

Namibia Health Facility Census (NHFC) 2009



Survey Methodology & Overview of
Namibia Health System

The 2009 Namibia Health Facility Census (NHFC) was implemented by the Directorate of Special Programmes (HIV/AIDS/TB/MALARIA) in the Ministry of Health and Social Services (MoHSS).

The census received technical support from ICF Macro under the MEASURE DHS project.

Financial support for the census was received from the United States Agency for International Development, Global Fund, Government of the Republic of Namibia and World Health Organisation.



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The Global Fund – To Fight
AIDS, Tuberculosis, and Malaria



**World Health
Organization**

Objectives

The major objectives of the 2009 NFC were to:

- Describe how prepared facilities are to provide quality reproductive and child health services as well as services for some infectious diseases (HIV/AIDS, STIs, malaria, and TB).
- Provide a comprehensive body of information on the performance of the full range of public and private health care facilities that provide reproductive, child health, and HIV/AIDS services.
- Help identify strengths and weaknesses in the delivery of reproductive, child health, and HIV/AIDS services at health care facilities, producing information that can be used to better target service delivery improvement interventions and to improve ongoing supervisory systems.

Objectives

The major objectives of the 2009 NFC were to:

- Describe the processes used in providing child, maternal, and reproductive health services and the extent to which accepted standards for quality service provision are followed.
- Provide information for periodically monitoring progress in improving the delivery of reproductive, child health, and HIV/AIDS services at Namibian health facilities.
- Provide baseline information on the capacity of health facilities to provide basic and advanced HIV/AIDS care and support services, and on the recordkeeping systems in place for monitoring HIV/AIDS preventive, diagnostic, care, and support services.

HEALTH SYSTEM IN NAMIBIA

Progress

- The total fertility rate (TFR) has decreased from an average of 4.2 children per woman in 2000 to 3.6 in 2006-07.
- Almost half (46%) of all women are using a modern method of contraception.
- 81% of births occur in health facilities.
- Half of Namibian women and one-third of men have ever been tested for HIV and received the results.
- Over half (52%) of children age 6-59 months were given vitamin A supplements in the past six months.

(Statistics from 2000 and 2006-07 Namibia Demographic & Health Surveys)

Policies and Strategies

- Namibia Vision 2030- advocates health for all
- Medium-term Expenditure Framework 2008/09-2010/11:
 - Additional resources for ambulances and outreach services;
 - Funding to prevent and treat HIV/AIDS
- Health Sector Strategic Plan:
 - Goal: to increase life expectancy from 49 to 55 years by 2013.

Policies and Strategies

- HIV/AIDS:
 - Provider-initiated HIV testing and Voluntary Counselling and Testing (VCT)
 - 2002- PMTCT started in Oshakati Hospital and Katatura State Hospital; currently PMTCT services have been rolled out in 206 health facilities.
 - HIV Prevention: government provides condoms, social marketing for condoms

Policies and Strategies

- Malaria:
 - Malaria vector control programs
 - Artemisinin-based combination therapy (ACT)
 - Call to eliminate malaria in Namibia

Organization of the Health System

- Primary Health Care (PHC) approach
- Regional directorates:
 - 13 Regional Management Teams
 - Public Health services provided through all district hospitals, health centres, and clinics.
 - 3 intermediate hospitals, 1 national referral hospital
 - Outreach services provided throughout the country

Organization of the Health System: Public Health Sector

- Universal coverage;
- Financed through general taxation
- 3 tiers (central, regional, and district)
- 1 national hospital, 3 intermediate hospitals, 30 district hospitals, 44 health centers, 265 clinics
- Outreach services
- Secondary and curative services
- Medical scheme for civil servants (Public Service Medical Aid Scheme)

Organization of the Health System: Private Health Sector

- NGOs financed by external aid delivery community-based health care; churches manage mission facilities
- For-Profit Sector plays 3 roles:
 - Financing- employers contribute to coverage of insurance
 - Risk pooling- medical scheme available
 - Service providers- 844 private health care facilities registered with the MoHSS including hospitals, primary care clinics, health centers, pharmacies, medical practitioners.

**2009 NHFC
Survey Methodology**

Contents of the 2009 NHFC

- Facility Level Infrastructure
- Child Health
- Family Planning
- Maternal Health
- Infectious Diseases including sexually transmitted infections, tuberculosis, malaria and HIV/AIDS

Questionnaires

- Developed by MEASURE DHS project
- Adapted with technical specialists from the MoHSS, NGOs, and other key stakeholders
- Two-phase pretest between February 16 and May 3, 2009.

Data Collection Tools

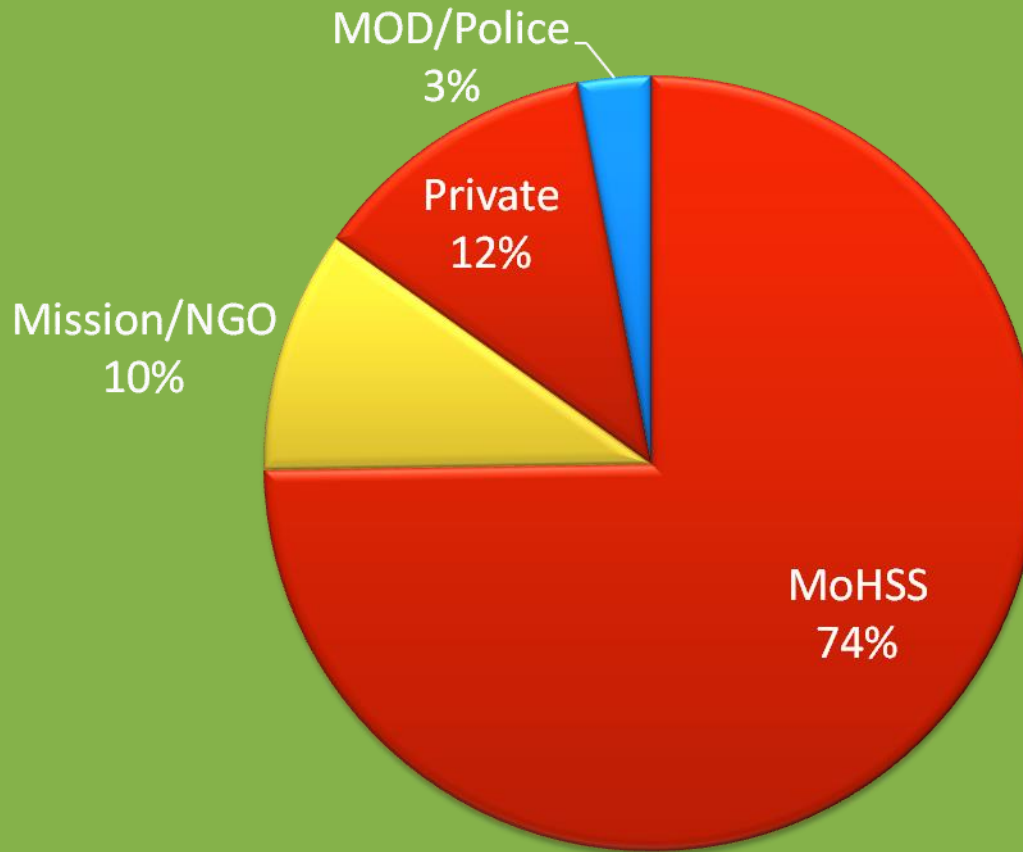
- Facility Audit Questionnaires
 - Administered to most knowledgeable person for particular service or system component being assessed
- Observation Protocol
 - Sick child, antenatal care and family planning consultations
- Exit Interview with Clients
 - From a sample of clients after they saw a provider
- Health Worker/Provider Interview
 - At each facility from all or a sample of providers

Facility Types

<u>Type of Facility</u>	<u>Number of Facilities</u>
Hospital	45
Health Center	47
Clinic	295
Sick bay	9
Free standing VCT	15

Managing Authority

Percent distribution of facilities by managing authority (N=411)



Sampling of Health Service Providers for Interviews

Interviewed providers selected from those who:

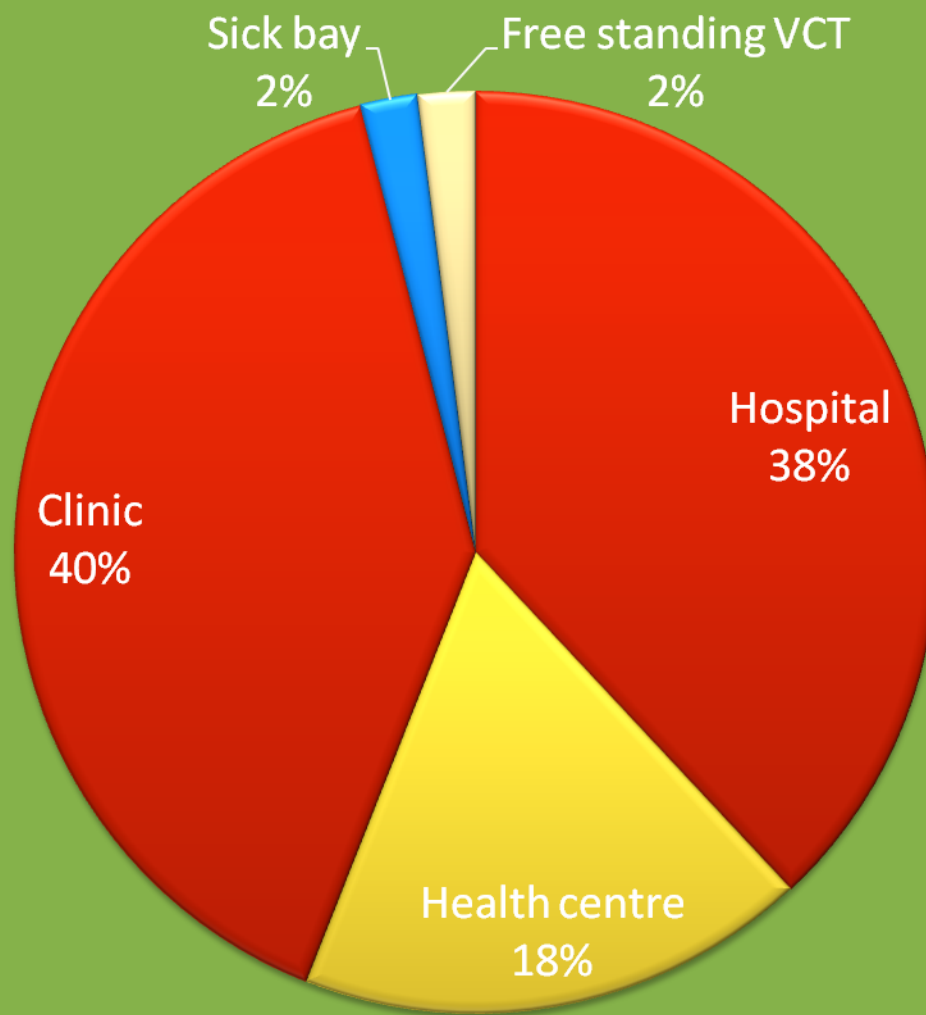
- Were at the facility the day of the survey
- Provided services that were assessed by the NHFC

In facilities with less than 8 providers all providers were interviewed.

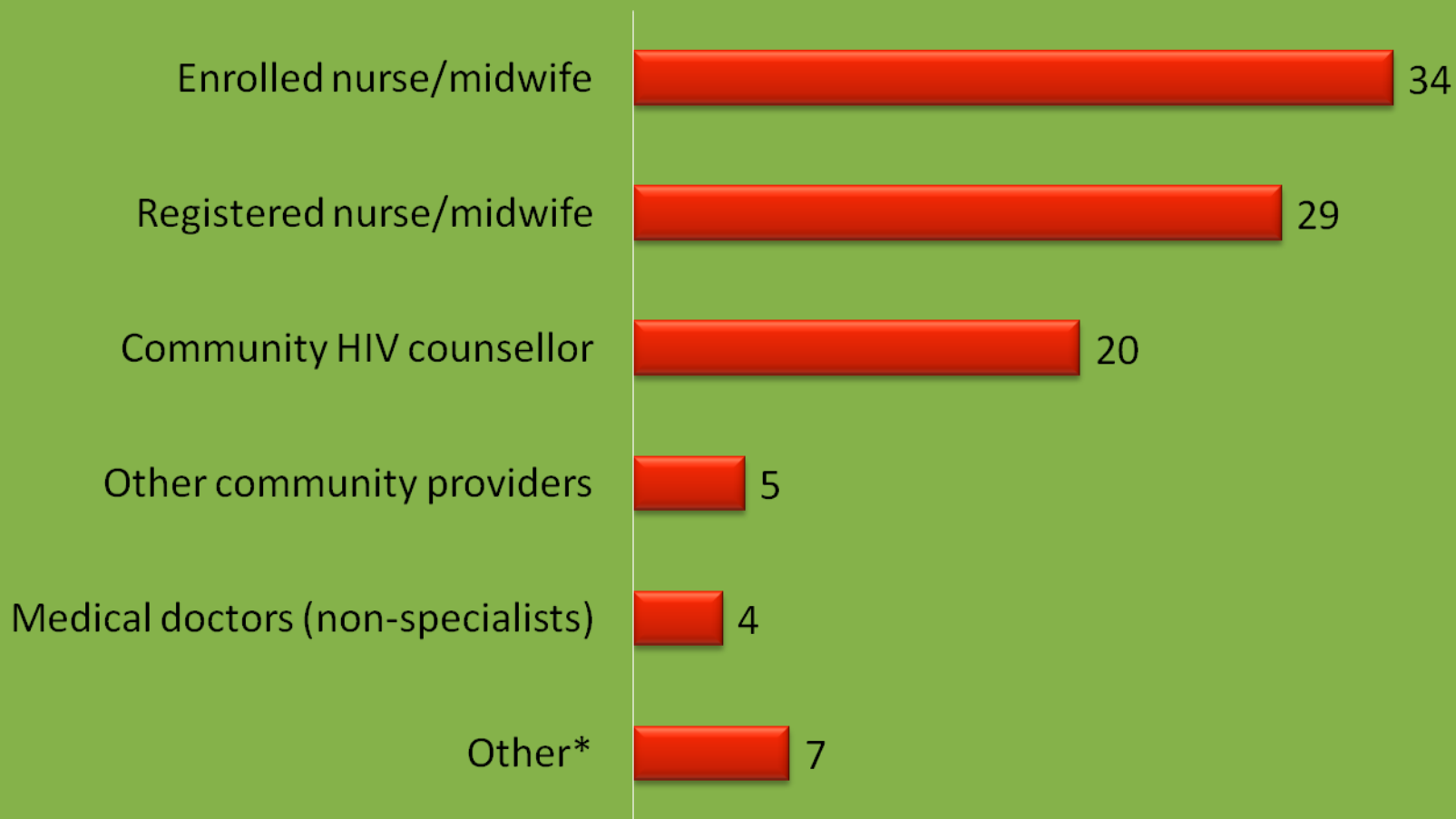
In facilities with more than 8 providers, on average 8 randomly selected providers were interviewed.

Data were weighted to ensure that the sample of providers reflects the same proportions that exist in Namibia as a whole.

Distribution of Interviewed Providers by Facility Type (N=1,679)

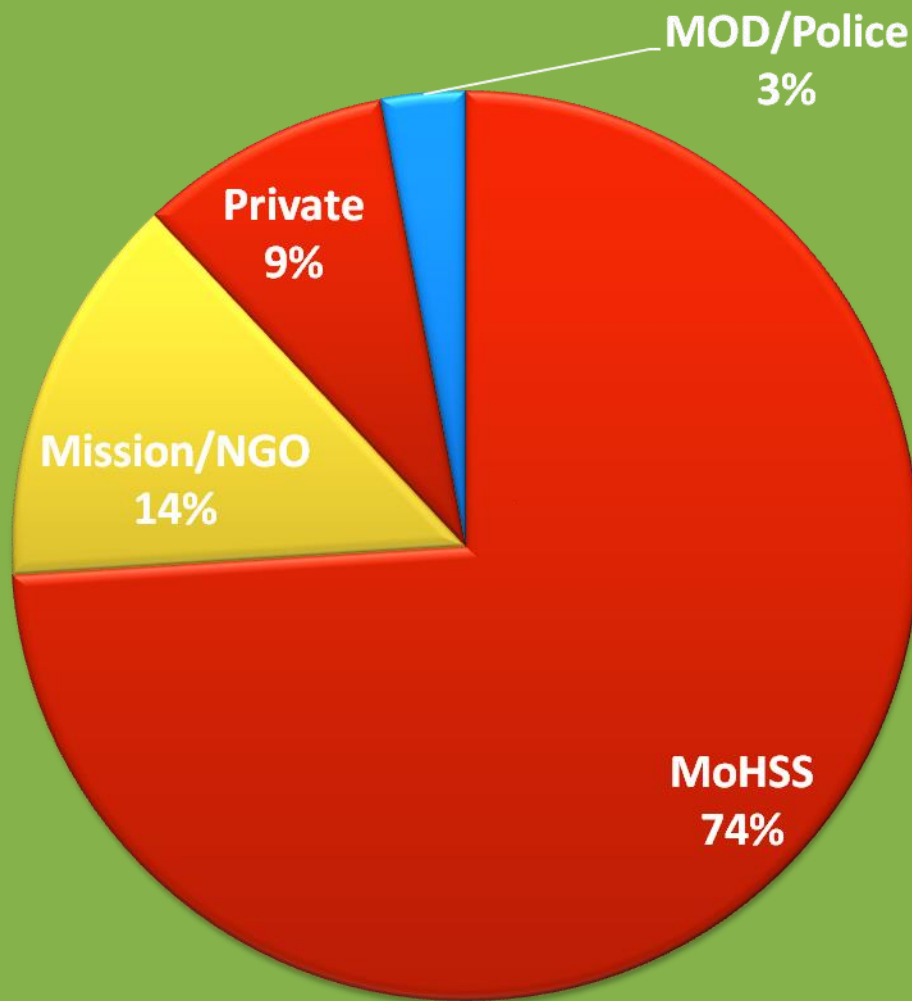


Distribution of Interviewed Providers by Qualification (N=1,679)



*Other includes nurse assistant/auxiliary, pharmacy staff, laboratory staff or any other providers

Distribution of Interviewed Providers by Managing Authority (N=1,679)



Sample for Observations and Exit Interviews

- Clients were selected for observation as they arrived at the facility
- Maximum of 5 clients per provider of the service
- Maximum of 15 clients per facility for each service
- Total of 3,386 observations (weighted)
- Exit interviews attempted with all clients and caretakers of sick children before they left the facility

Fieldwork Training

- 56 Data collectors (nurses, nurse midwives, and programme officers) were trained for 3 weeks in June-July 2009.
- Training included classroom lectures, discussions, practical experiences, and role plays.

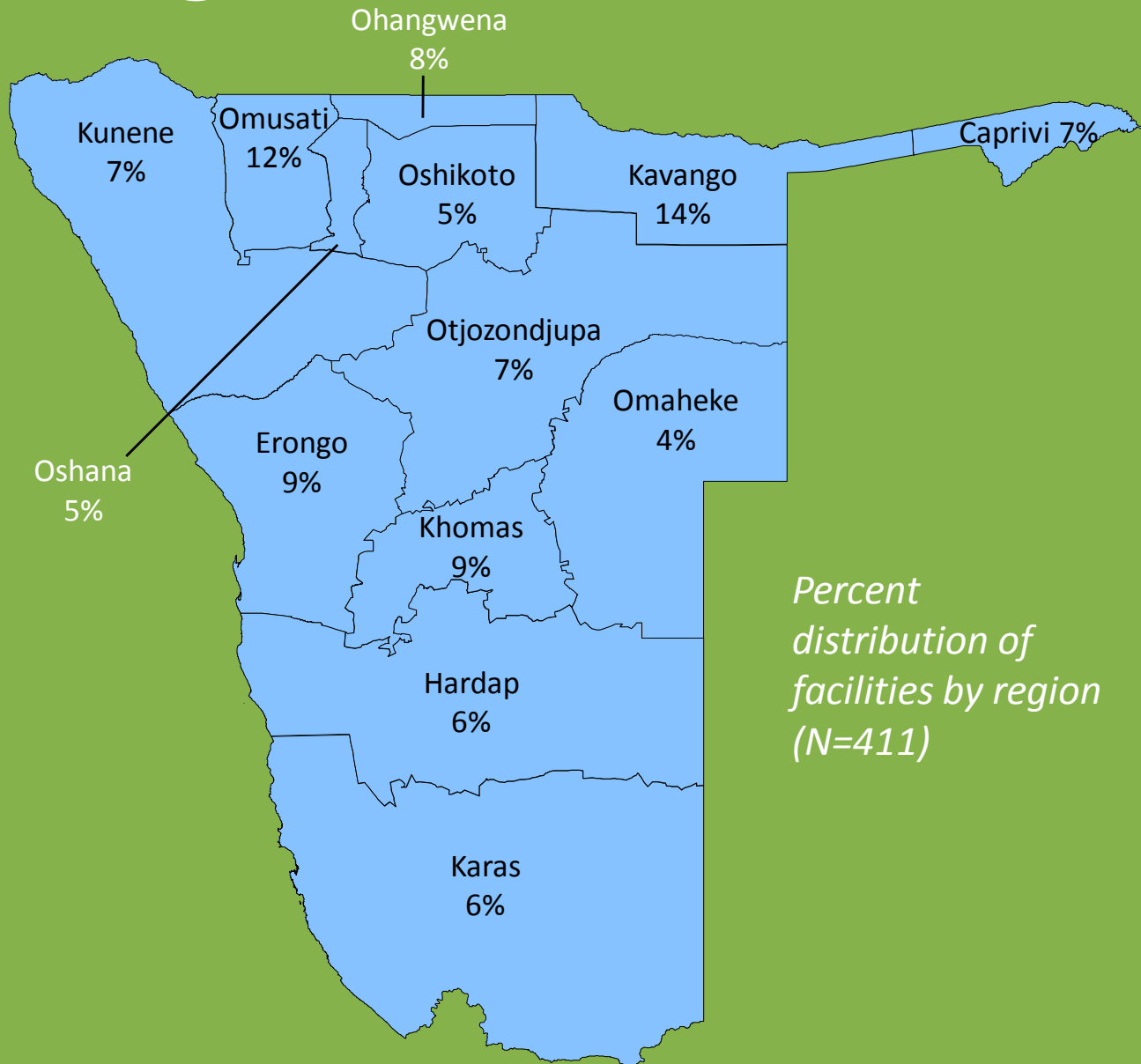
Data Collection (1)

- July 2009 – October 2009
- 12 teams: a team leader and 3 interviewers
- Data collection: 1 day in small facilities, 3 days in larger facilities
- Teams returned to facilities to observe services that weren't offered the first day of their visit.

Data Collection (2)

- Informed consent obtained from the facility, all respondents, and all observed and interviewed providers and clients.
- Technical team did field spot checks to ensure quality control.
- Field check tables were used to monitor data collection progress.

Regional Breakdown



*Percent
distribution of
facilities by region
(N=411)*

- **Survey findings are presented by:**
 - Type of facility (Hospital, Health centre, Clinic, Sick bay and Free standing VCT)
 - Managing Authority (MoHSS, Mission/NGO, Private, MOD/Police)
 - Region