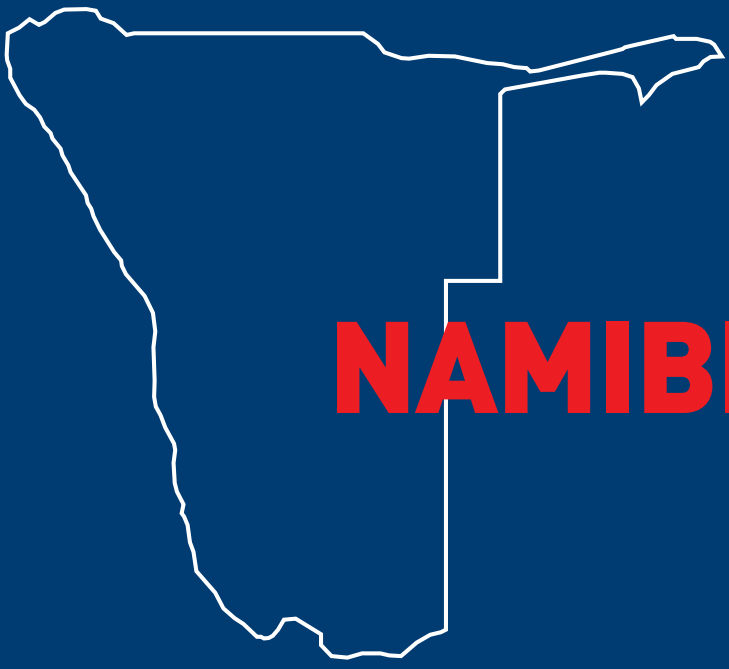


NAMIBIA

RAPID ASSESSMENT
OF SEXUAL AND REPRODUCTIVE HEALTH AND HIV LINKAGES

IPPF International Planned Parenthood Federation

UNFPA

World Health Organization

UNAIDS

This summary highlights the experiences, results and actions from the implementation of the *Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages* in Namibia[1]. The tool – developed by IPPF, UNFPA, WHO, UNAIDS, GNP+, ICW and Young Positives in 2009 – supports national assessments of the bi-directional linkages between sexual and reproductive health (SRH) and HIV at the policy, systems and services levels. Each country that has rolled out the tool has gathered and generated information that will help to determine priorities and shape national plans and frameworks for scaling up and intensifying linkages. Country experiences and best practices will also inform regional and global agendas.

RECOMMENDATIONS

What recommendations did the assessment produce?

Recommendations have been made in the report to enhance effectiveness of linkages and integration between HIV and SRH services and include:

- Developing a policy or strategy for implementing linkages and integration between HIV and SRH programmes and services in Namibia. Such a policy or strategy must include strong advocacy and communication on HIV and SRH linkages and integration.
- Updating outdated policies, guidelines and protocols such as the National Policy on Reproductive Health and the Family Planning Policy and Guidelines.
- Establishing a national technical committee to steer linkages and integration efforts.
- Reviewing and updating existing curricula to accommodate training for health care providers on integrated service delivery.
- Updating the existing monitoring and evaluation (M&E) framework to include indicators on bi-directional integrated HIV and SRH services.
- Conducting and supporting research to strengthen linkages and integration between HIV and SRH programmes and provide a basis for innovative approaches to linkages and integration between HIV and SRH services.

Additional recommendations based on desk review:

- There is a need to review existing legislation that impacts on services to key populations such as men who have sex with men, injecting drug users and sex workers. The Ministry of Health and Social Services (MOHSS) should liaise with the Ministry of Justice to ensure the review of this legislation that hampers access to services for key populations.

1. This summary is based upon: *Report on Needs Assessment on Linkages and Integration between HIV and Sexual and Reproductive Health Services in Namibia*, Namibian Ministry of Health and Social Services, UNAIDS and UNFPA, 2011.

RECOMMENDATIONS **CONTINUED**

Additional recommendations arising from interviews with managers and policy-makers:

- Intensifying advocacy and sensitization on the link between HIV and SRH services. The MOHSS together with its collaborators should develop advocacy and communications strategy/plan in this regard.
- MOHSS should ensure adequate staffing at health facilities to implement integrated services. The ongoing revision of the structure and staff establishment of the Ministry should take integrated HIV and SRH services into account.
- MOHSS should ensure documentation of best practices in HIV and SRH integration and disseminate the documentation to health care providers and managers.

Additional recommendations arising from interviews with health care providers and clients:

- MOHSS should provide guidance to health care providers on how to implement integrated HIV and SRH services.
- There is a need to assess the staff skills at different health facilities in readiness for integrated HIV and SRH services.
- Equipment and other tools necessary for providing integrated services should be identified, planned for and procured. Such equipment and tools may include storage items and data capture tools to monitor implementation of integrated services.
- Each health facility should strengthen community mobilization activities and collaboration with community groups to deliver integrated services. The involvement of men and youth in service delivery should be promoted.
- MOHSS and the development partners should actively support and assist community-based groups, faith-based organizations and non-governmental organizations (NGOs) in the form of training and capacity development as well as materials needed to deliver integrated HIV and SRH services.

PROCESS

1. Who managed and coordinated the assessment?

- The assessment was a joint effort between the MOHSS Directorate of Primary Health Care and Directorate of Special Programmes, with technical support provided by the Namibia country offices of UNFPA (lead coordinator) and UNAIDS. The UNFPA Programme Officer for HIV Prevention served as the Survey Field Coordinator and worked with Dr Ebong Akpabio, the Consultant, who provided technical support. A technical working group consisting of UNFPA, UNAIDS and MOHSS monitored and reported on progress during the assessment. The field work for the assessment was undertaken over a two-week period in May 2011.

2. Who was in the team that implemented the assessment?

- Data collection was undertaken by 23 trained data collectors that included mostly senior MOHSS staff with a health background. Seven teams of three to four data collectors each were used. Data entry was carried out by three trained data entry clerks who were hired for the exercise. A statistician was also available to provide statistical support with the data management and analysis.

3. Did the desk review cover documents relating to *both* SRH and HIV?

- Policies were examined in a desk review of over 22 policies, guidelines and protocols related to HIV and SRH programmes in Namibia, including the National Policy on HIV/AIDS (2007), the National Strategic Framework for HIV and AIDS Response in Namibia 2010/11–2015/16, the National Policy on Reproductive Health (2001) , the National Gender Policy 2010–2020, Namibia Country Report 1995–2009 on the Implementation of the Beijing Platform for Action (Beijing +15), Guidelines for the Prevention of Mother-to-Child Transmission of HIV (2008), the 2010 Review of Universal Access Progress in Namibia, MOHSS Plan 2009–2013, Namibia Health and HIV/AIDS Resource Tracking 2007/08 and 2008/09, Guidelines for Voluntary Counselling and Testing (2006), Health Facility Census Report (2010) and the Plan for National Multi-sectoral Monitoring and Evaluation of HIV and AIDS.

4. Was the assessment process gender-balanced?

- At policy and system levels, 65 females and 49 males were interviewed. In total, 230 clients were interviewed: 202 females (87.8 per cent), 22 males (9.6 per cent) and 6 clients (2.6 per cent) whose gender was not indicated. Of the 23 data collectors, 16 were female and 7 male.

5. What parts of the Rapid Assessment Tool did the assessment use?

- The assessment utilized the *Rapid Assessment Tool for Sexual and Reproductive Health and HIV Linkages: A Generic Guide*, which was adapted to suit the local situation in line with the Namibian health system. All four sections of the tool were used. Furthermore, development partners from the UN agencies and other stakeholders involved in SRH and HIV programmes such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the US Agency for International Development (USAID) and the President's Emergency Plan for AIDS Relief (PEPFAR), International Training and Education Centre on HIV (ITECH-Namibia), Centers for Disease Control and Prevention (CDC) and IntraHealth International provided inputs in the survey process.

6. What was the scope of the assessment?

The aim of the assessment was to establish the current status of integration of SRH and HIV programmes in Namibia and provide a guide to the MOHSS and its collaborators for further programme development and integration. To this end, the objectives were to:

- Assess HIV and SRH bi-directional linkages at the policy, guidelines, systems and service delivery levels.
- Identify current critical gaps in policies, guidelines, programmes and service delivery.
- Identify opportunities for integration and linkages between HIV and SRH services and rights.
- Make recommendations that will guide the development of country-specific plans to forge and strengthen SRH and HIV programmes linkages.

7. Did the assessment involve interviews with policy-makers from *both* SRH and HIV sectors?

- Interviews were held with policy-makers and managers at national, regional and district level, including SRH and HIV focal persons in the MOHSS Directorates of Primary Health Care Services and Special Programmes. All of these were involved in policy development, system design and administration. In each of the 13 regions of the country, one HIV manager and one SRH manager was interviewed.

8. Did the assessment involve interviews with service providers from *both* SRH and HIV services?

- The assessment covered all 13 administrative regions of the country. Interviews were held with programme managers and a total of 361 health care providers in 115 health facilities. This included:
  - 34 hospitals
  - 20 health centres
  - 57 primary health care (PHC) clinics
  - 2 multi-purpose youth centres
  - 2 stand-alone voluntary counselling and testing (VCT) centres.

  The health care providers were selected for their involvement in delivery of SRH and HIV services, and interviewed to understand their situation, challenges and suggestions for effective HIV and SRH services integration. In addition, 47 community-based organizations (CBOs) operating in these service areas were interviewed.
- All the hospitals, health centres and clinics assessed provide maternal and newborn care services, sexually transmitted infection (STI) management and family planning (FP) services but only 40–60 per cent of them offer prevention and management of gender-based violence (GBV), prevention of unsafe abortion and management of post-abortion care. A random selection of 25 per cent of the PHC clinics in the country was included, and two PHC clinics in each district were selected. Also, two health centres were randomly selected in each region, representing about 50 per cent of the health centres in the country. This was done to ensure a wide coverage of health centres, as specific HIV services, including antiretroviral therapy (ART), have been decentralized to many health centres but not yet to clinics.
- Due to the non-availability of a CBO sampling frame in the regions, selection was through convenient sampling of one CBO involved in SRH and/or HIV services in each district. Of the 47 CBOs:
  - 35 focused primarily on HIV services;
  - 6 combined HIV and SRH services;
  - 6 focused on SRH;
  - 81 per cent of the CBOs claimed that they provide integrated services but lack skills in SRH services.

9. Did the assessment involve interviews with clients from *both* SRH and HIV services?

- For the 230 client interviews, convenience sampling was used to select one client each who came for either a HIV service or a reproductive health service on the day of the assessment. Of the clients, 87.8 per cent were females seeking FP, mother and child health (MCH), HIV monitoring and treatment, and HIV counselling and testing (HCT). The men were seeking HIV monitoring and treatment, and accompanying their partner to MCH services.

10. Did the assessment involve people living with HIV and key populations?

- Representatives of organizations of people living with HIV (PLHIV) were selected and interviewed as part of the rapid assessment. Key populations including men who have sex with men, sex workers and people who use drugs were not involved in the rapid assessment. There are no identifiable networks of these key populations in Namibia.

FINDINGS

1. Policy level

National policies, laws, plans and guidelines:

There is no national policy or guideline on SRH/HIV linkages and service integration. However, there are several SRH and HIV policies and guidelines that include some elements of linkages:

- The National Policy on Reproductive Health 2001 provides for the establishment and delivery of effectively promoted preventive, curative and rehabilitative reproductive health (RH) services at all levels of the health care system, including the community level. However, it falls short of strategies that seek to integrate HIV and SRH services. Furthermore, it is about 10 years old and the information does not sufficiently address current needs and tends. A draft National Policy on Reproductive, Child Health and prevention of mother-to-child transmission (PMTCT) is being developed.
- The National Strategic Framework for HIV and AIDS Response in Namibia 2010/11–2015/16 has identified priority biomedical prevention interventions such as male circumcision, PMTCT, HCT, increased male and female condom use and the control of STIs. Behavioural interventions that need to be addressed were identified, and these include multiple and concurrent partnerships, inconsistent condom use, excessive alcohol use, early sexual debut, intergenerational sex and transactional sex. Linking HIV and SRH services is not specifically addressed but could be key to achieving both the behavioural and biomedical preventive interventions.
- There is considerable emphasis on a human rights-based approach to delivering HIV and SRH services but there is still some legislation that affects key populations, including men who have sex with men, injecting drug users and sex workers, from openly identifying themselves and being provided with targeted services.

2. Systems level

Coordination and planning:

- MOHSS coordination of RH and HIV programme and services is carried out by two separate Directorates – the Directorate of Primary Health Care and Directorate of Special Programmes. There is very limited joint planning, budgeting and implementation of services.
- There is no National Technical Committee on SRH and HIV Linkages and Integration. Some structures such as the GFATM Country Coordinating Mechanism (CCM) and the National MCH Committee draw their membership from HIV and SRH programmes and other stakeholders, including civil society organizations (CSOs). There is potential and opportunity to use such fora to strengthen integration and linkages between HIV and SRH programmes.

Capacity building:

- The existing capacity building and training systems for HIV and SRH programmes do not sufficiently focus on integrated services. Training curricula and plans need to be revised and an emphasis placed on integrated training, including the rights of people living with HIV and attitudes of health care providers towards them.

Monitoring and evaluation:

- The existing M&E framework does not provide adequate indicators for monitoring HIV and SRH linkages and integration except for PMTCT and GBV.

3. Services level

A. SERVICE PROVIDER PERSPECTIVES:

- There is partial or minimal integration of HIV and SRH services, mostly focusing on integrating HIV services into SRH services, e.g. PMTCT in antenatal care (ANC) clinics, with less integration of SRH into HIV services. Furthermore, service integration is more likely at clinics and health centres (as health care providers have been trained in both HIV and SRH programmes) than in hospitals which focus more on secondary and tertiary care. CBOs focus more on HIV services but would welcome opportunities to provide integrated HIV and SRH services. Currently most lack knowledge and skills on SRH services and need to be empowered, in addition to being provided with material and financial support.
- Health care providers see the benefits of providing integrated services but need skills in providing integrated services and are equally concerned about existing staff shortages, work overload, and the time it will take to attend to one client if called upon to provide integrated services.

B. SERVICE USER PERSPECTIVES:

- Clients value and welcome integrated HIV and SRH services as these would expand their opportunity to access more services while enhancing efficiency, but they are concerned about staffing shortages at health facilities and communication gaps among health care providers.
- Most of the clients got all the services they needed on the day but some reported that they would have liked to receive more services that were not provided due to such factors as the non-availability of certain services, the health care provider not having time, or the client being shy about requesting such services. Such services included FP services, reproductive cancer screening, economic assistance, psychosocial and nutrition support.

LESSONS LEARNED & NEXT STEPS

1. What lessons were learned about how the assessment could have been done differently or better?

Limitations of this assessment include:

- Timely planning and the involvement of all stakeholders are crucial for success.
- Adequate time needs to be allocated for ethical approval of the study.
- It is necessary to provide advanced information to health managers to facilitate scheduling of interviews and to avoid schedule clashes.
- Visits to remote clinics should be well planned, preferably in the morning hours in order to be able to source enough clients for exit interviews.
- Assessments should be planned for the dry season to ensure uninterrupted access to all selected health facilities.

2. What 'next steps' have been taken (or are planned) to follow up the assessment?

- The report has been presented to stakeholders in a consultative meeting to disseminate the rapid assessment findings.
- An additional consultative meeting with high-level participation is being planned.

3. What are the priority actions that are being taken forward as a result of the assessment, at the:

- **policy level?**
- **systems level?**
- **services level?**

Policy level:

- A Technical Committee is being established to oversee implementation of HIV and SRH linkages and integration. The Committee draws membership from SRH and HIV Programmes in MOHSS, development partners and CSOs.
- Existing policies and guidelines are being mapped and reviewed to ensure HIV and SRH is addressed in these documents.
- Plans are being made to develop some guidance for programme managers and health workers on how to better integrate SRH and HIV.

Systems level:

- Opportunities are being explored as to how directorates of primary health, which cover reproductive health and special programmes for HIV, can plan and budget jointly.
- Joint programme review and technical support to health facilities have been strengthened.
- The multi-sectoral M&E Committee has agreed to include indicators for integration of HIV and SRH services in the M&E indicator review.

Services level:

- Training organizations are beginning to review training curricula to ensure integrated HIV and SRH services training.
- Sensitization of health care providers at the service delivery level has been achieved.
- Some integration of SRH services such as FP and cervical cancer screening has been initiated in some ART clinics.

4. What are the funding opportunities for the follow-up and further linkages work?

- There is more donor funding for HIV than RH programmes. Support for SRH and HIV linkages is mainly from UNFPA and GFATM through support for PMTCT programmes. Most donor support is directed to SRH and HIV programmes separately, and there is no concerted donor-driven action to integrate and/or improve SRH and HIV programme linkages.
- Although HIV prevention funding has increased over the years, the overall investment is not yet commensurate to the needs of the population.
- The EU has identified Namibia as one of seven sub-Saharan African countries to be assisted to improve programming for strengthening linkages between HIV and sexual and reproductive health rights.
- Proposals to the GFATM and other development partners should provide for integrated HIV and SRH services.

Abbreviations

AIDS	acquired immune deficiency syndrome
ANC	antenatal care
ART	antiretroviral therapy
CBO	community-based organization
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention
CSO	civil society organization
EU	European Union
FP	family planning
GBV	gender-based violence
GFATM	Global Fund to Fight AIDS, Tuberculosis, and Malaria
GNP+	Global Network of People Living with HIV
HCT	HIV counselling and testing
HIV	human immunodeficiency virus
ICW	International Community of Women Living with HIV
IPPF	International Planned Parenthood Federation
M&E	monitoring and evaluation
MCH	mother and child health
MOHSS	Ministry of Health and Social Services of Namibia
NGO	non-governmental organization
PEPFAR	US President's Emergency Plan For AIDS Relief
PHC	primary health care
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission
RH	reproductive health
SRH	sexual and reproductive health
STI	sexually transmitted infection
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	voluntary counselling and testing
WHO	World Health Organization

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