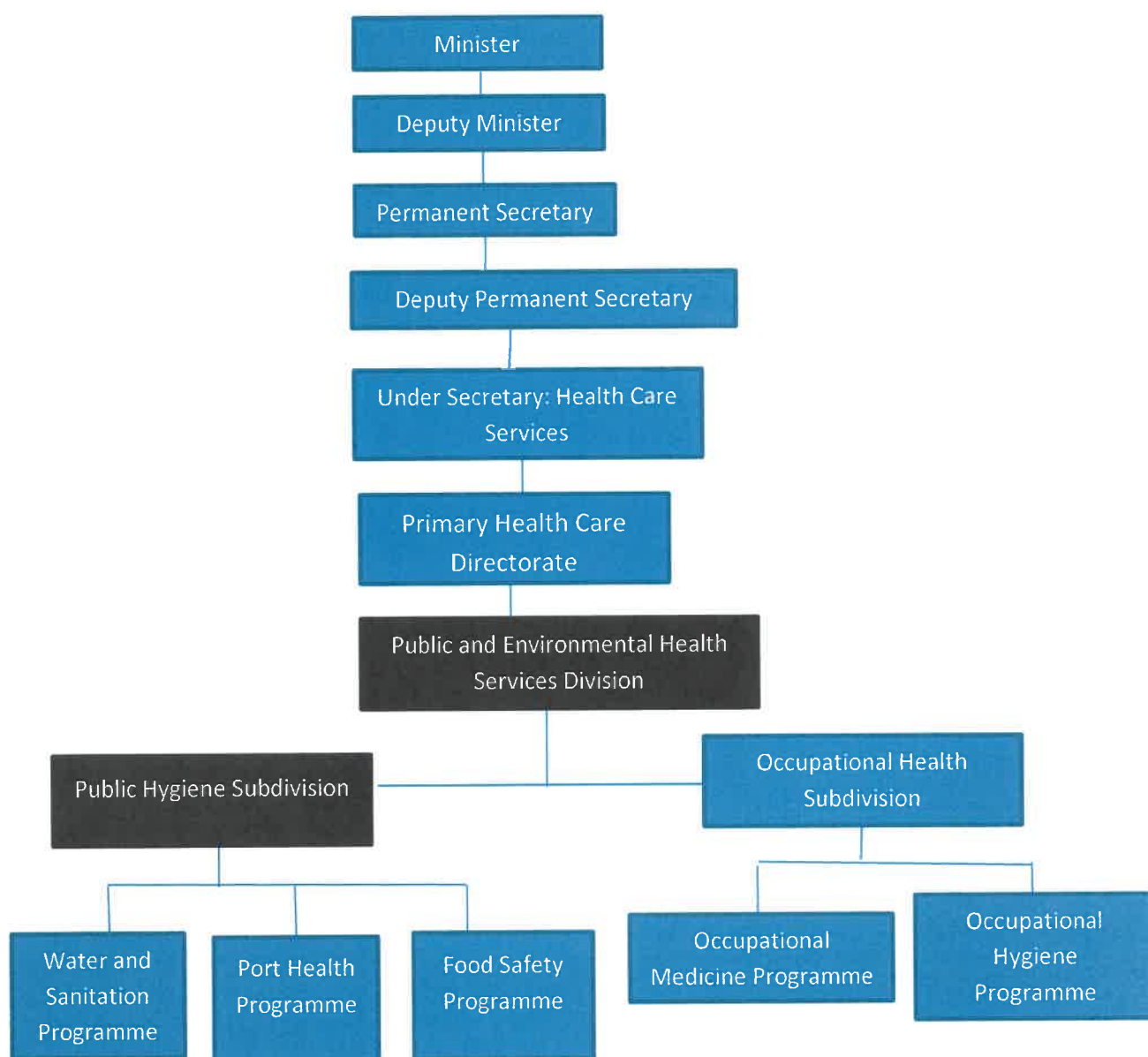
Relationship between number of inspectors, number of establishments and the Size of the inspection jurisdiction

Ministry of Health District Office/ Local Authorities	Number of Inspectors including port health services			Number of Establishments			Size of Jurisdiction
	2013/14	2014/15	2015/16	2013/14	2014/15	2015/16	
Windhoek District office	1 EHP	1 EHP	1 EHP	70	82	89	Entire Khomas region
	2 EHPA	2 EHPA	2 EHPA				
Karasburg District Office	1 EHP	1 EHP	1 EHP	104	106	114	Noordoewer, Ariamsvlei Aroab areas Velloorsdrift 102 km from Karasburg
Lüderitz District Office	1 EHP	2 EHP	1 EHP	88	88	88	Lüderitz
	1 EHPA	1 EHPA	1 EHPA				Rosh pinah Oranjemund
Engela District Office	2 EHP	2 EHP	2 EHP	443	478	238	70% of the Ohangwena region
City of Windhoek	-	-	-	6293	7424	6035	Windhoek municipal area
Helao Nafidi Town Council	-	-		-	-	-	Helao Nafidi local authority area
Lüderitz Town Council	2 EHP	1 EHP	1 EHP	215	214	202	Lüderitz local authority area

Ministry of Health District Office/ Local Authorities	Number of Inspectors including port health services				Number of Establishments			Size of Jurisdiction
	2013/14	2014/15	2015/16		2013/14	2014/15	2015/16	
Keetmanshoop Town Council	1 EHP	1 EHP	1 EHP		364	403	406	Keetmanshoop local authority area

Annexure 3: Organizational Structure

The following figure illustrates the organizational structure of the Public and Environmental Services Division under the Primary Health Care Directorate, within the Ministry of Health and Social Services.



Source: Ministry of Health and Social Services organizational structure

