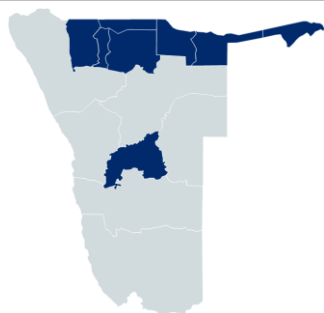


Namibia EOP Summary & Results



Geographic Implementation Areas

Regions

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

Districts

- 19/34 (56%)

Facilities

- 187/269 (70%)

Population

Country

- 2.11 million

MCSP-supported areas

- 1.63 million

Technical Areas:



Program Dates

August 1, 2014–September 30, 2018

Total Funding through Life of Project

\$9,798,334

Demographic and Health Indicators

Indicator	# or %
MMR (per 100,000 live births)	385
NMR (per 1,000 live births)	39
U5MR (per 1,000 live births)	54
HIV prevalence (15–49yrs)	14.0%
TFR	3.6
CPR	50.2%
ANC 4+	63%
SBA	88%
Pneumonia (care seeking at health facility for ARI)	68%
ORT (% children <5 with diarrhea receiving ORS or recommended fluids)	77.5%

Source: Namibia DHS (2013)

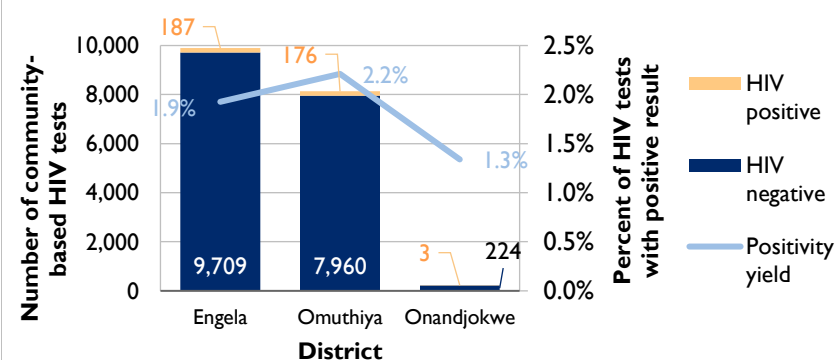
Strategic Objectives through the Life of Project

- Increase the coverage of Namibian communities with an integrated package of primary health care/HIV/TB services through the national CHW Programme.
- Increase the 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 national HIS.
- Improve the quality of nutrition assessment, classification, support, 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 through the Life of Project

- Supported the Namibia Planned Parenthood Association to provide comprehensive HIV services to 188,302 Namibians (mostly adolescent girls and young women), initiate treatment with 332 HIV-positive clients, and enroll 384 clients on pre-exposure prophylaxis (PrEP).
- Strengthened CHW Programme 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 through support to the Ministry of Health and Social Services.
- Helped the 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. 138 CHWs in three districts conducted 18,259 HIV tests and identified 366 new cases (July 2016–June 2018)



Namibia

Background

MCSP was launched in Namibia in 2014 as a follow-on to MCHIP (2012–2014) and a strategic response to the generalized HIV epidemic and inequalities in access to quality primary health care and HIV services. In 2012, the Government of Namibia created a paid health extension worker cadre and a national Health Extension Program. Between 2012 and 2014, MCHIP supported the training of the first set of health extension workers. From 2014 to 2018, MCSP continued the effort to strengthen and institutionalize what is now referred to as the CHW cadre and the CHW Programme; increase access to and uptake of HIV services by adolescent girls and young women; increase USAID/Namibia's focus on women, girls, and gender equality; strengthen programmatic commitment to and emphasis on reaching and supporting young people with HIV services; and increase program efficiencies through innovation and greater integration of existing HIV and RMNCAH services. MCSP also supported the Ministry of Health and Social Services' Health Information and Research Directorate to strategically enhance and integrate the country's fragmented HIS, incorporating CHW Programme data into the District Health Information Software 2, improving data quality, and promoting and teaching more effective and strategic use of data from the HIS for decision-making at all levels.

Key Accomplishments

Strengthened and Institutionalized the CHW Programme

With MCSP's and other partners' technical support to the Ministry of Health and Social Services, the CHW Programme grew from a pilot of 26 CHWs in one region to a nationwide platform of 1,688 CHWs contributing to reductions in maternal, newborn, and child morbidity and mortality in all 14 regions, reaching nearly 3,000 hard-to-reach communities. By building health worker and management capacity; strengthening supervision and mentoring; improving the availability, quality, and use of community data; and supporting an external evaluation of the CHW Programme, MCSP contributed to the expansion, institutionalization, and sustainability of this critical community-based platform. MCSP also laid the groundwork for future iCCM of childhood illness into the CHW scope of work by establishing a functional iCCM TWG and developing key training materials for the pilot, integration, and scale-up of iCCM on the CHW Programme platform.

Introduced and Scaled Up Community-Based HTS in the CHW Programme

Leveraging the reach of CHWs through the national CHW Programme, MCSP provided catalytic technical support to the Ministry of Health and Social Services to introduce and scale up [community-based HTS](#) in five northern districts with high HIV prevalence. Between July 2016 and June 2018, 138 CHWs conducted 18,259 HIV tests, of which 67% were first-time testers and 44% were male. Of the 366 community members who tested positive, 68% were successfully linked to care, treatment, and support. By strengthening the bidirectional referral system, loss to follow-up decreased, monitoring of completion of referral improved, and linkages to care increased. The standard operating procedures developed by MCSP for community-based HTS in the CHW Programme will be used by the ministry to further scale up the approach and accelerate Namibia's progress toward reaching the Joint United Nations Programme on HIV and AIDS 90-90-90 targets.

Strengthened Adolescent- and Youth-Friendly Services at Namibian Planned Parenthood Association Clinics

To accelerate HIV prevention, testing, and treatment among Namibian adolescents and youth ages 10–24, MCSP partnered with the Namibian Planned Parenthood Association to strengthen adolescent-friendly services, provide 60,514 HIV tests, link 1,762 HIV-positive clients to ART, and initiate PrEP with 384 HIV-negative clients at high risk of contracting HIV. The Namibian Planned Parenthood Association's success in providing accessible and integrated HIV/sexual and reproductive health services, including PrEP, contributed to reduced HIV incidence in adolescents and youth.

Mitigated the Effects of Drought on PLHIV

To mitigate the effects of drought on vulnerable and hard-to-reach Namibian communities and build resilience to future shocks, MCSP supported the CHW Programme to bolster the training of 665 CHWs and 171 facility-based health workers in six drought-affected regions on nutrition assessment, counseling and support interventions, and WASH practices, including latrine and tippy tap construction. As a result, CHWs reached 264,369 community members with health promotion and education on sanitation and safe drinking water, and assessed 309,625 community members for malnutrition, of which 3,171 were found to be malnourished and referred to health facilities where they received therapeutic food.

Enhanced the Management and Interoperability of the National HIS

MCSP worked with the Health Information and Research Directorate and the HIS TWG to take steps in reorganizing and harmonizing the country's various HISs. These steps included developing and executing an interoperability framework, developing standardized guidelines for the national CHW Programme M&E system, and integrating that system into the national framework. MCSP also provided technical support to the Health Information and Research Directorate to develop, test, and refine a core piece of the national HIS architecture: the Master Facility List. Developing a single reference architecture like the Master Facility List has streamlined data entry, prevented mistakes and duplication errors, and facilitated accurate reporting and data use for health care decision-making by appropriate government personnel and leadership.

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 HTS, 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 the CHW Programme and Namibian Planned Parenthood Association. By strengthening the CHW Programme 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 Namibian Planned Parenthood Association providers to offer high-quality, adolescent-friendly HTS and to introduce ART and PrEP services, the Namibian Planned Parenthood Association improved linkages to care and expanded access to effective prevention options for an age group (10–24 years old) that is sexually active, has a higher-than-average HIV prevalence rate, and is hard to reach. Additionally, 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 the 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 will contribute to further reductions in maternal, newborn, and child morbidity and mortality in Namibia.

Recommendations for the Future

Before the end of the project and to ensure the sustainability of successful approaches, MCSP held comprehensive handover meetings with partners, Ministry of Health and Social Services, and Namibian Planned Parenthood Association staff at facility, district, regional, and national levels. 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. The following recommendations were shared with USAID, the Ministry of Health and Social Services, and the Namibian Planned Parenthood Association:

- **Following MCSP's transition of technical support to the CHW Programme, it will be important for the Ministry of Health and Social Services and other partners to follow through with recommendations made in the 2018 *Evaluation of the Namibian CHWs Programme*.** Many of the recommendations focused on strengthening political commitment and stewardship, management capacity, and coordination mechanisms, which will further the sustainability of the platform and uphold investments made in it to date.

- **Improve access to MNCH services using tools and other products developed by MCSP.** A key recommendation from the 2018 *Evaluation of the Namibian CHWs Programme* was to improve access to MNCH services in response to increased demand created by the CHW Programme, citing HTS and iCCM (including pneumonia and malaria) as critical and effective interventions. In light of this and the success of the community-based HTS pilot, the Ministry of Health and Social Services may wish to revisit the proposal to pilot iCCM in the CHW Programme using the detailed implementation plans, training packages, and advocacy tools developed with MCSP's support in PY1 and PY2.
- **Engage and mobilize communities to increase demand for HTS.** To capitalize on lessons learned and documented in the *Community-Based HTS Engela District Pilot Report*, MCSP recommends that the Ministry of Health and Social Services increase the visibility of and demand for community-based HTS in the CHW Programme through community engagement and mobilization strategies. MCSP also suggests that to achieve more targeted testing and identification of positive cases, the Ministry of Health and Social Services work to increase facility staff awareness and involvement in the index client tracing approach, which worked well in the CHW Programme.
- **Support the Government of Namibia to develop a clear forecasting plan for the commodities, supplies, and test kits needed for HTS before adopting new HTS protocols or algorithms to prevent future national stock-outs.** In addition, MCSP recommends that partners continue to follow up with regional- and district-level stakeholders to reinforce appropriate forecasting practices for HIV test kits at the facility level and to ensure that forecasting includes the needs of the community-based HTS program.
- **Strengthen supportive supervision and mentorship.** Having seen the positive impact of integrated, joint supportive supervision and use of a standardized checklist on CHW performance and motivation, MCSP recommends that the Ministry of Health and Social Services further strengthen supportive supervision through regular, direct observation, mentoring, and official supervision structures with dedicated personnel providing supervision. This could include further piloting of a model of peer coaching and mentorship using the job description for a senior CHW that the Ministry of Health and Social Services developed with MCSP's support.
- **Make HIV and sexual and reproductive health services more accessible for vulnerable populations.** MCSP conducted comprehensive handover meetings and exchanges with Project Hope as part of a transition of technical support to the Namibian Planned Parenthood Association and its new Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) clinic sites. Improving access to high-quality integrated HIV/sexual and reproductive health services for vulnerable populations, including adolescent girls and young women, will continue under the new 5-year DREAMS program led by Project Hope.
- **Provide additional support to the Namibian Planned Parenthood Foundation.** As was the intention of the relationship, with MCSP's technical, managerial, and organizational capacity-building support, the Namibian Planned Parenthood Association's capacity to directly receive support from the donor community in the future has increased substantially. This will be critical to the Namibian Planned Parenthood Association's ability to sustain the quality of service provision catalyzed through MCSP's technical and financial support.
- **Complete and operationalize the national eHealth strategy.** MCSP strengthened HIS governance mechanisms in Namibia by supporting the establishment of the HIS TWG under the leadership of the Health Information and Research Directorate and leading the drafting of the national eHealth strategy. The project's intentional alignment with and integration into existing ministry systems, as well its extensive documentation and dissemination of resource materials, enabled government ownership, institutionalization, and sustainability. A critical next step for the Ministry of Health and Social Services will be to utilize the HIS TWG to ensure that the national eHealth strategy is completed and fully operationalized.

Selected Performance Indicators for LOP	
Global or Country Performance Monitoring Plan Indicators	Achievement (Target)
Number of individuals from priority populations who completed a standardized HIV prevention intervention during the reporting period	244,314 (target: 169,218; target exceeded)
Number of individuals who received HTS for HIV and received their test results	78,773 (target: 62,375; target exceeded)
Number of individuals who received HTS for HIV and received positive test results	2,661 (target: 1,776; target exceeded)
Number of adults and children newly enrolled on ART	332 (target: 1,000; 33% achieved) ¹
Number of individuals who have been newly enrolled on oral antiretroviral PrEP to prevent HIV infection	384 (target: 200; target exceeded)
Number of individuals who were nutritionally assessed via anthropometric measurement	309,625 (target: 42,039; target exceeded)
Proportion of clinically undernourished individuals who received therapeutic or supplementary food	1,954 (target: 4,204; 46% achieved) ²
Number of people who received health promotion (education) on drinking safe water	109,740 target: 14,484; target exceeded)
Number of people who received health promotion (education) on basic sanitation services	154,629 (target: 14,484; target exceeded)
Number of people trained through USG-supported programs	1,126 (no target)

¹ Frequent and lengthy stock-outs of HIV test kits due to changes in the testing algorithm presented challenges for HTS activities nationwide and affected MCSP's ability to reach this target. Limited stocks of test kits caused some facilities to prioritize facility-based testing, which affected community-based test rates as well as the enrollment of new clients on treatment.

² Many health facilities in all six regions reported stock-outs of therapeutic or supplementary food during the implementation period, which contributed to the low number of individuals receiving therapeutic or supplementary food, even though the number of individuals assessed for their nutritional status was much higher than expected.

For a list of technical products developed by MCSP related to this country, please click [here](#).