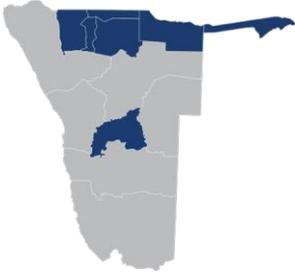


Namibia PY4 Summary & Results



Geographic Implementation Areas

Regions

- 8/14 (57%)—Kavango East, Kavango West, Zambezi, Ohangwena, Omusati, Oshana, Oshikoto, and Khomas

Districts:

- 19/34 (56%)

Facilities:

- 187/269 (70%)

Communities:

- 2,911

Population

Country

- 2,113,077

MCSP-supported areas

- 1,628,712

Technical Areas



Program Dates

August 1, 2014–September 30, 2018

Cumulative Spending through End of PY4

Demographic and Health Indicators

Indicator	# OF %
MMR (per 100,000 live births)	385
NMR (per 1,000 live births)	39
USMR (per 1,000 live births)	54
HIV prevalence (15–49 years)	14.0%
TFR (births per woman)	3.6
CPR	50.2%
ANC 4+	63%
SBA	88%
Pneumonia (care seeking for ARI)	68%
ORT (children < 5 with diarrhea receiving ORS/ home-recommended fluids)	77.5%

Source: Namibia Demographic and Health Survey (2013). Retrieved from <https://dhsprogram.com/pubs/pdf/FR298/FR298.pdf>.

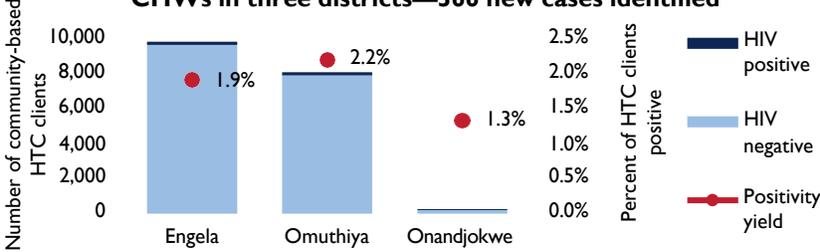
Strategic Objectives

- Increase the coverage of Namibian communities with an integrated package of primary health care/HIV/TB services through the national CHW program.
- Increase access to and quality of integrated HIV/sexual and reproductive health services for vulnerable populations, including adolescents and young women.
- Improve the capacity at health facility, district, and national levels to implement the new HIS.
- Improve the quality of nutrition assessment, counseling, and support (NACS) and WASH interventions at the community and health facility levels in priority regions through retraining and supportive follow-up to health care workers.

Key Accomplishment Highlights

- MCSP supported the Namibia Planned Parenthood Association to provide comprehensive HIV services to 59,018 Namibians, mostly adolescents and young women; initiate treatment with 319 HIV-positive clients; and enroll 369 clients on pre-exposure prophylaxis (PrEP).
- MCSP's support strengthened CHW program planning, monitoring, supervision, and training to ensure efficient, effective, and sustainable HIV, TB, and primary care services in nearly 3,000 hard-to-reach communities.
- MCSP helped Ministry of Health and Social Services create and sustain ownership of a national Master Facility List, which contains information on 586 health facilities and serves as a core component of an interoperable Namibian HIS.

Figure 1. Results of 18,259 HIV tests conducted by 138 CHWs in three districts—366 new cases identified



District	Number of community-based HTC clients	Percent of HTC clients positive
Engela	8,000	1.9%
Omuthiya	8,000	2.2%
Onandjokwe	1,000	1.3%

Source: MCSP Namibia program monitoring data (July 2016–June 2018).

Namibia

Key Accomplishments

Since 2014, MCSP has supported Namibia's Ministry of Health and Social Services to strengthen the continuum of care from households and communities to health facilities by strengthening and institutionalizing the CHW cadre and the national CHW program; increasing access to and uptake of comprehensive, youth-friendly HIV services by priority populations; strengthening programmatic commitment to and emphasis on reaching and supporting young people with HIV services; and increasing program efficiencies through innovation and greater integration of existing HIV/TB and RMNCAH services, including focuses on nutrition and WASH. MCSP also supports the Ministry of Health and Social Services/Health Information and Research Directorate in the strategic enhancement and integration of the country's fragmented HIS, and in improving data quality and effective and strategic use of data for decision-making at all levels.

National CHW Program

Since PY1, MCSP has provided technical assistance to the Ministry of Health and Social Services for the CHW program in seven regions to increase access to an integrated package of primary health care services, including HIV testing and TB screening, and to improve the quality of the package through strengthened supervision, mentoring, and knowledge sharing among CHWs and ministry staff in the districts and regions. The 2,298 CHWs currently deployed reach over 343,000 households, many in hard-to-reach areas, with this integrated package of primary health care, HIV, and TB services.

Between July 2016 and June 2018, MCSP supported the Ministry of Health and Social Services to introduce community-based HIV testing and counseling (HTC) through the CHW program platform with 258 CHWs in six districts trained through MCSP to provide safe, professional, and accurate HTC services, including index partner tracing, at the household level. Despite a national shortage of the buffer needed to confirm positive cases, 4,543 individuals were tested for HIV by CHWs in PY4 Q1–Q3, and 90 newly diagnosed HIV-positive clients were identified (a 2% HIV positivity rate). MCSP developed CHW-specific, community-based HTC training and related job aids, quality assurance frameworks, and M&E systems in preparation for integration of community-based HTC into the CHW program curriculum.

Throughout PY4, MCSP continued to support the Ministry of Health and Social Services to strengthen CHW program performance and management through supportive supervision for CHWs and coordination with districts and regions to plan and monitor CHW program implementation. MCSP continued to support the ministry to test a peer mentorship approach to strengthen program implementation and reporting in one district in Kavango East. MCSP also supported community-based HTC supervisor training in districts rolling out community-based HTC. In Q3, the final quarter for CHW program activities under MCSP, MCSP conducted community-based HTC transition activities in Okongo, Eenhana, and Engela districts, and program handover meetings in all seven MCSP-supported regions, ensuring that MCSP program activities are integrated into the primary health care agenda, and that all community-based HTC tools and standard operating procedures are being used by the ministry. MCSP also supported the ministry to host a CHW program national steering committee meeting focused on reviewing MCSP's contributions, lessons learned, and recommendations on the way forward for the CHW program, including scale-up of successful approaches, such as community-based HTC and enhanced nutrition and WASH activities.

HIV/Sexual and Reproductive Health Services

Since PY1, MCSP has worked closely with the Namibia Planned Parenthood Association to build the foundation for quality clinical service delivery at its seven clinics, offering a comprehensive and integrated HIV package to adolescents and young people. Namibia Planned Parenthood Association providers and staff members have been trained in opt-out, provider-initiated testing and counseling as part of the standard client registration process; HIV testing services (HTS) database management; adolescent-friendly service provision; drug adherence support; and data quality monitoring.

In PY4, MCSP increased linkages to care for those clients testing HIV-positive; integrated nurse-initiated and managed antiretroviral treatment; and maintained quality antiretroviral therapy and PrEP services at five Namibia Planned Parenthood Association clinics primarily serving adolescent girls and young women. MCSP supported the association in PY4 to provide targeted HTS using index partner tracing at four priority clinics to increase case finding among adolescents and young people. In PY4, the association provided testing to 17,789 individuals, with 467 newly diagnosed with HIV, initiated 319 clients on HIV treatment, and enrolled 369 at-risk clients on PrEP (68% of new PrEP clients were under 25 years old). In PY4 Q4, 100% of newly diagnosed clients were successfully linked to care in six of seven facilities (Katima Mulilo linked 96%). These efforts have increased HIV testing volume and positive case finding at Namibia Planned Parenthood Association facilities. To provide comprehensive care with a focus on adolescents, including adolescent girls and young women, MCSP supported the training of registered nurses at four association clinics in CECAP and detection, treatment of early precancerous lesions, and referral of suspicious lesions.

As part of Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe (DREAMS)-funded efforts to reduce HIV transmission among adolescents and young people, MCSP supported the Namibia Planned Parenthood Association to hire registered nurses, clinic assistants, community-based reproductive health agents, and peer educators for two new clinic sites; new clinics in Onanjokwe and Omuthiya have been at full-scale operation since July 2018. MCSP trained and mentored Namibia Planned Parenthood Association DREAMS staff on youth-friendly services, GBV, PrEP, and provider-initiated testing and counseling, and to enter data into the REDCap-based M&E system used by all DREAMS partners.

Strategic Information/HIS

Since PY1, MCSP has provided technical capacity-building and organizational development support to the Ministry of Health and Social Services/Health Information and Research Directorate and the HIS TWG to strengthen their leadership, management, and stakeholder coordination, and to ensure that quality data generated at the community level is available at all levels of the system. Since the beginning of the program, MCSP has supported the ministry/CHW program and Namibia Planned Parenthood Association to conduct data QI activities quarterly data verification visits have shown that there has been an improvement in the quality of data reported on a monthly basis. In PY3 and PY4, M&E strengthening activities for the CHW program included supportive supervision, data verification, and monthly report monitoring at the sites implementing community-based HTC in Engela and Omuthiya districts, enabling the program to measure achievements in HIV testing and referral in the pilot areas.

As a step toward a more harmonized, interoperable national HIS capable of improving the availability, quality, and use of key data for decision-making, MCSP developed and deployed a standardized master facility list in PY3 for use by all HIS component systems. To ensure continued use and maintenance of the national master facility list, in PY4 MCSP oriented ministry and directorate staff on resource documents that will be used to advance the site and train future developers, data managers, and users. The ministry is already using the 582 unique health facility identifiers from the master facility list to reduce duplication across the health system, map infrastructure and services, and enable data sharing and interoperability between systems.

Health Impacts from Drought

In PY3 and PY4, MCSP worked with a consortium of partners to mitigate the negative impact of the drought on HIV and the CHW program in Namibia. MCSP's role was to support the Ministry of Health and Social Services' Primary Health Care Directorate, nutrition and WASH divisions, and the CHW program national steering committee to improve NACS; referrals for acute malnutrition; and WASH promotion by facility-based health care workers and community-based CHWs in six priority regions. In PY4 Q1–Q2, MCSP supported the ministry to train and provide supportive supervision to 678 CHWs and 127 health facilities in 13 districts. This enabled assessment of over 158,000 individuals for malnutrition and, if malnutrition was found to be severe, referral of those individuals to health facilities for therapeutic food treatment. In addition, over 156,000 individuals received health promotion information and education on drinking safe water and basic sanitation.

In PY4 Q2, the final quarter of drought mitigation-funded activities, MCSP supported the ministry to integrate NACS and WASH activities into the primary health care umbrella of care, ensuring continuation of these enhanced efforts. MCSP also successfully advocated for the revision of standard health facility stock cards to include ready-to-use therapeutic and supplemental foods so that these commodities are routinely ordered, monitored, and available. Finally, MCSP supported the ministry to add NACS indicators to health facility M&E tools and orient 14 regions on the new tools. Now, and for the first time, facility-level NACS data are integrated into the ministry’s routine reporting structures and are available through the national DHIS2.

Way Forward

In Namibia, MCSP activities transitioned in phases in PY4, with drought activities ending in Q2, CHW program and community-based HTC activities ending in Q3, and Namibia Planned Parenthood Association and DREAMS activities ending in Q4. To ensure the sustainability of successful approaches, the team held comprehensive handover meetings with partners, the Ministry of Health and Social Services, and association staff at facility, district, regional, and national levels using existing platforms, such as the regional and national CHW program steering committee. During these meetings, MCSP shared tools, guides, and lessons learned, and reflected on the legacy of the US President’s Emergency Plan for AIDS Relief’s contributions to Namibia’s 90-90-90 goals.

Activities over the life of the project have contributed to significant progress in US President’s Emergency Plan for AIDS Relief priority regions to achieve high rates of targeted HTC, including continued use of index partner tracing, specific HIV prevention to high-risk individuals through PrEP, and active linkages to and retention in care through both CHW program and the Namibia Planned Parenthood Association. By strengthening the CHW program overall, MCSP and the Ministry of Health and Social Services demonstrated that the platform can successfully deliver integrated primary health care, HIV, and social services to vulnerable, hard-to-reach populations. By building the capacity of providers to offer quality, adolescent-friendly HTC and to introduce antiretroviral therapy and PrEP services, the association improved linkages to care and expanded access to effective prevention options for an age group (10–24 years old) that is sexually active and has a higher-than-average HIV prevalence rate. By improving the availability, quality, and interoperability of data, health care providers and decision-makers can use data for appropriate planning, care, and decision-making at community, health facility, district, and regional levels. In all activities, MCSP strengthened the capacity of regional and district health teams to implement community- and facility-based interventions that contribute to further reductions in maternal, infant, and child morbidity and mortality in Namibia.

Selected Performance Indicators for PY4	
MCSP Global or Country PMP Indicators	Achievement
Number of individuals from priority populations who completed a standardized HIV prevention intervention during the reporting period	73,024 (target: 58,407, >100% achieved)
Number of individuals who received HTC services for HIV and received their test results	22,332 (target: 24,000, 93% achieved) ¹
Number of individuals who received HTC services for HIV and received positive test results	557 (target: 2,000, 28% achieved) ¹
Number of adults and children newly enrolled on antiretroviral therapy	319 (500, 64% achieved) ¹
Number of individuals who have been newly enrolled on oral antiretroviral PrEP to prevent HIV infection	369 (target: 200, >100% achieved)
Number of individuals who were nutritionally assessed via anthropometric measurement	158,354 (no target)
Proportion of clinically undernourished individuals who received therapeutic or supplementary food	1,552 (no target)

Selected Performance Indicators for PY4	
MCSP Global or Country PMP Indicators	Achievement
Number of people who received health promotion (education) on drinking safe water	56,767 (no target)
Number of people who received health promotion (education) on basic sanitation services	99,810 (no target)
Number of people trained through US Government-supported programs	134

[1] Frequent and lengthy stock-outs of HIV test kits due to changes in the testing algorithm presented challenges for HTC activities nationwide and to the project in reaching targets. Limited test kit stock led to some facilities prioritizing disbursement of test kits for facility-based testing, which affected testing rates and access to community-based testing, as well as enrollment of new clients on treatment.